

RESOURCE GUIDE OF
RESULTS-BASED ACCOUNTABILITY
EFFORTS:
PROFILES OF SELECTED STATES

Compiled by the Results-Based Accountability Project
HARVARD FAMILY RESEARCH PROJECT

Acknowledgments

This work is funded through grants from
The Pew Charitable Trusts and the Ford Foundation.

The interpretations expressed in the report
are solely the responsibility of the Harvard Family Research Project.

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Introduction

Interest in planning and implementing results-based accountability systems for children and families is growing exponentially—presenting both opportunities and challenges for policymakers, practitioners, and program managers. The Results-Based Accountability Project at the Harvard Family Research Project is supporting and building upon recent state efforts to develop these new accountability systems for child and family services.

The recent devolution of welfare has implications for these new results-based accountability systems. With welfare reform, states will be challenged to provide effective and efficient services for children and families with fewer resources. States will be given increased flexibility in the administration of programs and will be held more accountable for program results.

The information in this report was updated Spring 1997. Many states we spoke with had developed results-based accountability systems in anticipation of and in response to changes in welfare. States are changing rapidly both because of welfare reform and because they are beginning to implement their systems.

Most of the states included in this resource guide are in the early stages of planning and implementing results-based accountability

systems. However, given the recent devolution of welfare, these new accountability systems appear to be here to stay. While states have many promising approaches, they are finding a need for avenues to share resources and experiences, to learn about these new systems, and to obtain information about pioneering states' efforts.

This resource guide is part of our larger effort to disseminate information about results-based accountability initiatives in states. It includes profiles of selected states' results-based accountability efforts, key contacts, and important state documents. It describes the key components as well as the similarities and differences in 18 state systems. This document is intended to contribute to the ongoing dialogue among the policymakers and practitioners developing and implementing these new accountability systems. We are also conducting in-depth case studies of eight of the states profiled in this resource guide. These states are Florida, Georgia, Iowa, Minnesota, North Carolina, Ohio, Oregon, and Vermont. The case studies are scheduled to be released in late 1997.

OVERVIEW

The design and implementation of results-based accountability systems creates both opportunities and challenges for states. States differ in the design, model of collaboration, and application of these systems. Each state has conceptualized and developed its system in response to its unique needs, as well as the technical, organizational, and political constraints within which it operates. Thus, the states included in these profiles represent a range of models. For example, some states are designing cross-sector systems, while others are developing sector-specific systems.

Different models of collaboration have been developed to best suit states' needs. For example, some states foster inter-agency collaboration while others focus on building state/local linkages. Finally, states anticipate that these systems will serve a variety of purposes, including planning, budgeting and contracting. The states in this guide represent different stages in the development of their systems: some states are still in the planning phases for their systems, while others have systems which have been established for several years.

DESIGN OF THE SYSTEM

The states included in this report tend to have **multi-sector** designs or **sector-specific** designs. However, in some cases, multiple efforts may be emerging from different departments within a state. An example of a multi-sector design is one that covers most or all of a state's programs, from child and family services to roads and bridges. An example of a sector-specific system is one that focuses on early childhood issues, or workforce development.

Minnesota, Oregon, and Utah provide examples of **multi-sector** results-based accountability systems. These systems tend to originate with a governor or with the legislature mandating the establishment of a state-wide system through Executive Order or legislation. These systems often began with the development of a state-wide strategic plan such as Minnesota Milestones, Oregon Shines, and Utah Tomorrow. These plans include state-wide goals, cutting across a number of different agencies and programs. In each of these states, a coordinating body was established (the Minnesota Planning Agency, the Oregon Progress Board, and the Utah Tomorrow Strategic Planning Committee). These bodies are comprised of people from a number of different arenas (including the executive and legislative branches, private business, and the public) and were responsible for providing leadership and coordination in the accountability effort. These entities produce documents on results that are shared publicly.

The nature of the linkages between state-wide planning and planning at the agency or program level differs among these systems. In some cases, agency strategic plans and accountability systems “fit into” the larger statewide frameworks—the highest level of agency or program goals contribute to or are the same as the state-wide results, as in Oregon. In other cases, state-wide goals serve a broad visionary function and agency and program goals may not be linked to them. In such cases, agency or program-level strategic planning often preceded state-wide planning and the intent is that in the future the two levels will be linked.

Many more states have begun to develop their accountability systems as **sector-specific** efforts. In this report, we highlight those states which have developed these systems which focus more specifically on child, family, or related human capital measures. These systems vary more in their origins. Some—such as the system in Georgia—began with an Executive Order from the governor, while others—such as the system in Vermont—began when the leaders of the Agency for Human Services and the Department of Education saw a need for an accountability system.

The motivation behind developing sector-specific results-based accountability systems varies. In some states, these efforts have been externally motivated, by federal requirements (such as in family preservation and support) or the courts (such as in cases brought against foster care systems by the ACLU). In other cases, the development of these systems began with the recognition that focusing on results and coordinating services to achieve desired results can improve services for children and families. In some states, these efforts began with a single agency, such as in Indiana. In other states, the effort was designed across several agencies working in the child and family services area, such as in Georgia and Vermont. In collaborative efforts, leadership for the initiatives is often provided by a multi-agency coordinating entity, as in Ohio and Rhode Island among others.

Participation in Developing and Implementing Results-Based Accountability Systems

The participation of political appointees, agency personnel, and citizens in the design of the system or the development of a strategic plan differs among the states. Some states, such as Florida, Georgia, Iowa and Minnesota, have chosen a participatory process incorporating the viewpoints of people from a number of different areas, including citizens and line staff. These states have used a variety of methods, such as town meetings and electronic

media, to help citizens communicate the results they desire from their tax dollars. For other states, such as Michigan and Ohio, the initial strategic planning process has involved state agency-level staff.

The Identification of Results

State systems also differ in the nature of the results they identify and the process used to articulate the important results the state or an entity within it (an agency or a program) strives to achieve. Some states have developed comprehensive models of the levels of results to be identified, collected and reported. Other states have begun developing their systems by only identifying, collecting and reporting those measures which meet their immediate needs. Still others have identified a comprehensive set of measures, but are not currently collecting and reporting all of them because of time or resource constraints.

The process that states have taken to develop results-based accountability systems tends to have begun by articulating a “vision” which identifies the very broad, but often unmeasurable, results. States may then identify broad goals which may help achieve this vision. For example, a state may have a vision which states that healthy, educated children are essential for the well-being of the state. An accompanying goal may be that, by the year 2000, all children in the state will enter school ready to learn. The

state would then identify intermediate steps seen as necessary to achieve the vision. These intermediate steps are concrete and measurable and express what the state will be “held accountable” for. States face large challenges in identifying measures that go beyond simple outputs of a program or organization and are meaningful to others but, at the same time, are not unrealistically ambitious.

Differences in Types of Measures

Differences in level of measures are important to consider when designing a results-based accountability system. Measures can be articulated at the child/family/community level, the agency level, or the program level. The level of the measure dictates who is responsible for achieving the results. For example, in Oregon, one goal is to reduce teen pregnancy. All of the people in a community—including lay citizens, as well as public agency managers and providers—are responsible for meeting this child/family-level goal. By contrast, program managers and providers are responsible for meeting program-level goals, such as increasing the rate of contraception use among teens in a pregnancy prevention program. And, agency managers are responsible for attaining agency-level goals such as improving the efficiency and effectiveness of reimbursements to community-based organizations that are providing teen-parenting education.

COLLABORATION

The development of accountability systems provides opportunities for collaboration in order to achieve results. Collaboration may occur across government agencies, between state and local entities, or both. The design of a results-based accountability system can be very complex and many states believe it is important to have multiple entities working toward similar goals to achieve progress.

Agency/Program Collaboration

Some states have developed collaboration activities in the development and implementation of their results-based accountability efforts at the **state agency-level**. Examples of models of state collaboration include:

Introduction

- Some states, such as Minnesota and Indiana, which have **reorganized their agencies**, bringing together those agencies or programs that focus on the achievement of similar results. Both of these states have consolidated the agencies or programs serving children and families into one entity.
- Other states, which have **established formal or informal bodies** that coordinate child and family results-based accountability efforts across a number of different agencies or programs. These bodies may be responsible for setting the vision or even defining the results to be achieved with child and family service programs, as in Missouri. Some of these bodies may be more formally established, through legislation or Executive Order, such as the Georgia Policy Council for Children and Families and West Virginia's Governor's Cabinet on Children and Families. Other bodies operate more informally, such as the early childhood group in Minnesota.

State and Locality Collaboration

Collaboration toward the achievement of results may also occur between states and localities. Many states have established local

councils or collaboratives to engage in the accountability effort and deliver coordinated services at the local level. These localities may be involved in the design, implementation and reporting of results in various ways. For example:

- Localities may engage in their own strategic planning and monitoring and evaluation initiatives as in Indiana's Step Ahead Councils.
- Representatives from localities may be involved in the development of a statewide or a sectoral strategic plan, as are the Family Resource networks in West Virginia.
- Localities may also define their results within a framework established by an agency or coordinating body, as in North Carolina, or may define their results with technical assistance from the state, as in Minnesota.
- Collaboratives may use state measures as well as locally determined ones—as do the citizens boards in Florida.

APPLICATIONS

By providing consistent and regular information about program results rather than inputs and outputs, results-based accountability systems are expected to improve decision-making. While many accountability systems are still quite nascent, those developing them have begun to identify how they might be used to improve program decision making. In some cases, states have begun to use the systems for making decisions of various types.

Planning

States have found that the process of developing the accountability system has helped to improve program planning particularly in establishing the important results programs are to achieve. By

forcing programs to focus on results, which by their nature are longer-term than inputs or program outputs, states have been able to develop future plans for programs, rather than developing plans on an annual or more frequent basis. For example, in Oregon and Minnesota, state agencies are developing longer-term strategic plans to meet long-term goals. Thus, some states indicate that the development of an accountability system has enabled them to move beyond a "crisis management" mode of operation to one more deliberate and better planned and, it is hoped, ultimately, more successful.

States also note that this process has enabled staff to focus on more important long-term results and to see their contribution to them.

The development of strategic plans has helped agencies and communities, through dialogue with others, prioritize their needs and articulate the important program interventions and activities needed to achieve them.

Budget Planning

In many states, particularly those with a multi-sector focus, the results-based accountability process grew out of a desire to rationalize or streamline the state budgeting process. Arizona, Florida, Georgia, Iowa and North Carolina have passed legislation establishing a performance-based budgeting process. This often requires that agencies and other entities identify the results they will achieve and the resources that are required to achieve them. It is envisioned that, in most states, such a process will move agencies as well as legislatures from a line-item focus to one focused on broader results that are “bought” with taxpayer dollars.

Some states note that this is already happening to some extent as legislators are beginning to ask about the results to be achieved, rather than the specific inputs and outputs. In some states, such as Utah and South Carolina, the governor is already putting together

his or her budget in a results format. As performance-based budgeting in the public sector is a relatively new concept, most states are proceeding cautiously in implementing such an approach, often piloting the process with a few programs before applying it statewide.

Contracting

Some states are using the accountability framework to help define the way they interact with their contractors/providers. Some, such as the state of Connecticut, have instituted a performance-based contracting approach which requires that contractors agree to produce certain results in exchange for resources. In other cases results-based contracting is being developed in specific state agencies, such as in the Department of Human Services and the Department of Public Health and Education in Colorado.

While the above has served as a brief summary of state efforts to date, we intend that the profiles will enable states to learn about other states’ efforts and to build upon the best practices. Key contacts and bibliographic references are included in each profile. For a summary of key features of states’ systems, see Appendix B.

*Karen Horsch
HFRP*

Report Format

For consistency, we have used the following format for the Profiles:

POINTS OF DISTINCTION

Discusses the main features of the results-based accountability system, especially as it pertains to child and family services.

DESIGN

Presents a short description of the state's efforts to develop results-based accountability systems for child and family services including:

- Who directs the family and child services results-based accountability effort
- The history of the initiative (such as legislation) and its connection with broader state accountability efforts
- Whether a strategic plan exists for the state as a whole or specifically for child and family services
- The process of putting together the strategic plan, including who was involved
- Whether goals, outcomes, and indicators have been identified and, if so, the process that was used to do so. At what level indicators have been identified (population, agency, program).

COLLABORATION

Presents a short discussion of state efforts to encourage vertical and horizontal collaboration in the development of results-based accountability systems. This includes:

- A description of any state-level interagency bodies, particularly those involved in child and family services, coordinating accountability efforts across state agencies, including membership and function of these entities
- Where appropriate, the role of these entities in defining strategic plans, outcomes, and/or other aspects of the results-based accountability initiative
- Where appropriate, the role of localities in the development of results-based accountability systems, including whether localities' strategic plans and measures are determined within the framework of an agency or state-level strategic plan, or are developed independently.

Report Format

APPLICATIONS

- Whether the results-based accountability system has been used to assist entities in program planning and decision making and if so, how it has done so
- Whether the state has or is planning a budgeting system based on results and if such a system is in place, how it is working
- Whether the state has or is planning a contracting approach based on performance and if such a system is in place, how it is working.

KEY CONTACTS

Those at the state who may be contacted for additional information.

KEY DOCUMENTS

Bibliographic references for key state documents related to the state's accountability efforts, as well as information about how to obtain them.

