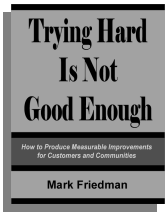
Results-Based Accountability

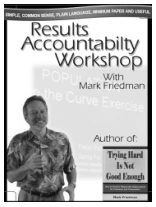
The Fiscal Policy Studies Institute

Santa Fe, New Mexico



Websites
raguide.org
resultsaccountability.com

Book - DVD Orders
amazon.com
resultsleadership.org



SIMPLE

COMMON SENSE

PLAIN LANGUAGE

MINIMUM PAPER

USEFUL

Results Accountability

is made up of two parts:

Population Accountability
about the well-being of
WHOLE POPULATIONS

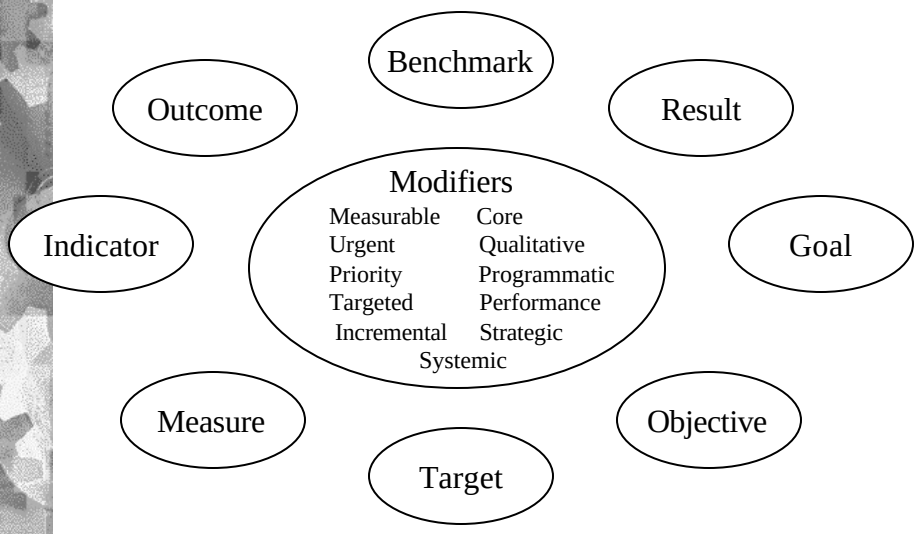
For Communities – Cities – Counties – States - Nations

Performance Accountability
about the well-being of
CLIENT POPULATIONS

For Programs – Agencies – and Service Systems

THE LANGUAGE TRAP

Too many terms. Too few definitions. Too little discipline



☆ Lewis Carroll Center for Language Disorders

DEFINITIONS

Population

RESULT or OUTCOME

A condition of well-being for children, adults, families or communities.

Children born healthy, Children ready for school, Safe communities, Clean Environment, Prosperous Economy

INDICATOR or BENCHMARK

A measure which helps quantify the achievement of a result.

Rate of low-birthweight babies, Percent ready at K entry, crime rate, air quality index, unemployment rate

Performance

PERFORMANCE MEASURE

A measure of how well a program, agency or service system is working.

Three types:
1. How much did we do?
2. How well did we do it?
3. Is anyone better off? **= Customer Results**

