RBA
Results-Based Accountability™

The Fiscal Policy Studies Institute
www.raguide.org        www.resultsaccountability.com

Book - DVD Orders
amazon.com
resultsleadership.org
SIMPLE
COMMON SENSE
PLAIN LANGUAGE
MINIMUM PAPER
USEFUL
Results-Based Accountability is made up of two parts:

**Population Accountability**

is about the well-being of **WHOLE POPULATIONS**

for Communities – Cities – Counties – States - Nations

**Performance Accountability**

is about the well-being of **CUSTOMER POPULATIONS**

for Programs – Agencies – Service Systems
Results-Based Accountability

COMMON LANGUAGE

COMMON SENSE

COMMON GROUND
THE LANGUAGE TRAP
Too many terms. Too few definitions. Too little discipline

- Benchmark
- Result
- Outcome
- Goal
- Measure
- Modifier:
  - Measurable
  - Urgent
  - Priority
  - Targeted
  - Incremental
  - Systemic
- Core
- Qualitative
- Programmatic
- Performance
- Strategic
- Objective

Lewis Carroll Center for Language Disorders
DEFINITIONS

**RESULT** or **OUTCOME**
1. A condition of well-being for children, adults, families or communities.
   - Children born healthy, Children ready for school,
   - Safe communities, Clean Environment, Prosperous Economy

**INDICATOR** or **BENCHMARK**
2. A measure which helps quantify the achievement of a result.
   - Rate of low-birthweight babies, Percent ready at K entry,
   - Crime rate, air quality index, unemployment rate

**PERFORMANCE MEASURE**
3. A measure of how well a program, agency or service system is working.
   - Three types: 1. How much did we do?
   - 2. How well did we do it?
   - 3. Is anyone better off? = Customer Results
From Ends to Means
From Talk to Action

RESULT

INDICATOR

PERFORMANCE MEASURE

Customer result = Ends
Service delivery = Means

ENDS

MEANS
<table>
<thead>
<tr>
<th>IS IT A RESULT, INDICATOR OR PERFORMANCE MEASURE?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESULT</strong> 1. Safe Communities</td>
</tr>
<tr>
<td><strong>INDICATOR</strong> 2. Crime rate</td>
</tr>
<tr>
<td><strong>PERF. MEASURE</strong> 3. Average police response time</td>
</tr>
<tr>
<td><strong>RESULT</strong> 4. A world class work force</td>
</tr>
<tr>
<td><strong>INDICATOR</strong> 5. Adult literacy rate</td>
</tr>
<tr>
<td><strong>RESULT</strong> 6. People have living wage jobs and income</td>
</tr>
<tr>
<td><strong>INDICATOR</strong> 7. % of people with living wage jobs and income</td>
</tr>
<tr>
<td><strong>PERF. MEASURE</strong> 8. % of participants in job training who get living wage jobs</td>
</tr>
</tbody>
</table>
POPULATION ACCOUNTABILITY

For Whole Populations in a Geographic Area

Fiscal Policy Studies Institute
www.resultsaccountability.com
www.raguide.org
Community Outcomes for Christchurch, NZ

1. A Safe City
2. A City of Inclusive and Diverse Communities
3. A City of People who Value and Protect the Natural Environment
4. A Well-Governed City
5. A Prosperous City
6. A Healthy City
7. A City for Recreation, Fun and Creativity
8. City of Lifelong Learning
9. An Attractive and Well-Designed City
Georgia Policy Council for Children and Families

RESULTS

- Healthy Children
- Children Ready for School
- Children Succeeding in School
- Strong Families
- Self Sufficient Families
Outcomes for Children and Young People

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

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

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

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

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

1. Families, youth and individuals are engaged in and contribute to their community’s decisions and activities.

2. Pregnant women and young children thrive.

3. Children Ready for School

4. Children Succeed in School

5. Children live in stable, supported families

6. Youth choose healthy behaviors

7. Youth successfully transition to adulthood

8. Adults lead healthy and productive lives.

9. Elders and people with disabilities live with dignity and independence in settings they prefer.

10. Communities provide safety and support for families and individuals.
**State Team Outcome # 2**

**Pregnant Women and Young Children Thrive**

### Heartening Indicators:

**Early Prenatal Care** (ratio beginning in the first trimester)

- [Graph showing early prenatal care uptake over years]

