

OUTCOME-BASED MANAGEMENT IN SAN MATEO COUNTY – IMPLICATIONS FOR CONTRA COSTA COUNTY

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EXECUTIVE SUMMARY

INTRODUCTION

This case study focuses on a system of management that has defined outcomes as its main premise. The system incorporates community partnering, line staff, administration and contract monitoring to ensure that the desired outcomes are the driving force of the program. Outcome-based Management (OBM) is a data driven system that considers ongoing change in order to meet the needs of the client/customer.

The Board of Supervisors in San Mateo set OBM into motion in order to better track what programs were being implemented by the county, whether those programs were following budgetary constraints and if the program was meeting the expectations written into the contract. OBM continually asks the questions “How are we doing? And can we do it better?”

ALCOHOL AND OTHER DRUGS

The AOD program served as the pilot program for OBM. AOD began the process of OBM by gathering data from within the county agency along with their contracted partners in the community. A three-year, three-part implementation plan was created after six weeks of meeting with community providers. The three-part plan highlighted the vision and values, an internal/external assessment, and program

priorities. AOD met with their partners on a regular basis to discuss whether the goals were being met, whether any deficiencies were being noted, and what were the barriers and the successes. Each piece was looked at to determine what needed to be changed in order to continue moving toward client success while staying within the contract budget or, if needed, changing the budget to better match the needs of the contract.

CONCLUSION

OBM in San Mateo County is a county-wide vision of management accountability. That accountability starts from administration down to line staff and back up to administration. OBM requires that a tracking system be put into place that identifies the needs of the client/customer being served and how the department can best serve those needs. It is an on-going assessment of self (meaning the department). It appears that the ongoing self-assessment of OBM, coupled with community inclusion in decision-making, creates a better environment for community partnering.

CONSIDERATIONS FOR CONTRA COSTA COUNTY

I narrowed my scope of consideration for implementation of OBM to the AOD program. Although Contra Costa has a directive for overseeing con-

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tracts, it tends to be more fiscal driven than client driven. While the fiscal accountability of a contract is important, client success holds equal value.

While implementation of OBM might make long-term sense, the short-term cost would be extravagant in this time of county budget concerns. OBM can best be implemented at this time on a case-by-case, individual contract basis. Within those constraints, it is possible to use OBM to track the important issues within a contract to ensure that the clients' needs are being met, that changes are made when needed, and that the contract continues to meet the budgetary parameters.

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HOW I GOT THERE...

San Mateo and Contra Costa County have some operational similarities. Both counties operate within a tri-regional type of management system. Contra Costa County has three regions due to the county's size. There is an East, West and Central District for Children Services. San Mateo has a North, Central and Southern Region. In Contra Costa this proves to be both beneficial and challenging. At times Children and Family Services can run very differently within the three regions due to management styles and the population that is being served by that particular region. CWS/CMS has helped to standardize how every day business is completed internally. However, in Contra Costa County there is still a separate division manager over the eligibility side of the house. San Mateo, in an effort to increase communication between programs, has created a matrix style of management within which managers manage several programs that include Eligibility, Children Services and CalWORKS.

I chose San Mateo because it is a county that I have some familiarity with due to my attendance at CWDA Adoptions meetings, which Stuart Oppenheim and my director, Danna Fabella, facilitate. Our County Director, John Cullen was supportive of whatever topic and whatever county we felt was best suited our personal goals. Outcome-based Management appeared to be a program that would be beneficial to know more about, in terms of how a department initiates a countywide program and then tracks it for fiscal accountability and success in reaching the target population.

BACKGROUND

Outcome-based Management (OBM) is a goal-setting and planning process created by a desired end result. It is a system of management that has defined outcomes. The desired results are achieved by setting goals, measurements and budgets. The desired result is always to improve the client's situation. OBM makes full use of data driven information by first looking at historical data and then measuring ongoing success of the desired goals while ensuring that the participants stay on target.

In San Mateo, OBM was set into motion by the Board of Supervisors desire to better track what programs were being implemented in the county, whether those programs were following a budget, and if the programs were meeting the expectations written into the contract and intended for the client. It was a way for San Mateo to better partner with the community around what the community felt it needed and how Human Services could provide the services.

Government's role in improving opportunities for disadvantaged people is a topic that has generated much discussion over the last decade. OBM was thought to be a tool to help the county better answer implementation and compliance demands regarding government expectations around program funding. In this age of computer driven information, governmental agencies from federal to state to local are asking themselves and each other, "How are we doing?"

