

PROMOTING OUTCOME-BASED MANAGEMENT SYSTEMS

Megan Rosenberg*

EXECUTIVE SUMMARY

Following a definition of outcome based management, San Francisco's interest in outcome and performance measurement is discussed. The history of outcome-based management in San Mateo County is also described including the 1993 decision by the Human Services Agency to begin to develop outcome and performance measures for the Budget Book, tracked quarterly.

In 2000, the San Mateo Board of Supervisors linked performance measures to budget decision making by 2002–3. This will give the HSA the opportunity to recapture meaning behind measures, to involve staff agency-wide, and to increase staff's technical competence.

A number of future concerns are identified, including:

- Development of adequate data systems and data integrity
- Ability of decision-makers on the Board of Supervisors to interpret data correctly and to fully understand measurement process
- Amount of time and resources for County Manager's Office to effectively implement the OBM process and make it work
- Effect on legally mandated agency services not included in community's vision

Implications for San Francisco Department of Human Services are also discussed:

1. DHS should ensure the work and learning laid down by Strategic Planning groups be maintained and expanded upon for future outcome and performance measure development.
2. Initiatives developed in Strategic Plan should include outcome and performance measures.
3. DHS should commit to using measures as a tool to improve program performance.
4. Begin working with Program as soon as possible to get buy-in.
5. DHS should invest time and resources into developing quality training, data systems, and staffing to support ongoing performance measurement
6. DHS must understand this process takes time.

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TOWARDS MANAGING FOR RESULTS

One of the most challenging aspects of Public Human Service provision is defining and measuring a program's success. The promotion of safe, self-sufficient, healthy communities cannot be quantified as easily as the maintenance of roads or the fighting of fires. Given the incredible complexities of the people we serve and the obstacles they face, we create service programs to combat serious social issues, hoping the services will have the intended effect.

This may not be enough anymore. The call for government accountability is getting stronger as we recognize the loss of public trust in government and the fact that we can no longer afford to maintain the status quo. To show community members, elected officials, administrators, and program staff we have results, not just good intentions, we need to be able to answer critical questions such as: What kind of impact would we like our services to have on our client population? Do these services work? Why or why not? Are we succeeding in providing services in the most effective possible way? What can we do to improve programs so that they accomplish the desired goals? All too often, the information needed to answer these questions does not exist.

The concept of managing for results through outcome and performance measurement¹ was developed to address these issues, and hinges upon the following key elements:

1. Agreement on a set of outcomes and indicators in terms of which the program will be assessed and managed.
2. Development of systems for assessing program performance in terms of the outcome objectives.
3. Use of program operations and outcome information to achieve improved program performance.
4. Communication of performance and results to policy levels and to the public.

The concept is not new, and has had several incarnations over the decades: Planning-Programming-Budgeting-Systems in the 1960s, Zero-Based Budgeting in the 1970s, and Management by Objectives in the 1980s. Now called Outcome-Based Management (OBM), its theoretical benefits are manifold: It could increase accountability as well as results, clarifying the connection between government spending and purposes people understand; It could give us a concrete way to judge our successes and failures; It could provide a way for agencies to sustain progress on problems over time,

¹Common and consistent use of terminology is critical when discussing Outcomes-based Management. The following terms will be used throughout this paper:

Outcomes are the big-picture goals we want for our children, adults, families and communities. (aka Results; What we want)

Indicators are measures that tell us if we have achieved the outcomes we want. (How do we know we have achieved what we wanted?)

Performance Measures are measures that can be systematically tracked to assess if the elements of our strategies to achieve outcomes are performing as well as possible. (Proof on an operations level of progress toward predetermined goals)

Input Measures are measures of financial and non-financial resources that are applied in providing services.

Output Measures are measures of the quantity of services provided or the quantity of a service that meets a certain quality requirement.

Outcome Measures are measures of the results that occur, at least in part, because of the services provided.

instead of having to wave in the political wind; and it could promote the decentralization of control from State to Local governments by providing a way for counties to prove they know how best to spend tax dollars.

