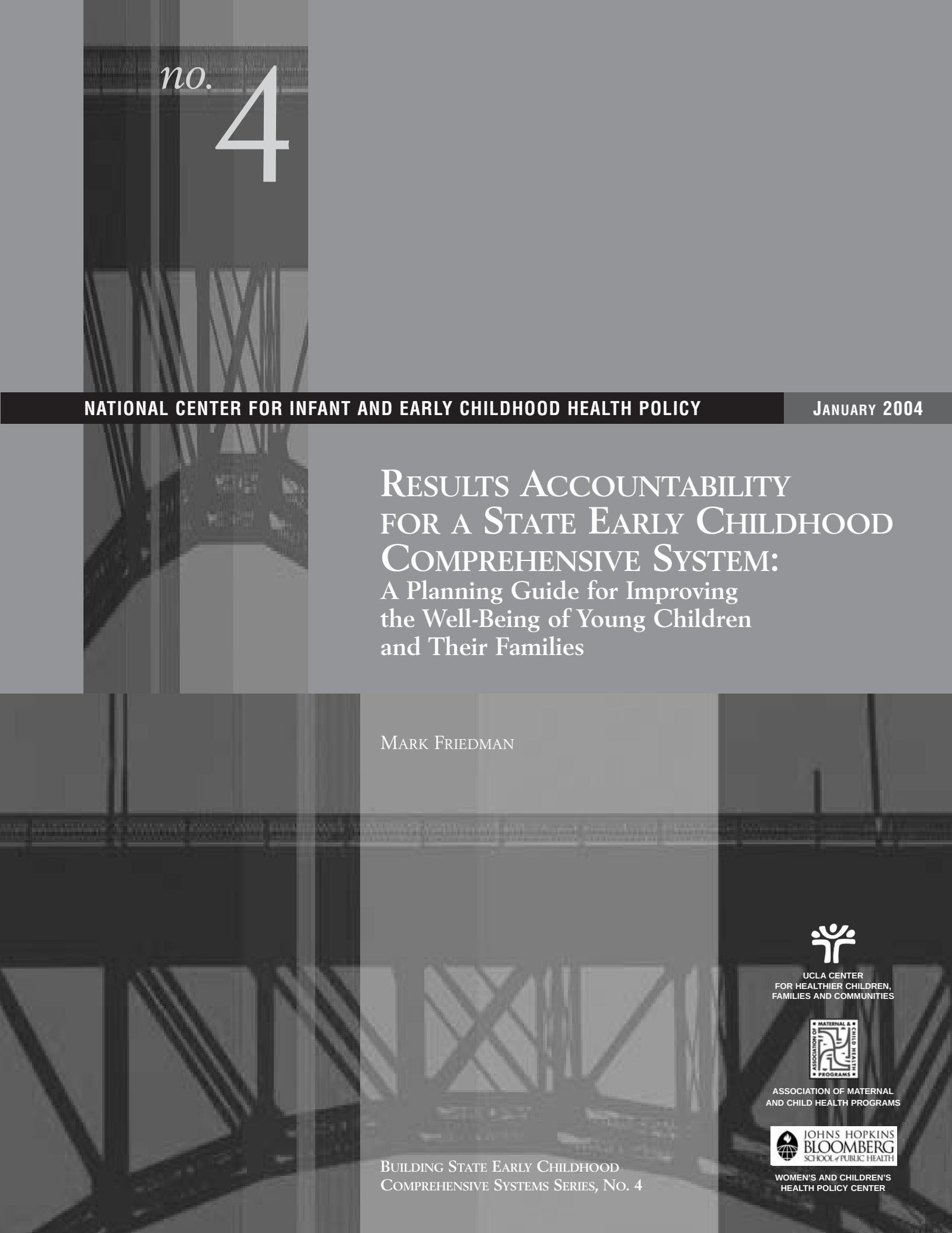

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RESULTS ACCOUNTABILITY FOR A STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEM:

A Planning Guide for Improving the Well-Being of Young Children and Their Families

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BUILDING STATE EARLY CHILDHOOD COMPREHENSIVE SYSTEMS SERIES, NO. 4

This series of reports is designed to support the planning and implementation of the Maternal and Child Health Bureau (MCHB) State Early Childhood Comprehensive Systems (SECCS) Initiative. The series was edited by Neal Halfon, Thomas Rice, and Moira Inkelas. The reports were written by a team of experts to provide guidance on state policy development within the SECCS Initiative. Policy reports on crosscutting themes include strategic planning, communications strategies, financing, results-based accountability, cultural proficiency, and data analysis and use. Policy reports on programmatic topics include medical home, parenting education, family support, infant mental health, and dental health.

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Executive Summary

The federal Maternal and Child Health Bureau has launched a five-year initiative that will support state efforts to build comprehensive early childhood service systems. This initiative - the State Early Childhood Comprehensive Systems Initiative (SECCS) - provides two year planning grants followed by three year implementation grants to the 50 state Maternal and Child Health agencies. The purpose of these grants is to help coordinate, integrate and improve the access to, and the quality of, health, early education, parent education, and family support services for young children and their families. The Initiative seeks to help assure that all children enter school healthy and ready to learn, and achieve the fullest possible social and emotional development.