Terms & Concepts

Currently, no standard set of definitions of results-based accountability terms exists. States use similar **terms** for different **concepts**, and different **terms** for similar **concepts**. Rather than imposing a set of definitions on the states, we use a standard set of **concepts** throughout our report while retaining the precise **terms** that each state provides.

For example, Missouri uses the **term** “result,” while Florida uses the **term** “goal” to refer to the same **concept**.

Missouri

KEY CONCEPTS

Result: Desired long-term condition of well-being for children, families, or communities.

The approach focuses on six **results**:

- children safe within their families and families safe in their communities.

Florida

KEY CONCEPTS

Goal: Desired long-term condition of well-being for children, families, or communities.

The department has 12 **goals**:

- protecting children from abuse and neglect, and building stable families.

In the profiles, we keep the **terms** that each state uses for the standard **concepts**. For a full explanation of the standard **concepts**, see Appendix B.

State Profiles

Arizona

POINTS OF DISTINCTION

The State of Arizona requires that the budget allocation process be directly related to result-based accountability efforts. Through a Program Authorization review process, opportunities are provided to identify whether programs are actually achieving intended results, thereby ensuring greater agency accountability. In an effort to provide comprehensive, cost-effective, quality services to children and families in Arizona, statewide collaboration between agencies is encouraged as a method to identify and strive for common goals and accountability standards.

DESIGN

In Arizona, results-based accountability for child and family services takes place within a framework of statewide planning. In an effort to increase the state's ability to "manage for results," the legislature passed the Arizona Budget Reform Act in 1993 (which has subsequently been amended), requiring departments to submit:

- Annual three-year strategic plans for the agency as a whole, which include internal/external assessments, mission statements, resource assumptions, goals, objectives, and performance measures (vision statements and guiding principles are optional)
- Biennial "Master Lists" that are extracts of department program and subprogram strategic plans, which include mission statements, program descriptions, goals, and performance measures
- Program Authorization Reviews (PARs) on selected programs or subprograms, that are self-assessments of program or subprogram efficiency and effectiveness based upon the measures and results of its strategic plan
- One-page summaries of key performance measures for the agency as a whole, which are published in the Executive Budget.

The Governor's Office of Strategic Planning and Budgeting, with the assistance of a multi-agency Strategic Planning Advisory Committee, developed a strategic planning process which state agencies use in the development of their strategic plans. This process serves as a state model for a planning process while allowing programs to define the specific performance results to be achieved. Agencies are required to submit their agency strategic plans to the Governor's Office of Strategic Planning and Budgeting. Components of the program and subprogram plans, with financial information, are compiled into the Master List of State Government Programs. The Master List of State Government Programs identifies the most important performance results agencies expect to achieve with state resources. This document is distributed to the legislature and the public, and is also available on the Internet.

KEY CONCEPTS

Mission: Broad, comprehensive statement of the purpose of the organization, program, or subprogram.

Goal: Desired long-range condition of well-being for children, families, or communities.

Objective: Desired short-term condition needed to achieve long-term condition of well-being for children, families, or communities.

Performance Measure: Quantifiable measure of progress.

Arizona

The Department of Economic Security, which administers programs focused on children and families, and its individual programs and subprograms develop strategic plans each year. These plans set forth the goals, objectives, and performance measures used for internal decision making and are also reflected in the state's Master List. Program and planning staff are involved in the identification of the goals, objectives, and performance measures. There are five types of performance measures currently being tracked.

This "family" of measures includes: inputs, outputs, outcomes, efficiency, and quality measures. Measures include those for which data were already being collected and also those for which new collection methods need to be devised, as the department continuously seeks to improve the quality and usefulness of the information collected for decision-making purposes. For each of the goals in the department's strategic plan, a family of measures is represented, using a combination of any of the five types.

COLLABORATION

The Governor's Office of Strategic Planning and Budgeting is responsible for coordinating the overall strategic planning effort among state agencies. Strategic Planners within each state agency work in collaboration with the various programs and subprograms in the development of the agency strategic plans. The strategic planning process, in turn, helps agencies involved in external collaboration efforts to identify common goals and accountability standards. Examples of coordinated service delivery efforts in Arizona specifically related to children and family services include the Governor's Council on Developmental Disabilities, the Inter-agency Coordinating Council for Infants and Toddlers, the Governor's Council on Community and Family Programs, Inter-Governmental Agreements, and Inter-Agency Agreements (between agencies and contracted service providers). Participation among the various councils includes representative involvement

from the Department of Economic Security, Department of Health Services, Department of Education, Department of Juvenile Corrections, State School for the Deaf and Blind, Office of the Courts, Arizona Health Care Cost Containment System, contracted provider networks, as well as representation from the client and stakeholder community. Community Advisory Councils have also been established to promote the inclusion of the client and stakeholder community and to help identify and address the distinct needs within the six districts in Arizona.

Where appropriate, strategic plans developed at the Council level and issues identified at the community level have directly influenced the development of agency program goals, objectives, and performance measures.

APPLICATIONS

The strategic planning process has enhanced state agencies' ability to clarify their efforts and direction and has also facilitated the identification of the types of services that are provided and the results they intend to achieve. The implementation of the Program Authorization Review process has provided the basis by which the State of Arizona can determine whether intended results have, in actuality, been achieved. Selected programs and subprograms

are asked to conduct a self-assessment. After agency review, the Governor's Office on Strategic Planning and Budgeting and the Joint Legislative Budget Committee review the PARs and make recommendations to retain, eliminate, or modify program funding and/or statutory references. Recommendations are made based on 1) the agency's ability to demonstrate consistency between program mission, agency mission, and the program's enabling au-

thority; 2) the ability of the program to meet its goals efficiently and effectively; 3) the use of benchmarking to compare performance with similar organizations; 4) the adequacy of the program's performance measures and results; and 5) the availability of alternative cost-effective methods for accomplishing the program's mission. The program evaluations are part of the budget process and recommendations are then forwarded to the Legislature, where final decisions to retain, eliminate or modify programs are made. In 1996, programs in ten agencies were reviewed; three were eliminated and several others were modified.

The connection between result-based accountability efforts and the budget allocation process is demonstrated through the requirement for agencies to provide historical actuals and projected estimates

of performance measures with program budget requests. In 1997, implementation legislation was enacted to move all agencies to biennial program budgeting; details are under development.

With respect to children and family services, selected programs and subprograms within the Department of Economic Security's Division of Children, Youth and Families are currently involved in the PAR process. Through the program review process and the establishment of effective collaboration efforts, duplication of service delivery initiatives will be significantly diminished, thus enabling the state to provide the most comprehensive and cost-effective, and highest quality system of services to the people of Arizona.

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DOCUMENTATION

Governor's Office of Strategic Planning and Budgeting, Governor's Office for Excellence in Government. *Managing for results: Strategic planning and performance measurement handbook*. May 1995. To obtain, contact: Governor's Office of Strategic Planning and Budgeting, 1700 West Washington, Suite 500, Phoenix, AZ 85007. tel: (602) 542-5381, fax: (602) 542-0868.

Governor's Office of Strategic Planning and Budgeting and Joint Legislative Budget Committee Staff, Governor's Office for Excellence in Government. *Program Authorizaiton Review: 1998 Legislative session orientation packet*. November 1996.

Governor's Office of Strategic Planning and Budgeting. *Master list of state government programs*. 1996-1997. <http://www.state.az.us/ospb>

Colorado

POINTS OF DISTINCTION

Colorado is in the process of developing a statewide results-based accountability system for child and family services through the Colorado Children's Cabinet. Independent of the efforts of the Children's Cabinet, individual agencies within the state focus on outcomes measurement (Department of Human Services) or performance-based contracting (Department of Public Health and Environment).

DESIGN

Colorado has multiple efforts underway to develop outcomes for children and families. The state Children's Cabinet, formed on June 1, 1995, by executive order of Governor Romer, is responsible for the development of a set of outcomes and **benchmarks** that span agency boundaries. In addition, individual agencies in the state have done some work with outcomes.

The Department of Human Services pulled together five workgroups on outcomes, with the objectives of developing a strategic plan for the Department and identifying outcome indicators that span program or agency boundaries. The strategic plan that was developed outlines 18 recommendations to enhance the Department's capacity to use and report on consumer outcomes. The workgroups also identified 42 outcome indicators that often span multiple programs and directly relate to the Department's five core consumer outcomes of economic self-sufficiency, family and community connections, health and rehabilitation, independent living, and safety. Agencies and programs, to the extent they can, report on these indicators for an annual outcomes report, use them to support new budget requests, and link the indicators to contracts. In the future, agencies will be developing additional indicators (measures) for its three intervening (supportive) outcomes of: access to basic services, efficient provision of quality services, and least restrictive environment.

The Colorado Outcomes Model, the result of the Division of Child Welfare Outcomes Project, incorporates a philosophy of using input, process, and outcome data to inform decision making related to child welfare case practice. The Outcomes Project identified a set of outcomes and a standard reporting mechanism. Counties choose outcomes from a common set of outcomes and report data using these standardized reporting mechanisms. Three basic outcomes have been identified, each of which has accompanying standards and program- and agency-level indicators of these standards. The three outcomes are: (1) child is safe, (2) family is preserved, and (3) permanency will be achieved. One example of a minimum **standard** for the "child is safe" outcome is "Child not re-abused/Other children in the home are not abused." The accompanying **indicator** is "Decrease substantiated abuse and neglect in families open to Child Welfare Services." Between October 1994

KEY CONCEPTS

Benchmark: Colorado is in the process of defining this term.

Consumer outcomes: Desired long-range condition of well-being for children, families, or communities.

Standard: Desired shorter-term condition needed to achieve long-term condition of well-being for children, families, or communities.

Indicator: Quantifiable measure of progress toward objectives and goals.

and February 1995, interested counties developed pilot project proposals to test the efficacy of the model to inform and modify the delivery of services to children. Six pilot projects were selected and are fully functioning. Five of the six projects are related to family preservation services and assessing the impact of early

intervention services on outcomes for children and families. The sixth pilot site involves collecting data on family functioning for the entire caseload of children served in two rural counties. Analyses of data are in the beginning stages of development.

COLLABORATION

The Colorado Children's Cabinet was established to coordinate policies and budgets within the executive branch. The duties of the cabinet include interagency collaboration and coordination of budgets, in addition to the development of a set of outcomes. For example, the cabinet is charged to work with the Office of State Planning and Budgeting to develop an early childhood program budget and a collaborative budget planning process. The cabinet is also charged with ensuring that the state provides a model for collaboration that enhances local providers' ability to deliver services and facilitates collaboration at the local level. These collaborative efforts are based on the belief that outcomes for children and families can be improved through formal collaboration among departments.

While the Colorado Children's Cabinet is still in its infancy and, as a result, has not yet formally addressed all of its duties, it has been given many duties that relate to localities. It is expected to provide a model of local interagency collaboration; be available to the human services restructuring effort to improve state/local

communication and responsiveness; and develop strategies, earmark existing resources, and encourage the legislature to provide resources to communities to develop locally driven, comprehensive assessments and workplans that address the needs of young children and families and provide support for implementation of those plans. The exact role of localities in this process is, as yet, unclear. To date, these collaborative efforts have not been explicitly linked with outcomes.

On the state agency level, localities are involved in choosing the outcomes upon which they will focus their program efforts in both the child welfare and maternal and child health arenas from the list of outcomes in the Colorado Outcomes Model. An integral part of the Division of Child Welfare's Outcomes Model is its focus on community characteristics and the community's contribution to the well-being of its children.

APPLICATIONS

The specific applications for the outcomes to be developed by the Children's Cabinet have not yet been determined. It is expected that an accountability mechanism will be put in place and that outcomes will be tied to agency and department planning.

The Department of Human Services is currently developing performance-based contracts for individual agencies or providers,

as well as child-specific, performance-based contracts. For example, placement facilities will have facility-wide performance contracts for their services to all children in the facility, and each child within a facility will have a specific contract written toward that child's specific desired results. Currently, the details of the provider contracts are under review.

Outcome-based contracting is part of business in the Department of Public Health and Environment for Maternal and Child Health Programs. In order to receive funding from the Maternal and Child Health (MCH) Block Grant funds in Colorado, agencies must go through a competitive application process. To be funded, a program must fall within the Title V MCH Block Grant legislation and the general Colorado Department of Health, Family and Community Health Services Division Block Grant goals. All applications must contain a statement of the overall goals of the program with specific objectives; at least one of the objectives must be a measurable outcome objective. All objectives must be reasonable, specific, time-framed, and measurable. Well-defined objectives are an

essential part of the application. An advisory council assists programs in setting priorities. Programs are not funded without a commitment to measure the outcome chosen, and the message to funded programs is that they must produce the promised results in order to keep their funding. Contracts have been withdrawn for non-performance but the usual approach is to work with programs on their weaknesses. The Department of Human Services' policies require that consumer outcomes and indicators be identified and incorporated in all new budget request items. Requests without clear outcomes are not processed. Executive management also uses outcome measures to prioritize budget request items.

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DOCUMENTATION

Executive Order creating the Colorado Children's Cabinet. To obtain, contact: Executive Chambers, 136 State Capitol, Denver, CO 80203. tel: (303) 866-2471, fax: (303) 866-2003.

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Connecticut

POINTS OF DISTINCTION

Connecticut has recently adopted an agency-level business planning process as the basis of its accountability system. The state has also established a comprehensive performance-based contracting system for the purchase of human services from providers.