In 1993 the Government Performance and Results Act (GPRA) was passed for federal government programs, which mandated strategic planning and performance measurement in the national government. Several states have followed suit, including Texas and Florida. As of yet the State of California has not adopted an OBM plan, but some California counties—including San Mateo and San Francisco—are starting to take the first steps toward and using Outcome-Based Management.

SAN FRANCISCO'S INTEREST IN OUTCOME AND PERFORMANCE MEASUREMENT

Historically, San Francisco's Department of Human Services (DHS) has developed and used a limited number of performance measures to meet the requirements of the Mayor's Budget formats as well as for internal tracking purposes. Efforts on the part of the Office of Planning and Budget to develop more extensive and meaningful outcome and performance measures for internal use were met with concern and resistance from program staff, many of whom felt they should not be held accountable for things beyond their control. The efforts were set aside.

However, in January 2000, the Board of Supervisors passed the "San Francisco Performance and Review Ordinance of 1999", containing much of the language used in the GPRA. The ordinance requires all City Departments to submit annual "Departmental Efficiency Plans", which will

include outcome and performance measurement components, by 2003. These plans may also include performance budgets, which present the varying levels of outcome-related performance that would result from different budgeted amounts for major functions and operations of the department. The ordinance will oblige DHS to embark upon a concerted effort to develop, track, and use measures at unprecedented levels.

Additionally, DHS is currently forming its first strategic plan, and wishes to incorporate performance measures into the process so the success of the plan's initiatives may be evaluated.

Since the San Mateo County Human Service Agency (HSA) has been using outcome and performance measures in budgeting and strategic planning for some time and is currently working with its Board of Supervisors to link performance measurement to resource allocation, its experience provides an invaluable case study for San Francisco in how to develop and use outcome and performance measures for decision making.

HISTORY OF OUTCOME-BASED MANAGEMENT IN SAN MATEO COUNTY

In 1993, the San Mateo HSA—along with all other county departments—began developing extensive outcomes and performance measures for each budget unit, to be submitted with the following year's Budget Book. These measures were developed by all levels of staff, led by the Agency's Quality Management Coordinator. While there was no formal linkage of the measures to resource allocations at this time, the measures were tracked and reported to the County Manager's Office (CMO) quarterly, in order to show of the level of success each agency division was having in achieving its outcomes. The

measures were also intended to be used as a primary management planning tool for decision making: A staff member from HSA Central Administration was to work with the Management Analysts and Program Managers in each division to review the data, monitor achievements, identify variables interfering with progress, and make recommendations for program improvements on a quarterly basis.

The process of developing outcomes and performance measures for the Budget Book had tangible positive effects: It afforded agency divisions an opportunity to reexamine and renew their mission statements, provided managers with a concrete oversight mechanism, and initiated the extensive task of educating staff about outcome and performance measurement.

As time progressed, however, obstacles impeding the HSA's ability to use the measures to effectively improve service provision became apparent. First of all, many measures were developed in rushed circumstances, and are now difficult or impossible to track because no systems are in place to provide the necessary data. There is a lack of a data management infrastructure sufficient to support the requirements of extensive ongoing performance measurement. Databases have been created without recording their contents or the methodologies used to update and query the data, so that staff turnover has led to the loss of ability to interpret historical data and gather new data. This causes confusion about how the measures are calculated and how the data is generated year after year.

Secondly, at the time the measures were developed, Central Administration had to insist upon the process due to program staff resistance, and many program staff have not bought in to outcome and per-

formance measurement. Intensifying the lack of buy-in is the fact that performance measures are not always program generated but are often mandated by Administration and the CMO, according to political currents. Consequently many program staff do not feel the measures are valid or an effective way to show success, do not place priority on getting data to Central Administration coordinators on time, and do not find meaning in the numbers they generate. Clearly, the link between meaning and the measures has to be reestablished if the HSA wants to use outcome and performance measures as an effective tool for planning and program improvement.