Every Child Matters – Children Act

Outcomes for Children and Young People

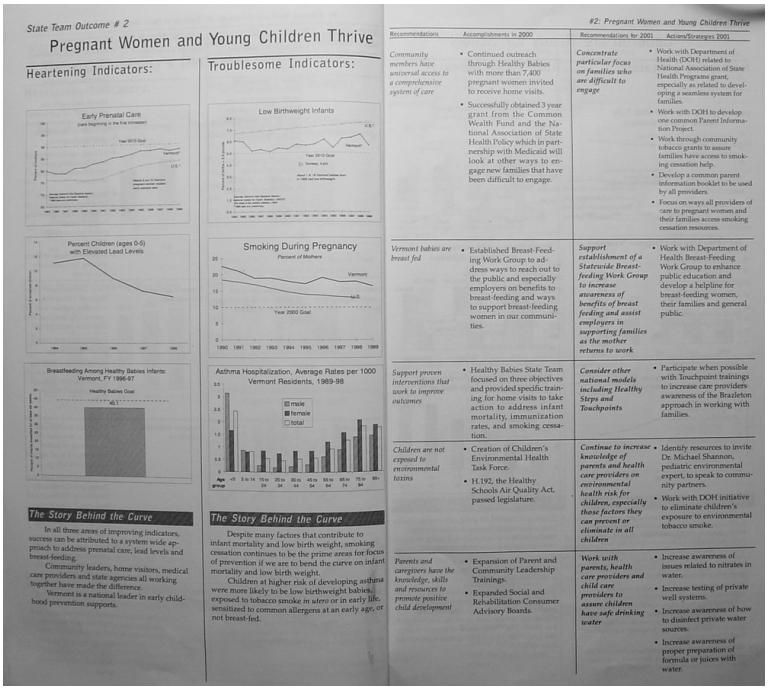
Being Healthy: enjoying good physical and mental health and living a healthy lifestyle.

Staying Safe: being protected from harm and neglect and growing up able to look after themselves.

Enjoying and Achieving: getting the most out of life and developing broad skills for adulthood.

Making a Positive Contribution: to the community and to society and not engaging in anti-social or offending behaviour.

Economic Well-being: overcoming socio-economic disadvantages to achieve their full potential in life.



State Team Outcome # 2

Pregnant Women and Young Children Thrive

Heartening Indicators:

Early Prenatal Care

Percent Children (ages 0-6) with Elevated Lead Levels

Breastfeeding Among Healthy Babies Infants: Vermont, FY 1996-97

Healthy Babies Goal

The Story Behind the Curve

In all three areas of improving indicators, success can be attributed to a system wide approach to address prenatal care, lead levels and breast-feeding.

Community leaders, home visitors, medical care providers and state agencies all working together have made the difference.

Vermont is a national leader in early childhood prevention supports.

Troublesome Indicators:

Low Birthweight Infants

Smoking During Pregnancy

Percent of Mothers

Vermont

U.S.

Year 2000 Goal

Asthma Hospitalization, Average Rates per 1000 Vermont Residents, 1989-98

male

female

total

Age group

The Story Behind the Curve

Despite many factors that contribute to infant mortality and low birth weight, smoking cessation continues to be the prime areas for focus of prevention if we are to bend the curve on infant mortality and low birth weight.

Children at higher risk of developing asthma were more likely to be low birthweight babies, exposed to tobacco smoke *in utero* or in early life, sensitized to common allergens at an early age, or not breast-fed.