DESIGN

As an example, the Connecticut Department of Children and Families (DCF) is responsible for the establishment of a results-based accountability system for child and family services. The Rowland Administration has required each executive agency to identify **goals** and **measures** and to report progress on a biennial basis. In DCF, strategic planning was also motivated by a review of state cases and federal mandates for family preservation and family support. DCF identified goals through a participatory process which included agency and regional office staff. It has begun collecting the data and housing it in a central information system.

These efforts build on earlier work to introduce accountability into the state government. In 1993, the Connecticut General Assembly passed legislation which established the Connecticut Progress Council. The Council was given the task of developing a vision for the state and **benchmarks** to measure progress. Public hearings were held to elicit the support of citizens in developing the vision and benchmarks. Agency staff were involved in defining their vision as well.

As part of a statewide effort to improve the way government does business, the Connecticut General Assembly passed legislation in 1992 which mandated that the Office of Policy and Management establish uniform policies and mechanisms for obtaining, managing, and evaluating human services purchased from private providers. Improvements were made in:

- Contracting (a standard contracting format and contract monitoring system were put in place to ensure timely contract execution)
- Open competition (through guidelines, time frames, and standards)
- Payment processing efficiency (through the establishment of a contract monitoring system; implementation of a paperless invoice processing system)
- Financial management (through an automated financial management system which reinforces common terms, common data collection, and flexibility).

KEY CONCEPTS

Goal: Desired long-term condition of well-being for children, families, or communities.

Measure: Quantifiable measure of progress.

Benchmark: Quantifiable measure of progress including target level of performance expressed in measurable terms and dates, against which actual achievement is compared.

Performance Standard: Target level of performance expressed in measurable terms and dates, against which actual achievement is compared.

Connecticut

Performance-based contracting, in which departments contract with private providers for specific results, is an integral part of this effort.

In DCF, contracts with providers now outline the individual and community-level results for which providers will be responsible. Outcome measures were identified through a collaborative process involving department staff and providers. There are one to three

measures for each of the 30 program categories; **performance standards** have been established for all. For example, in the area of mental health, one measure is “for at least 60% of clients served, an increase in the Global Assessment of Functioning of at least 10 points from the start of service to discharge.” Providers submit data to DCF on a quarterly or monthly basis using a standardized form. The department is now in the process of gathering and analyzing the data.

COLLABORATION

Although there is no formal entity responsible for coordination of services across different agencies, there is an informal process of collaboration. Five regional offices are responsible for the delivery of human services. These regions were involved in the

department’s strategic planning efforts. These regions have also been involved in accountability efforts through the performance-based contracting initiative.

APPLICATIONS

Information from agency strategic plans is intended to inform state budgeting; three departments, including DCF, are currently piloting a performance-based budgeting process.

DCF is beginning to gather and analyze the results data obtained from providers and is working to identify ways to use the information to inform decision-makers about programs and

providers. The intent is not to use the information punitively but to enable department staff to better manage contracts, begin a dialogue with providers around the achievement of results, and improve the services provided to Connecticut’s children and families. Extensive training and support have been provided to assist department staff and providers in understanding the new approach.

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Florida

POINTS OF DISTINCTION

Florida has developed a performance accountability framework composed of three parts: a statewide comprehensive plan, benchmarks, and agency-level strategic plans and agency budgetary performance measures. Work is now underway to link these pieces and develop a comprehensive results-based accountability system.

DESIGN

The Florida results-based accountability initiative for children and families is part of a statewide effort to develop a performance accountability framework and publicly report on “citizen” outcomes.

In 1994, the legislature passed the *Government Performance and Accountability Act*, designed to increase the flexibility of agencies to serve the needs of and become more accountable to Florida’s citizens. The legislation created a performance-based program budget for which each agency is required to develop **performance measures** and annual **standards** (targets) for its outputs and **outcomes**, consistent with its strategic plan. The Act also established a Commission on Government Accountability to the People (GAP), which is responsible for coordinating the development of statewide **benchmarks**. The Commission also serves as a citizen board to review state agency performance, assess progress, and make recommendations to improve performance and results.

The Florida benchmarks outline results in seven areas:

- Families and communities
- Safety
- Learning
- Health
- Economy
- Environment
- Government.

Agencies and citizens assisted the GAP Commission in identifying these areas and the associated benchmarks. Specific population-level measures were developed for each of the benchmarks by the Commission with input from agencies and citizens and the assistance of a

KEY CONCEPTS

Goal: Desired long-term condition of well-being for children, families, or communities.

Benchmark: Quantifiable measure of progress of a desired long-term condition of well-being for children, families, or communities.

Outcome: Quantifiable measure of the impact or public benefit of a program.

Performance Measure: Desired improved effectiveness of agency, program, or service delivery mechanism.

Standard: Target level of performance expressed in measurable terms and dates, against which actual achievement is compared.

Florida

technical task force which examined their reliability and validity. Sixty benchmarks were selected as critical, representing the state's highest priorities. In a statewide survey, the Commission asked community activists, civic and business leaders, and elected and appointed officials where they thought Florida should be on these critical issues in the years 2000 and 2010. The resultant goals will be used to encourage citizens and government to work toward progress in improving the state.

The benchmarks build on previous state strategic planning efforts. Florida has had a statutory Statewide Comprehensive Plan since 1985, which identifies broad goals for the state. Since that time, agencies have been required to submit five-year strategic plans which identify agency goals, measures, and program strategies.

The strategic plan for the Department of Health and Rehabilitative Services (HRS), which is responsible for child and family services, was developed utilizing a "bottom-up" approach, including much input from local citizen boards and line agency managers. The Department has 12 **goals**:

- Providing a healthy start for children
- Protecting children from abuse and neglect and building stable families

COLLABORATION

The GAP Commission is responsible for the overall coordination of the Florida benchmarks effort. The GAP Commission is composed of nine private sector representatives and six public sector representatives; all are appointed by the Governor and confirmed by the Senate. The state has also been working to incorporate localities into the planning and measurement process.

In the area of child and family services, HRS has established citizen boards responsible for local implementation of integrated program approaches in each of the HRS service districts. Boards are comprised of between 15 and 23 citizens appointed by the

- Facilitating recovery of children with mental illness
- Enabling people to be productive and self sufficient
- Preventing infectious disease
- Enabling children to enter school ready to learn
- Reducing teen pregnancy
- Facilitating recovery of adults with mental illness
- Reducing substance abuse
- Supporting people with developmental disabilities in their communities
- Achieving accountability
- Integrating services.

HRS has identified performance measures for its strategic plan which, at the highest levels, mirrors those included in the GAP Commission reports. For example, the indicator, "infant mortality rate" is used to measure the HRS goal of "providing a healthy start for children" and is also a "critical benchmark" for the GAP Commission. HRS has also identified lower-level measures for internal agency monitoring, including some output and process measures to enable it to make decisions about practices.

Governor and local county commissions. The boards are responsible for provision of overall direction and leadership in the delivery of health and social services in local communities within the framework of outcomes established by HRS. Boards are required to develop needs assessments, strategic plans, and outcome measures for their programs. Some measures are HRS outcome measures; others are locally determined. HRS contracts with these local boards on a performance basis and boards are required to report annually to HRS on progress in meeting their outcomes.

APPLICATIONS

Florida’s multi-tiered performance accountability framework, when completed and linked, will enable decision-makers to answer performance questions at the operational, management, and strategic levels. Currently, the benchmarks report can help state agencies and elected decision-makers to question whether the strategies and activities are contributing to improving conditions.

Thus far, the planning and measurement process at the agency level has helped people to ask different questions about their programs. Instead of inquiring about inputs and processes, such as “how many foster parents do we need?”, people have begun to focus on the results of programs—“how long are children staying in foster care?”

As required by the 1994 legislation, agencies are expected to demonstrate progress in the achievement of outcome measures consistent with a level of resources agreed upon with the legislature. Additionally, agencies are required to demonstrate how they use performance measures in their own decision making. The legislation includes incentives such as budget flexibility, salary and position management flexibility, additional funds, and retention of unused funds. Agencies are phasing into the performance-based budget over several years. Currently, five agencies are submitting budget performance measures for their programs; for the 1998 fiscal year, five additional agencies are being considered. No single agency is fully performance-based yet.

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Georgia

POINTS OF DISTINCTION

Georgia is in the design phase of its results-based accountability system. Guided by a systematic process and strategic plan, the Georgia Policy Council for Children and Families has chosen broad results and benchmarks for measuring progress. Under the leadership of a newly established Evaluation Steering Committee, the state is moving toward implementation of the system. Current activities include building a system of self-evaluation and decision support, including making Benchmark data available by Web Site (www.pccf.state.ga.us/results) and developing/implementing a fiscal inventory tool.

DESIGN

The effort to define results and **benchmarks** for children and families in Georgia is part of a statewide effort to change service delivery and government systems serving children and families. Two major efforts laid the groundwork for this accountability effort.

The Family Connection is a community-based family support effort that aims to strengthen families and children through a collaborative process that promotes the integration of school, health, and human services in state government and local model communities. Started in 1991, the Family Connection was the vision of state leadership, including the Governor, legislators, appointed officials, and the Whitehead Foundation. One of its framing principles is to be results-oriented: “Concrete and measurable improvements in the well-being of children and their families must be achieved. Services must be results-oriented, and define specific improvements to be made, and measure the extent to which those improvements have been achieved.”

The Georgia Children’s Initiative, a collaborative effort that grew out of the Pew Children’s Initiative, developed a ten-year strategic plan, *Together on a Bold Journey*, for children and families. This enabled the state to set the course for creating statewide changes in both service delivery and government systems. The plan, finalized in November 1994, translated the state’s long-term **goals** into specific strategies for new policy directions in the areas of accountability, service strategy, financing, systems change, and governance. The **mission** of the Initiative was to bring together a group of partners representing all Georgians to improve the well-being of children and families. The five major improvements the Initiative sought to achieve are:

- Improved child health
- Improved child development

KEY CONCEPTS

Outcome/Benchmark: Quantifiable measure of progress toward objectives and goals.

Goal/Results area: Desired long-term condition of well-being for children, families, or communities.

Mission: Broad, comprehensive statement of the purpose of the organization, program, or subprogram.

Objective: Desired shorter-term condition needed to achieve long-term condition of well-being for children, families, or communities.

- Reduction in barriers to adequate school performance
- Improved family functioning that promotes a child's healthy development
- Increased economic capacity.

Many of the **objectives** and strategies outlined in the plan to achieve the goals of the Children's Initiative relate directly to community collaboration, local involvement, and results-based accountability.

In 1994, on the recommendation of the Children's Initiative Strategic Plan, Governor Zell Miller created the interim Governor's Policy Council for Children and Families through Executive Order. The Council issued a report, *On Behalf of Our Children: A Framework for Improving Results*. One of the basic premises of the report is a call for Georgia to focus on mutually agreed-upon results as the measure of success. To develop **benchmarks**, a Results Accountability Task Force presented a

preliminary list of benchmarks to communities for review, then revised the list based on community contributions, data collection considerations, and the age group affected. The Task Force developed a set of 21 "core" and five optional benchmarks in the five broad **results areas** identified in the plan. For example, one benchmark within the "Improved Family Functioning" area is "Reduce the confirmed incidence of child abuse or neglect."

In April of 1995, legislation was passed creating a statutory Georgia Policy Council for Children and Families to build upon the work of the interim Governor's Policy Council. The Results Accountability Task Force report was used as a model for the statutory council's list of outcomes. The benchmarks adopted by the statutory policy council differ little from those recommended by the Task Force. All are measurable population level outcomes which do not contain specific numeric targets. Localities are expected to select targets. The foci of the core benchmarks relate directly to the five goal areas listed above.

COLLABORATION

The statutory Georgia Policy Council for Children and Families serves as the umbrella under which the work of many separate initiatives and programs is brought together in a unified vision for children and families at both state and county levels. These efforts are driven by the measurement of outcomes and benchmarks through strategic planning and evaluation. The Council is committed to implementing a comprehensive, community-based, and family-focused service delivery strategy to improve the well-being of children and their families.

The Family Connection, now working with the Georgia Policy Council for Children and Families, was created to strengthen children and their families through strong family, community, and school linkages. The General Assembly and the Governor have expanded the Family Connection from the original 15 communities to 86 supported with specific state appropriations.

The Family Connection provides "glue monies" that allow local communities to implement innovative service delivery ideas, close gaps in the continuity of services, and improve the overall ability of multiple agencies to serve families.

The Policy Council on Children and Families has begun with ten communities as Community Partnerships to test the new community governance approach; they were selected through a competitive process based on a set of readiness criteria (e.g., collaboration and strong leadership). Family Connection communities may become Community Partnerships, more formalized governance structures recognized jointly by the Policy Council and local government as the point of accountability. Each community should be responsible for: achieving a core set of results defined jointly with the state-level policy council; developing a strategic plan according to a set of principles jointly

defined with the Policy Council; consolidating local planning for existing and future initiatives for improving results for children and families; and pooling resources across systems to accomplish desired

results. Communities will receive increased flexibility in return for increased accountability.

APPLICATIONS

The Policy Council for Children and Families has chosen results and benchmarks and will look to data to provide an understanding of how to achieve these outcomes in a noncategorical manner.

In April of 1993, the Budget Accountability and Planning Act was passed. The law institutes a statewide requirement that all current program expenditures reflect performance measures. Two of the major provisions of the law include results-based budgeting and

selected agencies will be provided more expenditure flexibility when they agree to assess progress systematically toward outcome measures. Comprehensive evaluations will be conducted of each state program selected by the General Assembly, with the intent that all programs be evaluated at least once every ten years. The Governor's budget office has taken deliberate steps to implement this act.

