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ABSTRACT
        As part of a series of reports designed to support the
implementation of Proposition 10: The California Children and Families Act
and to provide comprehensive and authoritative information on critical issues
concerning young children and families in California, this report addresses
how Proposition 10 Commissions can organize their work and their thinking to
develop a strategy to ensure that all children enter school in good health
and ready to learn, and how commissions can oversee the implementation of
these strategies. The report begins with a discussion of the language of
accountability, describing four ideas as the basis for definitions: (1)
results or outcomes or goals; (2) indicators to quantify achievement of
results; (3) strategies with a reasoned chance of improving results; and (4)
performance measures. The report then explores a thinking process underlying
results accountability that can help direct the work of creating a strategy
to meet the goals; this section then details an eight-step planning approach
for Proposition 10 Commissions: (1) get people together; (2) choose
indicators of child health and school readiness; (3) develop baselines and
the story behind the baselines; (4) consider what works; (5) craft "what
works" ideas into a coherent strategy; (6) implement that strategy; (7) use
performance accountability to assure quality; and (8) revisit each step to
improve the action plan. The report concludes with an imaginary press
conference 10 years hence describing the improvements related to investments
made by the state. The report's first two appendices delineate relevant
organizational and print resources and outline an approach to Proposition 10
planning and language choices. (KB)

UCLA Center for Healthier Children,
Families and Communities

Building Community Systems for Young Children

Results Accountability for Proposition 10 Commissions:
A Planning Guide for Improving the Well-Being of Young Children and Their Families

By

Mark Friedman
Fiscal Policy Studies Institute
Baltimore, MD

Building Community Systems for Young Children is a series of reports designed to support the implementation of Proposition 10: The California Children and Families Act. Each installment is written by a team of experts and provides comprehensive and authoritative information on critical issues concerning young children and families in California.

March 2000

Edited by Neal Halfon, MD, MPH, Ericka Shulman, MPP, Miles Hochstein, PhD, Michael Shannon, MA

Single copies of this report are available for $5 each by writing the UCLA Center for Healthier Children, Families and Communities, Box 951772, Los Angeles, CA 90095-1772. Phone (310) 206-1898. This document may be found on the web site of the UCLA Center for Healthier Children, Families and Communities (http://healthychild.ucla.edu).

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Results Accountability
for Proposition 10 Commissions

I. Introduction

Proposition 10 commissions have two types of responsibility. First, they must craft a strategy to ensure that ALL children prenatal to age five enter school in good health, ready and able to learn and emotionally well developed.[1] Second, Proposition 10 commissions must make sure that the money they spend, as part of that strategy, is well managed and that the programs supported with Proposition 10 funds are of the highest quality. It does no good to buy new child care capacity if that capacity is low quality care in poorly managed programs.

> *Eventually, all Proposition 10 commissions will be called upon to answer the kinds of questions addressed in results-based decision making: "Are children and families better off? What difference did our work make?"*

In short, Proposition 10 commissions must (help) develop a strategy for all children, and then oversee the implementation of its component parts. This policy brief will address how commissions can organize their work, and just as importantly, their thinking to do both of these things well.

By the time you get this paper, most Proposition 10 commissions will have started and, in many cases, finished their first round of planning. If results accountability is not fully reflected in these plans, this paper may help build these concepts into future plans. Eventually, all Proposition 10 commissions will be called upon to answer the kinds of questions addressed in results-based decision making: "Are children and families better off? What difference did our work make?" The sections which follow can help you do this. If you te still skeptical, as you should be, then skip to the *imaginary press conference* at the end of the paper.

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[1] It is best to think about Proposition 10 as "how to mobilize the resources of the community to make all children healthy and ready for school," not "how to spend the money."

II. The language of accountability

The most common problem in this work is the problem of language. People come to the table from many different disciplines and many different walks of life. And the way in which we talk about programs and services for children and families varies, literally, all over the map. This means that the usual state of affairs in planning for children and families is a Tower of Babel, where no one really knows what the other person is saying, but everyone politely pretends that they do. As a consequence, the work is slow, frustrating and often ineffective.

> *People bring different language usage to the table from many different disciplines and walks of life. It is possible to exercise language discipline in this work by agreeing on a set of definitions that start with ideas and not words.*

It is possible to exercise language discipline in this work. And the way to do this is to agree on a set of definitions that *start with ideas and not words.* Words are just labels for ideas. And the same idea can have many different labels. The following four ideas are the basis for definitions used at the beginning of this work[2]:

➢ Results (or outcomes or goals) are conditions of well-being for children, adults, families or communities, stated in plain English (or plain Spanish or plain Korean...). They are things that voters and taxpayers can understand. They are not about programs or agencies or government jargon. Results include: 'healthy children, children ready for school, children succeeding in school, children staying out of trouble, strong families, safe communities. "

➢ Indicators (or benchmarks)[3] are measures which help quantify the achievement of a result.

They answer the question 'How would we recognize these results in measurable terms if we fell over them?" So, for example, the rate of low-birthweight babies helps quantify whether we're getting healthy births or not. Third grade reading scores help quantify whether children are succeeding in school today, and whether they were ready for school three years ago.[4] The crime rate helps quantify whether we are living in safe communities, etc.

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[2] Note that this section differs somewhat from the Proposition 10 planning guidelines, not in concept, but in the description of language choices. See Appendix B for a crosswalk of results accountability ideas to language choices.

[3] The word "benchmark" is used to label this idea in a number of states and counties. But it has a very different meaning in the business community, where it means the level of achievement of a successful competitor. For this reason, "indicator" may the better choice.

[4] Third grade reading scores are an example of a *lagging* indicator of children ready for school.

➤ Strategies are coherent collections of actions which have a reasoned chance[5] of improving results. Strategies are made up of our best thinking about what works, and include the contributions of many partners. No single action by any one agency can create the improved results we want and need.

> *The principal distinction is between ends and means. Results and indicators are about the ends we want for children and families. Strategies and performance measures are about the means to get there.*

➤ Performance measures are measures of how well public and private programs and agencies are working. The most important performance measures tell us whether the clients or customers of the service are better off. We sometimes refer to these measures as *client or customer*[6] results (to distinguish them from *cross-community* results for all children and families).

The principal distinction here is between *ends* and *means*. Results and indicators are about the ends we want for children and families. And strategies and performance measures are about the means to get there. Processes that fail to make these crucial distinctions often mix up ends and means. And such processes tend to get mired in the all-talk-no-action circles that have disillusioned countless participants in past efforts to improve the lives of young children and families.

Commissions actually have some choices about which labels to attach to these ideas. The legislation itself uses a wide range of terms without clearly specifying which ideas are being referenced. The chart in Appendix B displays these language choices. We will use the terms "results," "indicators," "strategies" and "performance measures" to label the above ideas in this paper. You can pick whatever labels work for you.

How to help ensure that all children are healthy and ready for school

In this section we will explore a very simple, but businesslike, thinking process that can help direct the work of creating a strategy for making all children healthy and ready for school. It is the thinking process that underlies all of results accountability, whether the population in question is children, elders or whales. It is the simple set of notions: What do we want for children prenatal to age five in plain English? How would we recognize it in measurable terms?

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[5] This reasoning process is sometimes referred to as "theory of change." This means, "What is the theory that this might actually work?" There is a whole body of writing on this subject. See the reference to the work of Fulbright-Anderson, Kubisch and Connell in Appendix A.

[6] Or consumer, patient or student results, depending on the service system.