#2: Pregnant Women and Young Children Thrive

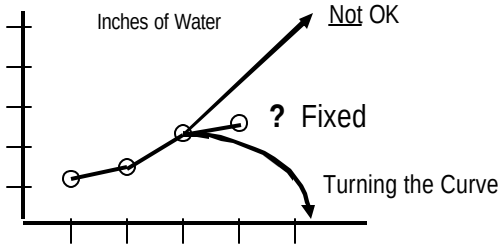
Recommendations	Accomplishments in 2000	Recommendations for 2001	Actions/Strategies 2001
Community members have universal access to a comprehensive system of care	• Continued outreach through Healthy Babies with more than 7,400 pregnant women invited to receive home visits. • Successfully obtained 3 year grant from the Common Wealth Fund and the National Association of State Health Policy which in partnership with Medicaid will look at other ways to engage new families that have been difficult to engage.	***Concentrate particular focus on families who are difficult to engage***	• Work with Department of Health (DOH) related to National Association of State Health Programs grant, especially as related to developing a seamless system for families. • Work with DOH to develop one common Parent Information Project. • Work through community tobacco grants to assure families have access to smoking cessation help. • Develop a common parent information booklet to be used by all providers. • Focus on ways all providers of care to pregnant women and their families access smoking cessation resources.
Vermont babies are breast fed	• Established Breast-Feeding Work Group to address ways to reach out to the public and especially employers on benefits to breast-feeding and ways to support breast-feeding women in our communities.	***Support establishment of a Statewide Breast-feeding Work Group to increase awareness of benefits of breast feeding and assist employers in supporting families as the mother returns to work***	• Work with Department of Health Breast-Feeding Work Group to enhance public education and develop a helpline for breast-feeding women, their families and general public.
Support proven interventions that work to improve outcomes	• Healthy Babies State Team focused on three objectives and provided specific training for home visits to take action to address infant mortality, immunization rates, and smoking cessation.	***Consider other national models including Healthy Steps and Touchpoints***	• Participate when possible with Touchpoint trainings to increase care providers awareness of the Brazleton approach in working with families.
Children are not exposed to environmental toxins	• Creation of Children's Environmental Health Task Force. • H.192, the Healthy Schools Air Quality Act, passed legislature.	***Continue to increase knowledge of parents and health care providers on environmental health risk for children, especially those factors they can prevent or eliminate in all children***	• Identify resources to invite Dr. Michael Shannon, pediatric environmental expert, to speak to community partners. • Work with DOH initiative to eliminate children's exposure to environmental tobacco smoke.
Parents and caregivers have the knowledge, skills and resources to promote positive child development	• Expansion of Parent and Community Leadership Trainings. • Expanded Social and Rehabilitation Consumer Advisory Boards.	***Work with parents, health care providers and child care providers to assure children have safe drinking water***	• Increase awareness of issues related to nitrates in water. • Increase testing of private well systems. • Increase awareness of how to disinfect private water sources. • Increase awareness of proper preparation of formula or juices with water.

Leaking Roof

(Results thinking in everyday life)

Experience:

Measure:



Story behind the baseline (causes):

Partners:

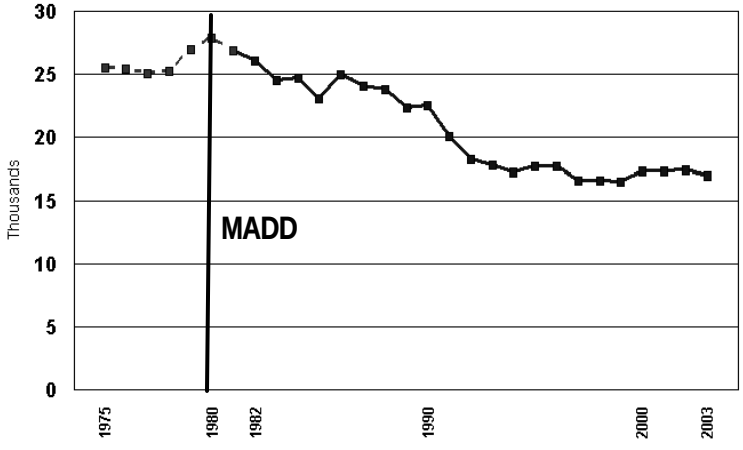
What Works:

Action Plan:

The 7 Population Accountability Questions

1. What are the quality of life conditions we want for the children, adults and families who live in our community?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

Alcohol-Related Traffic Fatalities
U.S. Total



Source 1982 to 2003: Actual data from the NHTSA Fatality Analysis Reporting System (FARS)
Source 1975 to 1981: Estimate based on NHTSA data provided to VT AHS