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Indiana

POINTS OF DISTINCTION

In Indiana, the results-based accountability effort for children and families is being directed by a state agency. This agency has developed its own strategic plan that guides the specification of the goals. This agency is designed to coordinate child and family programs.

DESIGN

The Indiana results-based accountability effort for children and families is directed by the Family and Social Services Administration (FSSA). This state agency has developed a strategic plan that articulates the agency's **vision** and guides the results-based accountability effort. The FSSA was created by the Indiana General Assembly in 1991, under the leadership of Governor Evan Bayh. The **mission** of FSSA is to spur development of comprehensive service systems to address the needs of Indiana families. Since January 1992, FSSA staff have developed new plans and partnerships for meeting the needs of families.

Agency staff at the FSSA have identified areas of focus and articulated **goals, objectives, indicators, and benchmarks** for each area. Many of these measures focus on improving agency performance with the aim of improving results for children and families. For example, one agency-level **goal** is that "all FSSA programs will be accessible, acceptable, and prioritized to meet the needs of persons eligible for assistance while also being responsive to the changing needs of Indiana Families and individuals." The accompanying **objective** is "to collect, compile, and organize information that will assist every decision-maker in making the best decisions possible." The **indicators** that have been identified specify the type and location of information/data available for reporting progress on these objectives.

KEY CONCEPTS

Vision: Conceptual image of the core value of the FSSA.

Mission: Broad, comprehensive statement of the purpose of the FSSA.

Value: Core value or philosophy describing how the agency conducts itself in carrying out its mission.

Goal: Desired long-range condition of well-being for children, families, or communities.

Objective: Desired short-term condition needed to achieve long-term condition of well-being for children, families, and communities.

Indicator: Quantifiable measure of progress.

Benchmark: Target level of performance expressed in measurable terms and specified time frames, against which actual achievement is compared.

COLLABORATION

The FSSA was designed to promote collaboration and focus achievement on specified FSSA desired results. The FSSA brings together programs formerly in the Departments of Human Services, Public Welfare, and Mental Health into a single agency. The agency is designed to bring together staff, previously separated by bureaucracy, to work together to address problems confronting families.

Program Review Teams have been established for each FSSA program to develop innovative approaches for solving problems and achieving administrative efficiencies. These Project Review Teams are composed of program, legal, fiscal, and data coordinator staff.

The FSSA works closely with other state agencies through two collaborative projects that have a results-based focus: Indiana Collaboration Project and local Step Ahead Councils. These projects both involve localities.

The Indiana Collaboration Project is designed to create more flexibility with federal and state regulations. The FSSA oversees the Indiana Collaboration Project, which is designed to provide a single point of entry in each county to state agencies serving children and families and to deliver services effectively and efficiently. The county-state facilitators work with the Step Ahead Councils to implement the communities' policies and develop goals that are aligned with community priorities.

Step Ahead is community-based, planned, and directed. The process is designed to create comprehensive services for children and families through coordination of resources at the county level. All 92 counties in the state are participating in this voluntary initiative that was launched in 1991. Each community has its own Step Ahead Council which assesses the needs of children and families in their communities and develops plans of action to address those needs. Communities determine their own goals and choose the measurement instruments for reporting results.

APPLICATIONS

The state has recently released its first report on the progress toward meeting its established goals. The FSSA has used the goals and the strategic plan to guide planning. Further, the goals have

been used to guide the development of the local Collaboration Projects. The FSSA plans to use the data to inform decision making.

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Iowa

POINTS OF DISTINCTION

Iowa has taken a comprehensive approach to the use of results-based accountability in state government. Performance management is the main feature of this approach. All aspects of the state's strategy are being implemented incrementally and simultaneously.

DESIGN

In Iowa, the initiative to develop broad, statewide outcomes is part of the work of the Council on Human Investment, which grew out of a statewide human investment strategy developed by the State Human Investment and Policy Council (SHIP) in 1992.

Iowa Invests, a human investment plan for Iowa, was created by the SHIP through a two-year planning process that resulted in breakthrough legislation in July 1993, creating the bi-partisan Council on Human Investment (CHI) and reforms in public assistance policy, workforce development, economic development, and asset development for lower-income Iowans. The CHI sponsors the development and implementation of the system of performance management for state government in Iowa. As such, CHI is charged with developing and establishing, through broad public input, proposed state-wide results to be achieved, results-based performance measures for programs, a results-based performance budget, an investment budget model, and methods to determine the return on investment.

After developing an initial list of potential outcomes, CHI conducted a statistically valid statewide poll by telephone to gain the input of Iowans in the selection of **results to be achieved**. Three priority areas were focused on during the first round of outcome development: Strategies for Strong Families; Workforce Development; and Economic Development. In each area, **overarching results statements** which broadly reflect the people's priorities and the results Iowa should be reaching were identified. These broad, population-level results statements have been grouped in cachement areas. The areas linked with Strategies for Strong Families include: Children's Health and Safety, Use of Alcohol and Other Drugs, Access to Quality Healthcare Services, Proportion of Iowans Living Above the Poverty Level, Incidence of Crime, Overall Level of Academic Achievement of Iowans, and the Availability of Affordable Dependent Care.

COLLABORATION

The state Council on Human Investment is chaired by the lieutenant governor and has eight citizen members appointed by the Governor and confirmed by the state senate. These council members include individuals from Iowa's five congressional districts and are representative of the ethnic, cultural, social,

political, and economic diversity of the people of Iowa. There are also legislative members representing both houses and political parties. The group has public and private sector membership to represent the state's interests.

KEY CONCEPTS

Result: Quantifiable measure of progress toward objectives and goals.

To operationalize the CHI's desire to reconnect state government and communities, an Innovation Zone Board was recently established within the Council on Human Investment. The Innovation Zone legislation that went into effect on July 1, 1996, is also seen as Iowa's primary devolution strategy. Thirteen local jurisdictions have initially been chosen by this Board to be

"Innovation Zones." These zones will establish community partnerships to achieve improved results for children and their families. The state and localities will negotiate waivers and funding where appropriate. Localities will "share the risk related to and responsibility for achieving improved outcomes."

APPLICATIONS

The Council on Human Investment envisions five uses of the poll results: performance measures; return on investment; investment and performance budgeting; policy making; and in the Innovation Zones (see above for description of Innovation Zones).

The poll results are expected to become the basis for establishing results-oriented performance measures for individual programs.

Return on investment information will provide information about which service strategies have the greatest impact on achievement of the desired results and what citizens are getting for their tax dollars.

The poll results provide a basis for tying budget decisions to Iowa's priorities. An investment budget model will be implemented in workforce programs. The investment budget model is based on determining measurable results expected from services provided, determining the net present value of these results, creating a competitive marketplace for service delivery, assessing the return on investment for different strategies used to achieve the results, and comparing the different strategies' returns on investment. CHI

sees this model as leading to a focus on the results, or assets, of strategies rather than costs alone.

A multi-agency Budgeting for Results Task Force has developed a system of results-based budgeting for Iowa State Government. The system links resource allocation, performance measurement, and policymaking. Implementation started in selected agencies in State Fiscal Year 1997. Evaluation will be used to learn as much as possible about the strengths and weaknesses of the system and changes will be made to reflect what is learned from the evaluation. The Governor's goal is to implement Budgeting for Results in all executive branch agencies and programs by State Fiscal Year 2000.

The poll results are expected to inform the political and policy-making process. They are designed to "provide a clear and uncomplicated message of where Iowans want government to focus and what they want government to accomplish or change." The poll results are the primary source for the issues the chief executive prioritizes as the Governor's State Policy Objectives.

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Michigan

POINTS OF DISTINCTION

Michigan's effort to develop an accountability system for child and family services has grown, in large part, out of the welfare reform started in the state in 1992. Measurement of indicators (recently developed for most areas), in combination with strong local control, is the hallmark of the Michigan system.

DESIGN

Michigan's effort to develop measurable indicators and benchmarks of progress for children and families has grown out of the state's welfare reform efforts first proposed by Governor John Engler in 1992. The state is in the process of developing a new strategic plan for the state's child and family services. Currently, the state is embarking on a number of innovative strategies to change child and family service delivery. These changes have been guided, in part, by the 1992 welfare reform initiative, *To Strengthen Michigan Families*. The welfare reform legislation specifies the following **principles** to strengthen families:

- Encouraging employment and making work pay
- Targeting support
- Increasing responsibility
- Involving communities.

In the subsequent 1993 report from the Directors of the Human Services Agencies entitled *Improving the Well-Being of Michigan's Children*, the Human Services Agency Directors specify the guiding principles to improve the well-being of children in Michigan. These principles focus on children as a priority: "The needs of children will be the first priority in allocating resources across human services agencies in state and local government."

The principles specify that program approaches should: focus on prevention and family preservation; be family-centered and respectful of cultural diversity; be accessible and user-friendly; and be community-based, and collaborative.

The Human Service Directors also specify priority funding approaches: decategorized funds, maximization of federal support, resource distribution based on need, and public and private partnership.

KEY CONCEPTS

Principles: Core value or philosophy describing how a state, organization, program, or subprogram conducts itself to meet its mission.

Goals: Desired long-term condition of well-being for children, families, or communities.

Indicator/Benchmark: Not yet defined.

Michigan

Also in this report, the Human Services Directors specify five broad, population **goals** that have been identified to improve the well-being of children:

- Improving health of children
- Improving children's readiness for school
- Improving economic stability of families
- Improving family preservation and empowerment

COLLABORATION

Several efforts exist in Michigan which address collaboration. In *Improving the Well-being of Michigan's Children*, the Human Services directors recommend joint funding and flexible use of resources through agreements between human service agencies and shared planning and budgeting among all those with a stake in a program and its outcomes. The directors of the human service agencies also recommend that local communities be given as much flexibility as possible in planning service delivery programs and initiatives, with accountability tied to outcomes rather than process.

The *Principles for Services to Children and Families* adopted by the Engler administration are designed to "recognize the role and responsibilities of families and communities in developing healthy and achieving children." Two of these principles state that: programs and services should be community-oriented, accessible, comprehensive, coordinated, culturally sensitive, and of high quality; and programs and services should provide an array of services that recognize the needs of all families.

APPLICATIONS

A Systems Reform Evaluation Work Group was formed to implement two of the recommendations in *Systems Reform for Children and Their Families: Strategies for Change*. Evaluation of systems reform efforts will include five broad types of outcomes

- Improving the family environment through safe and affordable housing.

Further, the document specifies strategies to achieve the goals. The state is currently in the planning phase of identifying measurable **indicators** and **benchmarks** of progress to be collected on the community level.

A report to the Human Services Directors by the Systems Reform Task Force, *Systems Reform for Children and Their Families: Strategies for Change*, further asserts the need for local solutions to local problems and seamless, collaborative services for children and families. The recommendations of the Systems Reform Task Force were guided by four principles:

- Decision-making authority should be placed at the local level whenever possible.
- The existence of a well-functioning local multi-purpose collaborative structure can promote systems reform and improve the effectiveness of service delivery.
- Collaborative structures should empower communities, consumers, and parents.
- Systems reform should be directed toward family-centered, strength-focused service delivery and administrative simplification.

including measures of change in the lives of the individual children and families being served. The work group has identified a set of commonly defined outcomes from which communities can selectively draw to create locally established outcomes.

The next phase will be developing detailed outcome definitions, reporting expectations for both state and local levels, and providing technical assistance. This phase will include delineation

of how evaluation results will be used in process and program improvements.

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Minnesota

POINTS OF DISTINCTION

Minnesota has a comprehensive results-based accountability initiative called **Minnesota Milestones**. The state's initiative includes goals on areas ranging from quality of life to child and family issues, to economic performance. The effort began with the development of a strategic plan describing where Minnesotans wanted the state to be in the future.

DESIGN

Minnesota's results-based accountability initiative for children and families is part of a comprehensive state-wide results-based accountability system called **Minnesota Milestones**. The development of this system began with the creation of a state-wide strategic plan in early 1991. The strategic plan, initially developed as an executive initiative under Governor Arne Carlson, articulates the shared **vision** of Minnesotans. The common **themes** of the vision are:

- Minnesota will be a community of people who respect and care for one another.
- Economic activity will create wealth and provide a good standard of living for all our people.
- Citizens will be good thinkers, creative, always learning, with the skills to compete internationally.
- Citizens will protect and enjoy the natural world.
- Government will be responsive, effective, and close to the people.

In the strategic plan, the importance of the family was highlighted. The strategic plan states that, "families will thrive, supported by the community, business, and government, and children will feel safe, nurtured, and highly valued."

The strategic plan has guided the development of **goals** and milestones indicators. The state has developed 20 goals and 79 milestones. The milestones have been developed through a process of state agencies reviewing available data and determining what data best addressed each of the goals. Minnesota Milestones are child/family-level and as such do not include agency or program-level measures. For example, one goal is that "our children will not live in poverty" and an accompanying milestone is "percent of children living in households below the poverty line will be 5% in 2010." Data are collected and

KEY CONCEPTS

Minnesota Milestones: This term is used to refer to the comprehensive results-based accountability system in Minnesota. The term *milestone* refers to the quantifiable measures of progress that include specified time-frames and targets against which actual achievement is compared.

Vision: Conceptual image of the core value of the citizens of Minnesota.

Themes: Core value or philosophy describing how the state conducts itself.