**Newborns (ages 0-5) with Elevated Lead Levels**

- [Graph showing lead levels over years]

**Smoking During Pregnancy**

- [Graph showing smoking rates during pregnancy]

**Breastfeeding Among Healthy Babies in Vermont, FY 1996-97**

- [Graph showing breastfeeding rates among healthy babies]

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

- [Graph showing asthma hospitalization rates]

### Troublesome Indicators:

**Community members have universal access to a comprehensive system of care**

- [Graph showing system of care uptake]

**Low Birthweight Infants**

- [Graph showing birthweight rates]

**Vermont Babies are breast fed**

- [Graph showing breastfeeding rates]

**The Story Behind the Curve**

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

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

Vermont is a national leader in early childhood prevention supports.

**The Story Behind the Curve**

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

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

### Accomplishments in 2000

- Continued outreach through Healthy Babies with more than 7,400 pregnant women invited to receive home visits.
- Successfully obtained 3 year grant from the Commonwealth Fund and the National Association of State Health Policies which in partnership with Medicaid will look at other ways to engage new families that have been difficult to engage.

### Recommendations for 2001

- Work with Department of Health Care (DOH) related to the Commonwealth Association of State Health Programs grant, especially as related to developing a seersum system for families.
- Work with DHHS to develop a common Parent Information Project.
- Work through community tobacco grants to assure families have access to smoking cessation help.
- Develop a common parent information booklet to be used by all providers.
- Focus on ways all providers of care to pregnant women and their families access smoking cessation resources.

### Policy Changes

- Support establishment of a Statewide Breastfeeding Work Group to address ways to reach out to the public and especially employers on benefits of breastfeeding and ways to support breastfeeding women in our communities.
- Support the breastfeeding work group to improve breastfeeding and assist employers in supporting breastfeeding mothers and their families.

### Consider other national models including Healthy Steps and Touchpoints

- Participate when possible with Touchpoint trainings to increase awareness of breastfeeding and assist employers in supporting families as the mother returns to work.

### Children are not exposed to environmental toxins

- Creation of Children's Environmental Health Task Force.
- H.192, the Healthy Schools Air Quality Act, passed legislature.

### Parenting Changes

- Increase awareness of issues related to nitrates in water.
- Increase testing of private well systems.
- Increase awareness of how to disinfect private water sources.
- Increase awareness of proper preparation of formula or juices with water.

**Incorporation of Healthy Steps**

- [Graph showing Healthy Steps implementation]

**Parenting Changes**

- Expansion of Parent and Community Leadership Trainings.
- Expanded Social and Rehabilitation Consumer Advisory Boards.

**Work with parents and health care providers and child care providers to ensure children have safe drinking water**

- Increase awareness of issues related to nitrates in water.
- Increase testing of private well systems.
- Increase awareness of how to disinfect private water sources.
- Increase awareness of proper preparation of formula or juices with water.
Welcome to the brand spanking new Governor's Dashboard. We fully expect Version 1.0 to evolve and improve based on your comments and suggestions. This Dashboard is intended to provide access to relevant information about the state summarized into topic areas. Clicking on the options below will bring you to pages that include a topic summary and specific statistics that show how the state is doing in relation to the nation, other states and over time.
Leaking Roof
(Results thinking in everyday life)

Experience
Measure
Story behind the baseline (causes)
Partners
What Works
Action Plan # 2

Inches of Water
BASELINE

Not OK
Fixed
Turning the Curve
The 7 Population Accountability Questions

1. What are the quality of life conditions we want for the children, adults and families who live in our community? **Results / Outcomes**