This paper sets forth a disciplined thinking process designed to do these things -- to help identify actions that will measurably improve the lives of children, families and communities. It is now being used, in whole or in part, in at least 40 states and eight countries. It breaks with past planning methods in several important ways. First it begins with discipline about language and the use of words to label ideas. Second, it posits a sharp distinction between accountability for the well-being of whole populations and accountability for the performance of programs, agencies and service systems. And third it offers a common sense progression of work, from talk to action, that produces effective actions with minimum paper. While the following sections focus on the well-being of young children and their families, this framework is being applied to the well-being of many other groups, up to and including the well-being of whole populations in cities, counties, states and nations. The entire framework can be found on the website: http://www.raguide.org.

SECCS use of this framework begins with the population of all young children and their families in the state. What results do we want for this population (e.g., all children healthy and ready for school) and what are the most powerful indicators that tell us if we are achieving these results, like the rate of low-birthweight births, rate of immunization, and reading scores in the early grades? Baselines for these indicators, with history and forecast, are next used to tell if conditions are getting better or worse. They show where we've been and where we're headed if we stay on our current course. Success can be gauged by how well we do against these baselines. By examining the story behind the baselines, we can understand why the numbers look the way they do, the causes and forces at work in shaping the well-being of young children and their families. Next, we identify the partners who have a potential role to play in doing better, and what works - **what it would take** - to measurably improve these conditions. Thinking about "what works" should draw on research and experience in other communities, but must not be limited by research. We need to use our personal experience and knowledge of our communities to decide what would work here to make a difference. This thinking should also include no-cost and low cost actions, and the contributions of many partners. An action plan and budget can then be constructed from the most powerful of these ideas, those that are consonant with community values and that have the greatest chance to make a difference. Partners' resources can then be used, in combination with other resources in the community, to move forward with implementation of the plan.

Using this framework, the SECCS Initiative can become not just another planning process, but rather a chance to galvanize community support for a broad range of actions by many partners to improve the well-being of young children and their families. We have an historic opportunity to make investments in child and family well-being that will pay off for decades to come. If the processes we create are all-talk-and-no-action token efforts, we will not be remembered for using this opportunity well. If instead we bring business-like 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 the planning process, and future iterations of the planning process, to produce the legacy of results we want for young children and their families.

Introduction

Each participant in the State Early Childhood Comprehensive Systems Initiative (SECCS)[1] has two types of responsibility. First the state grantee must help craft a strategy to ensure that ALL children prenatal to age five enter school in good health, ready and able to learn and socially and emotionally well developed. Second, the Initiative must work to assure that the programs, agencies and service systems which provide vital services to children and families are coordinated, integrated and well managed.

Eventually, all states 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, the states must (help) develop a strategy which goes beyond the formal delivery of services, and also help improve the performance of the service delivery system itself. This policy brief will address how states and their partners can organize their work, and just as importantly their thinking, to do both of these things well.

Eventually, all states 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 that follow can help you do this. If you're still skeptical, as you should be, then skip to the *imaginary press conference* at the end of the paper.

Before proceeding with the planning process itself, let's pause for a word about the **matter of ambition**. It would be easy to conclude that the limited amount of funding provided in these grants is cause for limiting our ambitions about what can be accomplished. This paper starts with no such limitation. It sets out a method of achieving what some would call unachievable: the measurable improvement in the well-being of all children zero to five and the transformation of the service systems which support them. You may rightly make choices which narrow the scope of what you set out to do, and it would be hard to fault you for doing so. But this paper provides a framework within which to make those choices, and perhaps, when the time is right, to revisit what is possible on a larger scale. Please read it with these thoughts in mind.

The Language of Accountability

One of the most difficult problems 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

[1] The problem with acronyms is that they are a form of exclusionary jargon which makes the work less accessible to lay citizens. However if we spelled out State Early Childhood Comprehensive Systems Initiative every time the paper would be twice as long.

talk about programs and services for children and families varies 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.

The principle 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.

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] Alternative labels are offered:

Results (or outcomes or community-wide results or community-wide outcomes) are conditions of well-being for children, adults, families or communities, stated in plain English (or plain Spanish or plain Korean...). Results are plain language statements of quality of life conditions that voters and taxpayers can understand. They are not about programs or agencies or government jargon. Results include such conditions as: "healthy children, children ready for school, children succeeding in school, children staying out of trouble, strong families, and safe communities."

Indicators (or benchmarks)[3] are measures that 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; the air quality index whether we are living in a clean environment and so forth.

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.

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[2] See Appendix B "A Tool for Choosing a Common Language" for a method of creating agreement on word usage for a much larger set of ideas.

[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] 3rd grade reading scores are a *lagging* indicator of children ready for school, and can be a good proxy for school readiness when a kindergarten entry assessment process is not in place.

[5] This reasoning process is sometimes referred to as "logic model," or "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 Kubisch and Connell in Appendix A.

Performance Measures (or performance indicators) are measures of how well public and private programs, agencies and service systems are working. Performance measures can tell us if a program is delivering services well, or if a service system is functioning in an integrated and coordinated way. The most important performance measures tell us whether the clients or customers of the program, agency or service system are better off. We sometimes refer to these measures as *client or customer*[6] results (to distinguish them from *community-wide* results for *all* children and families).

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****.*

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.[7] Processes that fail to make these crucial distinctions often mix up ends and means, and tend to get mired in the all-talk-no-action circles that have disillusioned countless participants in past efforts.

States actually have some choices about which labels to attach to these ideas. Some of the initiative documents use a wide range of terms without always clearly specifying which ideas are being referenced. Appendix B provides a Tool for Choosing a Common Language, which presents choices about language usage and a place to record your decisions.[8] We will use results, indicators, strategies and performance measures to label the above ideas in this paper. You can use Appendix B to pick whatever labels work for you.