More information about the results of a program is being required in order to justify continued funding. OBM allowed San Mateo County to generate reports that showed a program's successes, barriers, efficiency, effectiveness, budget limitations, and accountability. OBM created a method for the Human Services Agency to track a program's goals from inception to fruition with any barriers to success being noted and revised on a continuing basis. It allows a county to anticipate changes while keeping the desired outcome in mind.

San Mateo started the process of implementing OBM in 2000. The Board of Supervisors engaged the public in a visioning process. This partnering with the community enabled the county to establish the ability to track a program's progress within measurable outcomes. Human Services staff and community partners met to develop program outcomes and vision statements that described the conditions of well-being the county hoped to achieve for its clients. Together, the county and the community developed program performance and outcome measures that offered useful ways to track progress. It was felt that OBM would help to challenge the county agency about how they delivered services and how to decide the best use of resources for the future.

OBM is an ongoing process. A detailed implementation plan was created at its inception, and there are regular meetings between management, staff, and the community partners, to track a program's progress and effectiveness. Every year the county agency creates an outcome-based management budget planning worksheet for the upcoming fiscal year. Within the budget planning worksheet is a description of activities that describes the OBM program, support needs that describe what will be needed to accurately track the program, costs, fund-

ing sources, and the program's relation to OBM measures. Each budget planning worksheet is attached to a "Program Area" which identifies who the program will serve. San Mateo identified the need to organize the Human Services Agency according to integrated sets of program activities. These program areas were identified as: Economic Self-Sufficiency for Individuals and Families, Supportive Services for Families and Children, and Community Capacity Building. These three program areas reflect the primary service outcomes for clients that were established in strategic planning documents as early as 1992. They are economic self-sufficiency, family strength, and community health.

San Mateo County was committed to developing performance and outcome information that staff could use in managing programs and delivering services. It was recognized that the implementation of OBM would require ongoing education, encouragement and time to unfold.

CHALLENGES AND DIFFICULTIES

San Mateo County continues to meet the challenges of implementing a new program and a "new way of doing business." It can be a challenge to work with the County Management Office as this office may have different ideas and/or goals than the agency. The County Management Office initiated the idea of countywide implementation of OBM and oversees the county and Human Services Agency budget. Sometimes aligning the vision of two separate departments can be difficult.

Acceptance of a new program is an internal issue that management has had to address. There is the challenge of employee turnover as well as the ability of workers to embrace a new and permanent way

of doing their work. Resistance can occur with the implementation of any new program. The challenge is to anticipate the roadblocks and create supports to overcome the barriers. Support and accountability has to come from management down to the line worker and back up to management. This creates agency-wide accountability that encourages open and frank discussions while continuing to move towards the desired outcome.

San Mateo felt that their “matrix” style of management would enhance OBM. The agency is split into three geographical sections: north, south and central. The director in charge of each area oversees all programs for that area, which include Child Welfare Services, CalWORKS Services, Housing Assistance, Childcare Assistance, Screening Assessment, Employment Services and Medi-Cal, along with other countywide programs. The agency believes that this type of management opens the door to a more equal style of management where in-county programs are more apt to talk to each other. It also meant that the Director of each geographical area had to become well-versed in more than one program. Instead of being an expert in one county program, such as Child Welfare Services, the Director, over time, becomes familiar with programs that serve the needs of all of the county’s clients for that district.

ALCOHOL AND OTHER DRUGS PROGRAM (AOD)

The Alcohol and Other Drugs (AOD) program was targeted as the pilot program in Human Services for implementation of OBM. It was identified as coming under the program activity of “Community Capacity Building” or community health.

AOD sees approximately 4,000 clients per year throughout the county. It has a line staff of 25 work-

ers. There are 10 assessment social workers along with a court unit, Prop 10 unit, CalWORKS unit and a self-sufficiency unit. There are also six analysts associated with AOD. The program oversees substance abuse treatment, prevention services, and a tobacco prevention program.

When OBM was initiated as an idea, AOD met with their providers to work with them in what would be needed to start the process of gathering past data. The county met with their community providers for six weeks to determine what it was that everyone did. Some community providers were skeptical about doing what they saw as additional work without added funding or equipment, so the county provided laptop computers to the providers with the data gathering tools already in place.