What will it take to get there? This process is displayed on the chart in Appendix C. In the following paragraphs we will take a quick pass at the basic ideas in each step of the thinking process. And then in the next section of the paper, we will go back and explore how to do each step in more detail.

WHAT DO WE WANT?

Population: Results accountability starts with a whole population. In the case of Proposition 10 this is all children, prenatal to age 5 who live in the county. It also includes, by extension, all the families in which these children live, or into which they are about to be born. This is important because many of the things which will work to improve the health and school readiness of children involve helping their families, and in particular, their parents, be successful. So Proposition 10 is about the well-being of the population of all children *and their families.*

Results: Results are conditions of well-being we would like to say exist for this population. These conditions are stated in plain English (plain Spanish, plain Vietnamese, plain Farsi...), not bureaucratic jargon. The Proposition 10 legislation includes the results: "children enter school in good health, ready and able to learn, and emotionally well developed." [7] This is a statement that the public can understand, that can be used to communicate the basic purpose of Proposition 10 and anchor this work. There are of course many other results for children and families which are important, e.g. all children safe, all children succeeding in school, strong and self-sufficient families. Proposition 10, if successful, will also make a contribution to these other results.

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[7] See Proposition 10 Section 2 (b). The State Proposition 10 Commission has adopted three clear and simple "strategic results" in its guidelines: healthy children, children ready for school and strong families.
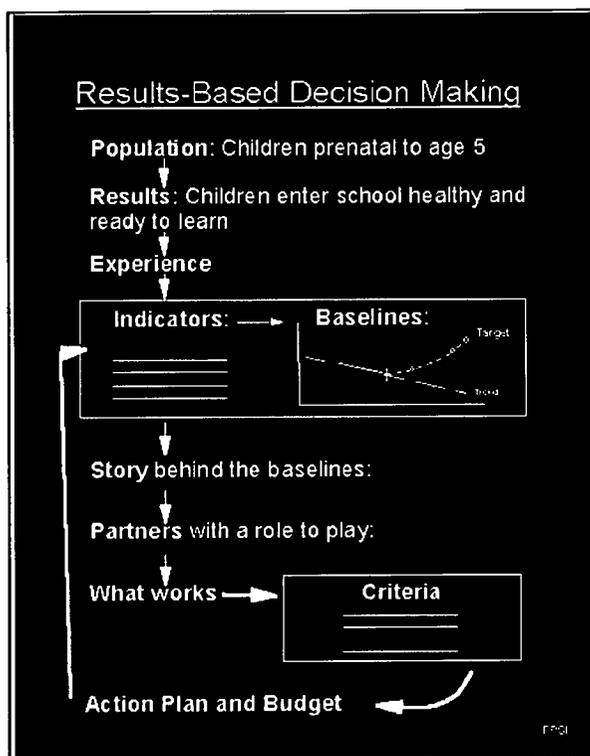
HOW WOULD WE RECOGNIZE IT?

The next two questions have to do with how we would recognize these conditions if we fell over them, first in terms of experience and then in terms of data.

<u>Experience</u>: How would we recognize these results in our day-to-day lives in the community? What would we see, hear, feel, observe? e.g., We would see children playing outside. We would hear young children with good communication skills. We would feel that children were respected and loved in our community.

<u>Indicators</u>: How would we recognize these conditions in measurable terms? Here we are looking for pieces of data that tell us whether these conditions exist or not. If the condition is child health, we might look at the rate of low birth-weight babies, or the rate of emergency room visits. If the result is "children succeeding in school," we might look at the percent of children reading at grade level or graduating from high school. Some of this data we currently have and can use today in the planning process. Other data, which we would like to have, becomes part of our data development agenda.

<u>Baselines</u>: For each indicator, we present a picture of where we've been and where we're headed if we stay on our current course. These pictures are called baselines. They allow us to define success as doing better than the baseline.

WHAT WILL IT TAKE TO GET THERE?

Story behind the baselines: Why do these baseline pictures look the way they do? What are the causes and forces at work? This is the epidemiology part of the work. Digging behind the pictures helps us get a handle on what's going on in our community and what might work to do better. As we do this work we bump up against things we wish we knew more about. This becomes part of our information/research agenda. We'll gather this information as best we can between meetings.

Partners: Who are the potential partners (people and agencies, public and private) who have a role to play in doing better?

What works: What do we *think* would work? *What would it take* to do better than the baselines in *this* community? What has worked in other places outside our community? What does the research tell us? Just as importantly, what does our own personal experience tell us about what would work here? The answers should draw on the possible contributions of partners, and should involve no-cost and low-cost ideas.

Criteria: If we come up with a long list of things that might work, how do we choose what to actually do? What criteria should guide this selection process? Some criteria to think about are: *specificity* (Is the idea about specific action, not rhetoric?), *leverage* (Will it make a big or little difference?), *values* (Is it consistent with our personal and community values?), and *reach* (Is it feasible to do it this year, next year or three to 10 years?).

Action plan and budget: What do we propose to actually do? This should take the form of a multi-year action plan laying out what is to be accomplished by when (goals and objectives). We can then assign responsibilities and get started. Once you decide on things to be done, projects, programs, no-cost and low-cost actions, etc. you can use performance measures to track their progress.

This does not have to take forever. You can take a pass at this thinking process in an hour or so. And then go through it again each time you get together. Every time you iterate this process, your action plan gets better.

III. How to do this work

In the sections which follow, we explore how to do each step in the thinking process outlined above. Of course there is no one right way to do planning for Proposition 10 or anything else. This paper presents *an* approach, not *the* approach to this work. We encourage Proposition 10 commissioners to be good consumers of advice, to consider a range of approaches, and to select the one that makes the most sense to the Commission and the community. We suggest you consider the following eight steps in this process:

> 1. Get people together
> 2. Choose indicators of children healthy and ready for school
> 3. Develop baselines and the story behind the baselines
> 4. Consider what works
> 5. Craft "what works" ideas into a coherent strategy
> 6. Implement that strategy
> 7. Use performance accountability to assure quality
> 8. Play it again, Sam

Although this thinking process is presented in linear form, these steps do not have to be followed strictly in sequence. This process is iterative. Much of the work will proceed along parallel tracks. And steps which are skipped can be added later or addressed on the next pass of the planning cycle.

1. Get people together

Proposition 10 makes reference to many different partners. How can you organize the work so that all these disparate voices are heard? There are many possible ways to do this, and the detail is beyond the scope of this guide. But the general approach has three parts to it:

• **Create the Proposition 10 Commission as the nucleus of a larger set of partners.** The Proposition 10 Commission itself will include many key partners. The Commission should conceive of itself as a core set of partners, not the chosen few. The Commission should take on the role of structuring the planning process to involve many other partners in thinking about and doing the work. This will be easier if the work itself is framed in terms of what partners can do to get children healthy and ready for school (not how to spend the money).

• **Get good staff.** If the right people are on the Proposition 10 Commission, then they don t have a lot of time to do this work. It is important to have at least one staff person who can help the Commission organize its work and support the process of gathering and making sense of the input from others.