Goal: Desired long-term condition of well-being for children, families, or communities.

Indicator: Quantifiable measure of progress toward condition of well-being for children, families, or communities.

Performance measure: Desired improved effectiveness or efficiency of agency, program, or service delivery mechanism.

Minnesota

reported every two years on indicators of progress toward the milestone goals. The agency responsible for collecting and reporting data is the Minnesota Planning Agency.

The *Children's Services Report Card* was developed by Minnesota Planning to help counties measure their progress toward meeting the Minnesota Milestones goals for social and educational services for children. The online report card contains county data on 21 indicators or measures of children's well-being. Ten indicators use data from a variety of state and federal sources; the remaining 11 indicators are based on data from the Minnesota Student Survey, administered by the Minnesota Department of Children, Families and Learning. Trends between the 1994 and 1996 report cards are compared and an average composite rank is compiled for each county. In addition, indicators are grouped around common themes for analysis, and the counties with the 10 top and bottom ranks are identified. A complete report card for every indicator and county is available online at <http://www.mnplan.state.mn.us>.

In a related effort, state agencies are developing agency and program-specific goals and **performance measures**. The 1993 state legislature required 20 state agencies to develop performance measures for their programs and activities in conjunction with their 1994-1995 budget submissions. The Department of Administration and the Department of Finance work with agencies in the development of agency performance measures. The law does not require agencies to consider or incorporate the 79 performance measures in the Milestones. However, some agencies are aligning their goals with the Milestones. For example, the Department of Children, Families and Learning is developing Graduation Standards which are agency-specific goals and indicators of progress in light of the state goal that Minnesotans will excel in basic academic skills. Another example is that the Department of Human Resources is using the goal of improving family functioning to guide its effort to reduce out-of-home placements.

COLLABORATION

The new Department of Children, Families, and Learning was created in statute to improve the well-being of children and families by providing more comprehensive, integrated services and by increasing the capacity of Minnesota communities to provide collaborative and integrated services. To achieve this goal, the Department is designed to improve public accountability and provide research and information on the development of measurable program outcomes. The Department was created effective July 1, 1995. When the new Department was created, the old Department of Education was abolished, effective June 30, 1995. The DCFL includes all functions previously in the Department of Education, and some functions previously in the Departments of Economic Security, the Department of Human Services, the Department of Corrections, the Department of Public Safety, and Minnesota Planning—the state planning agency.

The state is also promoting collaboration and a results-focus through local Collaboratives: the Family Services Collaboratives (FSC) and the Mental Health Collaboratives. In these Collaboratives, the state provides incentive grant funds to selected communities to foster better coordination of services that focus on measurable results. The Collaboratives are required to develop and report goals that are consistent with statewide goals. Each local community is allowed to choose its own measures. Citizens, service providers, elected officials and others are using the Children's Services Report Card to compare their county with other counties or the state for each of the 21 indicators. The report card is being used as a tool to measure results, track trends, and set priorities in communities.

APPLICATIONS

The Minnesota Milestones and related results-based accountability efforts have been used by state and local agencies and by the legislature in Minnesota. The legislature and the governor created the Department of Children, Families and Learning specifically to focus state child and family services on measurable results. The Department of Children, Families, and Learning has been using the Milestones as a resource in the development of more specific agency-level goals. Other state agencies and programs are also using the Milestones as a framework to refocus their missions and to develop agency-level measures.

The local Family Services Collaboratives and Mental Health Collaboratives are using the results-based accountability initiative to focus local efforts on measurable results. The Collaboratives are currently using their goals as a planning tool to prioritize activities. The Collaboratives are required to report these measures to the state in the summer of 1996. Plans for the future are to include

making funding decisions based on whether programs are meeting goals.

The legislature plans to continue its efforts to collect agency-level performance data as one source of information in the budget process. In 1993, the legislature began planning for agencies to submit performance measures aligned with the Milestones as part of each agency's budget request. This effort met with mixed results, in part, because the Milestones were not developed as agency or program specific goals. Prior to the 1994-1995 submission, many agencies collected only process and input data and did not have readily available data on agency-level results. The legislature plans to require state agencies to submit performance measurement budget requests for the next budget cycle and each state agency and program is now in the process of refining agency-level goals and indicators that are aligned with the Milestones.

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Missouri

POINTS OF DISTINCTION

The results-based accountability initiative in Missouri is a comprehensive child and family system. The initiative is part of Caring Communities, the state's strategy for schools, neighborhoods, and public agencies to link services to achieve better results for children and families.

DESIGN

Missouri's results-based accountability efforts for children and families are part of the state's Caring Communities initiative. Caring Communities links the services of schools, neighborhoods, and public agencies, and gives state support to make these services successful.

Caring Communities began in 1989 in one school district but has expanded to a comprehensive state-wide initiative. In 1995, Governor Carnahan and the General Assembly approved a \$24 million package to start a major expansion of Caring Communities in seven areas in the state.

The board that oversees Caring Communities, the Family Investment Trust, was initially created by Executive Order by Governor Carnahan. The Family Investment Trust (FIT), a public-private partnership, is composed of recognized community leaders and the directors of five departments (the Departments of Elementary and Secondary Education, Health, Labor and Industrial Relations, Mental Health, and Social Services). FIT is responsible for developing the strategic plan, measuring progress, and assisting in developing leadership in communities.

The Caring Communities initiative has developed a strategic plan for Missouri's families and children which guides the results-based accountability effort. This strategic plan articulates the **mission** of the Caring Communities and describes the planned results-based accountability efforts. The plan also describes the roles and responsibilities of state agencies and localities in providing services and in articulating expected results. The **principles** guiding the Caring Communities Approach are that services are:

KEY CONCEPTS

Caring Communities: Missouri's strategy for schools, neighborhoods, and public agencies to link services and support to achieve better results for children and families. As such, one aspect of Caring Communities is that it constitutes the state's results-based accountability system for children and families.

Guiding Principles: Core value or philosophy describing how Caring Communities conducts itself to meet its mission.

Mission: Broad, comprehensive statement of the purpose of Caring Communities.

Vision: Conceptual image of core values.

Result: Desired long-term condition of well-being for children, families, or communities.

Indicator or Milepost: Desired short-term condition needed to achieve long-term condition of well-being for children.

Benchmarks: Quantifiable measure of progress toward desired condition of well-being which includes target level of performance expressed in measurable terms and dates, against which actual achievement is compared.

Missouri

- Triggered by the child and focused on the family
- Flexible and sensitive to the needs and the diversity of families
- Built on the existing strengths of families
- Focused on family support and family preservation.

The Caring Communities approach focuses on achieving six core **results**:

- Parent(s) working
- Children safe in their families and families safe in their communities
- Children ready to enter school
- Children and families that are healthy
- Children and youth succeeding in school

- Youth ready to enter the work force and become productive citizens.

Currently seven Community-Partnerships have 64 Caring Communities sites in operation. Specific child and family results, **benchmarks**, and **indicators/mileposts** are identified by each of the counties under the guidance of the state Family Investment Trust. The state provides these counties or communities with technical assistance and guidance on how to identify community-specific benchmarks and indicators or mileposts that are child and family-level. An example benchmark is “increase in high school graduation rate by 20% by 1998.” An example indicator or milepost is “increasing school attendance.”

COLLABORATION

The Caring Communities initiative is a collaborative effort that uses a results-based focus as part of its mission. The initiative involves localities from across the state and the Departments of Elementary and Secondary Education, Health, Labor and Industrial Relations, Mental Health, and Social Services (the same as those represented on the FIT). The five state agencies work

collaboratively to set the list of measurable results and indicators. Each locality that is involved has formed a Community Partnership. These Community Partnerships have the responsibility for setting community priorities from the core results articulated by the state.

APPLICATIONS

The Community Partnerships are using the six priority goals to plan community-wide initiatives. The measures are designed to be used as a means for communities to chart their progress and make mid-course corrections. In addition, the state plans to use the results and indicators to assess the performance of each of the local

Caring Communities. For example, the Governor, state agencies, and General Assembly plan to use the information to make decisions about continuing and expanding Caring Communities funding.

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North Carolina

POINTS OF DISTINCTION

North Carolina has fully integrated all state government activities into its performance/program budgeting (P/PB) approach. This approach requires agencies to be accountable for the achievement of outcomes and objectives. P/PB also provides valuable state-wide programmatic information on the total amount of resources (fiscal, human, capital) that have been committed to these outcomes. Additionally, the state's child and family initiative, *Smart Start*, operates within a framework of outcomes and indicators.

DESIGN

The Department of Human Resources (DHR) is responsible for the development of a results-based accountability system for child and family services in North Carolina. This work is coordinated in concert with the state's P/PB process. Performance/Program Budget began as an initiative based on the recommendations of the state's 1991 Governmental Performance Audit Committee. The 1997-99 Biennial Performance Budgets signify the integration of all state government activities into performance/program-based budgeting.

The Office of State Planning and the Office of State Budget and Management, in coordination with departments, have sorted all state government activities (approximately 3,000) into ten categories of public policy commitment (program areas):

- Health
- Environment
- Education
- Corrections
- Cultural resources
- Economic development and commerce
- General government
- Justice and public safety
- Human services
- Transportation.

Each program has a hierarchical outline that was developed based on legislative intent. These statements of intent or purpose were derived from the North Carolina general statutes and constitution. Each level of an outline (i.e., **goals**, programs, and subprograms) represents a stated

KEY CONCEPTS

Goal: Broad, comprehensive statement of the purpose of the state, organization, program, or subprogram.

Outcome: Desired long-term condition of well-being for children, families, and communities (within the Smart Start initiative, this is called a "goal").

Objective: Desired short-term condition needed to achieve long-term condition of well-being for children, families, or communities.

Outcome Measure/Indicator: Quantifiable measure of progress of outcomes and objectives.

Performance Target: Target level of performance expressed in measurable terms and data, against which actual achievement is compared.

North Carolina

legislative intent. State government activities have been sorted into these program area outlines based on common purpose, outcomes, or clients. For each subprogram, agencies with common clients and outcomes present a discussion of subprogram purpose, expected **outcomes**, trends impacting the delivery of services, **objectives**, **measures of outcomes**, and performance strategies to achieve objectives. **Performance targets** are set by agencies during the performance planning process.¹ In addition, departments prepare operations plans that communicate what departmental agencies will do (through stated objectives), why it is being done (rationale for the function), how it will be done (through performance strategies), by whom (through fund identification), and by what time. Each department's plans convey specifically what that department's role is in accomplishing program objectives. Agencies report on their outcomes and outputs, as well as their resource needs, as part of their biennial budget submissions.

The DHR has established **outcome measures** related to each functional area of its work in conjunction with the requirements of the PPB. These indicators were defined by department staff with the assistance of the Office of State Planning.

In a related effort, the state's child and family initiative, known as Smart Start, works within a framework of outcomes and **indicators**. Begun in 1993 as a centerpiece of Governor Hunt's administration, the program is designed to prepare children from zero through five years of age to succeed in school. It is built on localized decision making, and links government, the nonprofit sector, and business. Smart Start grants, of which there are currently 47, are provided to local, collaborative not-for-profit organizations to implement locally-determined programs. The administration of Smart Start is shared by the North Carolina Partnership for Children (NCPC), a bipartisan, nonprofit public-private partnership, and the North Carolina Department of Human

¹With the exception of the Smart Start initiative, where local counties identify the performance targets.

Resources. These two entities have set several statewide goals for Smart Start:

- All North Carolina children 0 through 5 are healthy and prepared to succeed when they enter school.
- North Carolina families effectively fulfill their roles as primary providers, nurturers, and teachers helping their children to reach their full potential.
- All North Carolina families with children 0 through 5 have access to high quality, affordable services they need and want, including early childhood education, services for children with special needs, and other services that support families.
- North Carolina counties value all of their children and families by providing options and resources and by encouraging collaboration to help children and families reach their full potential.
- North Carolina's state government, The North Carolina Partnership for Children, and county partnerships will work together as partners to encourage all constituencies to engage in collaborative efforts to improve the lives of North Carolina's children 0 through 5 and their families.

The partnership has also established program outcomes and sub-outcomes for child and family services. A university-based evaluation institution was hired to develop an evaluation plan, identify outcome measures, and develop data collection instruments. Local partnerships develop annual plans which are connected to needs and resource assessments conducted in Smart Start counties and are linked to the outcomes and measures set by the state. In 1993-94, every county in North Carolina conducted a needs and resource assessment. Since that time, some Smart Start participating counties have done more program-specific needs and resource assessments. Counties adapt the outcomes to their own situations and submit data on measures annually. Beginning in 1997-98, DHR will partner with NCPC and local partnerships to conduct a needs assessment every three years. The data will be used for future planning at the local level.

COLLABORATION

The Office of State Planning and the Office of State Budget and Management are responsible for coordinating the state's performance/program planning and budgeting process and ensuring agency compliance with its requirements.

The North Carolina Partnership for Children is responsible for coordinating the development of common approaches and statewide goals and outcomes which span a number of different health and human service agencies. It is composed of the heads of major agencies, families who use services, private business people,

and members of the General Assembly. In collaboration with DHR, it has worked to integrate child and family services at the state level in areas such as early childhood education, immunization, and child care. Smart Start also brings together different service providers at the local level. The Smart Start initiative is based on local partnerships which are responsible for developing comprehensive local plans to meet the needs of children and families within the outcome framework set out by the Partnership and DHR. Local partnerships are administered by governing boards drawn from representatives in the community.

