

Using Results-Based Accountability to Serve, Empower, and Transform

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EXECUTIVE SUMMARY

Due to anticipated budget deficits and an increasing aging adult population, there is a need to adopt new ways of thinking to maximize existing funding and strengthen collaborative relationships to meet the needs of aging and disabled individuals in Santa Clara County.

This report will explore insights from Santa Cruz County's centralized contracting model and consider how Results-Based Accountability (RBA) concepts could be applied to Santa Clara County. Particular attention in this case study examines how RBA concepts may be aligned with Santa Clara County's efforts toward building a

more equitable environment for older and disabled adults. RBA also aligns well with many of the goals and strategies outlined in California's Master Plan on Aging. RBA can enhance the social services contracting process and be used to serve, empower, and transform.

Specific recommendations are made that include: forming an exploratory committee, survey administration, a pilot program for co-located services, incorporating RBA principles and performance measures into existing and future SSA contracts, and leveraging technology and collaborative relationships to support continuous quality improvement and data-informed decisions.

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Introduction

According to the California Department of Aging (CDA), the federal government provides more than 160 million dollars each year to fund programs authorized by the Older Americans Act (OAA) and related federal legislation.¹ This funding is in addition to one-time COVID-19 response funds the state has received. OAA programs, which are operated by local Area Agencies on Aging, provide vital services for older adults related to nutrition, health and wellness, caregiver support, and more. To receive this federal funding, California must submit a State Plan on Aging to the federal Administration for Community Living every four years that identifies specific goals related to OAA programs.

The 2021-25 OAA State Plan, which went into effect October 1, 2021, serves as a blueprint for California's OAA network to build equitable, age-friendly communities through programs, partnerships, services, outreach efforts, and advocacy.

According to the California Department of Aging, "population projections show California will be one of the fastest growing States in the nation in total population."² In 2016, California comprised 12 percent of the nation's population³ and is expected to grow 30 percent by the year 2060 (an increase of

11.7 million people).⁴ In California, the population aged 60 years and over is expected to grow more than three times as fast as the total population, and this growth will vary by region."

The older adult population in the United States is growing faster than Older Americans Act (OAA) Funding.⁵ As part of California's Master Plan for Aging Strategy, a change to California law was made in order to provide health insurance to more Californians.⁶ The Older Adult Expansion initiative extended eligibility for full-scope Medi-Cal to adults ages 50 and older, regardless of immigration status, who meet low-income eligibility requirements. This expansion of Medi-Cal provided comprehensive healthcare access to 286,000 undocumented Californians beginning on May 1, 2022.⁷

Safety net programs are already struggling to meet community demands. While Medi-Cal expansion is moving in a positive direction toward a long-term goal of universal health coverage, providing access to hundreds of thousands more Californians, the state is facing a significant budget

¹ California State Plan on Aging (2021-2025). Retrieved from

https://aging.ca.gov/Data_and_Reports

² CA Department of Aging (n.d.). Facts About California's Elderly.

https://aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/

³ U.S. Census Bureau, Population Division. (2018). Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States, Counties and Puerto Rico Commonwealth and Municipios: April 1, 2010 to July 1, 2017. Retrieved from <https://factfinder.census.gov>

⁴ California Department of Finance (2017). Press Release. Retrieved from Population Projections (Baseline 2016).

<http://www.dof.ca.gov/Forecasting/Demographics/Projections>

⁵ Measuring the Success of the Aging Network, California Master Plan for Aging Webinar on (2021, Sep 15). Retrieved from California Department on Aging.

<https://www.aging.ca.gov/download.ashx?IE0rcNUV0zZIG5TA8AL3%2fA%3d%3d>

⁶ California Assembly Bill (AB) 133 (Chapter 143, Statutes of 2021), amended Welfare and Institutions Code section 14007.8.

⁷ Office of California Governor Gavin Newsom (2022). Medi-Cal Expansion Provided 286,000 Undocumented Californians With Comprehensive Health Care. Retrieved from <https://www.gov.ca.gov/2022/10/19/medi-cal-expansion-provided-286000-undocumented-californians-with-comprehensive-health-care/>

deficit. According to the California Legislative Analyst's Office, California is expected to have a budget deficit of 24 billion dollars for FY 23-24.⁸ Continued inflation and a looming recession could lead to further economic problems, including the possibility of California facing budget deficits across a multiyear period. To further compound the issues California is facing, counties across the state report staffing shortages following the COVID-19 pandemic. At the same time, an increased need for social services among vulnerable populations is growing during these economically challenging times.