Partners referred to in the Proposition 10 Legislation	
Child care providers	Corporations
Child care workers	Foundations
Media	Medical, pediatric and
Tobacco/substance abuse	Obstetric associations
Treatment facilities	Secretary, Health and
Educators	Human Services
Public health workers	Secretary, Child
Social services	Development and
Recipients of service	Education
Family support centers	
Governor	
Legislature	
Boards of supervisors	

Some other partners important to this work	
Parents	Businesses
Children and youth	Faith community
Elders	Civic and neighborhood
Mayors	organizations
City council members	Advocacy organizations
School boards	Community-based
Superintendents	organizations
Parks and recreation	Doctors
departments	Hospitals and clinics
Sheriffs	Health maintenance
Police	organizations
Juvenile probation officers	

- <u>Gather input from many others.</u> There should be a process by which many partners can offer their opinions and experience on the question 'What will it take to make all children in this community healthy and ready for school?"(not 'What programs should we fund?'). Partners should also actually do some of the things they suggest (either as part of the formal Proposition 10 plan or separately), including no-cost and low-cost actions. Methods of involving others in this work include public hearings, focus groups, and special committees for different parts of the planning process (e.g., data, what works, information/research, etc.). The commission should also actively seek to learn about the successes and failures of those outside the county and outside the state in efforts to improve health and school readiness.

> *Ask partners: 'What will it take to make all children in this community healthy and ready for school?"not 'What programs should we fund?"*

One point worth emphasizing: It is very important to include parents and youth from diverse communities as part of this process. We often think about 'doing for"people. Instead we should think about 'doing with." Other countries (e.g., Norway) are committed to learning from their youth, not just teaching them. We should do the same.

Not everyone can be at the table for every meeting. This is a republic, not an ancient Greek democracy. It is important to balance processes so that they are truly inclusive, but also manageable. This means that lots of small meetings for gathering input and performing tasks may be better than just one or two giant ones. On the other hand, some jurisdictions have had marked success with children's summits and other large gatherings. If well planned and organized, they can also be efficient ways to involve lots of people.

> **Remember**: Many different interests will compete to frame 'the message "of Proposition 10. It is important to keep going back to basics. Proposition 10 is about the well-being of all children prenatal to age 5. It is about whether they are healthy and ready for school. At this highest-level view, there are few who can disagree. Whenever the process gets off track, go back to these basics.

2. <u>Choose indicators</u>

The plain truth is that it is hard to find good data about the well-being of children prenatal to age five. We often don't count things until children enter school. Data systems for young children lag behind data systems for all children, which lag behind data systems used by government, which lag behind data systems used by business and the private sector. To compound the problem, what we count is usually things that have gone wrong: child abuse, child neglect, injury, death, hospitalizations, etc. Very rarely do we count positive situations, characteristics or events.[8]

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[8]See the work of the Search Institute on measuring the positive well-being of young people.

> *Indicators help us know how we could recognize this condition, and how we can know if we are making progress. Without indicator data, we are left to argue about perceptions and anecdotes which come to our attention through the media or other sources.*

In spite of these problems, it is possible to find indicators for children are healthy and ready for school. But first we should remember that the purpose of choosing indicators for a result is to help us know how we could recognize this condition, and how we can know if we are making progress. Without indicator data, we are left to argue about perceptions and anecdotes which come to our attention through the media or other sources. If we are to be businesslike about improving the conditions of well-being for these children, then we must be businesslike about using data to steer our decisions and assess our progress.

- Start by assessing experience. How do we *experience* children healthy and ready for school? Partners around the table can create a working list of "experiences"in a brainstorm session. It is possible to add to this list from consultation with community members, professionals, parents and the academic community. By experience, we mean how do we see, hear, or feel the condition? What do we see on the street? What do we see in our everyday work and personal lives? Remember that different cultures and communities may experience health and school readiness in different ways.

There are two reasons for starting with experience. First, each experience is a pointer to a potential indicator. If we experience children absent from child care or kindergarten due to illness, we can possibly count absentee rates in child care or kindergarten. If we experience children playing safely on playgrounds, we can possibly count rates of playground injury for young children.

The second reason for starting with experience is that it grounds the work in the common-sense view of everyday citizens. Too often, planning processes are the province of professionals and providers who talk in esoteric and inaccessible ways. If this work is to take hold in the community and energize the community to take action, it is necessary to build and communicate the work in clear and common-sense ways. This is not an argument against rigor and discipline. Quite the opposite. It is an argument to start the *disciplined* thinking process where our partners and our constituents are.

Some ways we experience children healthy and ready for school

- Enthusiastic about going to school
- Dressed appropriately for the season
- Familiar with letters and numbers
- Does not experience violence
- Interacts appropriately with peers
- Shows social interaction skills on the playground
- Hygienic in bedroom and bathroom
- Well nourished
- Coordinated fine and gross motor skills
- Parental enthusiasm
- Positive self-image
- Able to communicate

Finally, the way we experience results can be used to drive the thinking and planning process in cases where indicator data is insufficient. We may have trouble finding good data to assess whether children are well nourished or have good motor skills at school entry. This does not mean that these conditions are unimportant. We can think together about "what works" to produce these conditions and use this thinking to fashion our action plan.

The box on the previous page gives some ways people might experience the conditions "children are healthy and ready for school." Your process could take this as a starter list and add to it.

• Develop a set of candidate indicators. The two boxes to the right give some starting points for identifying candidate indicators. The first is a set of indicators actually referred to in the Proposition 10 law itself. The second is a list developed in an interagency work session in Sacramento in June 1999. Neither list should be viewed as the last word on this subject. Members of the Commission should offer up

their ideas as well. And there are resources which can help. The Foundation Consortium has developed a guide to indicators in California.[9] States and counties across the country have developed report cards on child well-being which can illustrate how those outside the county have selected indicators.[10] And communities may have unique resources in this area if, for example, they have commissioned surveys of families or youth.

Indicators referenced in the Proposition 10 legislation
- Percent of low-birthweight babies
- Rate of pre-term deliveries
- Rate of infant deaths
- Rate of severe physical and developmental complications
- Rate of lower respiratory tract infections in infants and children under 18 months of age
- Rate of hospitalizations

Some other potential indicators
- Reading at grade level: 1st, 2nd, 3rd grades
- School attendance rate for kindergarten
- Rate of complete immunizations at ages 2 and 5
- Percent who pass kindergarten and go on to 1st grade
- Peabody verbal -- average score or better at kindergarten entry
- Rate of behavior referral among kindergarten students
- Rate of child abuse and neglect ages 0 to 5
- Rate of entry into foster care ages 0 to 5

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[9]See "Quality of Life Indicators for Children and Families," Foundation Consortium, 1998.

[10]See "A Guide to Selecting Results and Indicators," The Finance Project, Atelia I. Melaville, May 1997.

Remember: It is important to include as many members of the community as possible in this thinking process. And be sure to tap the expertise of your partners in the academic community, some of whom have spent their whole careers thinking about these very questions.

A word about the notion of leading and lagging indicators. In economics, we have leading and lagging indicators of the health of the economy. Leading indicators are indicators which show a change of direction before the change appears in the general economy (e.g., orders for durable goods). Lagging indicators reflect the change in the economy after it has happened (e.g., unemployment rates). When it comes to the well-being of young children (prenatal to age 5), much of the data we have are lagging indicators. The percentage of third graders reading at grade level is a *lagging* indicator of how ready those children were for school three or four years earlier. These are still valuable measures. And it is possible to gear the planning process around *"What would it take to produce better third-grade reading scores four years from now?"* Lagging indicators bring a healthy and useful perspective.