OBM was implemented into AOD in fiscal year 2000. Goals were identified with the understanding that the providers would start meeting those goals by fiscal year 2003/2004. In those years, Human Services will use the data that has been collected as a means to determine future contracting needs and allocations.

The ability to gather accurate data was crucial in order to map out current and future projections regarding budgeting and program goals. The collected data needed to be checked to ensure that the integrity of the program was retained. Data needed to be checked for completeness and accuracy. A budget of 16 million dollars was established based on past information.

A three-part plan was implemented as a prerequisite to the pilot program. Part I referred to the program outcome statement which included the benefits to the clients being served, a vision statement, and the program values. Part II was an

internal/external assessment, which included strengths, limitations, opportunities, and threats. Part III was a list of program priorities, which were identified to improve performance.

PART I – PROGRAM OUTCOME STATEMENT
<p>Alcohol and Drug Services promotes a healthy community free of alcohol and other drug abuse by providing a range of services including: education, prevention, early intervention, after care, outpatient, residential, chemically-assisted detoxification, and linkages to other support services.</p> <p>VISION: As a dynamic community partner, we offer a continuum of quality alcohol and drug services that are responsive to community needs.</p> <p>VALUES: Honesty, Integrity, Trust, Ethical; Customer-oriented Focus; Leadership/Clear Direction/Vision; Teamwork/Cooperation; Quality Service; Accountability; Flexibility and Responsive to Change; Competence; Fair and Equal Treatment; Effectiveness and Consistency; Commitment; and Cultural Sensitivity.</p>

Each fiscal year, program performance measures are created in a 4-part grid. The grid is divided between Quantity (how much) and Quality (how well). Under Quantity there is effort, which addresses input number. This section asks the question of how much service was delivered to the clients. The second section under Quantity is effect which looks at output number. This section poses the question of how much effect/change was produced for the clients.

Under the headline of Quality, effort looks at efficiency and service quality. This section asks how well the services were delivered to the clients. And

PART II – INTERNAL/EXTERNAL ASSESSMENT	
STRENGTHS	LIMITATIONS
<ul style="list-style-type: none"> • Goals & Vision • Programs are responsive to the community • The provision of technological support for treatment providers • Strong collaborative relationships 	<ul style="list-style-type: none"> • Achieving balance • Challenges in outcome evaluation • Challenges in retaining qualified staff • Delays in implementing use of automated ASI • Difficulty in securing program sites • Ensuring sustainability • Limited resources for prevention services • Pockets of community resistance
OPPORTUNITIES	LIMITATIONS
<ul style="list-style-type: none"> • Defining a more clear direction • Demonstrating success as a pilot program • Growing capacity to increase awareness • Increase collaboration among systems • Increase sustainability and community support • Meeting emerging needs 	<ul style="list-style-type: none"> • Decrease in funds for alcohol & drug TX and prevention programs • Emerging crisis in drugs • Evaluation issues • Increased costs of living • Shame & denial of AOD systems including community denial • Community resistance

PART III – PROGRAM PRIORITIES
<p>Program Priorities are listed in alphabetical order below:</p> <ul style="list-style-type: none"> • Capacity building of AOD services • Cultural sensitivity • Enhancing relationships w/community • Ensure evaluation tools are feasible & appropriate • Evaluation: obtain resources needed for follow-up • Prevention services: develop performance measures • Sustainability of financial resources • Technical assistance

lastly, under Quality, is effect which looks at outcome. This section addresses the quality of effect or change that was produced for the clients.

AOD has a Program Performance Measures grid for their Alcohol and Drug Services and for their Prevention services. This grid serves as a guideline to set the yearly goals of the AOD program and to look at how and if the goals are being met.

IN OTHER WORDS...

Outcome-based Management is a county vision of management accountability. It requires that a tracking procedure be set into place for identifying the needs of the clients served and how the department can best and most efficiently serve those needs. It forces questions for each program in every department including:

- What is our goal?
- How will we get there?
- How will we measure our success?
- And how will we ensure that we are on target?