Due to budget challenges and an ever-increasing aging adult population, it is more important than ever to find creative ways to utilize contracting to meet the needs of aging and disabled individuals served by In-Home Support Services (IHSS) in Santa Clara County. This report will explore Santa Cruz County's Centralized Contracting Unit model and insights and how some concepts may be applied in Santa Clara County; in particular, how Results-Based Accountability (RBA) can be used in social service provision to serve, empower, and transform through efficiency and accountability.

County of Santa Cruz: A Summary of Results-Based Accountability (RBA)

RBA thinking creates common ground for people to come together and identify the conditions that are wanted in a community, city, county, state, or nation, regardless of politics or titles. RBA is a continuous, collaborative process, not a one-time effort. RBA answers the following three questions:

- How much did we do?
- How well did we do it?
- Is anyone better off?

“[RBA] is a disciplined way of thinking and taking action that can be used to improve the quality of life in communities, cities, counties, states, and nations. RBA can also be used to improve the performance of programs, agencies, and service systems.”⁹ RBA materials are free for use by public and non-profit organizations. RBA is “an inclusive process where diversity is an asset and everyone in the community can contribute.”¹⁰ Santa Cruz County's Centralized Contracting Unit (CCU) incorporates RBA principles directly into its contracting system/scopes of work to make the contractor think through the RBA process. This results in improved outcomes through performance measures and accountability.

The RBA framework has two components: Population Accountability and Performance Accountability (see **Appendix A, Figure A1**). RBA includes a 7-step process that can be done in any order, as long as all steps are completed (see **Appendix A, Figure A2**). RBA is a process that uses everyday language that laypersons, taxpayers, and voters can easily understand.

“The most basic version of RBA can be done in less than an hour and produces ideas that can be acted on immediately.”¹¹ Both RBA and logic models can be utilized for planning, but the methods differ in several ways. For a summary of how RBA and logic models differ, see **Appendix B**.

⁸ California Legislative Analyst's Office (2022). The 2023-24 Budget: California's Fiscal Outlook report. Retrieved from <https://lao.ca.gov/Publications/Report/4646>

⁹ Friedman, M. (2015). Trying hard is not good enough. The building blocks of RBA (pp. 17-27).

¹⁰ Trying hard is not good enough. The building blocks of RBA

¹¹ Trying hard is not good enough. The building blocks of RBA

Centralized Contracting Unit (CCU)

The CCU of the Human Services Department (HSD) is responsible for the procurement and administration of all purchase orders and contracts within the HSD divisions.¹² CCU has been operating for the past 9 years to provide expertise for HSD and partner agencies and to create a standardized and consistent framework for contracting. CCU started with five staff and has grown to 9 FTE staff and 2 extra-help positions. CCU assists with divisional budgeting within HSD and is the only centralized contracting unit within the Santa Cruz County organization. “Non-centralized” county departments typically utilize a program manager or accounting staff to manage the life cycle of a contract (i.e., author, review, send for signature, execute, and potentially renew).

CCU advises on or manages approximately 300 active agreements with approximately \$45,000,000 in dollar value. Most of these agreements are with community-based vendors (CBOs) with a small number of intra-agency agreements or grants. Prior to the COVID-19 pandemic, CCU was on the verge of launching a shared technology system to meet the needs of all parties involved throughout the contract life cycle, including invoicing, data collection, having a repository to pull data for RBA reporting, etc. CCU hopes to resume this project in the near future.

Benefits of Centralized Contracting Unit

While navigating through bureaucracy can sometimes be time-consuming, the benefits of having a centralized contracting unit

within HSD outweigh any challenges. Some of the reported benefits include:

- Builds interdepartmental relationships, which saves time as an understanding of what is expected to pass through different touchpoints in the process is learned (e.g., fiscal, county counsel, etc.), resulting in more efficiency and saving taxpayer money.
- Creates a close relationship between the CCU procurement analyst and the General Services procurement staff as they work together to be strategic, while maintaining County procurement standards (e.g., charge other programs, pull down from other funding sources, etc.).
- Develops collaborative relationships with program stakeholders. Provides “thinking partners” and fosters accountability through monthly meetings and program monitoring efforts.
- Informs how a contracts analyst is assigned, based on specific vendors, funding, or program needs. Contracts become a one-to-one relationship between contract staff, serving as the subject matter expert on administrative best practices, and program staff, focusing on program needs. One person is responsible for overseeing the accuracy/quality of program-held contracts.
- Provides support, training, and education on topics for contractors and program partners, resulting in better quality services and data collection (e.g., “Contracting 101” and “Results-Based Accountability”).