APPLICATIONS

North Carolina's P/PB approach monitors both the program/policy results in prescribed ten areas and the performance of specific agency activities that influence the accomplishment of those results. Programmatic (inter-agency perspective) and performance (agency-specific) monitoring and reporting is accomplished through a budgetary/accounting codes scheme. With the integration of performance/program budgeting into all state government activities and the intended policy outcome. In addition, legislators are now able to see clearly the state's spending priorities and the strategies that are being used to meet policy

outcomes. Agencies have also begun using the information to manage their programs better and to undertake internal evaluations and analyses of programs on the basis of their results.

Information gathered about the outcomes of the Smart Start program is helping to improve programs and has also been used to inform discussion and design of the state's welfare reform agenda and child care subsidy initiative. Outcome results for Smart Start are also reported to the legislature through the PPB process.

North Carolina

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Ohio

POINTS OF DISTINCTION

The Ohio Family and Children First Initiative is a statewide effort to coordinate and plan services in the state so that every Ohio child can achieve the best outcomes and enter school ready to learn. Goals and indicators have been identified by the state and accountability is at the state level.

DESIGN

Ohio's results-based accountability initiative is part of the Ohio Family and Children First Initiative (OFCF), a statewide effort to coordinate and plan services for children and families. Ohio has developed a strategic plan for children and families as part of the Ohio Family and Children First Initiative. This initiative is designed to unite Ohio's health, social services, and school systems behind the **goal** of ensuring that every Ohio child can enter school ready to learn by the year 2000. OFCF promotes coordination and collaboration among state and local governments, non-profit organizations, businesses, and families for the benefit of Ohio's children.

In 1992 Governor George Voinovich issued an Executive Order that formed the state-level Family and Children First Cabinet Council. Ohio's General Assembly codified the Family and Children First Initiative in the Biennium Budget for State Fiscal Years 1994 and 1995.

Accountability is tied to results and continuous improvement in the OFCF. As part of this initiative, localities are given waivers from state regulations but must demonstrate progress on achieving the main objectives of the OFCF initiative.

The initial focus of OFCF prioritized three **objectives** with measurable **indicators** for families with children. The three objectives are:

- More young Ohio children will have access to high quality preschool and child care programs by the year 2000.
- Ohio will increase family stability by the year 2000.
- Ohio will seek continued improvement to assure that infants and children are healthier by the year 2000.

Both outcome and process indicators are nested within these larger objectives. For example, an indicator that fits within the third objective is "Reduce the number of births to teenage women from 23,000 annually to 21,000 annually through 1995." The original briefing document for OFCF states "Publicly funded organizations and programs in test counties will be held accountable for meeting set indicators."

KEY CONCEPTS

Goal: Desired long-term condition of well-being for children, families, or communities.

Objective: Desired short-term condition needed to achieve long-term condition of well-being for children, families, or communities.

Indicator: Quantifiable measure of progress toward objectives and goals.

COLLABORATION

The legislation which codified the OFCF required that agencies develop a better system for responding to the strengths and multiple needs of children and their families.

The State Family and Children First Team reports directly to the Family and Children First Cabinet Council. The Cabinet Council is composed of the directors of the state's seven child-serving agencies and the superintendent of schools. The State team works with local councils, makes recommendations for the Cabinet Council to consider, and works on implementing the decisions the Cabinet Council makes.

The Cabinet Council is intended to work toward elimination of duplicative state policies, requirements, and reports. Their efforts are directly tied into goals and objectives. "At the core, Ohio Family & Children First programs and services systems should:

- Be responsive to children and family needs
- Encourage collaboration and communication among all levels of state government

APPLICATIONS

The goals and outcomes developed by the Family and Children First Initiative are the means by which the state holds itself accountable; no particular program or agency is responsible for any particular outcome. Each of the eight state agencies is responsible for every outcome. Data are updated quarterly from

- Result in measurable, accountable outcomes
- Encourage collaboration among local entities
- Seek to intervene early, and be preventive."

At the county level, the Local Family and Children First Councils have been formed as a planning and policy vehicle for coordinating and developing local services to meet state and local outcomes. These councils have five basic tasks:

- Review and sort all existing programs
- Retool existing programs so they lead to better results and reinforce each other
- Fill service gaps or invent new approaches where needed
- Develop a county/regional/state service coordination plan for all family and children services
- Maintain an accountability system which demonstrates progress on achieving OFCF's three objectives.

By July 1996, each of Ohio's 88 counties had formed local Family & Children First Councils.

state files that are made up of county level data. If progress on a given indicator is not observed, mid-course correction in the approach to the problem at hand may be made. If a decline in an indicator is observed in a given county, strategies to improve the status of that county are developed.

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DOCUMENTATION

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Oregon

POINTS OF DISTINCTION

Oregon's results-based accountability system for children and families is part of a comprehensive statewide results-based accountability system.

DESIGN

The Oregon results-based initiative for children and families is part of a larger effort that began with the development of the *Oregon Shines* comprehensive strategic plan which was released in 1989. The strategic plan, initially developed under the leadership of Governor Neal Goldschmidt, has had the continued support of the subsequent two governors. The **vision** as stated in *Oregon Shines* was “a vital, prosperous Oregon that excels in all spheres of life.”

The original strategic plan included a strong emphasis on fostering the well-being and development of children in their very early years. This plan guided the development of the **Oregon Benchmarks** — Oregon's system of measuring progress toward the vision. The Oregon Benchmarks were established through a broad participatory process intended to get people to focus on a shared vision. In the 1989 legislative session, the Oregon Progress Board, a panel of leading citizens, was created. The Progress Board is responsible for translating the strategic plan into specific **benchmarks, and indicators** of progress.

In early 1997 the plan was updated with the issuing of *Oregon Shines II*. The vision remains the same as that of *Oregon Shines I*, but the specific goals have shifted. The overarching **goals** are:

- Quality jobs for all Oregonians
- Safe, caring and engaged communities
- Healthy and sustainable surroundings.

With the revision of the strategic plan came a reduction in the number of Benchmarks from 259 to 92. The Benchmarks are grouped together under the appropriate goal. For example, the 37 benchmarks pertaining to civic involvement, social support, or public

KEY CONCEPTS

Oregon Benchmarks: The term Benchmarks (capitalized) is used to refer to the results-based accountability initiative, including the articulated long-range goals, the short-term goals, the indicators, and targets. The term benchmark (not capitalized) refers to the desired condition of well-being and is expressed in terms of indicators and target measures.

Vision: Expressed in *Oregon Shines*, the state vision is the broad, comprehensive statement of the purpose of the state.

Goal: Desired long-range condition of well-being for children, families, or communities.

Agency/Program Goal: Desired improved effectiveness or efficiency of agency, program, or service delivery mechanism.

Indicator/Goal/benchmark: Desired short-term condition needed to achieve long-term condition of well-being for children, families, or communities. Quantifiable measure of progress toward desired condition of well-being.

Target: Target level of performance expressed in measurable terms and dates, against which actual achievement is compared.

Oregon

safety fit under the “safe, caring, and engaged communities” goal. The Progress Board identified a list of 26 additional “developmental” Benchmarks that could either replace or supplement existing Benchmarks if data were available.

Each benchmark has an accompanying **indicator** of progress and **target** measure. For example, the benchmark of “safe, caring, and engaged communities” is translated into an indicator of the pregnancy rate per 1,000 females ages 10 to 17 and a target for this is that the pregnancy rate will be 15.0% for the year 2000.

The Benchmarks are child/family-level and do not include agency or program-level measures, but agencies are developing output and outcome goals aligned with the Benchmarks. For example, a Benchmark is that the percentage of Oregonians with incomes below the federal poverty level will be only 9% by the year 2010.

COLLABORATION

The Oregon Benchmarks are being used as part of many collaboration efforts in the state of Oregon. The state Commission on Children and Families, re-formed in 1993 from an earlier version which started in 1979, sets state child and family policy around the Benchmarks. It is also the state agency responsible for disbursing approximately 1 percent of the total state human resource budget in discretionary funds to counties. Each of the 36 counties in the state have local Commissions on Children and Families which receive these state funds. These local Commissions have discretion over spending as long as it is aligned with the Benchmarks within legislative funding stream parameters. The local Commissions choose their own priority Benchmarks and make funding decision based on these priorities.

Another effort to collaborate is the Community Partnership Team (CPT), within the Department of Human Resources. The CPT is

A state **agency goal** from the Department of Human Resources that has been developed in alignment with this goal is that families will achieve independence from AFDC through employment, SSI, and child care support as well as receipt of transitional benefits.

The state education reform efforts, directed by the state Department of Education, are also related to the Benchmarks. For example, the education reform legislation which was revised in 1995 states that by the year 2000, Oregon will have the best educated citizens in the nation and by the year 2010, the state will have an international quality workforce. The Department of Education activities have their origins in the Oregon Action Plan for Excellence which began in 1984. This plan defines essential learning skills and common curriculum goals, and establishes a criteria-based system to assess children and report results by school.

charged with the task of advancing service integration within the DHR around the Benchmarks. In 1991, Oregon became one of 12 states to receive a Head Start Collaboration Project; the Oregon Department of Education was charged with the task of developing collaborative early childhood partnerships for children birth-8. The collaboration project focuses on successful transition from Head Start to the public school. The Department works with the Child Care Division, Health Division, and early childhood programs to advance benchmarks that promote family stability and school readiness. In 1994, Oregon became one of two states to receive the Forging the Link Project to increase quality and continuity of care across early childhood settings. This project is managed cooperatively by the Department and the Child Care Division.

APPLICATIONS

Oregon uses the Benchmarks in a variety of ways. The state collects data on indicators toward meeting the state goals which are publicly reported biannually. This information is used by program providers as well as the public to make decisions about programming. The Oregon Benchmarks were also the impetus behind the development of the state Commission on Children and Families, which is designed specifically to focus state efforts to improve results for children and families. Local Commissions on Children and Families use the Benchmarks as a tool to help prioritize contracting decisions. Some local Commissions also use the Benchmarks in the Request for Proposal process.

The Oregon Benchmarks have been used as a budget planning tool to help the state prioritize spending. For example, in 1993 the state was facing a revenue short-fall and every agency had to submit a budget with a 20% cut. Those agencies that could prove that their programs were tied with the benchmark received budget cuts of only 13%. A teen-pregnancy program aligned with the benchmark of reducing teen-pregnancy therefore received more money than a program that could not prove it was aligned with a benchmark.

The state plans to make funding decisions in the future based on whether benchmarks change in the desired direction. However, to date funding decisions are not being made across all state child and family agencies based on the amount of progress of the benchmarks.

To date, the state is using the benchmarks to determine if programs are aligned with the state's priorities rather than as a way of

measuring whether programs are meeting specified goals. As such, the benchmarks are being used primarily to assist policymakers and providers in assessing priorities. For example, agencies and programs use them to refocus their missions and develop agency-level measures. The welfare program, for example, has changed its focus from a disbursement agency to an agency responsible for reducing poverty and AFDC caseloads; this agency is now examining its performance through reductions in AFDC caseload data. Currently, the Progress Board is working on linking the performance measure process in the Division of Administrative Services with the Benchmarks.

State agencies and localities are using benchmark information to ask questions that program evaluation or research can answer. For example, when the benchmark for teen pregnancy declined in one county, policymakers and program providers used program evaluation and research data to address why the change had occurred.

The Department of Education is using the data it collects and reports on educational attainment for accountability purposes. Schools are evaluated in terms of the expectations for the education of children. The Department of Education reports school profiles that include dropout rates, assessment results, and data on the teachers. Schools are rated on the basis of this information. If the schools are in need of improvement, technical assistance is provided by Department of Education staff, educational service are provided by the district, and assistance is provided from neighboring districts.

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Rhode Island

POINTS OF DISTINCTION

Rhode Island has committed to a results orientation for children and families through the Children’s Cabinet and the Child Opportunity Zones (COZs) Family Centers. The Children’s Cabinet has identified broad goals and the COZs use these broad goals as a framework for identifying local goals.

DESIGN

In Rhode Island, the Children’s Cabinet and the Child Opportunity Zones have results-based accountability components. Since 1991, legislation has been in place in Rhode Island for a Children’s Cabinet giving authority to directors of all state children’s services departments to address cross-departmental issues relating to children’s needs and services. In 1992, the Children’s Cabinet developed a strategic plan stating Rhode Island’s **vision** for children and families and the **mission** of the Cabinet. The mission is “to develop an integrated child service system plan for Rhode Island state agencies which will achieve improved prevention programs for children and families and better use of public resources.” The strategic plan also includes **goals, objectives**, and proposed actions to achieve the goals and implement responsibility. Most of the goals are population-level goals, with some of the indicators being process and input measures. The goals identified by the cabinet are:

- The healthy development of all children
- A flexible and responsive state child service network
- A high quality child service system that can demonstrate results.

An example of an objective under the healthy development goal is that every child will have a reliable source of pediatric preventive care.

The COZs Family Centers, initially proposed in the first Children’s Cabinet strategic plan and developed in 1993, are designed to promote children’s success in school and to enhance the quality of life for all families in the community. The **mission** of the COZs is to support partnerships among families, schools, and communities to integrate education and health and social services at or near a school. The COZs have identified the following **outcomes**:

- Children reach kindergarten ready to learn.
- Children experience success in school.

KEY CONCEPTS

Mission: Broad, comprehensive statements of the purpose of the Children’s Cabinet and the COZs.