Responsibility 1: How to help assure that all children are healthy and ready for school

In this section we will explore a very simple, but business-like, 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?" "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

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

[7] This ends/means distinction actually operates at many different levels at the same time. Results, indicators, strategies and performance measures are the highest level. Within programs and agencies, customer results become the ends and the actions of the agency or program become the means. Like a set of Russian dolls, ends and means are nested together from the highest to the lowest level.

[8] See http://www.raguide.org/tool_for_choosing_a_common_language.htm for more information on the development and use of this tool.

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 the SECCS Initiative, this is all children, prenatal to age five who live in the state. It also includes, by extension, all the families in which these children live, or 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 SECCS is about the well-being of the population of all young children *and their families.*

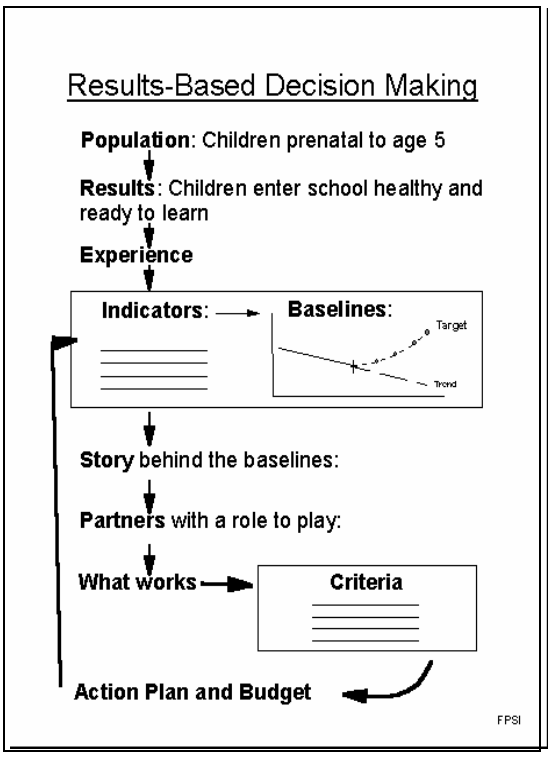
Results: Results are conditions of well-being we would like to say exist for this population. These conditions are stated in plain English (plain Spanish, plain Vietnamese, plain Farsi...) not bureaucratic jargon. The Initiative references the results: "children enter school healthy and ready to learn," and "young children experience full "socioemotional development." These are statements that the public can understand,[9] and that can be used to communicate the basic purpose of SECCS and anchor this work. There are of course many other results for children and families which are important (e.g., "All children are safe, all children succeed in school, families are strong and self sufficient.") SECCS, if successful, will make a contribution to these other results as well.

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.

Experience: 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.)

Indicators: How would we recognize these conditions in measurable terms. Here we are looking for 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



[9] Although the phrase "social-emotional development" is dangerously close to jargon.

school" we might look at the percent of children reading at grade level or entering school with social and emotional development appropriate to their age. We start with the data we currently have and can use early in the planning process. Other data, that we would like to have, or that needs to be improved, becomes part of our data development agenda.

Baselines: 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 prepares us for the discussion of what might work to do better. As we do this work we bump up against places where we wish we had more information. 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 importantly, what does our own personal experience tell us about what would work here? The answers should draw on the possible contributions of a wide range of partners, and should involve no-cost and low-cost ideas. The Initiative sets forth a specific set of ideas about what works: access to medical homes, family support services, parenting education, social and emotional health and development, and quality early care and education - that can be used as a starting point for this step in the thinking process. The Initiative also posits that service systems which are coordinated and integrated are an essential part of what works.

This systems level thinking is addressed in two places in this paper. Crafting what works ideas into a coherent strategy involves thinking about the design of systems of service, and how they can be more than aggregations of programs and agencies.[10] How can we make these systems more coordinated and integrated?

How to manage the performance of these service systems is addressed in the second part of this paper.[11] It starts with identifying the key systems-level performance measures and then proceeds through a diagnostic and decision making process similar to population level work which leads to an action plan to improve performance. Work to improve service system performance (and its

[10] See Section 5 below: "Craft what works ideas into a coherent strategy"

[11] See Section 7 below: "Using performance accountability to achieve high quality performance of programs, agencies and service systems"

attendant customer population) is, in essence, nested inside work to improve the well-being of the whole population of all children and families.

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 priority setting process? Some criteria to think about include: *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.[12] 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 assess progress and improve performance.

This does not have to take forever. It is possible to take a pass at this thinking process in an hour or so.[13] And then go through it again each time your team and/or your partners get together. Every time you iterate this process, the action plan gets better.

How to do this work

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

1. Get people together.
2. Choose results and indicators for young children and their families.
3. Develop baselines and the story behind the baselines.
4. Consider what works.
5. Craft what works ideas into a coherent strategy.
6. Work with your partners to implement that strategy.
7. Use performance accountability to assure quality of service.
8. Play it again.[14]

Although this thinking process is presented in linear form for sake of clarity, these steps do not have to be followed strictly in sequence. This process is iterative, and much of the work will proceed along parallel tracks. Steps which are skipped can be added later or addressed on the

[12] The words "goals and objectives" are commonly used to label the component parts of action plans. If you do this, however, be careful that you do not also attach other meanings to the word goal, such as community conditions of well-being. See http://www.raguide.org/the_language_of_accountability.htm

[13] See the "Turn the Curve Exercises on http://www.raguide.org under "Tools."

[14] Sam

next pass of the planning cycle.