• <u>Choose the best of what's available.</u> Given a set of candidate indicators, it is then possible to use criteria to select the best indicators to represent the result. Using the best of what's available necessarily means that this will be about *approximation and compromise.* If we had a thousand measures, we could still not fully capture the health and readiness of young children. We use data to approximate these conditions and to stand as proxies for them. There are three criteria which can be used to identify the best measures:

> *Using the best data available necessarily means that this will be about **approximation and compromise**. If we had a thousand measures, we could still not fully capture the health and readiness of young children.*

<u>Communication Power:</u> Does the indicator communicate to a broad range of audiences? It is possible to think of this in terms of the *public square test.* If you had to stand in a public square and explain to your neighbors "what we mean, in *this* community, by children healthy and ready for school,"what two or three pieces of data would you use? Obviously you could bring a thick report to the square and begin a long recitation, but the crowd would thin quickly. It is hard for people to listen to, absorb or understand more than a few pieces of data at a time. The data must be common-sense and compelling, not arcane and bureaucratic. Communication power means that the data must be clear to diverse audiences.

<u>Proxy Power:</u> Does the indicator say something of central importance about the result? Or is it peripheral? Can this measure stand as a proxy for the statement of well-being in plain English? What pieces of data really get at the heart of the matter?

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Another simple truth about indicators is that they run in herds. If one indicator is going in the right direction, often others are as well. You do not need 20 indicators telling you the same thing. Pick the indicators which have the greatest proxy power, i.e., those which are most likely to match the direction of the other indicators in the herd.

> Data Power: Do we have quality data on a timely basis? We need data which is reliable and consistent. And we need timely data so we can see progress -- or the lack thereof -- on a regular and frequent basis. Problems with data availability, quality or timeliness can be addressed as part of the data development agenda.

• Identify primary and secondary indicators, and a data development agenda. When you have assessed the candidate indicators using these criteria, you will have sorted indicators into three categories:

> Primary indicators: Those three or four most important measures which can be used as proxies in the public process for children healthy and ready for school. You could use 20 or 40, but people's eyes would glaze over.

> Secondary indicators: All the other data that's any good. We will use these measures in assessing the story behind the baselines, and in the 'behind the scenes" planning work. We do not throw away good data. We need every bit of information we can get our hands on to do this work well.

> A data development agenda: It is essential that we include investments in new and better data as an active part of our work. This means the creation of a data development agenda -- a set of priorities of where we need to get better.

It is a judgment call about how much to spend on such an agenda. Spending for data or any other Proposition 10 administrative function should be carefully balanced with spending which directly benefits children and their families. As a rule such spending should not exceed 5 to 10% of total grant funds.[11] And data investments are only part of that amount. This means that other partners will have to make contributions to this effort. And it means that not all data has to be of the highest research quality. At this stage of our learning about how to use data to make decisions, it is OK to use sampling and other techniques to get usable information that may not meet strict academic research standards.[12]

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[11]You want to be able to say "90% to 95% of the money went to directly serving children and families."

[12]For example, in prior work in Maryland, when we needed data on what was happening in a the welfare caseload, we would sometimes send a staff person to pull and read 20 or 30 cases. It was not scientific, but it was fast and gave us a handle on the policy problem we were trying to solve.

3. Develop baselines and the story behind the baselines

Baselines tell us where we've been and where we're headed on the most important measures. The story behind the baselines helps us understand the causes and forces at work, so that we can take action to change for the better.

• Develop baselines for each of the indicators. The purpose of baselines is to show over a multi-year period where we've been and where we're headed on each indicator. Baselines have two parts: an historical part that shows where we've been, and a forecast component that shows where we're heading if we stay on our current course.

> Baselines allow us to ask and answer the question: 'Is this future OK? "Most processes of serious change start with the members of the community saying, 'This is NOT OK. We can do better. "

Forecasting is an art, not a science. The best forecasting is not about technical statistical analysis. It involves people who know 'what's happening on the street "and who can create two or three believable scenarios of the likely future. Statistical folks can help this process by analyzing trends and presenting data. But do not relinquish control of the forecasting work to the statisticians. Forecasts should reflect the consensus view of key partners about where we are heading.

Baselines serve two purposes. First they allow us to ask and answer the question: 'Is this future OK? "If the percentage of third graders reading at grade level[13] has been declining for several years, we ask, 'Is it OK for it to continue to decline? " 'Look where we'll be in two years if this continues! "Most processes of serious change start with the members of the community saying, 'This is NOT OK. We can do better. "Baselines with forecasts allow you to have this discussion.

Second, baselines allow us to assess progress in terms of *doing better than the baseline.* This allows us to 'count "as progress when we have slowed the rate at which things are getting worse, before we fully turn around and go in the right direction. This stands in contrast to the usual definition of success: that things get better right away. This is often unrealistic when trends have been headed in the wrong direction for a long time. It takes time to turn the curve on such a trend line. If we do not

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[13]The best way to calculate "reading at grade level" is in relation to a level of achievement that all children can strive to attain. The numbers then tell us what percentage of children achieve at or above that standard. Often, scores are presented based on state or national "norms" which means, by definition, that 50% of children will be above and 50% below the norm.

use baselines to measure success, we set ourselves up for failure by creating unrealistic expectations of quick fixes.

The graph at the right displays the history part of a sample baseline prepared for the training sessions for Proposition 10 commissioners sponsored by the State Commission, the California Endowment and the Foundation Consortium.

- Tell the story behind each baseline, or the story for all the baselines together. What are the causes, the forces at work? Why does this picture look the way it does? Why are only 67% of our children immunized at age two? Why are so few of our 3rd graders reading at grade level? Why is it getting worse or improving so slowly? This is the 'epidemiology" part of the work. Each part of the story is a pointer to action in the next stage. If one of the reasons 3rd grade reading scores are going down is that parents don t do a good job helping children build reading skills, then this is a pointer to parent education, support for library reading programs, campaigns to get reading material into the homes of families with young children etc. Be prepared for different stories and serious debate. As different partners add their perspectives, a rich picture will emerge about what is happening in the community and why children are, or are not, healthy and ready for school.

> **Remember:** When considering the story behind the baselines, make sure, again to involve as many partners from as many different and diverse communities as possible. It is particularly important to involve parents in this thinking process. Those we are trying to help, often know more about the causes and likely successful approaches than the professionals.
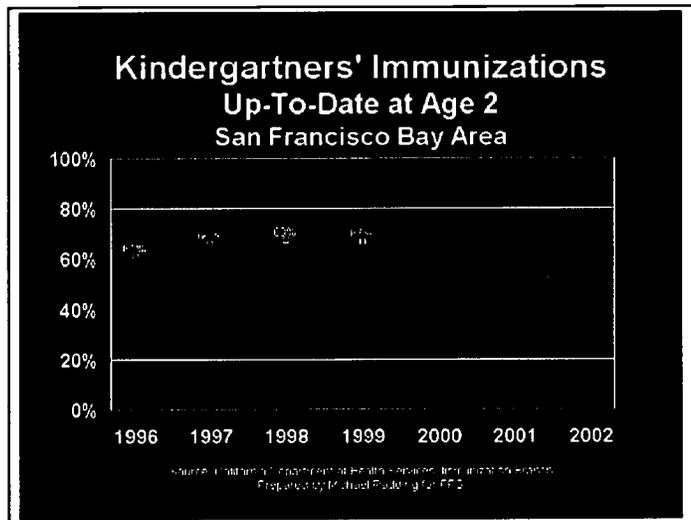
In doing this work, it may be useful over time to develop the indicator baselines and the story behind the baselines into a *periodic report card* on "children healthy and ready for school." Making this report card part of a larger report card on child and family well-being will help link Proposition 10 work to other efforts in the county to improve results for children and families.