Vision: Conceptual image of core values.

Goals/Outcomes: Desired long-term condition of well-being for children, families, or communities.

Objectives/COZs Goals/Short-Term goals: Desired short-term condition needed to achieve long-term condition of well-being for children.

Indicator: Quantifiable measure of progress.

Benchmark: Target level of performance expressed in measurable terms and dates, against which actual achievement is compared.

Rhode Island

- Children and families are physically, mentally, and emotionally healthy.
- Parents are involved in their children's education.
- Strong social support systems exist for all families.
- Members take active ownership and responsibility for the community.
- Community members obtain economic self-sufficiency.
- The community environment is safe and secure.

The COZs have also identified **COZ goals** to accompany each of these outcomes. For example, in the area of child development, a goal is that all children will have access to high quality and developmentally appropriate early childhood experiences. At this time, **short-term outcomes** along with **benchmarks** and **indicators** are being developed to measure impact over time.

COLLABORATION

Both the Children's Cabinet and the COZs are collaborative efforts that have a results-based accountability focus. The Children's Cabinet serves as a coordinated policy-making mechanism for all children's services in the state. Membership includes Directors or Commissioners from the Departments of Administration; Children, Youth and Families; Education; Health; Human

Services; Mental Health, Retardation, and Hospitals; Higher Education; and State Library Services.

The COZs are designed specifically to develop community support for children and families. As such, the major interagency focus in Rhode Island is at the local level.

APPLICATIONS

The results-based initiatives in Rhode Island are framing the evaluation of the COZs. RMC Research Corporation of Portsmouth, New Hampshire, has been working with the COZ Family Centers Evaluation Committee and the COZ Family Center Coordinator to design an evaluation system around the results-based initiative. This system will measure the Family Centers'

impact on the community infrastructure, including the development of an effective network of formal services that meet families' needs and priorities, a supportive network of information relationships, and community resources. In addition, this evaluation model will measure the outcomes of children and families over time.

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DOCUMENTATION

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South Carolina

POINTS OF DISTINCTION

South Carolina's accountability effort has begun in the health and human services area and is reflective of the Governor's philosophy of "putting families first."

DESIGN

South Carolina has begun a strategic planning and accountability process within its health and human services programs. Governor Beasley initiated a government accountability process which identifies the important priorities of South Carolinians, establishes a **vision** for the future (health, safety, family independence and self-sufficiency, and community), and examines what government's role should be in helping to reach this. The Governor presents an annual health and human services plan in which he sets the vision and identifies key **benchmarks** which lead toward improved conditions and the desired quality of life for South Carolinians. Health and human services agencies articulate **outcomes**, identify the activities they will undertake to achieve the outcomes, and justify the purposes of their programs in terms of results and performance data.

A team from the University of South Carolina, in collaboration with the Governor's office, is currently developing an accountability process using a program improvement/program effectiveness approach. The process, called PACE (Promoting Accountability-Committed to Effectiveness), will operationalize the government accountability process for state agencies. PACE emphasizes:

- Collaboration (e.g., interagency, public/private partnerships) in identifying and implementing effective programs
- Specification of a program/initiative's goals and desired outcomes that will guide development and implementation
- Specification of a program theory that demonstrates how program/initiative activities meet the needs of the population and lead to desired outcomes
- Implementation of self-evaluation tools to monitor program/initiative implementation
- Specification and tracking of outcomes over time
- Use of data (from program implementation and outcomes) for decision making that will continuously improve service delivery.

The PACE team is involved in the state efforts in a variety of ways. PACE team members met with state health and human services agencies that have benchmarks in the 1997 Health and Human Services Plan to orient them to the PACE process and discuss ways that agency benchmarks could become more outcome-oriented and be measured. In the Fall of 1997, PACE team members will be conducting a series of workshops for representatives from all health and human services agencies. The first series of workshops will be an orientation to PACE

KEY CONCEPTS

Outcome: Desired long-term condition of well-being for children, families, or communities.

Benchmark: Target level of performance expressed in measurable terms and dates, against which actual achievement is compared.

Outcome Measure: Quantifiable measure of progress.

Vision: Conceptual image of core values.

South Carolina

tools and methods used for program planning, implementation, and measurement of outcomes.

COLLABORATION

The Governor, through his Cabinet, provides the leadership and direction for collaboration. The Cabinet members who serve on the Human Services Coordinating Council facilitate the working relationships among agencies and between state and local levels.

The Human Services Coordinating Council, created in 1989, is responsible for enhancing working relationships among agencies at state and local levels. The Council is composed of 23 directors of state health, education, human services, and corrections agencies. This group facilitates the state's accountability efforts in health and human services.

Members of the PACE team are working with the facilitator of an interagency group that is meeting to identify how agencies can collaborate to reduce duplication of efforts, plan and implement initiatives, and measure outcomes. The group is focusing on benchmarks in the 1997 Health and Human Services Plan, whose achievement requires interagency cooperation, in an effort to improve the way in which agencies work with each other.

APPLICATIONS

South Carolina will use the government accountability process to examine what role government should play in helping to improve the conditions and quality of life for South Carolinians, to identify the results agencies and programs should strive to achieve, and to evaluate agency budget requests.

At the Department of Juvenile Justice (DJJ), the PACE Process is being used to help staff self-evaluate their programs to determine if they are effective at obtaining the desired outcomes. Prevention staff are being trained in the PACE process and self-evaluation methods by members of the PACE team. Staff will be applying the process to violence prevention programs at DJJ. In addition, PACE is working with DJJ to enhance the planning of a new victimization program.

In 1995, South Carolina passed a welfare reform bill with a provision for accountability. As a result, the South Carolina Department of Social Services developed a number of **outcome measures** that must be met by welfare programs (for example, an increase in job placements, an increase in child support collections, and an overall reduction in AFDC case loads). The reform measure was also designed to increase local flexibility by allowing decentralization of funding and resources. PACE is also working with staff of the department to establish outcomes for all child welfare services. A PACE team member has been working with a committee responsible for establishing these outcomes.

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Utah

POINTS OF DISTINCTION

Utah has established a statewide accountability system. The *Utah Tomorrow Strategic Plan* articulates goals for state programs in ten areas; agencies develop objectives and performance measures for their programs which are consistent with the plan.

DESIGN

In Utah, the Department of Human Services has identified goals and performance measures for child, family, and individual social services. These goals fit into the framework of the statewide *Utah Tomorrow Strategic Plan*.

The impetus for strategic planning in Utah was the legislature, which in 1990, authorized the development of the *Utah Tomorrow Strategic Plan*. This plan is designed to “enable all segments of Utah society to focus on and measure progress toward specific goals for Utah’s future.” The legislation established the Utah Tomorrow Strategic Planning Committee and gave it responsibility for the development of the plan, approval of all performance measures, and annual reporting on results. Through a consensual process which involved agencies, business, committee staff, and the public, ten areas of emphasis were identified:

- Culture
- Economic development
- Education
- Environment, natural resources, and agriculture
- Free enterprise and regulatory systems
- Government
- Health and safety
- Human services
- Infrastructure
- Justice.

Task forces identified **goals, objectives, and performance measures** for each of these areas. Although agency participation in strategic planning was not legislatively mandated, the Governor’s Office of Planning and Budget (OPB) has directed agencies and programs to develop mission statements, goals, objectives, and measures at the agency level and goals and objectives at the program level. These must be developed within the framework of the *Utah Tomorrow* plan and are intended to inform internal agency decision making.

KEY CONCEPTS

Goal: Desired long-term condition of well-being for children, families, or communities.

Objective: Desired short-term condition needed to achieve long-term condition of well-being for children, families, or communities.

Performance Measure: Quantifiable measure of progress that is outcome based.

The Department of Human Services (DHS), responsible for a wide variety of social service interventions in the state, has identified five goals for its programs:

- Protecting people and families
- Fostering self-reliance
- Enhancing quality of life
- Strengthening families
- Assuring public trust.

It has identified performance measures at three levels: client, organizational, and community. For example, the community-level measure “child death rate” is used to monitor progress toward achievement of the goal of protecting people and families. These measures were identified through a consensual process which involved senior department management, representatives from all departmental divisions, and the public. In identifying measures, the department tried to select those for which data or data collection instruments already existed. The Division of Child and Family Services at DHS has also developed overall desired outcomes, program-specific goals, objectives, and measures, most directly in response to court settlements and requests from legislative oversight committees. These measures focus on three areas: protection and safety; permanence; and partnering with communities. For example, one measure for an objective focused

on maintenance of permanency is “average length of time in permanent placements (in months).”

Another state effort focused on accountability in child and family services is Utah’s Families, Agencies, and Communities Together (FACT) initiative. FACT is a community-based approach which seeks to integrate the services of different state departments at the local level. The FACT planning committee has established five broad goals focused on child and family outcomes:

- Utah’s children and youth at risk will be safe from intentional and unintentional harm.
- Utah’s children and youth at risk will be economically secure.
- Utah’s children and youth at risk will be as physically, emotionally, and mentally healthy as possible.
- Utah’s children and youth at risk will achieve competencies in developmental skills, core academics, and life skills.
- Services for children and families in Utah will be family-centered, community-based, culturally-sensitive, preventive, collaborative, coordinated, efficient, and effective.

These goals and their objectives were determined by a working group which included agency staff and were informed by agency strategic plans, *Utah Tomorrow*, and *Casey Kids Count* measures.

COLLABORATION

The Utah Tomorrow Strategic Planning Committee is responsible for the overall coordination of the statewide outcomes effort. The Committee is made up of 13 members, including executive, legislative, and local representatives. DHS has implemented a “sense of department” initiative to help integrate the Department’s activities and foster collaboration among its divisions and offices. This initiative has three foci: common goals, common performance measures, and intra-department agreements. The

intra-department agreements specify objectives, outcomes, and time lines and are designed to remove barriers to service, increase collaboration, and improve the delivery system.

The FACT initiative coordinates efforts at the state and local levels, involving health and human services offices, education agencies, and the courts. It is designed to encourage communities and agencies to think more comprehensively about services for

children and families. Local communities establish strategies which address the five broad goals specified by the FACT planning committee.

APPLICATIONS

The strategic planning process, some note, has encouraged greater communication and collaboration among and within agencies. It has also resulted in a greater awareness among staff of the broader missions and goals to which they contribute.

Although there is no legislated performance-based budgeting in Utah, the outcome information has also been used to some extent in

the Governor's budget. In the past three years, the Governor's budget has referred to *Utah Tomorrow* and the objectives and performance measures. The legislature has also begun to examine state programs in the context of their goals and anticipated results. Legislative oversight committees have begun to ask questions about agencies' programs in the context of goals.

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Utah Tomorrow Strategic Planning Committee. *Utah tomorrow strategic plan. 1995 annual report.* To obtain, contact: Office of Legislative Research and General Counsel, 436 State Capitol, Salt Lake City, UT 84114. tel: (801) 538-1031, fax: (801) 538-1712. Documents and information related to the *Utah tomorrow strategic plan* can also be accessed through the electronic home page for the State and Local Planning Department of the Governor's Office of Planning and Budget: www.gv.nfo.state.ut.us/planning/local.htm.

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Vermont

POINTS OF DISTINCTION

In Vermont, two separate agencies collect and report outcomes: the Agency of Human Services and the Department of Education. These two agencies have developed a joint vision statement which guides programs within the departments and the development of joint outcomes. The state also releases a report annually on the social well-being of Vermonters.

DESIGN

The state of Vermont has a results-based accountability initiative for children and families in both the Agency of Human Services (AHS) and the Department of Education (DOE). In 1993, the heads of the AHS and DOE recognized a need for such efforts and began planning the results-based accountability initiative. AHS, the agency coordinating these efforts, is the umbrella agency under which the child welfare, health, mental health and mental retardation, alcohol and drug abuse, corrections, and welfare departments reside.

The AHS and DOE have drafted a **vision** statement which guided the development of specific **outcomes**:

- Vermonters are competent, caring, productive, and responsible citizens, committed to lifelong learning, who contribute value to their families and communities.
- Families have primary responsibility for their children's physical, mental, and social development.
- Communities support families by joining with state and local government to create a unified system of education, health, and social services that are high quality and respect the diversity, uniqueness, strengths, and potential of individuals, families, schools, and communities.
- These services are school- and community-based, easily accessible, family-centered, aimed at promoting self-sufficiency, oriented toward prevention, and focused on the safety and well-being of Vermont citizens, especially its children.

In addition to the joint efforts, each agency collects and reports its data on **goals**. For example, the Department of Education vision is "high skills for every student—no exceptions, no excuses." The department has articulated four goals designed to achieve the vision:

- Every child becomes a competent, caring, productive, and responsible citizen who is committed to learning throughout life.
- Restructure the education system to support very high performance for all students.
- Attract, support, and develop the most effective teachers and school leaders in the nation.
- Parents, educators, students, and other citizens create powerful partnerships to support teaching and learning in every community.

KEY CONCEPTS

Vision: Conceptual image of core values.

Outcome/Goal: Desired long-term condition of well-being for children, families, or communities.

Indicator: Quantifiable measure of progress toward desired condition of well-being developed strategies to achieve the results.

Vermont

The Department of Education has also identified strategies to help it meet these goals.

The Agency of Human Services also collects and reports state-level data on the overall well-being of Vermonters. These annual reports include indicators of health, education, economics, crime,

and other areas of “social health.” The reports include information collected by the DOE and other state agencies, as well as information from surveys. These are population-level measures such as child poverty rates or preschool participation rates for poor children.