1. Get people together

The Initiative Guidance makes reference to many different partners, and a longer list of potential partners is shown in the box at the right.

Potential Early Childhood Comprehensive System Partners

- Advocacy organizations
- Behavioral health
- Cabinet officials in Health and Human Services, and Education
- Child care providers
- Child care workers
- Children and youth
- City council members
- Civic and neighborhood organizations
- Community based organizations
- Corporations
- County Supervisors or Commissioners
- Doctors
- Educators
- Elders
- Faith community
- Family support centers
- Foundations
- Governor
- Health Maintenance Organizations
- Hospitals and clinics
- Juvenile probation
- Legislature
- Mayors
- Media
- Medical, pediatric and obstetric associations
- Parents
- Parks and recreation
- Police
- Public health
- Recipients of service
- School boards
- Sheriffs
- Social Services
- Superintendents
- Tobacco/substance abuse treatment

How could you organize the work so that all these disparate voices are heard. While the full detail about how to do this is beyond the scope of this guide the general approach has three parts:

Create the state systems building initiative as the nucleus of a larger set of partners. The leadership of the state initiative should conceive of itself as a core set of partners, not the chosen few. And, given the small amount of SECCS funding, the core group should think in terms of making the case for change, and influencing and leveraging actions and assets at the community and system levels. The core group 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.

> Note: Make sure you consider the other efforts in your state or community concerned with young children and their families. Many states, for example, have efforts under way to improve school readiness. SECCS grantees should not seek to duplicate or supercede these efforts. Have an honest and open discussion about how best to do this work together. This will involve linking or joining the efforts together in some form.

Get good staff. It is important to have at least one staff person who can help the state grantee and its partners organize their work, and support the process of gathering and making sense of the input from others.

Gather ideas from many others. 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?" Partners should also actually do some of the things they suggest (either as part of the formal SECCS plan or separately), including no-cost and low-cost actions. Methods of including others in this work could include public hearings, focus groups, and special committees for different parts of the planning process (e.g., data, what works, information/research, etc.). The state grantee should also actively seek to learn about the successes and failures of those outside the state in efforts to improve health and school readiness for young children and their families.

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 young people from diverse communities as part of this process. We often think about "doing for" people. And 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 a theoretical 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. Consider all of the choices you have about how to involve people in this work.

Indicators *help us know how we could recognize these conditions, and how we can know if we are making progress. Without indicator data, we are left to argue about perceptions and anecdotes.*

> Remember: Many different interests will compete to frame "the message" of the Initiative. It is important to keep going back to basics. SECCS is about the well-being of all children prenatal to age five. 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 results.

2. Choose indicators

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.[15]

In spite of these problems, it is possible to find indicators for children healthy and ready for school. It is important first to revisit the purpose of choosing indicators. It is to help us know how we could recognize these conditions, and how we can know if we are making progress. Without indicator data, we are left to argue about perceptions and anecdotes. If we are to be business-like about improving the conditions of well-being for these children, then we must be business-like about using data to steer our decisions and assess our progress.

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

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 brainstorming 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 every day 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.

[15] See the work of the Search Institute (www.search-institute.org) on measuring the positive well-being of young people.

Finally, the way we experience results can be used to drive the thinking and planning process where indicator data is insufficient. We may have trouble finding good data to assess whether children are well nourished or socially developed 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.[16]

The box above 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 box at the right gives some starting points for identifying candidate indicators.[17] Partners in the state systems building process 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.[18] 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.[19] And communities may have unique resources in this area if, for example, they have commissioned surveys of families or youth.

Potential Indicators

- Percent of low birth-weight 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
- Percent fully immunized at age two and five
- Percent fully ready for school as measured on a kindergarten entry assessment instrument (See footnote below)
- Reading at grade level: 1st, 2nd, 3rd grades
- School attendance rate for kindergarten-
- 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 zero to five
- Rate of entry into foster care ages zero to five

> 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.,

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[16] See http://www.raguide.org Question 2.9 "What do we do if we don't have any good data at all?"

[17] For an example of a full kindergarten entry assessment system, see the Maryland Department of Education's website: http://www.msde.state.md.us/special_reportsanddata/kindergarten_report_2002/index.htm

[18] See "Quality of Life Indicators for Children and Families," Foundation Consortium, 1998 on www.foundationconsortium.org.

[19] See "A Guide to Selecting Results and Indicators," The Finance Project, Atelia I. Melaville, May 1997
See also http://www.raguide.org/resources_references and click on "Sites with Exemplary Reporting on Results and Indicators," and the new section on "Data Resources" under Index of Tools.

unemployment rates). When it comes to the well-being of young children (prenatal to age five) much of the data we have are lagging indicators. The percentage of 3rd 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 3rd grade reading scores four years from now?"* Lagging indicators bring a healthy and useful perspective.

Choose the best of what's available. 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.*

Communication Power*:* 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. They must be common sense, and compelling, not arcane and bureaucratic. Communication power means that the data must have clarity with diverse audiences.

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

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 peoples' eyes would glaze over. We need a handful of measures to tell us how we're doing at the highest level.

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 administrative function should always be carefully balanced with spending which directly benefits children and their families. As a general rule administrative spending in health and social service systems should not exceed five to 10 percent of total spending .[20] And data investments are only part of that amount. Since SECCS funds are very limited, this means that other partners will have to support 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.[21]

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 have been and where we are headed on each indicator. Baselines have two parts: an historical part which shows where we've been, and a forecast component that shows

[20] You want to be able to say "90 to 95 percent" of spending goes to directly serving children and families."