Another type of story which needs to be told is the *cost of bad results*. What is the price we pay when children are not healthy and not ready for school? Such costs show up in many places: as remedial education costs in the school system, as health care costs in the public and private sector, and later in such things as teen pregnancy and juvenile crime. Showing the costs of bad results helps make the economic case for additional investments in children and their families.[14]

4. Consider what works -- What would it take?

> Given the results we want (children healthy and ready for school);
> Given the indicators of those results and the story behind the indicator baselines;
> Given the partners around the table...

What works, what could work, to turn these conditions around? What would it take to have all children prenatal to age five healthy and ready for school? The answers are a combination of science and common sense.

• Look at the research. The science part is about the research that has been done over the last 20 plus years on programs that actually make a difference in the well-being of young children and their families. While some of this is still controversial, we know that quality child care,

What Works Ideas
Referred to in the Proposition 10 legislation
1. Comprehensive, collaborative, integrated, consumer oriented, easily accessible system of information and services 2. Child care: high quality, accessible, affordable 3. Parent education: nutrition, care and nurturing, child development, child abuse prevention 4. Child health services: prevention, diagnosis, treatment, pre and post natal maternal health, nutrition, tobacco and substance abuse treatment 5. Parental support: family support centers, domestic violence prevention and treatment, family services and counseling 6. Mass media communications: for the general public on nurturing, parenting, selection of child care, prevention of tobacco and drug use by pregnant women.

regular health care, family support and parent education all play a key role in the healthy development of children. The box to the right displays the references in the Proposition 10 legislation to what works. Proposition 10 commissions should use these categories as a starting point for

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[14]See "A Guide to Developing and Using Family and Children's Budgets," pages 36 and 37 for more information on the cost of bad results.

considering what works. There are some references in the appendices to other "what works" resources.[15]

• <u>Don t be limited by research.</u> The common sense part is that not all things that work have been proven by the research community. What works ideas should build on your experience and what you and your partners know about the community in which you live. What do you think would work *here?* Involve as many partners as you can in this thinking process, including the parents of young children. Be disciplined about this part of the work as well. Not all ideas are good ideas. Test each idea against the question: 'Would this make a difference in the well-being of young children and their families? Would it help turn the curves we are trying to turn?"

> *The answer to 'What works? "is a combination of science and common sense. What does the research tell us? And what does our experience tell us would work here in this community?*

• <u>Consider what has worked outside the county</u>. There is a growing body of experience from other counties, states and countries about what works to improve the well-being of children and families. This is sometimes referred to as 'best" or 'promising" practice, and a number of books, journals and websites provide access to this experience. Some of these are listed in Appendix A. Localities with successful efforts are usually willing to host visitors, and this can be a powerful way to get beneath the surface of advertised claims to what really worked or didn t work. Some technical assistance centers (also listed in Appendix A) can help arrange site visits or 'peer to peer "consulting within California and across the country. It goes without saying that what works in one community may not work in another. So, look for experience in counties and communities with economic and demographic characteristics similar to your own.

• <u>Consider no-cost and low-cost ideas.</u> No-cost and low-cost ideas can be among the most powerful parts of your plan. We have a tendency to think about everything as a money problem. And while money is certainly important, it is not the only way to turn a curve. There are many ways for partners to make contributions to this work (e.g., use of volunteers, advertising by the media, family-friendly policies by the business community, support groups by the faith community, streamlined policy or procedure by public agencies, etc.) that make a crucial contribution at low cost and without using public funding sources.[16] When groups are given the

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[15] The "what works" section of this paper is actually shorter than other sections even though this is the heart of the work. That is because the paper is intended to provide a framework for answering "what works" questions, not the answers themselves.

[16] See the "funding the plan" discussion in section 5 below.

challenge to turn a curve (like reading scores or immunization rates), and are asked to include at least one no-cost or low-cost idea, it often happens that half to two-thirds of the good ideas are no-cost or low-cost. The simple act of asking for no-cost and low-cost ideas has the effect of changing people's mindsets.

> **Remember:** The purpose of Proposition 10 planning is not how to spend the money. It's how to get the results we want. Proposition 10 money used in combination with other resources in the community can do this.

• Use pointers to action. There are two pointers to what works in the preceding steps of the process. Each element of the story behind the baseline is a pointer to action. And each partner or potential partner is a pointer to action. The Commission should seek advice from a wide range of partners on what it would take to get all children healthy and ready for school. The Commission should ask each partner the following questions:

> ➢ What is your best assessment of whether our children are now healthy and ready for school and why?
> ➢ What could work in *this* county to improve this situation (including no-cost and low-cost ideas)?
> ➢ What can you contribute (time, money and expertise)?

5. Craft "what works" ideas into a coherent strategy

The kind of process described above usually results in a long laundry list of everything anybody ever thought was a good idea to do for children and families, completely unprioritized and completely unaffordable. The trick in this work is not to create such a laundry list, but a coherent strategy that we can actually afford to implement and that will actually produce the results we want.

• Assess your ideas against criteria. One way to do this is to assess the "what works" ideas according to established criteria. Four criteria are offered for your consideration:

> Specificity: Is the proposal specific about what will be done, when and by whom; or is it a rhetorical statement of need, like "End poverty and cure disease"? Proposals need to take the form of an actionable idea which can be funded and implemented.

> *The trick in this work is not to create a laundry list, but a coherent strategy that we can actually afford to implement that will actually produce the results we want.*

<u>Leverage</u>: How great an impact will this proposal have on the curves we are trying to turn? We are looking for actions which are high-leverage, not token efforts.

<u>Values</u>: Is the proposal consistent with our personal and our community's values? There are many proposals which are potentially effective but violate important principles of equity and fairness. The best approaches must be true to community values and must take into account differences in cultures and community norms.

<u>Reach</u>: Is it feasible and affordable? Can it be done this year, next year, or three to 10 years? This criterion can help space out our efforts over time.

We are looking for actions which rate high on all four criteria: actions which are specific, high-leverage, consistent with our values, and which can be implemented sooner rather than later. Each proposal can be rated high, medium or low on these four criteria. Those that rise to the top can become the first year's plan. Others that are high on the first three criteria but lower on the fourth can be targeted for later years.

• <u>Fit the pieces together.</u> Having selected priorities for action is not the same as having a coherent plan. We need to consider how these pieces fit together in a system of services and supports, not just a loose confederation of good ideas. This means consideration of the charge in Proposition 10 to create a *comprehensive, collaborative, integrated, consumer-oriented and easily accessible system of services and supports* for young children and their families.

Proposition 10 commissions should create a special part of the process (a subcommittee or task force) to look at:

> ➤ how the system of services is configured;
> ➤ the parts of the system that are difficult for families with young children to access or negotiate;
> ➤ how services can be made more accessible to families of different cultures; and,
> ➤ the opportunities to break down walls between service systems and lessen duplication and bureaucracy.

This group may identify additional action items which require funding, such as the creation of a resource and referral network for child care, the placement of new screening and diagnostic services in family centers, or the addition of evening and weekend hours for health care or child care services. These can be added to the "what works" agenda and ranked against other proposals.

Many of the changes necessary to improve the service system will involve no-cost and low-cost actions such as the co-location of existing services, creation of common forms across systems, shared intake and assessment services, or wrap-around funding for children in out-of-home care.

One community labeled their work to make the system accessible 'No wrong door" -- meaning that every point of contact with the parents and children should involve knowledgeable workers who could help access any service. Another image which might be helpful is that of a service system with a 'front room" and a 'back room." In the front room, families and children get what they need in a seamless, culturally competent and consumer-friendly way. In the back room we run the financial and technical systems necessary to make the front room work.