COLLABORATION

The AHS and DOE use the outcomes to guide collaboration efforts. A partnership between the Vermont AHS and the DOE encourages the development of an integrated system for children and families which reflects local needs and desired outcomes.

The State Team for Children and Families (an interagency team across government departments) has developed local goals and measures of progress. The State Team has worked with groups at the local level to identify **outcomes** and **indicators** to guide future work. The goals are population-level and are reported by both high school district and county.

- Families, youth and citizens are part of their community’s planning, decision making, and evaluation.
- Children thrive, are ready to enter school, and succeed.
- Families and individuals are safe, have the resources needed to succeed, and are supported by their community.

Each outcome has accompanying indicators. For example, indicators for the outcome that “children thrive, are ready to enter school, and succeed” include “percent early prenatal care” and “teen pregnancy rate.” These outcomes and indicators are population-level.

APPLICATIONS

The state of Vermont regularly reports indicators of progress toward reaching outcomes. These reports are designed to help communities develop strategies to improve the social health in the community. The state issues reports that provide communities

with information to monitor progress toward meeting community-level outcomes. The reports include trend lines and benchmarks to help in decision making.

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West Virginia

POINTS OF DISTINCTION

West Virginia is in the early stages of developing an accountability system. The Bureau for Children and Families in the Department of Human Resources has established indicators in a number of key areas. The Governor's Cabinet on Children and Families has developed an outcome-based monitoring and evaluation system for child and family services.

DESIGN

West Virginia's Bureau for Children and Families has recently begun to introduce accountability and performance measurement into child and family programs. The Bureau has produced a strategic plan, selected key **indicators** in a number of areas, worked with providers to define **outcomes** for children in residential care, and identified indicators for children's behavioral health. This was a collaborative effort with Medicare and Office of Behavioral Health Services.

The Governor's Cabinet on Children and Families is responsible for establishing a monitoring and evaluation system for child and family services. The system was developed as part of the state's family preservation and family support initiative, *West Virginia's Families First*. The Cabinet, which had responsibility for leading this effort, took a broad interpretation of the legislative mandate and examined outcomes in many areas of child and family services. The result was a set of five-year **outcomes** and **measures** and a monitoring and evaluation plan.

The process of developing the outcomes and indicators for child and family services began with locally-based Family Resource Networks (FRNs). Families in these communities were involved in the outcome-setting process. The outcomes developed during this participatory process became the six **goals** for the state's Child and Family Service Plan:

- Focus on the whole family while still being flexible enough to attend to individual needs
- Coordinate and integrate services
- Make services easily accessible
- Respect cultural, community, and family strengths and meaningful relationships
- Emphasize safety for all members
- Promote overall interrelated systems change such that the system becomes increasingly prevention-based across all agencies.

The plan also delineates three levels of outcomes: family/consumer, community, and system. For each of these outcomes, three levels of measures have been identified: short-term, intermediate, and long-term. For example, one measure for an outcome related to the first goal is

KEY CONCEPTS

Goal: Desired long-term condition of well-being for children, families, or communities.

Outcome: Desired short-term condition of well-being for children, families, or communities.

Indicator/Measure: Interim measure of progress toward desired condition of well-being.

“customers are satisfied that services are increasingly shaped by their needs.”

Data for the measures will be collected annually. Data collection instruments have been developed and piloted and are being revised

prior to full implementation. Through the data collection efforts of FRNs, the Cabinet hopes to collect, track, and analyze local and state level data.

COLLABORATION

The Governor’s Cabinet on Children and Families, made up of high-level agency staff and chaired by the Governor, is charged with facilitating broad system reform and delivery changes and creating a comprehensive family-centered and community-based system of service delivery. This Cabinet was created in 1990 as part of the state’s educational reform legislation. The Cabinet is empowered to waive state rules and regulations and shift money within the state budget. It is also expected to provide technical assistance, training, and evaluation assistance to FRNs.

FRNs are the foundation of the state’s decentralization efforts and perform an integral role in the planning, coordinating, and monitoring of services. FRNs are community-based coalitions

established to integrate child and family services. FRNs currently operate in 53 of West Virginia’s 55 counties; 39 of these counties have been provided start-up grants through federal, state and local funds. Local community members define the needs of the community, then work to put into place a comprehensive system of health, education, and social services. FRNs work within the framework of outcomes identified in collaboration with the Cabinet; each must develop an evaluation plan which examines program process and impact and monitors outcomes. FRNs are encouraged to pool funding streams to implement their programs. The Cabinet assists FRNs by helping to remove barriers to implementation.

APPLICATIONS

The articulation of outcomes to be achieved in child and family services has proven a useful tool for program planning. While at this point there are no linkages between outcome monitoring and

budgeting, personnel or other decisions, the Cabinet does plan to create a database of the results information.

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Appendix A

MATRIX OF SELECTED STATE PROFILES

The following matrix identifies some of the key components of states' results-based accountability systems. This matrix is **not intended as an evaluative tool nor does it imply that all of these components are necessary for a successful or complete results-**

based accountability system. Rather, this matrix highlights the different approaches states have taken in developing their systems. The following defines each of the terms in the table.

DESIGN

Indicates whether the state has a cross-sector design or is focused specifically on children and families.

Cross-Sector Systems

States which have developed a process for identifying statewide results or have prepared a strategic plan which covers most or all of the state's programs are identified as having cross-sector systems. This typically involves the identification of broad missions and goals for state programs and usually includes statewide population-level outcomes which may or may not be reported publicly. In some cases, the statewide plan may "link" to agency or program-level strategic plans; in other cases, it does not. Noted here are states that have just begun the process of statewide planning and those which may already be gathering and reporting data against a statewide plan. States that have a cross-sector

system as well as a child and family service system are included only in this category.

Child and Family Service Systems

States which have identified missions and goals for programs and initiatives in child and family services including such areas as education, family support, welfare, and job training are identified as having child and family services systems. The strategic planning for these systems may take place in the agenc(ies) responsible for the provision of child and family services or may be directed by an interagency body which is responsible for coordinating efforts across a number of different agencies and organizations.

COLLABORATION

Indicates those states that have inter-agency child and family collaboration linked to the development of their results-based accountability system.

Appendix A

Inter-agency coordination and/or collaboration

This section describes states which link child and family inter-agency coordination to the development or implementation of their results-based accountability system. The activities of these state-level coordinating bodies may include strategic planning, identification of outcomes and measures, and better integration of the delivery of services to meet the goals. Coordination may take place at the agency-level (different agencies working together in the development of goals and outcomes and in the provision of services), at the level of an interagency coordinating body, or at the provider level.

Involvement of Localities

States which have encouraged or mandated local strategic planning and identification of outcomes and indicators are identified as involving localities in the results-based accountability system. This planning can be at the level of a county, school district, or community. It includes the development of local planning processes and the identification of outcomes and measures, especially those in child and family services. These may be used for only local planning purposes or may be linked to agency or state-level strategic plans and outcomes.

APPLICATIONS

This section describes how states are currently using results-based information and describes how states have established procedures or policies for using information in the future.

Planning

States which have used the results-based accountability process to help better plan their programs are identified as using the information for planning purposes.

Budget Planning

States which have designed or established processes by which agencies, the executive branch, and/or the legislature are using information on desired results or outcomes to make decisions about program funding are identified as using their systems for budget planning. Includes states which plan to or are making decisions on the basis of both the existence of goals and outcomes

and the actual data which are collected on results. It is important to note that currently, the use of results-based accountability systems for budgeting focuses more on decisions over whether goals and outcomes have been identified for programs and whether these are, in fact, the “right” ones, rather than a discussion of the explicit results which have been achieved by programs.

Results-Based Contracting

States which have designed or established processes by which agencies contract for services from private providers on the basis of results are identified as having results-based contracting. Includes states which have begun to plan and design such an approach and those which already have such systems in place.



Appendix A

Appendix B

KEY CONCEPTS

Currently no standard set of definitions of results-based accountability terms exists. States use similar terms for different concepts, and different terms for similar concepts. Rather than imposing a set of definitions on the states, we use a standard set of concepts throughout our report while retaining the terms that each

state provides. For example, we use the concept “**Desired long-term condition of well-being**” to define what states may call their “goals” “results” or “objectives.” We use the terms used by each state, but use the standardized set of concepts listed below.

CONCEPT	EXPLANATION OF CONCEPT
Results-based accountability system	This concept can refer to a whole system of strategic planning, data collection, analysis, and quality improvement, or to one individual component of the system.
Conceptual image of core values	This statement is often articulated in broad terms and is used to guide the development of the strategic planning process. It is articulated in non-measurable terms and highlights the values and principles of the state, organization, program, or sub-program.
Broad, comprehensive statement of the purpose of the state, organization, program, or subprogram	The statement of purpose is often articulated as part of a strategic plan. The statement is often broad and comprehensive and is not stated in measurable terms. It may be stated in terms of core values or philosophies and may include conceptual images of the desired results. Some states have the statement of purpose articulated within the strategic plan.
Core value or philosophy describing how a state, organization, program, or subprogram conducts itself to meet its mission	The values or philosophies often guide the development of the results-based accountability system including the development of the strategic plan. The values and philosophy address the question of how business is done, how the vision is operationalized, and what the operating principles are.
Desired long-term condition of well-being for children, families, or communities	<p>The desired condition is generally expressed in terms of the entire population, but can be expressed for participants of a program. The desired condition can be expressed within a specific time-frame and in quantifiable terms, or without reference to time and without attached quantifiable measures. Two different examples of a desired condition of well-being are:</p> <ul style="list-style-type: none"> • All families will be strong and healthy. • By 1999, 95% of children will enter school ready to learn.

Appendix B

CONCEPT	EXPLANATION OF CONCEPT
<p>Desired short-term condition needed to achieve long-term condition of well-being for children, families, or communities</p>	<p>The desired short-term condition is generally expressed in terms of the entire population, but can be expressed for participants of a program. This short-term condition is a necessary step toward achieving the longer-term desired condition. Two different examples of a short-term measures results to achieve the goals listed above are:</p> <ul style="list-style-type: none"> • The number of children receiving immunizations will increase. • By 1995, 95% of children will have access to developmentally appropriate preschools.
<p>Quantifiable measure of progress</p>	<p>Measures are generally expressed in terms of the entire population but can be expressed for participants of a program. Unlike goals, measures may specify time-frames and are expressed in measurable terms. Example measures are:</p> <ul style="list-style-type: none"> • In 1995, the number of families reporting domestic violence was reduced by 10%. • The immunization rate for children age 3.
<p>Desired improved effectiveness or efficiency of agency, program, or service delivery mechanism</p>	<p>Measures of effectiveness or efficiency of agencies or program service delivery systems are generally expressed in terms of a general improvement at some future time. These are frequently stated in general terms but may be stated in specific quantifiable terms. For example:</p> <ul style="list-style-type: none"> • The Human Services Agency will become more efficient in processing claims. • The Department of Education will increase parental satisfaction in education. • The Department of Education will increase parental satisfaction by 20% as measured by the parental satisfaction survey.
<p>Target level of performance expressed in measurable terms and dates, against which actual achievement is compared</p>	<p>Quantifiable measures are expressed within a specified time-frame. These measures are sometimes reported as comparisons between the desired measure and the actual measure. For example:</p> <ul style="list-style-type: none"> • By December 1997, the Human Services Agency will decrease the amount of time spent on processing each claim by 5%. In December 1997, the HSA reported decreasing the amount of time spent on processing claims by only 3%. • By June 1998, the Department of Education will increase parental satisfaction, as measured by the state survey of parents, by 10%. In June 1998, the Department of Education reported that parental satisfaction, as measured by the survey of parents, increased by 12%.

Appendix C

OBJECTIVES, SCOPE, AND METHODOLOGY

OBJECTIVES

This report is designed to serve as a resource guide for state policymakers, program managers, and providers who are planning, designing, and implementing new results-based accountability

systems. In this report, we provide descriptive information about states' results-based accountability efforts to assist others interested in or working on such systems.

SCOPE

This resource guide includes 18 states which represent a range of models of results-based accountability and states that are in different phases of development. We conducted our work from

January through July 1996. In the next edition, we plan to update the information by adding states and including information on changes in state policies.

METHODOLOGY

To identify states to be included in this first edition, we employed a qualitative methodology of key informant interviews, document reviews, and telephone interviews of state key informants. We began by contacting key informants from national organizations who have been working in the area of results-based accountability. These key informants nominated a number of states that were currently planning, designing, and implementing results-based accountability systems. We also contacted by telephone many of the remaining states to learn if they were engaged in the development of results-based accountability systems for child and family programs and if so, the nature of their efforts.

We then gathered additional information from those states undertaking work in the area of results-based accountability

through documents and state-level key informant interviews. Our state-level key informants included personnel from governors' offices, state agencies, legislatures, advocacy groups, and universities. These interviews, of approximately 45 minutes to one hour in duration, focused on key aspects of the conceptualization, development, and implementation of results-based accountability systems. From the group of states that participated in the interviews and provided us with documentation, we identified a subset to highlight in this first edition. This subset represents states which vary both in the nature of their systems and their stage of development.

We recognize that results-based accountability systems are evolving and will continue to evolve in response to both

Appendix C

implementation challenges and state and national changes. Therefore, we stress that the profiles contained in this draft of our publications describe states' results-based accountability initia-

tives **as of May 1997**. We will continue to update these profiles and to add additional states to the set over the next few years.