In January 2000, an opportunity to reestablish that link presented itself: Leaping ahead of most State and County governments, members of the San Mateo County Board of Supervisors, following the national trend towards OBM, decided to use outcome and performance measures as an aid to make "apolitical" resource allocation decisions. They decided to take outcome and performance measurement one step further, initiating a process that will lead to formal linkage between performance measures and budget decision making for all county agencies by 2002. Alcohol and Other Drug Services (AOD) was selected as the HSA's OBM Phase 1 Pilot Program for FY 00-01. OBM is planned to go County-wide and Agency wide over the course of two to three years.

The formal linkage between outcome and performance measurement and resource allocations places unprecedented weight upon the quality of the measures' development, as well as on the correct interpretation of the data. Because funding will now be riding on results, usage of the measures to improve service provision becomes essential. The HSA is seizing this opportunity to recapture the meanings behind measures, to more thoroughly

involve and educate staff agency-wide in outcome and performance measurement, and to improve staff's technical competence in generating and gathering data as well as in using it to more effectively provide services.

USING A RESULTS-ACCOUNTABILITY FRAMEWORK ON DIFFERENT LEVELS IN SAN MATEO

An important concept to keep in mind about OBM—or managing through a results-accountability framework—is that the framework can be used at many levels; it can be used on a macro level for large, all encompassing community outcomes, as well as on a micro level, to show progress towards more specific program outcomes. The San Mateo HSA has several planning projects happening simultaneously, all which use a results-accountability framework. It is critical that the different levels of outcomes be aligned for all these projects.

Big Picture Community Goals

An excellent example of measuring outcomes on a macro level is *Children in Our Community: A Report on Their Health and Well-Being*, a project managed by HSA in partnership with community based organizations and other county agencies. The report was released in January 2000, identifying six outcomes the community must strive to achieve (e.g. Children are safe, Children are healthy, etc.) and presenting indicators showing “How We Are Doing” in relation to the outcomes. Because the outcomes go beyond the scope of what the HSA can accomplish on its own, the development of such outcomes acts to highlight connections that exist between different agencies, and therefore should lead to increased coordination.

Strategic Planning for the HSA and its Service Providers

The HSA's “Year 2000 Strategic Plan for San Mateo Human Service Providers” is another example of how the Agency partners with other organizations to achieve agreed-upon outcomes. This Strategic Plan is not so much a guide for internal operations as it is an overarching community plan emphasizing collaboration. The plan reflects the results-accountability framework, and identifies three major community outcomes (Adults in San Mateo are Self-Sufficient, San Mateo county Families are Strong and Able to Support all Family Members Growth and Development, and San Mateo County is a Healthy Community), which are all aligned with the identified outcomes of the County at large as well as the Children's Report. The plan also points to indicators, strategic directions, and measurable action steps for each outcome. The HSA will not be solely responsible for tracking the indicators and action step measures; The Strategic Plan suggests that the HSA and its community partners take on that responsibility.

Outcome Based Management and Budgeting

As mentioned above, the HSA is in the process of implementing its OBM pilot project with AOD services. This process takes the results-accountability framework to the micro-level—linking performance measures to specific program operations—and its outcomes are still linked to the Strategic Plan and Children's Report outcomes as well.

OBM IMPLEMENTATION PROCESS AT THE SAN MATEO HSA

A second important concept to keep in mind about OBM is the fact it takes large amounts of time,

effort, and commitment to implement successfully. The HSA has invested in a high quality implementation process, which includes complex phases of Preparation, Work, Checking, and Tracking.

In the “Preparation” phase, the majority of the internal implementation planning was accomplished. The AOD program was selected as the pilot, largely because it is a separate budget unit and its services are provided by contracted agencies. An OBM steering committee was formed, comprised of key executive staff, the Research Manager, the AOD Contract Director, and AOD staff. To ensure that staff at all levels had an adequate understanding of OBM and how to develop and use outcome and performance measures, the steering committee worked with consultants selected by the County to plan staff training. An AOD Provider Advisory Committee was formed to give the Steering Committee feedback on the OBM process.

