

Napa County Key Performance Indicators (KPI)

Program: Lessons for San Francisco Human Services Agency

ANA MARIE LARA, MPA
CITY AND COUNTY OF SAN FRANCISCO

EXECUTIVE SUMMARY

In many human service agencies, data and reporting resources are limited. Larger programs, such as Self-Sufficiency and Child Welfare, receive the bulk of the data support. Smaller administrative programs, such as Outreach, Staff Training, and Policy, often do not receive comparable assistance from data teams, and their internal staff must make do without the requisite knowledge, skills, and abilities to develop meaningful performance measures by which to gauge success. However, while the work of the smaller programs may not take center stage, their contributions are also critical.

This paper describes the combined Key Performance Indicator and Continuous Quality Improvement program (hereinafter referred to as KPI) at Napa County Health and Human Services (NCHHS) and the process staff follow to ensure uniform application throughout various divisions. KPIs are quantifiable measures used to evaluate performance, align efforts, inform decision-making, foster accountability, and drive continuous improvement (Balanced Scorecard Institute, 2022).

This paper proposes that the San Francisco Human Services Agency, Department of Benefits and Family Support (SFHSA) replicate the NCHHS KPI model throughout all of its programs to better monitor progress toward goals, improve outcomes, and ensure activities are aligned with strategic objectives. Furthermore, the performance measure system at SFHSA has not been reviewed in over seven years; perhaps at the next review, staff can consider updating performance measures in a holistic manner.

To improve performance measures and enhance SFHSA outcomes as a whole in the near and long term, the following recommendations are:

Short-term solution: Hire a data analyst dedicated to supporting smaller administrative programs. This option will allow specified programs to develop and track more complex performance measures for their activities while reducing or eliminating the reliance on existing data teams that are stretched thin.

Long-term solution: Hire a consultant to equitably implement KPI throughout all of

SFHSA's divisions and programs. In doing so, SFHSA leadership can utilize data trends to identify strengths and challenges, inform

decisions, boost accountability, and motivate staff across the board.

Ana Marie Lara, MPA
Community Engagement Manager,
San Francisco Human Services Agency,
Alignment and Guidance Department

Introduction

Measuring performance outcomes and metrics is critical to the success of programs. However, in the San Francisco Human Services Agency, Department of Benefits and Family Support (SFHSA), data and reporting resources are often concentrated on large Self-Sufficiency and Child Welfare programs. Administrative branches that provide assistance to these programs, such as Outreach, Staff Training, and Policy are often left with limited data support and must leverage staff (who typically lack data analytics expertise) to define and develop a patchwork of metrics that may or may not lead to meaningful results.

The Napa County Health and Human Services (NCHHS) utilizes a unique data and evaluation methodology that combines Key Performance Indicators and Continuous Quality Improvement (hereinafter referred to as KPI) that its Quality Management (QM) team applies throughout each of its divisions. This writer proposes that SFHSA replicate the KPI model and standardize the process into all of its departments in order to improve outcomes across the board. The integration of a uniform performance measure throughout all programs is not currently done by SFHSA or NCHSS.

Statement of Purpose

The purpose of this paper is to expound on NCHHS' KPI model and describe reasons for equitable implementation of the methodology throughout all SFHSA programs, including Outreach, Staff Training, and Policy.

Background

The NCHHS is a superagency, as it combines both health and human services into one large department that includes Self-Sufficiency, Child Welfare, Public

Health, and Behavioral Health in addition to other programs. According to Latoya Akil, NCHHS QM Deputy Director, the QM division established the KPI program circa 2011, with an extensive overhaul conducted in 2022. At the start, the QM team hired a consultant to train select analysts on the Continuous Quality Improvement (CQI) framework, which eventually led to the creation of the KPI program, as both concepts are related. KPIs can be described as a means of defining and measuring the performance and outcomes of a program, while CQI refers to a process to improve unfavorable outcomes (Balanced Scorecard Institute, 2022). For instance, if a KPI target is unmet, the group may initiate a CQI process to correct the deficit. The NCHSS utilized existing staff to launch its KPI program.

As stated in KPI.org, an organization that provides KPI training and certification in collaboration with George Washington University, KPI is defined as “critical quantifiable indicators of progress toward an intended result...[that] provide a focus for strategic and operational improvement” (Balanced Scorecard Institute, 2022). Furthermore, effective KPIs are described as those that track:

- Efficiency/ timeliness
- Quality
- Compliance
- Project performance
- Personnel performance
- Resource utilization

Many of these data elements are not currently tracked by SFHSA's smaller programs.