¹² Schwanbeck, E. (personal communication, 2023, Mar 9). Santa Cruz County CCU

- Observes outcomes from a single vantage point.

Finally, RBA provides an opportunity for people to discuss and jointly identify conditions wanted in their community, city, or state. The use of the RBA framework in contract language provides CBOs with the flexibility to make changes to how services are delivered based on the individualized needs of the community/population served, while still adhering to the collaboratively identified outcomes outlined in the contract. CCU is also able to empower CBOs through RBA-related training topics to assist CBOs with improved data collection, reporting, and positive impact that extends beyond the contract.

County of Santa Clara

The County of Santa Clara utilizes a “hybrid” model of procurement and contracting that includes both “centralized” and “decentralized” contracting methods.¹³ The County’s Procurement Department manages decentralized contracting for most general goods and services throughout the county, while human services tend to be managed through centralized contracting methods specific to county departments and specialization. See **Figure 1**.

Office of Contracts Management (OCM)

The County’s Social Services Agency (SSA) Office of Contracts Management (OCM) is best described as a centralized contracting model within SSA operations.¹⁴ OCM works in conjunction with the larger countywide

Procurement Department and the Office of Countywide Contracting Management (OCCM) to collaborate on system challenges and improve the wellbeing of County residents through a variety of resources and services.

OCM is staffed with a total of 20 FTE positions that support procurement, performance, risk, and invoice management. The SSA has 475 active contracts with approximately \$156,856,368 in dollar value. The SSA also administers select contracts from the county’s Office of Immigrant Relations and the Office of Gender-Based Violence Prevention, which are included in the total above.¹⁵

Office of Research and Evaluation (ORE)

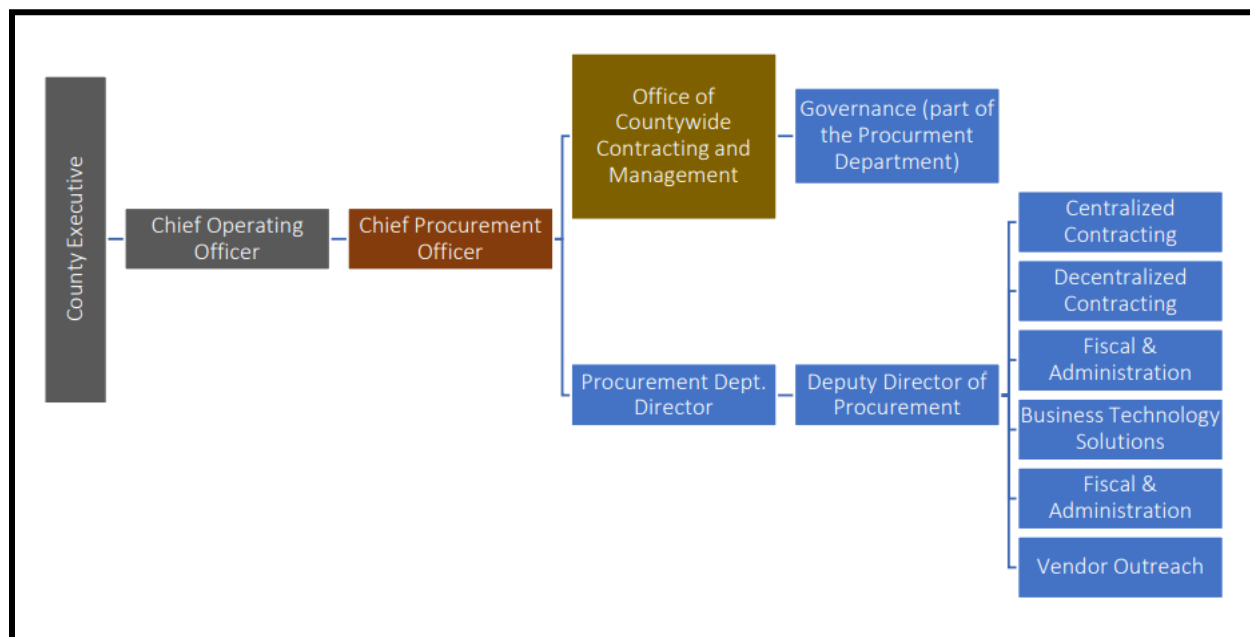
The SSA OCM engages in continuous collaboration with SSA’s Office of Research and Evaluation (ORE). ORE and OCM work together during contract development to create templates for data collection and reporting for the contract “scope of work” section pertaining to SSA programs and services. The logic model structure is used to uniformly collect data on population served, services provided, and outcomes. Although OCM does not specifically utilize the RBA framework during contract language development, performance data is used for continuous quality improvement. OCM also engages in onsite monitoring for risk management purposes and desktop reviews as preventative risk management.