2. What would these conditions look like if we could see them? **Experience**

3. How can we measure these conditions? **Indicators**

4. How are we doing on the most important of these measures? **Baseline & Story**

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

6. What works to do better, including no-cost and low-cost ideas?

7. What do we propose to do?
Alcohol-Related Traffic Fatalities
United States 1975 to 2005

Source 1982 to 2005: Actual data from the NHTSA Fatality Analysis Reporting System (FARS)
Source 1975 to 1981: Estimate based on NHTSA data on % of fatality drivers with BAC of .10 or greater.
Teen Pregnancy Rates, 1990-1994

Rate per 1,000 females age 10-17

- Oregon
- Tillamook County

Year:
- 1990
- 1991
- 1992
- 1993
- 1994

Source: Oregon Health Division, Center for Health Statistics

Rebound
Newcastle, UK

connexions
TYNE AND WEAR
16-18 NEET.

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<tbody>
<tr>
<td>Ncle</td>
<td>14.5</td>
<td>14.5</td>
<td>16.8</td>
<td>14.5</td>
<td>17</td>
<td>15</td>
<td>11.9</td>
<td>10.6</td>
<td>9.5</td>
<td>9.3</td>
<td>8.5</td>
</tr>
</tbody>
</table>

Source: Connexions Tyne and Wear, UK

Revised 9 Nov 2007
VERMONT
Child Physical and Sexual Abuse
1990 to 1996

Physical Abuse -32%

Sexual Abuse -30%

Source: Vermont Agency for Human Services, July 16, 1997
VERMONT
Percent of Screened Children 1-5 with Elevated Blood Lead Levels

Source: Vermont Agency of Human Services
Results-Based Accountability is made up of two parts:

Population Accountability is about the well-being of **WHOLE POPULATIONS** for Communities – Cities – Counties – States - Nations

Performance Accountability is about the well-being of **CUSTOMER POPULATIONS** for Programs – Agencies – Service Systems
Performance Accountability

For Programs, Agencies and Service Systems

Fiscal Policy Studies Institute

www.resultsaccountability.com
www.raguide.org
“All performance measures that have ever existed for any program in the history of the universe involve answering two sets of interlocking questions.”
### Performance Measures

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How Much did we do?</strong></td>
<td><strong>How Well did we do it?</strong></td>
</tr>
<tr>
<td>(#)</td>
<td>(%)</td>
</tr>
</tbody>
</table>
Performance Measures

Effort
How hard did we try?

Effect
Is anyone better off?

Trying Hard Is Not Good Enough
How to Produce Measurable Improvements for Customers and Communities
Mark Friedman
<table>
<thead>
<tr>
<th>Effort</th>
<th>How Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Much</td>
<td>How Well</td>
</tr>
</tbody>
</table>

Performance Measures
### Performance Measures

**Quantity**
- How much service did we deliver?

**Quality**
- How well did we deliver it?

- How much change / effect did we produce?
- What quality of change / effect did we produce?

<table>
<thead>
<tr>
<th>Input</th>
<th>Effort</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Output</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Effort</td>
<td>Quantity</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td>How much did we do?</td>
</tr>
<tr>
<td>Effect</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#</td>
</tr>
</tbody>
</table>
Education

Quantity

How much did we do?
Number of students
Student-teacher ratio

Quality

How well did we do it?

Effect

Is anyone better off?
Number of high school graduates
Percent of high school graduates
Education

Quantity

How much did we do?

Number of students

Quality

How well did we do it?

Student-teacher ratio

Effort

Is anyone better off?

Number of 9th graders who graduate on time and enter college or employment after graduation

Effect

Percent of 9th graders who graduate on time and enter college or employment after graduation
<table>
<thead>
<tr>
<th>Effort</th>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did we do?</td>
<td>Number of children treated</td>
<td>How well did we do it?</td>
</tr>
<tr>
<td>Is anyone better off?</td>
<td># children fully immunized (in the practice)</td>
<td></td>
</tr>
<tr>
<td>Effort</td>
<td>Quantity</td>
<td>Quality</td>
</tr>
<tr>
<td>--------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>How much did we do?</td>
<td>Number of persons treated</td>
<td>Percent of staff with training/certification</td>
</tr>
<tr>
<td>How well did we do it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is anyone better off?</td>
<td>Number of clients off of alcohol &amp; drugs</td>
<td>Percent of clients off of alcohol &amp; drugs</td>
</tr>
<tr>
<td></td>
<td>- at exit</td>
<td>- at exit</td>
</tr>
<tr>
<td></td>
<td>- 12 months after exit</td>
<td>- 12 months after exit</td>
</tr>
</tbody>
</table>
How much did we do?