The “Work” phase entailed the HSA Research Manager leading the AOD Program staff through an educational brainstorming procedure set up by the consultants, with the goal of completing a series of OBM templates for the CMO (See attachment A). The AOD program staff came up with an Outcome Statement, Values, Vision, and Priorities for the program. They also identified internal Strengths and Limitations, as well as External Opportunities and Threats (the SLOT assessment). Finally, they worked to develop Program Performance Measures including Input Measures, Efficiency and Service Quality Measures, Output Measures, and Outcome Measures.

After the AOD Program staff completed the templates, the entire procedure was repeated with the AOD Service Providers, who revised and added to

the work the AOD Program staff had done. The final templates handed in to the CMO are a result of true collaborative effort on the part of AOD Providers, AOD program staff, and the HSA Research Manager.

Most of the measures developed will be tracked for internal improvement purposes. However, selected “Headline” Measures will be included in the budget. Once a baseline is established, these measures will be given targets and worked into the budget on a separate template. Another template, the “Story Behind Our Performance”, will delineate factors affecting performance. Also included will be “What We Will Be Doing to Improve Performance Over the Next Two Years,” a list of action steps to address priority issues.

With the OBM templates completed, the “Checking” phase began, in which the Research Manger and AOD staff ascertained data system capability for each of the measures. They also checked on program operations to make sure they were aligned to the measurement and results. When they were sure the measures, data systems, and operations were all linked, the OBM Measures and Budget were turned in to the CMO.

The last phase in OBM implementation is “Tracking”, in which systems are developed to track the measures, to work with providers and provide them with technical assistance, and to address follow-up issues. This is where the agency will move beyond simply using the measures as an oversight mechanism to using them as a planning tool to improve service provision. The HSA has worked very hard to get to this phase, and the success of its OBM effort hinges upon taking this next step.

FUTURE CONCERNS

OBM in San Mateo remains a work-in-progress, and the HSA staff continue to have concerns about what the new management system will mean for the Agency. A major concern continues to be the development of adequate data systems and the maintenance of data integrity. For data to be accurate and honest, the agency will need to be even more clear about responsibilities and roles of staff in performance measurement. Not only does the Agency need a data system capable of recording the data, but it will need to have staff trained in how to use the system to report data, who have bought in to the measurement process and who have the time to use the system's reporting function. The Agency will also need to have program staff who are responsible for maintaining data and performing analysis: staff who are knowledgeable about how to keep data warehoused and refreshed, and what is needed to get the information they are asked for.

Management must also be responsible for data integrity. They must be committed to building the data management infrastructure necessary for ongoing performance measurement, and remain committed to the OBM process despite policy changes and service innovations. Management must also resist the temptation to change measures in an effort to reflect positive results.

A second concern about OBM is the ability of decision-makers on the Board of Supervisors to interpret data correctly and to fully understand the performance measurement process. Human Service programs are necessarily complex and what looks like poor results for one program may in fact be success, according to population or modality. Will the BOS be able to understand these distinctions? HSA staff are concerned about how the decision-

makers will use the information based on their interpretations.

A third concern is whether the County Manager's Office will allow agencies enough time and resources to effectively implement the OBM process. If Outcome-Based Budgeting is done for every separate budget unit, the amount of paper necessary to complete the budget will be staggering. The County Budget as a whole could take up an entire bookshelf. The process is also expensive in agency and provider staff time, and it is unclear who will pay for it. Time needs to be allowed to evaluate the pilot program's process before OBM goes Agency and County-wide.

Other concerns include what effect OBM will have on legally-mandated Agency services which have not been included in the Community's vision, and the fact that no one knows yet how OBM will really work in the HSA.