¹³ Management Audit of the County of Santa Clara Procurement Department (2021, Aug 27). Retrieved from <https://board.sccgov.org/sites/g/files/exjcpb936/files/document/Management-Audit-Procurement-Department-082721.pdf>

¹⁴ Montes, J. (personal communication, 2023, Apr 13). Santa Clara County OCM.

¹⁵ County of Santa Clara. Social Services Agency OCM. (2023). FY2022-23 Contract Executive Summary Report.

Figure 1: Simplified Org Chart for Santa Clara County Procurement



Recommendations for Santa Clara County SSA

Data trends indicate a growing number of people will rely on county programs for support as they age and, as caseloads grow, it is becoming more difficult for counties to provide services for everyone who qualifies.¹⁶ Limited federal and state funding make it challenging for aging and adult services to effectively serve and provide essential services to socioeconomically vulnerable older adults and adults with disabilities. These challenges are compounded by a shortage of caregivers to meet the increased complexity of needs among older adults and adults with disabilities, social service staffing shortages,

and strain on county programs already struggling to meet demand.

Current data projections show close to 25% of Santa Clara County's population is age 60 and older.¹⁷ According to the California Department of Aging (n.d.), Santa Clara County's population ages 60 and older is expected to increase by more than 203% between 2010 and 2060. The influence of the 60 and older age group is expected to emerge most strongly between 2010 and 2030. The population over age 85 is expected to increase at an even faster rate.¹⁸

¹⁶ Rubeo, C., Chuang, E., Rozier, K., Ovsepyan, H., & Carnochan, S. (2022, Nov) Bay Area Adult and Aging Services Strategic Plan Report. Retrieved from https://mackcenter.berkeley.edu/sites/default/files/bas_sc_asc_strategic_plan_report_2022_final.pdf

¹⁷ California Department of Aging (2023). Population Demographic Projections by County and PSA for Intrastate Funding Formula (IFF). Retrieved from <https://aging.ca.gov/download.ashx?IE0rcNUV0zbcw7wwtVLPuA%3d%3d>

¹⁸ CA Department of Aging (n.d.). Facts About California's Elderly. https://aging.ca.gov/Data_and_Reports/Facts_About_California's_Elderly/

As of May 6, 2023, Santa Clara County's IHSS currently served 33,793 recipients and worked with 36,664 providers/caregivers (more than 70,000 individuals combined).¹⁹ Data indicates more than 50% of IHSS lobby visits and phone calls each month are provider-related²⁰ despite a large, well-established contract with the designated local Area Agency on Aging, Sourcewise, a non-profit organization contracted to support IHSS by providing Public Authority services for IHSS providers/caregivers.

RBA concepts can be applied to IHSS and other social services programs. RBA provides a different way to assess quality assurance and aligns with continuous quality improvement processes. Beyond quantifying the number of services provided, RBA encourages service providers to also examine how to improve quality of life for vulnerable populations by asking the three key RBA questions: How much did we do? How well did we do it? Is anyone better off?

Since Santa Clara County has a centralized contracting unit within the SSA OCM and already collaborates with SSA ORE to identify outcomes related to SSA contracts and programs, the following recommendations are set forth to better serve the aging and disabled adult population in Santa Clara County using Results-Based Accountability and equity lenses.

Short-term Recommendations

- Form an exploratory committee to identify an "RBA champion" and an Executive Sponsor with decision-making authority who shows interest in RBA as a strategic priority.