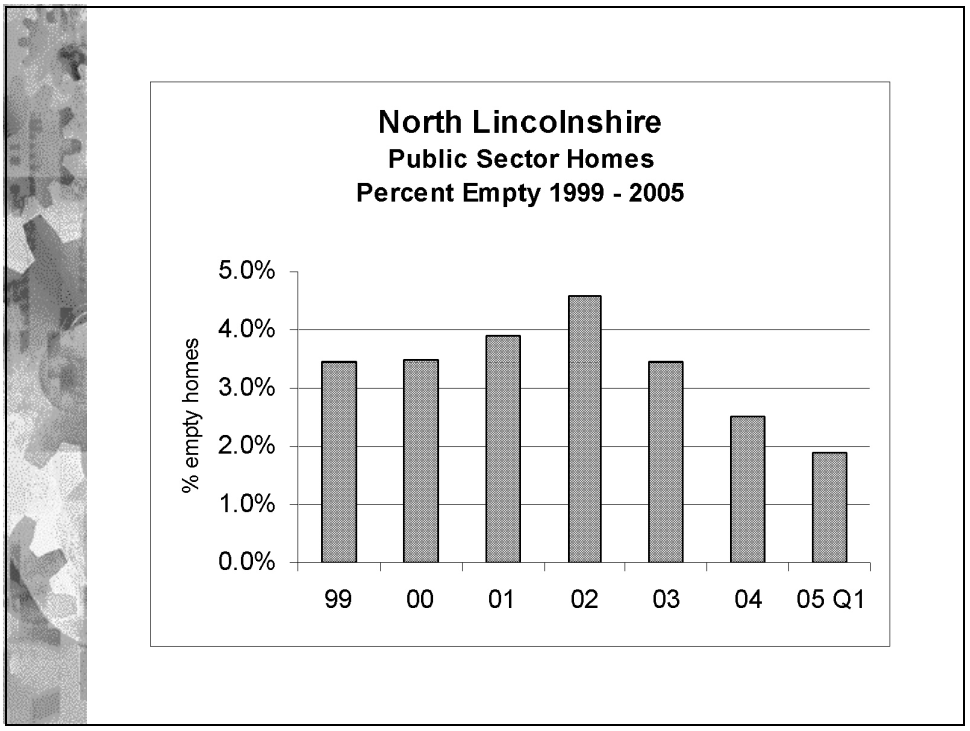
Performance Accountability

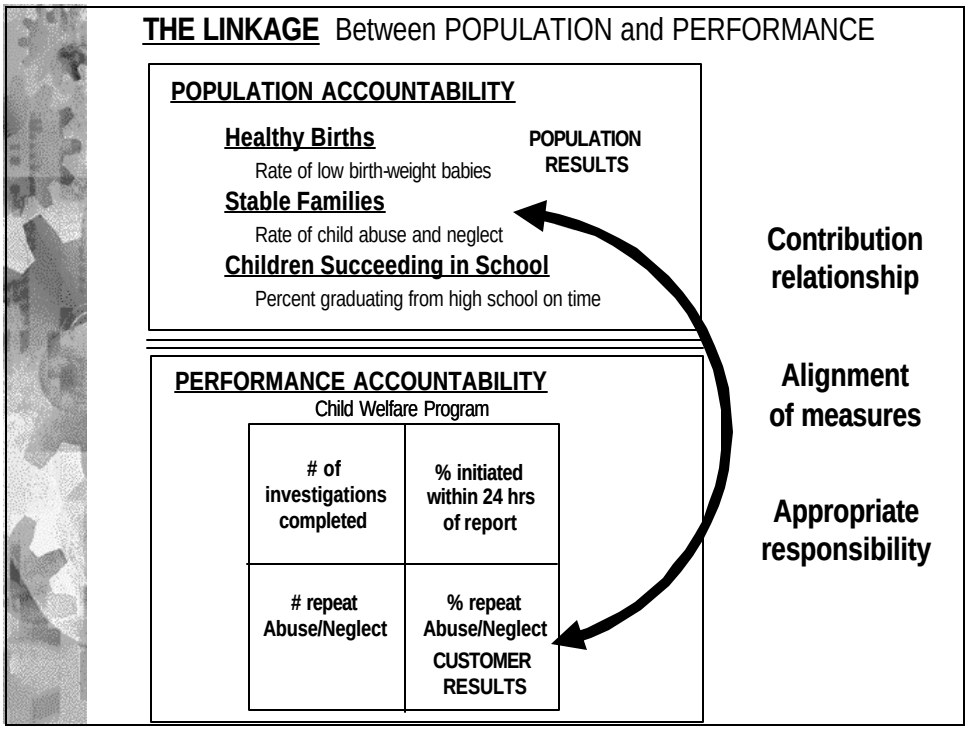
Types of Measures found in each Quadrant