IMPLICATIONS FOR THE SAN FRANCISCO DEPARTMENT OF HUMAN SERVICES

San Mateo County and the City and County of San Francisco have many differences in terms of size, population, and government structure. San Mateo County has already come up with its own set of County-wide outcomes and is poised to link performance measures to resource allocation, whereas San Francisco has not developed explicit City-wide outcomes, and has just begun to consider having its departments measure performance on an extensive level. However, because the San Francisco Performance and Review Ordinance of 1999 will require DHS to implement Outcome and Performance Measures similar to those of San Mateo by 2003, the San Francisco DHS can learn much from the HSA's example.

Through the current Strategic Planning Process, DHS is re-examining and redefining its mission, a critical step in developing outcomes. DHS should ensure the work and learning laid down by the Strategic Planning groups be maintained and expanded upon for future outcome and performance measure development. Initiatives developed in the Strategic Plan should include outcomes and performance measures so that their success can be shown in a concrete fashion.

To benefit from performance measurement, DHS executive staff will need from the outset to commit to treating measures as a tool to improve program performance, not simply as an oversight mechanism. They should also begin working as soon as possible to get buy-in from Program Managers and line staff on the Outcome and Performance Measurement process, so they know what is in store for them, are able to see the benefits of the process, and have time to adjust to a new way of doing business.

As the San Mateo HSA's experience illustrates, when the time comes to develop the measures for the efficiency plan, it is critical that DHS invest time and resources into developing quality training, data systems and staffing to support ongoing performance measurement. Quick fixes do not apply to the realm of OBM.

Most of all, DHS needs to remember that the movement towards Outcome-Based Management takes time: time for development, time to establish a baseline, time for tracking, time for understanding. It is the investment of time that is necessary to make OBM a reality, and not just another management fad.

Attachment A

**FY 2000-01 AND FY 2001-02
OUTCOME-BASED MANAGEMENT
PILOT PROGRAM PLAN
MARCH 24, 2000**

| Budget Unit ID and Name | Fund Name |
|---|--------------|
| 7410B Alcohol and Drug Services Drug Court | General Fund |

PART I – PROGRAM OUTCOME STATEMENT

Benefits to our clients/customers (client outcomes) if we are successful at providing our services. Must include: who we are, who our clients/customers are, services we provide and client outcomes/benefits.

The Drug Court Program provides an alternative treatment model that diverts individuals from being incarcerated as a result of alcohol and other drug abuse.

VISION:

The San Mateo County Drug Court offers a multidisciplinary approach for dealing with drug offenders.

VALUES:

Teamwork/Cooperation; Empowerment; Customer-oriented Focus; Respect/Honor Each Other; Honesty, Integrity, Trust, Ethical; Open Learning/Environment; Competence; Flexibility and Responsive to Change.

| PART II – INTERNAL/EXTERNAL ASSESSMENT | |
|--|--|
| STRENGTHS | LIMITATIONS |
| <p><i>Internal assets, processes, systems and human resources that contribute to our success and improved performance</i></p> <p>Ability to Offer Creative, Alternative Solutions</p> <p>Commitment to Cultural Sensitivity</p> <p>Common Goal to Keep Clients From Being Incarcerated</p> <p>Multidisciplinary Approach</p> <ul style="list-style-type: none"> • Strong collaborative relationships among systems <p>Supportive Environment for Clients</p> | <p><i>Internal assets, processes, systems and human resources that limit our ability to succeed and perform well</i></p> <p>Capacity to Provide Specific Treatment Services</p> <ul style="list-style-type: none"> • There are a limited number of dual diagnosis beds <p>Clients May Not Be Accessing All of the Needed Support Services</p> <ul style="list-style-type: none"> • Limited Ability to Provide a Holistic Approach • Domestic violence, anger management, parenting, transportation, child care services may not be accessible • Limited Ability to Assess Mental Health Issues <p>Increase of Drug-Related Arrests</p> <p>Pre-treatment and Aftercare Services are Not Available</p> |
| OPPORTUNITIES | THREATS |
| <p><i>External factors that can contribute to our success and improved performance</i></p> <p>Develop Support Services/Groups for Drug Court Graduates</p> <p>Expand Treatment Services</p> <p>Increase Response and Access to Mental Health Assessment and Services</p> <p>Increase Team Building Among Systems</p> <p>Meeting Emerging Needs of Clients</p> | <p><i>External factors that threaten our success and ability to perform well</i></p> <p>Decrease of Funding</p> <p>Increased Use of Drugs in the Community</p> <p>Lack of Affordable, Clean and Sober Transitional Housing</p> <p>Public Perception and Attitudes Regarding Drug Offenders</p> <p>Shifting Policy Positions Regarding Appropriate Sanctions Related to Drug Offenders</p> |