ALCOHOL & DRUG SERVICES PROGRAM PERFORMANCE MEASURES FY 2001/2002	
QUANTITY (how much)	QUALITY (how well)
Input - #	Efficiency & Service Quality
<u>EFFORT</u> <i>How much service did we deliver to our client/customers?</i>	<u>EFFORT</u> <i>How well did we deliver service to our client/customers?</i>
Output - #	Outcome - %
<u>EFFECT</u> <i>How much effect/change did we produce for our clients/customers?</i>	<u>EFFECT</u> <i>What quality of effect/change did we produce for our clients/customers?</i>

The starting point for every OBM program is to look at the research. What is the past history of this program? What do the numbers tell us in terms of what can be expected in our first, second, and third year of implementation? And how will we continue to look at the past years and project budgets for our future years? OBM is a way to install checkpoints in a program to help keep it on track for its primary purpose: to best serve our clients' needs.

COMPARISON TO CONTRA COSTA COUNTY

Contra Costa does not have an official OBM program. The county has a manual section that details Contract Fiscal Monitoring. The fiscal monitoring policy addresses the need for fiscal staff and program staff to better coordinate their monitoring

efforts to assure contract compliance with respect to program objectives. The fiscal monitoring staff is charged with:

- Assessing the contractor's compliance with applicable laws, regulations, policies, and procedures and contract requirements
- Evaluating the adequacy of the contractor's internal control structure
- Verifying the existence of the Department's assets
- Monitoring procedures for safeguarding those assets
- Assisting the contractor to effectively discharge its fiscal responsibilities by offering technical assistance
- Investigating reported occurrences of fraud, embezzlement, theft, waste, etc.
- Determining the level of technical assistance provided to the department's contractors. The monitoring results are made available to both program and contracting staff.

This manual section serves well with explaining the fiscal responsibility of contractors. It details the monitoring process for fiscal when working with a contract. It asks questions regarding fiscal responsibility and accountability of the contractor. It evaluates the contract efficiency to ensure fiduciary responsibilities are being met.

OBM could enhance our protocol for fiscal monitoring. OBM actively involves the community and program line staff to first determine what the client needs are and then to create a goal-driven contract that evaluates whether the clients' needs are being served. OBM goals start with client needs and staff participation. Staff, community partners, management, and the contracted agencies are brought together to create the desired outcomes, to determine how the participants will get there, and how

they will measure their success along the way. Staff and contractors are a vital partnership in ensuring that the clients needs continue to be the driving force behind the implementation, monitoring, and success of any contract.

IMPLEMENTATION OF AN OBM SYSTEM IN CONTRA COSTA COUNTY

OBM for San Mateo County is a system that was implemented from the top down. The decision to use OBM came from the county management department. Since this is an all-encompassing program beyond the scope of my ability to implement in Contra Costa County, I will take the essence of what OBM is and translate its use into monitoring a program being implemented in Contra Costa County.

Approximately one year ago, Contra Costa County Children and Family Services Department committed to the implementation of the Casey Foundation Family 2 Family program. I am part of the recruitment, training and support (RTS) team. Three foster parent recruiters were recently hired. Our county is divided into three geographical areas and three target areas for the implementation of this program. There is a foster parent/resource home recruiter assigned to each area. The first recruiters meeting took place in March. At that meeting, there was the Division Manager over Licensing, Adoptions, and Recruitment. Also present was the supervisor over the recruiters, the recruitment coordinator, the three new foster parent recruiters, and myself.

The purpose of the meeting was to "map out" the direction we wanted to go with the recruitment. To that end, we came up with a list of what we felt was important, and then we decided how we would get there and what the next steps would be. A grid was

created that mapped these goals out. The grid starts with the desired goal; who will be involved with the creation, implementation and completion of that goal; what the desired completion date is; what the next steps are; how much time will be spent on attaining that goal; and, based on time spent, a budget is created.

To complete this internship and achieve an outcome for myself that was useful, I needed to be able to take the OBM county-wide program and scale it down to something that had meaning in my everyday work life. I chose to take OBM and simplify it to start tracking the outcomes of our foster parent recruiters. Already in place was an initial understanding and agreement about what the general goals were. There is also the county's commitment to the Stuart Foundation who is funding our Family 2 Family program. All of these factors were taken into consideration to create the tracking grid to track our progress and keep us on target.

Although this method and implementation of a tracking system for our foster parent recruiters is in the infancy stages, it shows promise in keeping the desired outcomes and goals in sight. At our April recruiters meeting, the grid helped to remind participants about what had been agreed to at the first meeting. At this point, our tracking system is a "work in progress" that will change and grow over time.

ACKNOWLEDGEMENTS

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