The product of this work should be a visual map of how the service system now looks, and how it should look, from the consumer's point of view. This can be used as a tool to move the system to become more friendly to families with young children.

A possible Proposition 10 plan outline

A. **What's at stake?**
    1. The importance of positive development
    2. The cost of bad results if we fail

B. **How are children prenatal to age five doing?**
    1. The conditions of well-being (results) we want for these children (in plain English, plain Spanish, etc.)
    2. How we recognize these conditions in our day-to-day experience
    3. How we measure these conditions: indicators of well-being
    4. Where we've been; where we're headed: indicator baselines and the story behind the baselines

C. **What works -- What will it take to do better?**
    1. Partners who have a role to play
    2. What's worked in other places; what we think will work here (best practices, best hunches, and no-cost or low-cost ideas)
    3. How we will create a comprehensive, integrated, consumer-oriented, easily accessible system of services

D. **What we and our partners propose to do!**
    1. This year
    2. Next year
    3. In three to 10 years

Source: FPSI

Remember: The purpose of this work is not planning. The purpose of this work is doing. There is a tendency for planners to become so enamored with their planning process they forget there are other things to do in addition to planning. It is necessary to do the best planning possible without letting the planning process itself become the point of the work.

• <u>Fund the plan.</u> A crucial part of developing any action plan is consideration of how the elements can be funded. It is beyond the scope of this paper to fully explore this part of the work. The overall Proposition 10 Plan should include four types of action items:

> no-cost items;
> items fully funded by other partners without Proposition 10 dollars;
> items funded jointly with Proposition 10 and other funds; and
> items funded solely with Proposition 10 dollars.

The Commission should try to get the most leverage out of Proposition 10 funds by minimizing items in the last category.

With regard to joint funding, it is important to consider the ways in which Proposition 10 funds can be used to match open-ended federal funding under Medi-Cal and Federal Foster Care. These sources can sometimes be used to help pay for services with a medical or therapeutic component, or which address the needs of children at risk of abuse or neglect. Don t let the availability of such matching funds determine what you decide to fund.[17] But for things you want to fund anyway, this can have the effect of multiplying your money.

In doing this work, it may also be useful to develop a map of how funds are now deployed for services to young children and their families. A growing number of counties in California have developed children s budgets to provide such a picture.[18] Proposition 10 commissions may wish to supplement these efforts by developing an analysis specific to services for children prenatal to age five.

6. Implement the strategy

You will need an action plan which says who s going to do what by when. Typically such plans include goals, objectives and timetables. Goals are specific accomplishments which are planned for the future, such as the creation of a new child care center or the co-location of services in one building. Objectives are the specific actions necessary to make this accomplishment happen, e.g., securing funding, agreeing on space, designing common forms, etc. The timetable tells when each objective should be started and completed in order to reach the time targeted for the particular accomplishment/goal.

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[17]This is a real risk. There is a long history of chasing money, which means we fund the things that generate dollars, not necessarily the things that most need to be done. See "The Cosmology of Financing" and the Policy Brief "Reforming Finance, Financing Reform" referenced in Appendix A.

[18]Notably Los Angeles, Contra Costa, San Francisco and Sonoma.

There are many possible ways to construct and format such an action plan. The main thing to remember is to keep it simple, and to make it useful. This means avoiding the thousand page version that is a bookshelf document and nothing else. The bottom line is for the Commission to find ways to track the work it agrees to support and determine if it is actually getting done in a timely way. This is separate from the question of what work *should* be done. And it is also separate from the performance measures for individual programs (discussed in the next section) which tell whether that particular program is working properly or not.

7. Use performance accountability to make sure that programs are well managed and high-quality

> *Performance accountability involves identifying the most important performance measures for programs and agencies and holding managers accountable for doing a good job on those measures.*

Performance accountability is the second kind of responsibility which Proposition 10 commissions must master. ('Wow, you mean to tell me that everything we have just talked about is just one of two types of responsibility?"Well, yes. But we will spend less time on the second.) Performance accountability involves identifying the most important performance measures for programs and agencies and holding managers accountable for doing a good job on those measures. It is somewhat more familiar territory. We have been managing programs and agencies for centuries.

The principal problem with performance measurement is that we tend to pick the wrong measures and we tend not to use them for anything. We tend to build complex, paper-intensive processes that actually detract from management because they take a lot of time and are of little or no value to those who manage or oversee programs and agencies. And it is this latter responsibility -- overseeing programs and agencies - that Proposition 10 Commissions must also know how to do well. If we can deal with the matter of picking the right measures and then using them to monitor our progress, many of the other problems will take care of themselves.[19]

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[19] See "A Guide to Developing and Using Performance Measures," The Finance Project, 1997, for more information on this approach.

- <u>Be clear about what program or agency is being measured.</u> The first order of business in picking the right performance measures is being clear about what program or agency is being measured. This is a "fence drawing" problem. First we draw a fence around the thing to be measured. It could be a program, like a child care center, or a component of a program with some organizational identity, like infant child care. Or it could be an entire organization or agency, like a residential treatment center or a department of social services. Or it could be an entire service system, like the entire child welfare or child care service system, involving many agencies and their programs.
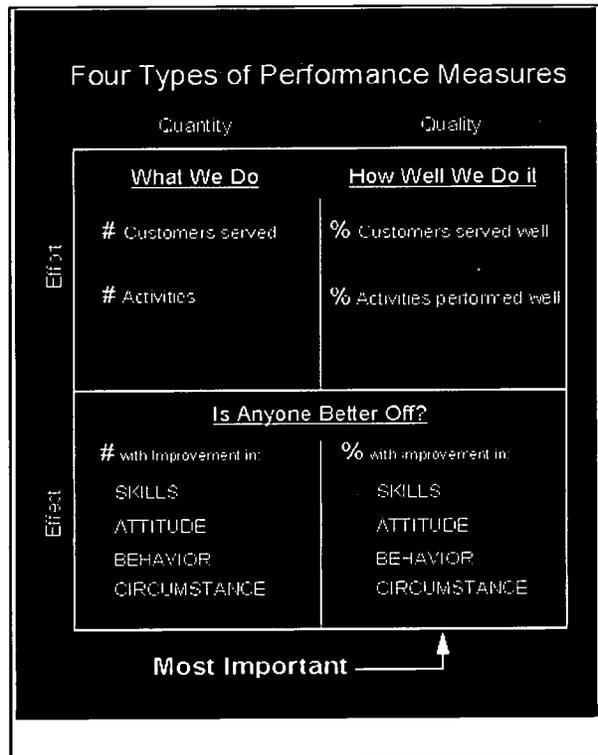
Next we ask ourselves a few questions about what's inside the fence. Who are our customers? Customers include the direct recipients or beneficiaries of the service. But they also include others who depend on the program's performance, like related programs and partners. For example, the customers of a child care program include the children in the program, the parents of those children, and the local elementary school where many of these children will enter kindergarten. It is important to consider the full range of customers because, just like in business, success depends on doing a good job for your customers.

- <u>Consider the four types of performance measures and choose the most important.</u>

All performance measures fit into one of four categories, derived from the intersection of *quantity and quality* vs. *effort and effect*, as noted on the chart below.

Not all performance measures are of equal importance. There are two general classes of performance measures that are most important:

1. Performance measures that tell us whether the service and its related functions are done well (the upper right quadrant of the chart). These measures include such things as timeliness of service, accessibility, cultural competence, turnover rate and morale of staff. These measures are used by managers to steer the administration of the program. If things are late, they work to make them timely. If turnover is high, they work to retain staff.