Fire Department

Number of responses

Response Time

How well did we do it?

Is anyone better off?

Effect

Quantity

Quality

# of fires kept to room of origin

% of fires kept to room of origin

Number of responses

Response Time

Is anyone better off?

# of fires kept to room of origin

% of fires kept to room of origin
### General Motors

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did we do?</td>
<td>How well did we do it?</td>
</tr>
<tr>
<td># of production hrs</td>
<td>Employees per vehicle produced</td>
</tr>
<tr>
<td># tons of steel</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effort</th>
<th>Is anyone better off?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of cars sold</td>
</tr>
<tr>
<td></td>
<td>$ Amount of Profit</td>
</tr>
<tr>
<td></td>
<td>$ Car value after 2 years</td>
</tr>
<tr>
<td></td>
<td>% Market share</td>
</tr>
<tr>
<td></td>
<td>Profit per share</td>
</tr>
<tr>
<td></td>
<td>% Car value after 2 years</td>
</tr>
</tbody>
</table>

Source: USA Today 9/28/98
Not All Performance Measures Are Created Equal

Quantity

How much did we do?

Least Important

Effort

How well did we do it?

Also Very Important

Effect

Is anyone better off?

Most Important

Quality
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did we do?</td>
<td>How well did we do it?</td>
</tr>
</tbody>
</table>

**The Matter of Control**

- **Most Control**
- **Least Control**

**PARTNERSHIPS**

- Effort
- Effect

- Is anyone better off?
### Performance Accountability
Types of Measures found in each Quadrant

<table>
<thead>
<tr>
<th>How much did we do?</th>
<th>How well did we do it?</th>
</tr>
</thead>
<tbody>
<tr>
<td># Clients/customers served</td>
<td>% Common measures (e.g. client staff ratio, workload ratio, staff turnover rate, staff morale, % staff fully trained, % clients seen in their own language, worker safety, unit cost)</td>
</tr>
<tr>
<td># Activities (by type of activity)</td>
<td>% Activity-specific measures (e.g. % timely, % clients completing activity, % correct and complete, % meeting standard)</td>
</tr>
</tbody>
</table>

### Is anyone better off?

<table>
<thead>
<tr>
<th>#</th>
<th>% Skills / Knowledge (e.g. parenting skills)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#</td>
<td>% Attitude / Opinion (e.g. toward us)</td>
</tr>
<tr>
<td>#</td>
<td>% Behavior (e.g. school attendance)</td>
</tr>
<tr>
<td>#</td>
<td>% Circumstance (e.g. working, in stable housing)</td>
</tr>
</tbody>
</table>
The 7 Performance Accountability Questions

1. Who are our customers?
2. How can we measure if our customers are better off?  
   
3. How can we measure if we are delivering services well?  
   
4. How are we doing on the most important of these measures?  
   
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?
North Lincolnshire
Public Sector Homes
Percent Empty 1999 - 2005
Montgomery County, Ohio
K-12 Attendance Per Year
with 2-year moving average
Top 5 Highest ED Utilizers Aggregated

<table>
<thead>
<tr>
<th>Year</th>
<th>ED Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>44</td>
</tr>
<tr>
<td>2008</td>
<td>73</td>
</tr>
<tr>
<td>2009</td>
<td>134</td>
</tr>
<tr>
<td>2010</td>
<td>128</td>
</tr>
<tr>
<td>2011</td>
<td>75</td>
</tr>
</tbody>
</table>

41% Reduction from 2010-2011
THE WELSH EPILEPSY UNIT
Service Description: The Welsh Epilepsy Unit is a tertiary referral centre for specialist epilepsy services in South Wales. The immediate catchment population covered is 700,000 but many referrals are also taken from elsewhere in Wales. The Unit offers a multidisciplinary approach to epilepsy care and offers a very broad range of services to people with epilepsy, their families and carers.