¹⁹ IHSS Recipient and Provider Dashboard, accessed May 6, 2023

²⁰ IHSS Call Center Dashboard, accessed May 6, 2023

- Administer a survey to IHSS lobby visitors and callers to ascertain provider needs and how to address those needs. This can result in better outcomes and quality of life for all aging and disabled adults in Santa Clara County; use the input provided by respondents to explore strategic ways of maximizing existing funding, staffing and resources to advance equity.
- Explore the idea of creating a pilot program in which a Sourcewise/Public Authority staff person is co-located onsite at IHSS to assist with provider needs that could allow for existing county staff to more efficiently serve and focus on IHSS recipients and families; co-location could provide cross-training and enhance existing relationships and services for both IHSS recipients and providers.
- Use data from the provider-focused surveys referenced above. OCM could collaborate with ORE and IHSS to incorporate RBA principles and performance measures into the existing contract with Sourcewise. RBA could further improve the contract for Public Authority services through the collaborative relationship that already exists between IHSS, Sourcewise, and the Public Authority Advisory Board

Long Term Recommendations

- Provided that the pilot project is successful, incrementally add RBA methodology into other SSA contracts and programs to create greater community impact for all aging and disabled adults in Santa Clara County.

- Hire a certified RBA consultant to provide training and technical assistance to SSA staff and contracting partners/CBOs to develop capacity for RBA performance measures into established and/or future contracts; one such source is Clear Impact.²¹
- Explore the feasibility of OCM and ORE collaborating with SSA Technology Services and Solutions (TSS) to leverage technology and modernize internal systems to facilitate efficiency, consistency and contract information sharing across departments and simplify data collection, reporting, and tracking of improved outcomes. This effort would also support continuous quality improvement through comprehensive data collection that can be utilized for data-informed decisions moving forward.

Financial Implications

If implemented, these recommendations are expected to have minimal to moderate financial costs. Several needed resources already exist (staffing, funding, office space, collaborative relationships) and may require minimal costs related to staff time and/or training. A few recommendations may involve moderate costs as capacity is developed but are not expected to be ongoing costs (e.g., hiring an RBA-certified consultant for training or technical assistance, collaborating with TSS to develop a customized system to track SSA contracts through the life cycle and serve as a hub for RBA data outcomes and information.) Further exploration of possible financial implications may be necessary.

Santa Cruz County's Human Services Department manages a large volume of contracts with just 9 FTE in CCU, while simultaneously incorporating RBA and equity into program development. Santa Clara County's SSA also manages a large volume of contracts through OCM and has 20 FTE. Applying concepts of RBA and equity to SSA contracting aligns with Santa Clara County's vision to serve, empower, and transform, and will support quality services and well-being for the aging and disabled adult population of Santa Clara County, especially in these economically difficult times.

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²¹ Clear Impact RBA Trainings:
<https://clearimpact.com/results-based-accountability/>
 and <https://clearimpact.com/virtual-offerings/>

Appendix A

Figure A1. RBA addresses both population and performance accountability.

Population Accountability	Performance Accountability
A group of partners takes on responsibility for the well-being of an entire population in a geographic area, whether they are getting service from anyone or not (i.e., all older and disabled adults in Santa Clara County...)	A manager or group of managers takes responsibility for the performance of a program, agency or service system and focuses on the well-being of customer populations, rather than whole populations (i.e., all IHSS recipients in Santa Clara County...)

Source: Friedman, M. (2015). Trying hard is not good enough. *The building blocks of RBA* (pp. 17-27).

Figure A2. The 7 RBA “talk-to-action” questions.

Population	Performance
<ol style="list-style-type: none"> 1. What are the quality of life conditions we want for the children, adults and families who live in our community? 2. What would these conditions look like if we could see or experience them? 3. How can we measure these conditions? 4. How are we doing on the most important 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? 	<ol style="list-style-type: none"> 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 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?

Source: Friedman, M. (2015). Trying hard is not good enough. *What is RBA and how does it work?* (pp. 11-12).

Appendix B

Figure B1. Some differences between logic models and RBA.

Logic Model	Results-Based Accountability Framework
<ul style="list-style-type: none">• Starts with a program or proposed action and tests the logic of their contribution to customer results• Most logic models are designed for “performance” accountability and do not address “population” accountability• Old way of thinking that is program-centric and assumes programs are the solution• Assumes a smooth continuum from inputs to outputs to outcomes• Time-consuming, complicated, and not well understood by the public	<ul style="list-style-type: none">• Starts with one or more desired results/end conditions of well-being for people and communities and works backward to identify strategies to do this• New way of thinking that includes a broad array of partner contributions and no-cost and low-cost ideas• Considers the many partners with roles to play in improvement and the contribution each might make• Simple, common sense approach that can be quickly applied using plain language and simple formats

Source: Friedman, M. (2015). Trying hard is not good enough. *Implementation issues and challenges* (pp. 142-145).