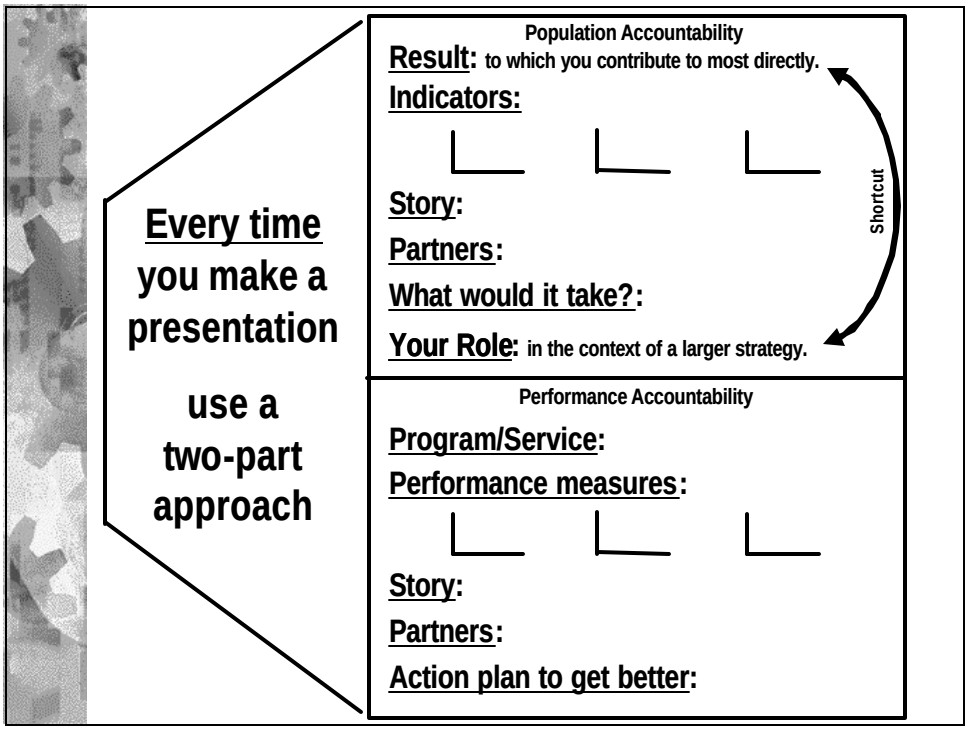
How much did we do?	How well did we do it?
# Clients/customers served # Activities (by type of activity) →	% Common measures e.g. client staff ratio, workload ratio, staff turnover rate, staff morale, % staff fully trained, % clients seen in their own language, worker safety, unit cost % Activity-specific measures e.g. % timely, % clients completing activity, % correct and complete, % meeting standard
Is anyone better off? # # # # **Point in Time #'s vs. % 2 Point Comparison**	% Skills / Knowledge (e.g. parenting skills) % Attitude / Opinion (e.g. toward others) % Behavior (e.g.school attendance) % Circumstance (e.g. working, in stable housing)

The 7 Performance Accountability Questions

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering services well ?
4. How are we doing on the most important of these measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?