PART III – PROGRAM PRIORITIES

Based on our internal/external assessment, we have identified the following priorities to improve performance in the next two fiscal years FY 2000-01 and FY 2001-02:

The program priorities are listed in alphabetical order below:

- Cultural Sensitivity, including Gay, Lesbian, Transgender Issues
- Enhancing Relationships Among Systems
- Holistic Case Management Approach
- Providing a High Quality Continuum of Care
- Resources for Following Up with Clients
- Team Building

Performance Measures (Part IV):

If we successfully address the priorities above, we should see improvement in our program's performance. We will be using the following performance measures to track our progress over the next two years.

PART IVa – PROGRAM PERFORMANCE MEASURES

| | | QUANTITY (How much) | QUALITY (How well) |
|---------------|--|---|--|
| | | Input - # | Efficiency and Service Quality - % |
| | | <i>How much service did we deliver to our clients/customers?</i> | <i>How well did we deliver service to our clients/customers?</i> |
| EFFECT | | # of clients assessed for the Drug Court Program | % of Drug Court clients contacted at 3 months and 9 months post-intake. |
| | | # of Drug Court clients entering treatment | % of Drug Court clients retained in treatment or until completion of program % of clients placed in appropriate level/program (American Society of Addiction Medicine's ASAM-PPSC tool) |
| | | Output - # | Outcome - % |
| | | <i>How much effect/change did we produce for our clients/customers?</i> | <i>What quality of effect/change did we produce for our Clients/customers?</i> |
| EFFECT | | # of Drug Court graduates | % of Drug Court graduates |
| | | # of Drug Court clients employed at 3 months and 9 months post-intake. | % of Drug Court clients employed at 3 months and 9 months post-intake. |
| | | # of Drug Court clients reducing or abstaining from alcohol and drug use at 3 months and 9 months post-intake. | % of Drug Court clients reducing or abstaining from alcohol and drug use at 3 months and 9 months post-intake. |
| | | # of Drug Court clients detained or incarcerated or awaiting charges, trial or sentencing at 3 months and 9 months post-intake. | % of Drug Court clients detained or incarcerated or awaiting charges, trial or sentencing at 3 months and 9 months post-intake |

Part IVa – PROGRAM PERFORMANCE MEASURES - Headline Measures
(High Communication, Proxy and Data Power)