The KPI Model at NCHHS

The NCHSS has a total of three QM liaisons who are assigned to support specific departments. Each QM liaison works directly with a program liaison to develop

KPIs using a template (see Attachment A). The QM liaisons play a dual role in which they also conduct audits of the departments they assist with KPI creation. According to Felicia Jennings, Sr. QM Specialist at NCHHS, developing KPIs is time-consuming, requiring meetings, the exchange of numerous emails, and other correspondence to agree on details. The development of a single KPI can take a few weeks to several months. The QM team's goal is to have eight to 12 KPIs per program which align with the agency's mission, vision, and values. In general, each department meets monthly with QM to review KPI data dashboards and discuss trends. The data visualization software NCHSS uses is called Power BI, which is comparable to the software used by SFHSA's data staff.

The Data and Evaluation Process at SFHSA

At SFHSA, data and reporting is primarily handled by two groups:

- Program Support Operations (PSO)
- Planning

Both teams have excellent performance measure systems in place for the larger departments like Self-Sufficiency, Child Welfare, and those within the Department of Disability and Aging Services, but often lack the bandwidth and resources to provide comparable, ongoing support to smaller administrative programs, such as Outreach, Staff Training, and Policy. For example, the PSO and Planning teams provide ad hoc, often time-limited data analysis support on certain outreach projects but not across all of its activities. For example, while three Outreach contracts may receive critical support from Planning during the pre-launch or initial project phase, other activities, such as community outstations, may not receive the same attention.

Support is limited to tracking and reporting traditional metrics that revolve around the number of applications submitted by community-based organizations. Additionally, PSO meets monthly with large programs, such as CalFresh and Medi-Cal, to review data trends. There are no regular meetings between the Outreach team and the PSO data group to discuss data outcomes. Bandwidth is often cited as a reason for the inability to meet regularly or expand beyond traditional metrics.

In addition to PSO and Planning differences, data standards are not uniform across SFHSA divisions. For example, the Welfare-to-Work Services Division (also known as CalWORKs and Workforce Development Division) hires and maintains their own team of analysts who handle their data and reporting needs. This team utilizes databases and data visualization tools like Salesforce/Launchpad and Tableau that other SFHSA data teams do not use as frequently or at all. Therefore, the Welfare-to-Work Services Division relies less on PSO and Planning for data support.

Deeper Dive into SFHSA Outreach Metrics

A close analysis of each of the smaller program's existing data and reporting capacities is outside the scope of this paper, and Outreach will be the focus of the following assessment and recommendations. The SFHSA outreach team currently tracks traditional metrics, such as the volume of public benefit applications submitted within a certain period of time by community-based organizations via the MyBenefitsCalWIN (MyBCW) online portal. Recently, the PSO team developed a dashboard using Power BI to visualize said data. While this data is useful, it is largely one-dimensional and does not account for other complex variables, such as quality of work/service delivery, client dropout rates, or staff

performance. A deeper analysis is required to obtain that level of detail. However, the

outreach team is small, stretched thin, and lacks the requisite knowledge to develop and conduct in-depth data analysis.

Critical Issues

While the existing data and evaluation model has been adequate for years, the recent expansion of the outreach group to the new Community Engagement Program has amplified the need for more robust and creative metrics.

At SFHSA, the CalFresh and Medi-Cal programs are combined into one department called SFBenefitsNet (SFBN). Previously, the outreach team was embedded within SFBN and handled all administrative functions related to outreach and community partnerships. Recently, the outreach team was moved into a new administrative department called Alignment and Guidance (A&G) that is tasked with supporting all 4 self-sufficiency programs – CalWORKs, County Adult Assistance Program (CAAP, also known as General Assistance), CalFresh, and Medi-Cal with outreach, policy, staff training, and quality assurance. The outreach team was renamed the Community Engagement Program.

This recent expansion has led to new programming and contracts for the Community Engagement team that require more customized and sophisticated metrics to adequately gauge performance.

SFHSA's Community Engagement Program

Table 1 below highlights the current SFHSA Community Engagement Program's contracts/ projects and provides information on whether any data support is available and, if so, by which group.

Table 1		
SFHSA Community Engagement Program Data Support		
#	Contract/ Project Name	Data Support?
1	San Francisco-Marin Food Bank: o Emergency Food Box o Immigrant Food Assistance/Pantry Food Assistance o CalFresh Promotion and Application Assistance	None
2	211 San Diego – Telephone outreach	None
3	Mobile office	Planning
4	Information, referral, and assistance	Planning
5	Immigrant outreach	Planning
6	Medi-Cal handbook	None
7	Outstations	PSO
8	Outreach events and presentations	None
9	Coordinate pop-up enrollment events	None
10	Assembly Bill 1326 - County liaison to public institutions of higher education	None
11	Systems access for CBO/partners: MyBenefitsCalWIN and CalWIN Lite	PSO (tracks # applications submitted only)

While having data support available for certain assignments is valuable, the level of support varies greatly, is often time-limited, and is centered on traditional metrics.