North Lincolnshire
Public Sector Homes
Percent Empty 1999 - 2005
% empty homes
5.0%
4.0%
3.0%
2.0%
1.0%
0.0%
99
00
01
02
03
04
05 Q1


THE LINKAGE Between POPULATION and PERFORMANCE
POPULATION ACCOUNTABILITY
Healthy Births
Rate of low birth-weight babies
Stable Families
Rate of child abuse and neglect
Children Succeeding in School
Percent graduating from high school on time
POPULATION RESULTS
PERFORMANCE ACCOUNTABILITY
Child Welfare Program
# of investigations completed
% initiated within 24 hrs of report
# repeat Abuse/Neglect
% repeat Abuse/Neglect
CUSTOMER RESULTS
Contribution relationship
Alignment of measures
Appropriate responsibility



RBA in a Nutshell

2 – 3 - 7

2 - kinds of accountability plus language discipline

Population accountability —— Results & Indicators

Performance accountability —— Performance measures

3 - kinds of performance measures.

How much did we do?

How well did we do it?

Is anyone better off?

7 - questions from ends to means in less than an hour.

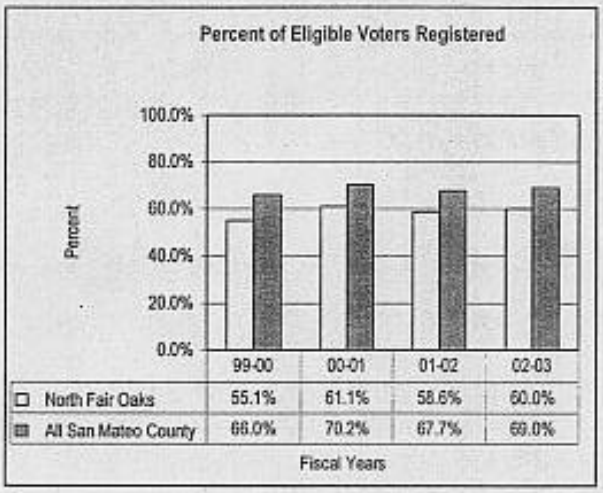
FPSI

Elections Program (1330P)

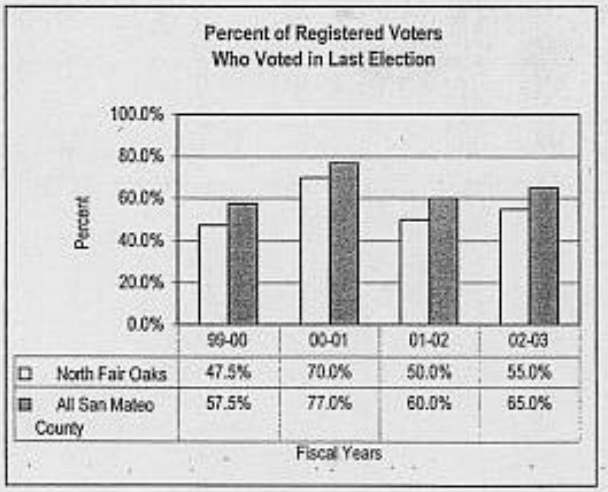
Program Outcome Statement

The Elections Division promotes civic involvement in the election process by registering eligible voters and conducting honest and accurate elections on behalf of the citizens of San Mateo County.

Headline Measures



	99-00	00-01	01-02	02-03
North Fair Oaks	55.1%	61.1%	58.6%	60.0%
All San Mateo County	66.0%	70.2%	67.7%	69.0%



	99-00	00-01	01-02	02-03
North Fair Oaks	47.5%	70.0%	50.0%	55.0%
All San Mateo County	57.5%	77.0%	60.0%	65.0%

Story Behind Baseline Performance

During FY1999-2000, Elections staff conducted the following purges of the voter file: SB 1313 purge (which requires the review and cleanup of voter files to ensure all information is current), targeting voters who had not voted in four years, and also Change of Address purge using post office data. More than 30,000 voters were removed from active voter file as a result of these efforts. There was a larger increase in voter registrations in February 2000, in anticipation of the March 2000 Presidential Primary Election. In addition, there was an increase in voter turnout during the November 2000 Presidential General Election. As anticipated, more people register and vote during a Presidential Primary and General Election. Voter registration and turnout is anticipated to drop off in FY 2001-02. However, voter registration and turnout will increase slightly in FY 2002-03 due to the November Gubernatorial Election.