| QUANTITY (How much) | | QUALITY (How well) | |
|--|--|--|--|
| Input - # | | Efficiency and Service Quality - % | |
| <i>How much service did we deliver to our clients/customers?</i> | | <i>How well did we deliver service to our clients/customers?</i> | |
| <p>Measure 1: # of clients assessed for the Drug Court Program</p> <p>Data Source: AOD Assessors CADDs Forms (maintained by Own Recognizance)</p> <p>Measure 2: # of Drug Court clients entering treatment</p> <p>Data Source: Own Recognizance Client Records</p> | | <p>Measure 1: % of Drug Court clients contacted at 3 months and 9 months post-intake.</p> <p>Data Source: Provider Client Data</p> <p>Measure 2: % Drug Court clients retained in treatment or until completion of program</p> <p>Data Source: Own Recognizance Client Records</p> | |
| Output - # | | Outcome - % | |
| <i>How much effect/change did we produce for our clients/customers?</i> | | <i>What quality of effect/change did we produce for our clients/customers?</i> | |
| <p>Measure 1: # of Drug Court clients reducing or abstaining from alcohol and drug use at 3 months and 9 months post-intake.</p> <p>Data Source: ASI - Addiction Severity Index</p> <p>Measure 2: # of Drug Court clients detained or incarcerated or awaiting charges, trial or sentencing at 3 months and 9 months post-intake.</p> <p>Data Source: ASI - Addiction Severity Index</p> | | <p>Measure 1: % of Drug Court clients abstaining from alcohol and drug use at 3 months and 9 months post-intake.</p> <p>Data Source: ASI - Addiction Severity Index</p> <p>Measure 2: % of Drug Court clients detained or incarcerated or awaiting charges, trial or sentencing at 3 months and 9 months post-intake.</p> <p>Data Source: ASI - Addiction Severity Index</p> | |

| Part IVb – PROGRAM PERFORMANCE MEASURES – Targets * | | | | |
|---|---------------------------|-------------------------------|-----------------------------|-----------------------------|
| Performance Measures | FY98-99 Actual | FY99-2000 Estimate | FY2000-01 Target | FY2001-02 Target |
| Input | | | | |
| Headline Measure 1: # of clients assessed for the Drug Court Program Headline Measure 2: # of Drug Court clients entering treatment | | | | |
| Efficiency/Service Quality | | | | |
| Headline Measure 1: % of Drug Court clients contacted at 3 months and 9 months post-intake. Headline Measure 2: % Drug Court clients retained in treatment or until completion of program | | | | |
| Output | | | | |
| Headline Measure 1: # of Drug Court clients reducing or abstaining from alcohol and drug use at 3 months and 9 months post-intake. Headline Measure 2: # of Drug Court clients detained or incarcerated or awaiting charges, trial or sentencing at 3 months and 9 months post-intake. | | | | |
| Outcome (will be shown as graphs) | | | | |
| Headline Measure 1: # of Drug Court clients reducing or abstaining from alcohol and drug use at 3 months and 9 months post-intake. Headline Measure 2: % of Drug Court clients detained or incarcerated or awaiting charges, trial or sentencing at 3 months and 9 months post-intake. | | | | |

* FY 2000/2001 will be the first year of implementation, and baseline data will be collected. Program performance measure targets will be established for FY 2001/2002 based upon the baseline data.

This section may be revised to supplement the budget, by April 7, 2000

Part IVc – PROGRAM PERFORMANCE MEASURES
Performance Improvement Plan

Story Behind Our Performance

Accomplishments, factors (internal and external) affecting our FY 1998-99 and FY 99-2000 performance:

Originally, Drug Court had the assistance of a modest (less than \$100,000) award from the State of California Department of Alcohol and Drug Programs for treatment services for those individuals referred by the Drug Court System. (That grant sunsets FY 2000/01) The original Drug Court AOD grant supported services for clients referred from the Southern Drug Court.

A Drug Court Application was submitted approximately two years ago, and was the foundation for the development of a North County Drug Court. The County of San Mateo provided additional resources to support the infrastructure costs associated with this growth and expansion since the award paid for treatment. (Office of Justice Programs/ Drug Court Programs, 7/1/98- 6/30/2000).

A grant was submitted to the State of California Department of Alcohol and Drug Programs, commonly called "Trial Track" or Drug Court Partnership, for May 1, 1999- April 30, 2000. This award provides \$125,000 a year for four years and provides resources for drug court clients to receive treatment services.

A grant was submitted by the Own Recognizance (OR) program in conjunction with the County Manager's Office to provide evaluation services. Alcohol and Drug Services has agreed to support the drug court evaluation portion of the grant for an outside evaluator. OR will be providing additional evaluation services. The evaluator interviews are currently being conducted.