Four Types of Performance Measures

	Quantity	Quality
	What We Do	**How Well We Do it**
Effort	# Customers served	% Customers served well
	# Activities	% Activities performed well
	Is Anyone Better Off?	
Effect	# with Improvement in: SKILLS ATTITUDE BEHAVIOR CIRCUMSTANCE	% with improvement in: SKILLS ATTITUDE BEHAVIOR CIRCUMSTANCE

Most Important ⟶

> *Not all performance measures are of equal importance. The most important measures tell us whether our clients or customers are better off. We call these measures 'client or customer results. "*

2. Performance measures that tell us whether our clients or customers are better off as a consequence of receiving the service (the lower right quadrant of the chart). We call these measures 'client or customer results. "[20] These are measures which gauge the effect of the service on people's lives.

Usually, in programs which directly deliver services to people, client results have to do with four dimensions of 'better-offness: 'skills, attitude, behavior and circumstance. Did their skills improve; did their attitude change for the better; did their behavior change for the better; is their life circumstance improved in some demonstrable way? So, for example, if you are overseeing a child care program, you would want to measure such things as the percent of children with basic literacy skills (skills); the percent of children with a positive self image (attitude); the percent of children exhibiting disruptive behavior (behavior); and the percent of children who are up to date on their immunizations, and the percent who go on to succeed in first grade (circumstance).

• Don t accept lack of control as an excuse. Now, the first thing you fe going to say is, 'Wait a minute. What does child care have to do with whether or not children are up to date on immunizations? " This is a good example of a performance measure where child care has very little control over whether the circumstance improves. Child care can make a *contribution* to the immunization status of its clients. Quality child care can help parents and children understand the importance of regular preventive health care and can help parents understand and access the health care system. But child care by itself cannot do these things. So isn t it *unfair* to track immunization rates for children in child care?

If you look at the other measures listed for child care (literacy skills, self-image, disruptive behavior, first-grade success), you will notice that these measures are *also* beyond the capacity of the child care provider to completely control. And the point is that *all* programs 'performance measures are affected by many factors beyond the particular program's control. This lack of control is usually used as an excuse for not doing performance measurement at all. Turnover rate, staff morale -- you name it -- is 'beyond my control. "

In fact, the more important the performance measure (e.g., children successful in first grade), the less control the program has over it. This is a paradox at the heart of doing performance measurement well. If control were the overriding criterion for selecting performance measures, then there would

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[20]Or client, patient, or student results (or outcomes), depending on what system you're working in.

be *no* performance measures at all. The first thing that we must do in performance measurement is get past the control excuse, and acknowledge that we must use measures we do not completely control.

• Create a performance accountability system useful to managers -- one that takes this control paradox into account. We do this in three ways.

First, we ask managers to assess their program's performance on these measures -- not on the basis of some absolute standard or on how other providers are doing -- but on whether they are doing better than their own history. We do this using the same technique used for cross community indicators: the notion of baseline. For each performance measure, we ask managers to present a baseline of the history of their program's performance and where it is headed. We ask them to do better than their own baseline.

This is the central way in which businesses use data: How are we doing compared to our own history? Later, when you have the sophistication and the data, you can begin to develop and use comparisons to the performance of similar providers with similar mixes of easy and hard cases. And later still, when we know what good performance looks like, we can compare our performance to standards.

In some services, like child care, we have progressed to the point where we have standards for the first type of performance measure described above - measures that tell us how well we're doing. In child care, we know what quality service delivery looks like. We have standards for staffing ratios, percent of staff with certain qualifications, timeliness of service, safety, etc.

Next, we ask managers to think about the partners who have a role to play in doing better. Programs cannot produce the most important results for customers by themselves.

And finally, managers must ask and answer: 'What works to improve performance?"Out of this thinking we ask managers to present their best thinking about what needs to be done.

<hr/>

Performance Accountability
for programs, agencies and service systems

1. Who are our customers, clients, people we serve? (e.g., children in a child care program)

2. How can we measure if our customers/clients are better off? (performance measures about client results -- e.g., percent of children with good literacy skills)

3. How can we measure if we are delivering service well? (e.g., child-staff ratio, turnover rate, etc.)

4. How are we doing on the most important of these measures? Where have we been; where are we headed? (baselines and the story behind the baselines)

5. Who are the partners who have a potential role to play in doing better?

6. What works, what could work to do better than baseline? (best practices, best hunches, including partners 'contributions)

7. What do we propose to do? (multi-year action plan and budget, including no-cost and low-cost items)

Source: FPSI

This thinking process is summarized in the seven questions in the sidebar chart. These seven questions should be asked and answered at every intersection between a supervisor and a subordinate throughout the system. This means that they could be used in supervisory conferences between supervisors and those who work for them. The questions could also be used by Proposition 10 commissions to assess the performance of programs receiving Proposition 10 funding.

8. Play it again, Sam

This kind of planning process should be followed by an equally important process to track progress. One way to ensure that this takes place is to schedule quarterly review sessions to assess progress on implementation of the plan, and to revisit each key step in the thinking process (baselines, story, partners, what works) to keep making the action plan better. Each time you iterate this process, the action plan gets better.

An imaginary press conference in 10 years:

Proposition 10 has opened up the possibility of envisioning and pursuing a brighter future for all of California's young children. Now imagine realizing that possibility over the next 10 years and then holding a press conference years to tell everyone how well you've done. Here's what you would like to be able to say...

'In the past 10 years the county has made dramatic progress in the well-being of its youngest children and we are beginning to see these improvements pay off in the well-being of adolescents and young adults. "

'Good afternoon, ladies and gentlemen. We are here today to present the results of our 10-year campaign to ensure that every child in this county enters school healthy and ready to learn. The charts in your package show that when we started this work, less than half the children in this county passed the kindergarten entry assessment, and the percent of children reading at grade level was no better than 45% in the first, second and third grades. Less than 60% of our children were fully immunized at ages two and five, and rates of hospitalization, unintentional injury and foster care entry for very young children were far above state and national averages. What's worse, nearly all of these measures were headed in the wrong direction.

In the past 10 years, the county has made dramatic progress in the well-being of its youngest children, and we are beginning to see these improvements pay off in the well-being of adolescents and young adults. Today, nearly all children (96%) pass the kindergarten entry test, and nearly all children are reading at or above grade level in first, second and third grades. The health of these children is much improved. Nearly every child (99%) is up to date on immunizations at ages two and five. Rates of unintended injury and hospitalization have declined significantly. And we now are well below the state and national averages for rates of child abuse and neglect and entry into foster care.

We believe that these improvements are directly related to the investments we have made over the past 10 years, using Proposition 10 and other funds, and also the combined resources of time, energy and commitment of many public and private partners throughout the county. Some of the most important of these investments include...

Finally, we believe we are seeing a real and direct financial benefit to the county as a result of these improving conditions. Spending for remedial education has declined, state reimbursement for attendance (ADA) has improved, foster care costs are significantly lower, and we are beginning to see significant reductions in our juvenile justice caseload. Health care costs for young children have shown a marked shift away from expensive remedial care and toward the higher regular utilization of preventive and well-child care. And the county was recently rated among the best places in the state to raise children, a fact we know has affected the decisions of several businesses to stay in or relocate to our communities.

> The entire planning process can be thought of in terms of 'What would it take to be able to have a press conference like this one in five or 10 years?"

Your packages include many of the details behind these remarkable accomplishments, and list the many partners who have made contributions over this period. We would like to express our deep gratitude to these people and organizations. We would now be glad to answer any questions you may have."