DEFINED SERVICE USERS: Patients with a first suspected seizure or unexplained blackout

HEADLINE PERFORMANCE MEASURES
1. % seen by a specialist within 2 weeks (NICE guideline)
2. No. admissions to hospital for a seizure
3. Average waiting time to see a specialist
4. % did not attend (DNA) first seizure clinic

DATA DEVELOPMENT AGENDA
1. Seizure frequency
2. Death rate
3. % prescribed incorrect medication
4. % who report they feel satisfied or better off

STORY BEHIND THE BASELINE
Limited clinic capacity with unpredictable demand
Small team – unable to cover absence to prevent clinic cancellation
Low frequency of clinics causing delay if appointment not suitable for the patient
Clinic booked by Epilepsy Unit admin staff – if admin staff on leave the clinic slots are not filled
Consultant triage’s fax referrals – delay if unavailable
Patient anxiety and concern re implications of a diagnosis e.g. driving
Shifts attached to Epilepsy
Patients put off by unit name – diagnosis seems pre-determined
Nurses unable to refer for EEG leading to delay in diagnosis and confirmed diagnosis
New nurse led emergency unit assessment service for first seizure patients has improved performance measures but out of hours service reverts to old pathway
Primary Care does not have fast track access for first seizure clinics
Primary Care are not made aware if a patient DNA’s ap can’t follow up

PARTNERS WHO CAN HELP US
Emergency Unit, Radiology, Neurophysiology, Medical Records, A&G staff,
Consultants, Specialist Nurses, Ambulance Trust, Cardiology, Psychology,
Care of the Elderly, Neurosurgery, Prison, Voluntary Sector, Practice
Nurses, GP’s, Family members/witnesses, Drug & Alcohol Services,
Occupational Health, Referral Management Centre, Obstetrics,
Management, Communications Department, Patients

WHAT ARE WE GOING TO DO TO DO TO IMPROVE PERFORMANCE?
1. Change the name of the “Epilepsy Unit” to the “Epilepsy Unit”
2. Develop nurse led first seizure clinics to cover when Consultants unavailable
3. Develop dedicated fast track clinic for Primary Care referrals
4. Enable specialist nurse referral for EEG
5. Develop process to inform Primary Care of DNA
Watermain Breaks per Year
London Ontario

Watermain Breaks per Year

- Main Breaks
- Pipe age (right axis)
- "Main Breaks without renewal"
- Trend (Financial Plan forecast)
- Trend (Main Breaks without Renewal)
How Population & Performance Accountability FIT TOGETHER
THE LINKAGE Between POPULATION and PERFORMANCE

POPULATION ACCOUNTABILITY

Healthy Births
Rate of low birth-weight babies

Stable Families
Rate of child abuse and neglect

Children Ready for School
Percent fully ready per K-entry assessment

PERFORMANCE ACCOUNTABILITY
Child Protective Services

<table>
<thead>
<tr>
<th># of investigations completed</th>
<th>% initiated within 24 hrs of report</th>
</tr>
</thead>
<tbody>
<tr>
<td># repeat Abuse/Neglect</td>
<td>% repeat Abuse/Neglect</td>
</tr>
</tbody>
</table>

Contribution relationship
Alignment of measures
Appropriate responsibility
Different Kinds of Progress

1. Data
   
a. **Population indicators** Actual turned curves: movement for the better away from the baseline.
   
b. **Program performance measures**: customer progress and better service:
      
      How much did we do?
      How well did we do it?
      Is anyone better off?

2. **Accomplishments**: Positive activities, not included above.