[21] For example, in prior work in Maryland, when we needed data on what was happening in the 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 immediate policy problem we were trying to solve.

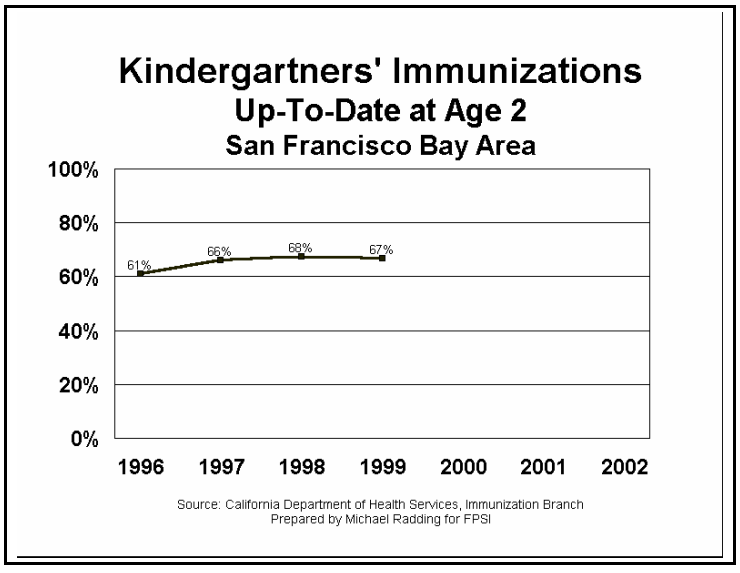
where we're heading if we stay on our current course.

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 3rd graders reading at grade level[22] has been declining for several years, "is it OK for this decline to continue?" "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. For example, a school, where reading scores have been declining for the past 10 years, will have made significant progress if it can hold scores even for one year. 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



[22] 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 percent of children will be above, and 50 percent will be below, the norm.

do not use baselines to measure success, we set ourselves up for failure by creating unrealistic expectations for quick fixes. The box right displays the history part of a sample baseline prepared for training sessions for California First 5 commissioners.

Tell the story behind each baseline, or the story for all the baselines together. What are the causes and forces at work? Why does this picture look the way it does? Why are only 67 percent 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 earnest debate. But it is not necessary to reconcile different perspectives and agree on a single story. 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. The "people we are trying to help" often know more about causes and likely successful approaches than the professionals.

In doing this work, it will 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 the work of the grantee and its partners to other efforts in the state to improve results for children and families.[23]

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.[24]

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

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[23] See http://www.raguide.org/resources_references and click on "Sites with Exemplary Reporting on Results and Indicators."

[24] See "A Guide to Developing and Using Family and Children's Budgets" pages 36, 37 for more information on the cost of bad results, accessible on http://www.resultsaccountability.com

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?**[25] The answers are a combination of science and common sense, a combination of changes in public and private service systems and actions of parents, businesses, the media and many other partners.

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, regular health care, family support and parent education all play a key role in the healthy development of children. The chart displays the references in California's First 5 legislation to what works. SECCS states could use these categories as a starting point for considering what works. There are some references in the appendices to other important "what works" resources, including the recent work of the Annie E. Casey Foundation on its Pathways Project.[26]

Some of What Works Ideas
Referenced in California's First 5 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.

Don't be limited by research. The common sense part: 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 state and the communities 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 questions: "Why do you think this would work? 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?"[27]

[25] The question, "What would it take?" is emerging as the most important question we need to ask ourselves. It is far more powerful than "What could we do?" or "What would help?"

[26] 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. For links to other what works resources, seewww.raguide.org/resources_references.htm

[27] This is where theory of change or logic model thinking can be most valuable. The answer to the question "Why do you think this will work?" requires the articulation of a theory of change, or a cause and effect progression which leads to the desired effect. It can be used to test our ideas about what works.

Consider what has worked in other places: 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 about 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. It goes without saying that what works in one community may not work in another. So, look for experience in states, counties and communities with economic and demographic characteristics similar to your own.

The answer to "What works?" is a combination of science and common sense: what the research tells us and what our experience tells us would work here in this community.

Consider no-cost and low-cost ideas. No-cost and low-cost ideas can be among the most powerful parts of your plan, and are particularly important in this time of shrinking budgets. 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.[28] When groups are given the 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 giving people permission to think differently. Consider the following simple rule: Any plan which does not contain a significant number of no-cost or low-cost action items is not complete.

Any plan which does not contain a significant number of no-cost or low-cost action items is not complete.

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. State grantees should seek advice from a wide range of partners on what it would take to get all children healthy and ready for school, and 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* state, this county, this community, to improve this situation (including no-cost and low-cost ideas)?

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

- What can you contribute (time, money and expertise)?

5. Craft what works ideas into a coherent strategy

The kind of process described above can sometimes produce a long list of everything anybody ever thought was a good idea to do for children and families, completely undisciplined and 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 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 against 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 item 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.

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

Values: Is the proposal consistent with our personal and our community's values? There are many proposals which are potentially effective which 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.

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

We are looking for actions which are 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. It should be expected that the first year's plan will include many no-cost and low-cost actions, since these will be very high on feasibility and affordability.

Fit the pieces together. 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 need to create a *comprehensive, collaborative, integrated, consumer oriented and easily accessible system of*

services and supports for young children and their families.[29]

SECCS Initiatives should create a special part of the process (a subcommittee or task force) to look at the following questions:

- How is the system of services currently configured?
- What parts of the system are difficult for families with young children to access or negotiate?
- How can services be made more accessible to families of different cultures?
- Where do we have opportunities to break down walls between service systems and lessen duplication and bureaucracy?