There will be ongoing voter registration occurring via Department of Motor Vehicles registrations, political party activity in the County and via the 210 affidavit sites, including four in the North Fair Oaks Area, administered by the League of Women Voters.

What Will Be Done to Improve Performance in the Next Two Years

The Elections Office will meet performance targets by doing the following:

Continue Community Outreach and Education to Increase Voter Registration and Turnout

- Partner with League of Women Voters, community organizations, county agencies, political parties and other resources
- Develop a plan to coordinate the voter registration activities of the political organizations
- Partner with "Frontiers in Leadership" to engage in voter registration and voter turnout efforts
- Attend festivals and major community events to register people
- Conduct voter registration and voting classes in the community at key locations, including the community center and local schools

Source: County of San Mateo: Recommended Budget FY 2001-2002 FY 2002-2003

RBA Implementation Self Assessment

for Government and Nonprofit Organizations

1. Language Discipline (10)

a. Has your group or organization adopted a common language using the Tool for Choosing a Common Language or some other method? Does this common language allow you to clearly distinguish population and performance accountability? (7)
b. Can you crosswalk your language usage to that of your funders and other partners? (3)

2. Population Accountability (30)

a. Has your organization identified one or more population level results or conditions of well-being stated in plain language to which your work contributes? (5)
b. Have you identified the 3 to 5 most important indicators for each of these results? (5)
c. Have you created a baseline with history and a forecast for each of these measures? (5)
d. Have you analyzed the story behind these baselines? (5)
e. Do you have a written analysis of what it would take to turn these conditions around at the national, state, county, city or community level? (5)
f. Have you articulated the role your organization plays in such a strategy? (5)

3. Performance Accountability (45)

a. Has your organization established the 3 to 5 most important performance measures for what you do, using the performance accountability categories *How much did we do? How well did we do it? Is anyone better off?* (5)
b. Have you created a baseline with history and a forecast for each of these measures? (5)
c. Do you track these measures on a daily, weekly, monthly or quarterly basis? (10)
d. Do you periodically review how you are doing on these measures and develop action plans to do better using the performance accountability 7 questions? (10)
e. Have you adapted your management, budget, strategic planning, grant application, and progress reporting forms and formats to reflect systematic thinking about your contribution to population conditions and your organization's performance? (5)
f. Are the population and performance baseline curves you are trying to turn displayed prominently as one or more charts on the wall? (5)
g. Have you identified an in-house expert to train and coach other staff in this work? (5)

4. Bottom line Quality of Service (15)

a. Considering case mix difficulty, are you doing well or poorly on the most important *Is Anyone Better off?* measures compared to others? (Others = comparable providers, industry benchmarks, or reasonable targets or standards) (5)
b. How are you doing on the most important *How well did we do it?* measures compared to others? (Others = comparable providers, industry benchmarks, or reasonable targets or standards) (5)
c. Have you turned any curves? (5)

5. Bonuses and Penalties (-20 to +10)

a. Research and Evaluation Bonus: Do you have (recent i.e. less than 3 to 5 yrs. old) research or evaluation evidence that shows your services cause improvement in customers' lives as shown by *Is Anyone Better off?* measures? Yes = plus 10 No = 0
b. Skimming Penalty: Is there any evidence that you are skimming easy customers in order to increase success rates on *Is Anyone Better off?* measures? Yes = minus 10 No = 0
c. Unit Cost Penalty: Given the intensity of your services are your unit costs per customer in line with other providers in the field? Yes = 0 No = minus 10