3. **Stories** behind the statistics that show how individuals are better off.
Board of Directors Meeting

AGENDA

1. New data
2. New story behind the curves
3. New partners
4. New information on what works.
5. New information on financing
6. Changes to action plan and budget
7. Adjourn
Next Generation Contracting
Contract Provisions

Provision 1. Specify the 3 to 5 most important performance measures (from the How well did we do it? and Is anyone better off? categories).

Provision 2. Specify that the contractor will use a continuous improvement process (the RBA 7 Questions).

Provision 3. Specify how the funder and contractor will work in partnership to maximize LR customer results (quarterly meetings using the 7 questions as the agenda).

Provision 4. Specify that the funder will work with the funding community to simplify and standardize contracting and performance reporting.
Next Generation Contracting
Contract Provisions

Provision 5: Clear articulation of role in population/community well-being. Language of contribution not attribution.

Provision 6: 10% for quality management and administration.

Provision 7: Multi-year funding using 3 year rolling contracts.

Provision 8: Use of targets that are fair and useful.

Provision 9: Fund flexibility and virtual funding pool: transfer of up to 10% across line items and program lines.
RBA in a Nutshell

2 – 3 – 7

2 - kinds of accountability plus language discipline
   Population accountability
   Performance accountability
   Results & Indicators
   Performance measures

3 - kinds of performance measures.
   How much did we do?
   How well did we do it?
   Is anyone better off?

7 - questions from ends to means in less than an hour.
   Baselines & Turning the Curve
IN CLOSING
“If you do what you always did, you will get what you always got.”

Kenneth W. Jenkins
President, Yonkers NY NAACP
“We will succeed together… or fail separately.”

- Winston Churchill
  or
- Sonny and Cher
Never be afraid to try something new. Remember that a lone amateur built the Ark.

A large group of professionals built the Titanic.

- Dave Barry
THANK YOU!

Book - DVD Orders
amazon.com
resultsleadership.org
Resources

www.raguide.org
www.resultsaccountability.com
RBA Facebook Group

Book - DVD Orders
amazon.com
resultsleadership.org
Management - Budgeting - Strategic Planning: A Single System

**Management**
- Periodic
- Use the 7 Questions on a monthly or quarterly basis for performance assessment and action planning.
- At state enterprise level, department, division and unit levels, and for contract monitoring.

**Budgeting**
- Incremental
- Use the San Mateo Budget format for budget hearings & budget submission to present current performance and what will be done in the next two years to improve.
- Priority Setting (method of choice) informed by Strategic Plan.

**Str. Planning**
- Incl. or Zero based
- Wyoming Quality of Life Report Card and the state's role (Results & Indicators)
  - Department Plans:
    - Department role in quality of life
    - 7 Questions for a 2 to 5 year period
    - Department multi-year priorities

**Progress Reporting:**
- 1. Quality of Life Indicator Progress
- 2a. Performance Measure Progress
- 2b. Accomplishments
- 2c. Anecdotes/stories

**Values**
- Simple - Common Sense - Plain Language
- Minimum Paper - Useful

**Principles**
- Criteria

FCSI Draft
Results-Based Accountability is made up of two parts:

Population Accountability is about the well-being of WHOLE POPULATIONS for Communities – Cities – Counties – States - Nations

Performance Accountability is about the well-being of CUSTOMER POPULATIONS for Programs – Agencies – Service Systems
Results Based Budgeting
is made up of two parts:

**Population Accountability**

- Do we need it?
  - for Communities – Cities – Counties – States - Nations

**Performance Accountability**

- Is it working?
  - for Programs – Agencies – Service Systems
VERMONT

POPULATION

TURN THE CURVE EXERCISES

February 7, 2013
Turn the Curve Exercise: Population Well-being

5 min: Starting Points
- timekeeper and reporter
- geographic area
- two hats (yours plus partner’s)

10 min: Baseline
- pick a result and a curve to turn
- forecast (to 2016) – OK or not OK?