This is a major purpose of the SECCS grant and should be a major focus of attention for SECCS partners. 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 location of services in schools, 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

A Possible
SECCS Plan Outline

A. What's at stake?
   1. The importance of positive development for children
   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 young children and their families (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 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. Three to 10 years

-FPSI

[29] Wording from California's First 5 law.

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 toward becoming more friendly to families with young children.

> A word about "systems change"**:** Systems change is one of the foremost stated purposes of the SECCS grant, and you might have thought that the whole paper would be about that. But change in formal services systems is a necessary but not sufficient condition for improving the well-being of young children and their families. It is actually possible for service systems to improve while conditions for children and families get worse. We should not confuse improving services for improving results. So, systems change can and should be a central part, but only a part, of SECCS plans.
>
> 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 of their planning processes that 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. The point of the work is not planning, but action to improve results.

Fund the plan. 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.[30] SECCS grants represent only a small fraction of the resources needed to make a difference in the well-being of young children and their families. And cuts in federal, state and local funding for services make this challenge even more difficult. SECCS and Maternal and Child Health (MCH) dollars are scarce resources and should be used as much as possible to leverage actions and investments by other partners. The business of leveraging other resources may be thought about in terms of the following priorities:

- First, no-cost or low-cost items
- Next, items fully funded by other partners without MCH or SECCS dollars
- Next, items funded jointly with MCH or SECCS and other funds, and
- Finally, items funded solely with MCH or SECCS dollars

The state systems building effort should try to get the most effect for the fewest dollars by minimizing items in the last category.

It is important to consider the ways in which non-federal funds can be used as match for open-ended federal funding under Medicaid (Title XIX) and Federal Foster Care (Title IVE). These

[30] A number of excellent publications, as well as technical assistance, are available from the Finance Project to help think about how to fund services for children and Families (http://www.financeproject.org). See also "The Cosmology of Financing" on http://www.resultsaccoutability.com under "Papers you can read on line."

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 a match determine what you decide to do.[31] But for things you want to do anyway, this can have the effect of multiplying the resources. This opportunity to match non-federal funding makes it even more important to attract resources to this effort beyond SECCS and MCH funds.

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 places in the country have developed Family and Children's budgets to provide such a picture.[32] The grantee and its partners 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"[33] 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.

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 partnership to find ways to track the work 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. Using performance accountability to achieve high quality performance of programs, agencies and service systems"

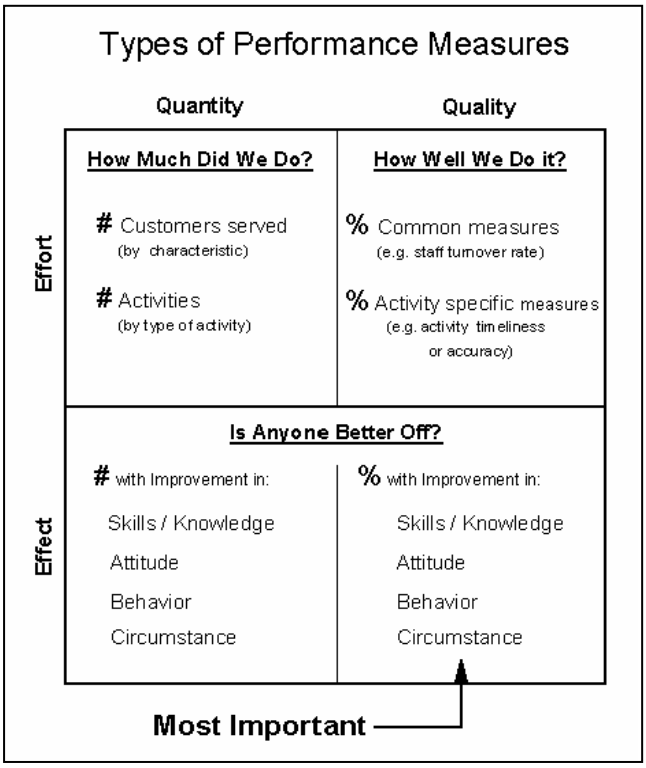
All performance measures fit into one of four categories, derived from the intersection of *quantity and quality* vs. *effort and effect*. And not all performance measures are of equal importance. The most important measures tell us whether our clients or customers are better off

[31]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.

[32]Notable Family and Children's Budgets have been produced by Los Angeles County, Contra Costa, San Francisco and Sonoma counties in California. Go to http://www.resultsaccountability.com/links.htm for information on other leading sites.

[33]Choose different words to label these ideas if you like, using Appendix B.

as a consequence of receiving the service (Is Anyone Better Off: lower right quadrant). We call these measures "client or customer results"[34] These are measures which gauge the effect of the service on peoples lives.



Usually, in programs which directly deliver services to people, client results have to do with four dimensions of "better-offness." **Skills & Knowledge, Attitude, Behavior and Circumstance.** Did their skills or knowledge 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 might 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 1st grade (circumstance).

The second most important measures are those that tell whether the service and its related functions are performed well (How well did we do it? upper right quadrant). These measures include such things as timeliness and accessibility of service, 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.

Don't accept lack of control as an excuse. Now the first thing you're 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 can not do these things. So isn't it *unfair* to track immunization rates for children in care?

[34] Or client, patient, or student results (or outcomes) depending on what system you live in and what words you choose to use.