A grant was submitted recently to the Office of Justice requesting additional treatment resources (That grant application is pending and the results of our application are not known).

What We Will Be Doing to Improve Performance Over the Next Two Years

In order to meet our performance targets for FY 2000-01 and FY 2001-02, the following actions will be taken (Most important action steps to address priorities listed).

A Drug Court Evaluation will be evaluate the effectiveness of the Drug Court System. A two part evaluation program will be conducted, including a process and outcome evaluation of the Southern San Mateo County Drug Court Program. The Drug Court Evaluator will make recommendations regarding systemic changes in the way we evaluator drug court over time (both North and South)

Revisions will be made in complex management information systems

Outcome data will be available from a variety of sources. AOD will report on the outcomes from the in-treatment data system. OR will report from the drug court data base program (arrest, criminal history).

We will investigate efforts to better serve clients with complex problems such as mental illness/substance abuse. In addition, we will make efforts to coordinate with Probation, OR, AOD, DA, Private Defender, HSA, and others on behalf of improving services for drug court clients.

We will pursue efforts to secure other funds for the drug court program.

This section will be submitted by April 7, 2000

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|--------------------------------|
| Part V - PROGRAM BUDGET |
|--------------------------------|

| | FY 1997- 98 Actual | FY 1998- 99 Actual | FY 99- 2000 Budget | FY2000- 01 Proposed | FY2001- 02 Proposed |
|----------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|---------------------------|
| AUTHORIZED POSITIONS | | | | | |
| REQUIREMENTS | | | | | |
| Salaries and Wages | | | | | |
| Employee Benefits | | | | | |
| Operating Expenses | | | | | |
| Fixed Assets | | | | | |
| Intrafund Reimbursements | | | | | |
| Other Financing Uses | | | | | |
| Contingencies/Reserves | | | | | |
| Total Requirements | | | | | |
| SOURCES | | | | | |
| Taxes | | | | | |
| Fines and Forfeitures | | | | | |
| Licenses, Permits and Franchises | | | | | |
| Use of Money and Property | | | | | |
| Intergovernmental Revenue | | | | | |
| Charges for Services | | | | | |
| Miscellaneous Revenue | | | | | |
| Other Financing Sources | | | | | |
| Fund Balance | | | | | |
| Total Sources | | | | | |
| NET COUNTY COST | | | | | |

This section will be submitted by April 7, 2000

NET COUNTY COST BREAKDOWN

| | FY 1997- 98 Actual | FY 1998- 99 Actual | FY 99- 2000 Budget | FY2000- 01 Proposed | FY2001- 02 Proposed |
|--|--------------------------|--------------------------|--------------------------|---------------------------|---------------------------|
| Mandated Services - No \$ MOE Requirement | | | | | |
| Local Match - Grant A | | | | | |
| Local Match - Grant B | | | | | |
| Maintenance of Effort (MOE) - Realignment | | | | | |
| Maintenance of Effort (MOE) - Trial Courts | | | | | |
| Maintenance of Effort (MOE) - Prop 172 | | | | | |
| General Fund Subsidy-IHSS | | | | | |
| General Fund Subsidy-Hospital and Clinics | | | | | |
| General Fund Portion-Animal Control JPA | | | | | |
| General Fund Portion-OES JPA | | | | | |
| Portion Covered by A-87 Cost Plan Revenue | | | | | |
| CalWORKS MOE | | | | | |
| Negotiated Increases | | | | | |
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| Discretionary Portion | | | | | |
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This section will be submitted by April 7, 2000

Part V - PROGRAM BUDGET - Summary of Funding Adjustments

Summary of FY 2000-01 Funding Adjustments

Funding adjustments should reflect how resources will be allocated to carry out priorities and improve performance

Summary of FY 2001-02 Funding Adjustments

Funding adjustments should reflect how resources will be allocated to carry out priorities and improved performance