15 min: Story behind the baseline
- causes/forces at work
- information & research agenda part 1 - causes

15 min: What works? (What would it take?)
- what could work to do better?
- each partners contribution
- no-cost / low-cost ideas
- information & research agenda part 2 – what works

10 min: Report convert notes to one page
ONE PAGE Turn the Curve Report: Population

Result: ____________________

Indicator
Baseline

Story behind the baseline

__________________________ (List as many as needed)

Partners

__________________________ (List as many as needed)

Three Best Ideas – What Works

1. _________________________
2. _________________________
3. -------No-cost / low-cost
4. ------- Off the Wall

4. --------- Off the Wall
Turn the Curve Exercise – Lessons

Debriefing Questions

1. Look what you did. Talk to action in less than an hour. How was this different from other you've used in the past? What worked and what didn’t work?

2. Why did we ask for:
   a. Results before indicators?
   b. Forecast?
   c. Story?
   d. No cost / low cost?
   e. Two hats?
   f. Crazy idea?
   g. Only 3 best ideas?

3. Do you think your constituents would understand the one page reports?

4. How many think you could lead this exercise with a small group?
VERMONT
Teen Birth Rate

Data provided by Voices for Vermont's Children
VERMONT
Student Cigarette Use

Data provided by Voices for Vermont’s Children
VERMONT
Student Alcohol Use (Percent)

Data provided by Voices for Vermont's Children
VERMONT DEPARTMENT OF EDUCATION
9 – 12th DROPOUT RATE

Source: Vermont Department of Education

Data provided by the Vermont Department of Education
VERMONT
PERCENT FULLY READY FOR KINDERGARTEN
ON ALL DOMAINS

Vermont Kindergarten Readiness
Source: VT Agency of Human Services and VT Agency of Education,
Statewide Reports on Kindergarten Readiness

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tr>
<td>2004-05</td>
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<td>2006-07</td>
<td>44%</td>
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<td>2007-08</td>
<td>28%</td>
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<tr>
<td>2008-09</td>
<td>52%</td>
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<tr>
<td>2009-10</td>
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<td>2010-11</td>
<td>52%</td>
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<tr>
<td>2011-12</td>
<td>56%</td>
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Ready in all domains
VERMONT
RATE OF CONFIRMED CHILD ABUSE & NEGLECT

Vermont Child Abuse and Neglect
Number of Substantiated Cases
Source: VT Dept for Children and Families, Child Abuse and Neglect in VT Reports

Data provided by the Vermont Agency of Human Services
VERMONT
ANNUAL HIGHWAY FATALITIES

Vermont annual highway fatalities

From the Governor's Dashboard Version 1.0 (adapted)
VERMONT
VIOLENT CRIME RATE

Violent crime rate per 100,000 residents, 2010

From the Governor's Dashboard Version 1.0 (adapted)
VERMONT
DAIRY FARMS AND MILK COWS

Dairy farms and milk cows

From the Governor's Dashboard Version 1.0 (adapted)
Data provided by the Vermont Department of Corrections
VERMONT

PERFORMANCE

TURN THE CURVE EXERCISE

(not used)

February 7, 2013
Creating a Working Baseline from Group Knowledge

Indicator or Performance Measure

65%

Not OK?

Now

Forecasting

Backcasting
Turn the Curve Exercise: Program Performance

5 min: Starting Points
- timekeeper and reporter
- identify a program to work on
- two hats (yours plus partner’s)

10 min: Performance measure baseline
- choose 1 measure to work on – from the lower right quadrant
- forecast (to 2016) – OK or not OK?

15 min: Story behind the baseline
- causes/forces at work
- information & research agenda part 1 - causes

15 min: What works? (What would it take?)
- what could work to do better?
- each partners contribution
- no-cost / low-cost ideas
- information & research agenda part 2 – what works

10 min: Report convert notes to one page

Two pointers to action
ONE PAGE Turn the Curve Report: Performance

Program: ______________________

Performance Measure
Baseline

Story behind the baseline

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(List as many as needed)

Partners

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(List as many as needed)

Three Best Ideas – What Works

1. ______________________
2. ______________________
3. ------------No-cost / low-cost
4. -------- Off the Wall

Sharp Edges

4. -------- Off the Wall