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 that's the point: *all* programs performance measures are affected by many factors beyond the control of the program. 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 1st 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 criteria for performance measures then there would be *no* performance measures at all. The first thing that we must do in performance measurement is get past the control excuse, and accept 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.

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 would it take, 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)

- FPSI

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

First, we ask managers to assess their 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 their performance 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 other similar providers with similar mixes of easy and hard cases. And later still, we can compare to standards, when we know what good performance looks like.

Note: In some services, like child care, we have progressed to the

point where we have standards for performance measures about how well we delivered service. In child care we know what quality service delivery looks like. We have standards for staffing ratios, percent of staff with defined qualifications, timeliness of service, safety etc. Standards about "Is anyone better off? are much more difficult to establish, and meaningful standards for this type of measure are rare.

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 process we ask managers to present their best thinking about what needs to be done. 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 the questions should be used in supervisory conferences between supervisors and those who work for them.

Performance measurement and accountability operates, not just at the program level, but also at the agency and service system levels. The same thinking process is used at these higher levels of accountability: Who are our customers? How could we measure if our customers are better off? How could we measure if we're delivering service well? How are we doing on the most important of these measures? Who are the partners who have a role to play in doing better? What works to do better? And what do we propose to do? Asking these questions at the system level requires that we think about families and children who are common customers of different agencies. And it requires that we think about performance measures about how the system as a whole functions. Examples of such measures include:

> How well did we do it? measures: Average number of caseworkers or case managers per family, average number of different offices a typical family has to visit each month, average time, distance, or number of bus changes it takes to get from home to the provider's office, number and percent of all the state's children in residential placement who are placed out of state.
>
> Is anyone better off? measures: Percent of all children in the service system with health insurance and a medical home, percent of children in the service system fully up to date on immunizations, percent of parents served by the system who are employed.

Since no single manager is responsible for the service system as a whole, this kind of accountability requires special structures, like Children's Cabinets or Family and Children's Collaboratives which can track system performance and work together on making improvements. The SECCS grant can be a catalyst for creating this kind of structure and encouraging this kind of thinking.

8. Play it again.

The planning process described above should be followed by an equally important process to

track progress. One way to structure this 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.

"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."

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?"

An imaginary press conference in 10 years: What we would like to be able to say...

"Good afternoon Ladies and Gentlemen. We are here today to present the results of our 10 year campaign to assure that every child in this state 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 the state passed the kindergarten entry assessment, and the percent of children reading at grade level was no better than 45 percent in the 1st 2nd and 3rd grades. Less than 60 percent 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 was far above national averages. What's worse, nearly all of these measures were headed in the wrong direction

In the past 10 years the state 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 1st 2nd and 3rd 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 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 Maternal and Child Health 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 as a result of these improving conditions. Spending for remedial education has declined, 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 state was recently rated among the best places in the country to raise children, a fact we know has affected the decisions of several businesses to stay in or relocate to our communities.

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 "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.

Conclusion

We have an historic opportunity to make investments in child and family well-being that will pay off for decades to come. If the processes we create are all talk and no action token efforts, we will not be remembered for using this opportunity well. If instead we bring business-like 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 the planning process, and future iterations of the planning process, to produce the legacy of results we want for young children and their families.

Appendix A

Resources

This appendix provides a list of selected organizations and materials (paper, video and web-based) which may be useful in understanding or implementing results and performance accountability.

Organizations

- **UCLA Center for Healthier Children, Families and Communities**
  10945 Le Conte Avenue
  Ueberroth Building, Ste 1401
  Los Angeles, CA 90095-6939
  310-825-8042

- **Association of Maternal and Child Health Programs**
  1220 19th Street, NW, Suite 801
  Washington, DC 20036
  202-775-0436

- **Health Systems Research, Inc.**
  1200 18th St., NW Suite 700
  Washington, DC 20036
  http://www.hsrnet.com

- **The Fiscal Policy Studies Institute**
  7 Avenida Vista Grande #140
  Santa Fe, New Mexico 87508
  http://www.resultsaccountability.com
  http://www.raguide.org

- **The Annie E. Casey Foundation**
  701 St. Paul Street
  Baltimore, Maryland 20202
  410-547-6600
  http://www.aecf.org
  http://www.aecf.org/pathways

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

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

- **http://www.raguide.org The Results and Performance Accountability Implementation Guide,** created by the Fiscal Policy Studies Institute with support from
  The Foundation Consortium, The Colorado Foundation, The Annie E. Casey Foundation, The Finance Project, and the Nebraska Children and Families Foundation.

- **Building a Results Accountability Framework: Video of the July 19, 1999 California teleconference presentation for First 5 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's 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.

- **Pathways to Outcomes:** Lizbeth Schorr, Annie E. Casey Foundation, **http://www.aecf.or/pathways**

- **Quality of Life Indicators for Children and Families**, The What Works Learning Community, Foundation Consortium, 1998

- **A Strategy Map for Results-based Budgeting:**

- **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 1450
  San Francisco, California 94104
  415-502-6174

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

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

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

- **The Center for the Study of Social Policy**
  1250 Eye St. NW Suite 503
  Washington, DC 20005
  202-371-1565
  http://www.cssp.org

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

- **The Search Institute**
  700 South 3rd Street, Suite 210
  Minneapolis, Minnesota 55415
  612-376-8955
  http://www.search-institute.org

- **The Urban Institute**
  2100 M Street NW
  Washington, DC 20037
  202-833-7200
  http://www.urban.org

Moving from Theory to Practice, The Finance Project, Mark Friedman, September 1996 *w.