The entire planning process can be thought of in terms of a single question: 'What would it take to be able to have a press conference like this one in five or 10 years?" Answer this question and you can throw the rest of this paper away.

IV. Conclusion

We have an historic opportunity to make investments in child and family well-being that will pay off for decades to come. If we just spread the money around and hope for the best we will not be remembered for using this opportunity well. If instead we bring businesslike discipline to the demands of improving conditions of well-being for young children and their families, then we have a chance to be remembered differently. The approach offered in this planning guide can be used to structure what remains of this year's planning process, and future iterations of the planning process, to produce the results we want for young children and their families.

V. Appendix A: Resources

Organizations

The California Children and Families First State Commission
501 J Street, Suite 530
Sacramento, California 95814
916-323-0056
www.ccfc.ca.gov

UCLA Center for Healthier Children, Families and Communities
UCLA Rehabilitation Center, 1000 Veteran Avenue, Room 25-46
Los Angeles, California 90095-6939
310-825-8042

The Foundation Consortium
2295 Gateway Oaks Drive, Suite 100
Sacramento, California 95833
916-646-3646
www.wwlc.org   www.promisingpractices.net

Center for Collaboration for Children
CSU Fullerton, EC-324
800 N. State College Blvd.
Fullerton, California 92634
714-278-2166

UCSF Child Services Research Group
44 Montgomery Street, Suite 150
San Francisco, California 94104
415-502-6174

The Fiscal Policy Studies Institute
8 Charles Plaza, Suite 147
Baltimore, Maryland 21201
410-659-9745
www.resultsaccountability.com

The Finance Project
1000 Vermont Avenue NW
Washington DC 20005
202-628-4200
www.financeproject.org

The Promising Practices Network
Sponsored by the Foundation Consortium, the Colorado Foundation for Family and Children, the Missouri Family
Investment Trust, and the Georgia Academy
www.promisingpractices.net

Center for Best Practices
National Governor's Association
www.nga.org/CBP/center.asp

The Center for the Study of Social Policy
1250 Eve St., NW, Suite 503
Washington DC 20005
202-371-1565
www.cssp.org
The Search Institute
700 South 3rd Street, Suite 210
Minneapolis, Minnesota 55415
612-376-8955
www.search-institute.org

The Urban Institute
2100 M Street NW
Washington DC 20037
202-833-7200
www.urban.org

Yale Bush Center
310 Prospect Street
New Haven, Connecticut 06511
203-432-9935

Publications and Other Materials
(Note: The papers marked *w below can be read on line at the website of the publishing organization)

Building a Results Accountability Framework: Video of the July 19, 1999 California teleconference presentation for Proposition 10 Commissioners, sponsored by the California Children and Families First State Commission, The California Endowment and the Foundation Consortium. Copies available at cost from the Foundation consortium. Video of the framework presented in this paper.

A Guide to Developing and Using Family and Children $ Budgets, The Finance Project, Mark Friedman and Anna Danegger, August 1998 *w.

A Guide to Developing and Using Performance Measures in Results-based Budgeting, The Finance Project, Mark Friedman, May 1997 *w.

A Guide to Selecting Results and Indicators, The Finance Project, Atelia I. Melaville, May 1997 *w

Quality of Life Indicators for Children and Families, The What Works Learning Community, The Foundation consortium, 1998.

A Strategy Map for Results-based Budgeting: Moving from Theory to Practice, The Finance Project, Mark Friedman, September 1996 *w.

The Cosmology of Financing: Financing Reform of Family and Children $ Services: An Approach to the Systematic Consideration of Financing Options, The Center for the Study of Social Policy, Mark Friedman, June 1994.

Capturing Cash for Kids: A Workbook for Reinvesting in Community-Based Prevention Approaches for Children and Families, The Comprehensive Integrated Services Reinvestment Project of The Foundation Consortium, Marty Griffin, Abram Rosenblatt, Nancy Mills and Mark Friedman, September 1998.

The Future of Our Children: Long-term Outcomes of Early Childhood Programs, Center for the Future of Children, The David and Lucile Packard Foundation, Volume 5, Number 3, Winter 1995. www.futureofchildren.org

Successful Early Childhood Interventions, Victoria Hendrick, Susan Neufeld, Melissa Del Homme and The Consortium for Successful Early Childhood Intervention, Los Angeles Department of Mental Health 1999.

New Approaches to Evaluation Community Initiatives, Edited by Karen Fulbright-Anderson, Anne C. Kubisch and James P. Connell, The Aspen Institute, 1998.

Reforming Finance, Financing Reform for Family and Children s Services, What Works Policy Brief, The Foundation Consortium, Mark Friedman, January, 2000.

VI. Appendix B: An Approach to Proposition 10 Planning and Language Choices

Results Accountability Thinking Process	Language Choices Language used in Prop 10 legislation is in quotes.
1. What **population** are we concerned about? (e.g. all children in the county prenatal to age 5)	1. "children from the prenatal stage to five years of age "
2. What conditions of well-being (intellectual, social, emotional, physical) do we want for this population? **(results)** —state in plain English —e.g. all children enter school health and ready to learn)	2. "results to be achieved "or strategic results or "outcomes "or "goals "or vision, "children enter school in good health, ready and able to learn, and emotionally well developed "
3. How could we measure these conditions? **(indicators** —e.g. percent fully immunized at age 2; developmental indicators)	3. "data to measure progress toward... results, " "indicators "or benchmarks baselines, epidemiology
4. How are we doing on these measures? Where have be been; where are we headed on these measures? **(baselines** and the story behind the baselines) (specific desired indicator level is a **target)**	4. target or level to be attained or benchmark or "objective "
5. Who are the **partners** who have a potential role to play in doing better?	5. partners or stakeholders
6. **What works,** what would it take, to do better than the baseline? (best practices, best hunches; including partners ' contributions) (includes programs, services, systems and supports)	6. what works, strategies, "integrated and comprehensive statewide program of promoting, supporting and improving early childhood development. "
7. What do we propose to do? (multi-year **strategic plan** and budget, including no-cost/low-cost items) (plan describes what is to be accomplished by when —**goals/objectives**	7. "strategic plan... with (program) goals and objectives proposed to be attained, " "a description of programs, services and projects "
8. How do we know if the supports, services and service systems included in the plan are working the way they should? **(performance measures including client outcomes)**	8. "measurable outcomes of such programs... using appropriate reliable indicators, "performance measures or program or client outcomes

Results-Based Decision Making

Getting from Talk to Action

Population: e.g. Children prenatal to age 5

Result: e.g. Children enter school healthy and ready to learn   What we want for children in plain English, plain Spanish.

— ➤ Plus how we "experience" the result

Indicators: ➤   **Baselines:**
(Measures of the result)   Where we've been   **Target**
Where we're headed

1
2   **Trend**
3
4

(Plus a Data Development Agenda)

── ── ➤ Plus a Cost of Bad Results Analysis

Story behind the baselines:
The causes, the forces at work; the epidemiology of the baselines
(plus information/research agenda part 1)

Partners with a role to play:
Public and private sector agencies and individuals

What works ➤   **Criteria**
Could include:
What would it take to turn the   Specificity: clear who, what, when, where, how
curve in this community, best   Leverage: power to turn the curve
practices, best hunches   Values: consistent with community values
(plus information research agenda part 2)   Reach: feasible, affordable

Action Plan and Budget

What we propose to do: multi-year action plan and budget
How the "what works" pieces fit together in a community system of services and supports

Performance Measures: Measures of how well programs, services, supports, agencies and
service systems, included in the action plan, are working

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