Ultimately, the main obstacles to incorporating KPIs into Community Engagement metrics and those of other smaller programs, include:

1. Lack of KPI knowledge and expertise by SFHSA staff
2. Complexity of developing non-traditional outreach metrics
3. Limited bandwidth of data staff
4. Funding constraints

Possible Courses of Action

Four scenarios are provided below based on feasibility and current constraints:

1. Status quo: Maintain the status quo by having smaller programs continue working with existing SFHSA data staff in a largely non-standardized fashion. This option, while highly feasible, will not achieve the objective of improving performance measures and program outcomes.
2. Request additional support from Planning: Request additional support from the Planning team to develop more complex metrics for the smaller programs. The feasibility of this option depends on the Planning team's bandwidth.
3. Hire data analyst for smaller programs: Hire a data analyst to support the smaller programs with developing and tracking performance measures. The said analyst must possess the requisite knowledge, skills, and abilities to develop KPIs for the various teams. The feasibility of this option depends on funding and leadership approval.
4. Hire a consultant to implement KPI throughout SFHSA: Hire a consultant to implement a consistent and uniform KPI process throughout all SFHSA departments, including larger divisions and smaller

administrative programs. This scenario would require funding and a contract to hire the consultant.

Recommended Action

Short-Term Solution

Of the possible courses of action, hiring a data analyst to support the smaller programs is the most effective short-term solution, as the programs will be able to develop and track more complex performance measures for each of its activities while reducing/eliminating the reliance on other data teams that are stretched thin.

To fund this position, programs can potentially leverage future grant funding or explore pathways through existing funding to hire a data analyst.

Long-Term Solution

In the long term, SFHSA would benefit from hiring a consultant who can implement a standardized KPI model/process throughout all of its departments. In doing so, SFHSA leadership can utilize data trends to identify strengths and weaknesses, inform decisions, boost accountability, and motivate staff.

As mentioned above, a budget would need to be set aside and a contract developed to hire a consultant. Management would need to champion the effort in order to obtain buy-in from staff. Collaborating with SFHSA Communications to inform staff about the KPI effort would also be an effective strategy.

Conclusion

In summary, the success of this proposal depends on management and stakeholder motivation and a supportive organizational culture (Garson, 2006, pp. 394-395). Leadership must understand the importance of investing in and expanding its existing data and reporting infrastructure to smaller

administrative programs that may not take center stage, but still play a vital role in serving customers. The inability to meet this need can lead to dissatisfied customers, inefficient and ineffective processes, and complacency among staff. To ensure the equitable viability of SFHSA's programs, leadership must implement needed adjustments to their longstanding performance measure system. Given the aforementioned reasons, implementing a KPI program throughout SFHSA is imperative to improving and enhancing overall outcomes.

Acknowledgments

I would like to express my sincere gratitude to the Quality Management team at Napa County Health and Human Services, namely - Latoya Akil, QM Deputy Director, Felicia Jennings, Sr. QM Specialist, and Phillip Chiu, QM Systems Analyst, who took time out of their busy schedules to meet with me, answer questions, provide insight, and share helpful resources. I would also like to thank Andrea DuBrow and Sarah Carnochan, who did a phenomenal job shepherding the cohort through the BASSC EDP program. Lastly, special thanks to Anna Pineda, Cynthia Sanchez, Phillip Mau, and John Murray of the San Francisco Human Services Agency for their valuable support and guidance.

References

- Balanced Scorecard Institute. (2022). "What is a KPI?" <https://www.kpi.org/>
- Garson, G. D. (2006). Public information technology and e-governance. Sudbury, MA: Jones and Bartlett Publishers.

ATTACHMENT A

NCHHS METHODOLOGY TEMPLATE FOR INDICATORS

1. KPI SUMMARY:

a. (What are you trying to accomplish with this indicator?)

2. NUMERATOR:

a. (What is the numerator derived from?)

3. DENOMINATOR:

a. (What is the denominator derived from?)

4. DATA SOURCE:

a. (Where will you get the data?)

5. TARGET:

a. (What is the target number or percentage?)

6. TARGET SOURCE

a. (Who established or created the target number or percentage?)

7. GOVERNING AUTHORITY:

a. (Why do you want to measure this and what are the guiding Best practices, regulations, or internal policies that we are meeting – if applicable)

8. ADDITIONAL NOTES

a. (Are there any additional notes or information which are pertinent to the KPI?)

9. DATA COLLECTION PROCESS:

a. (Include information about how the data is collected, and any pertinent information about the process of collecting this data that would be important to know in understanding and analyzing it.)

10. DATA SUBMISSION FREQUENCY:

a. (How often will the data be submitted to QM)

11. LAG TIME:

a. (Is there a lag in the data collection being submitted – EX. Submitting data for July in Sept – 3-month lag).

REV. 7/2022-John B.