- **The Cosmology of Financing: Financing Reform of Family and Children's 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 Giffin, 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. **http://www.futureofchildren.org**

- **Successful Early Childhood Interventions**, Victoria Hendrick, Susan Neufeld, Melissa Del'Homme, & The Consortium for Successful Early Childhood Interventions, Los Angeles Department of Mental Health, 1999

- **New Approaches to Evaluating 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.

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

FPSI: 11/10/02

A TOOL FOR CHOOSING A COMMON LANGUAGE

(and constructing a meaningful glossary)

Framework Idea	Choices: Common Labels for each idea (Each line represents a separate choice.)	Choices: Motifiers - if you must (and some notes)	Chosen Word or Phrase (PICK ONE!! Each word or phrase can be used only once.)
A. The Basics			
1. A condition of well being for children, adults, families or communities (stated in plain language).	Result Outcome Goal Vision	Population Total population Whole population Community-wide	1.
2. A measure that helps quantify the achievement of a result.	Indicator Benchmark	(For "client results" see D3 below)	2.
3. A coherent set of actions that has a reasoned chance of working (to improve results).	Strategy		3.
4. A measure of how well a program, agency or service system service is working.	Performance measure Performance indicator	Program Agency System	4.
B. Other Important Ideas - Part 1			
1. A picture of a desired future, one that is hard but possible to attain.	vision desired future	Often contains one or more results.	1.
2. The purpose of an organization.	mission purpose		2.
3. A person or organization who benefits from program or agency service delivery.	customer client		3.
4. A person or organization who has a significant interest in the performance of a program, agency or service system.	stakeholder constituent		4.
5. A person or organization who has a role to play in improving results	partner	current potential	5.
6. A visual display of the history (where we've been) and forecast(s) (where we're headed) for a measure.	baseline trendline		6.
7. An analysis of the conditions, causes and forces at work which help explain why a baseline looks the way it does.	story behind the baseline epidemiology		7.
8. Possible actions that could make a difference on a result or performance measure.	what works options strategy	research based asset based	8.
9. A description of proposed actions.	action plan stratetgic plan strategy		9.
10. The components of an action or strategic plan.	planned accomplishments goals and objectives		10.
11. A description of the funding of existing and/or proposed actions.	budget funding plan		11.
12. A document that describes what new data is needed or where existing data needs to be improved.	data development agenda		12.
13. A document that describes what new information is needed about causes, conditions, and/or what works to improve results.	information and research agenda		13.
14. A desired level of achievement for an indicator or performance measure	target goal standard	realistic arbitrary insane	14.

Framework Idea	Common Labels for for each idea	Motifiers - if you must	Chosen Word or Phrase PICK ONE!!
C. Other Important Ideas - Part 2			
1. A description of why we think an action or set of actions will work.	Theory of change Logic model	Used at both the population and performance levels.	1.
2. A structured, disciplined analysis of how well a program is working or has worked.	Program Evaluation		2.
3. A system or process for holding people in a geographic area responsible for the well-being of the total population or some defined subpopulation.	Results Accountability Outcome Accountability Results-based Accountability Outcome-based Accountability	"Results Accountabilty" is sometimes used to describe all of 3 thru 7 combined.	3.
4. A system or process for holding managers and workers responsible for the performance of their programs, agencies and/or service systems	Performance Accountability	program agency service system	4.
5. A system or process of working from ends to means, using (population and/or program) results to drive decisions about what to do.	Results-based decision making Outcome-based decision making		5.
6. A system or process of working from ends to means, using (population and/or program) results to drive the budget.	Results-based budgeting Outcome-based budgeting		6.
7. A system or process of working from ends to means, using (population and/or program) results to drive grantmaking decisions.	Results-based grant making Outcome-based grant making		7.
D. Types of (or ways to categorize) Performance Measures			
1. Measures of the quantity or amount of effort, how hard did we try to deliver service, how much service was delivered.	How mach did we do? input output resources process measure product measure		1.
2. Measures of the quality of effort, how well the service delivery and support functions were performed.	How well did we do it? efficiency measure unit cost staffing ratios staff turnover staff morale access waiting time & waiting lists worker safety customer satisfaction process measure		2.
3. Measures of the quantity and quality of effect on customer's lives.	Is anyone better off? customer outcome measure customer result measure impact measure effectiveness measure cost benefit ratio return on investment value added customer satisfaction output outcome product measure	 program or client program or client	3.
E. A BASKETFUL OF MODIFIERS to use with any of the above...		Measurable Positive Urgent Negative Priority Short term Targeted Intermediate Incremental Long term Systemic Powdered Core Granulated Qualitative Homogenized	

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:

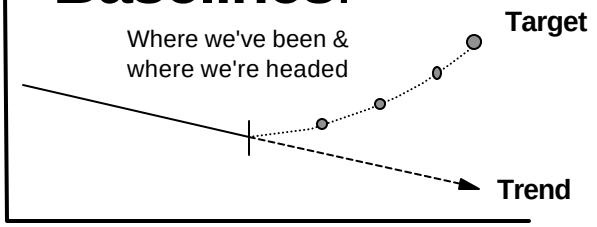
(Measures of the result)

1.
2.
3.
4.

Plus a Data Development Agenda

Baselines:

Where we've been & where we're headed



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

What would it take to turn the curve in this community, best practices, best hunches

Plus Information & Research Agenda Part 2

Criteria

Could include:

Specificity: clear who, what, when, where, how
Leverage: power to turn the curve
Values: consistent with community values
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: How much did we do? How well did we do it? Is anyone better off?