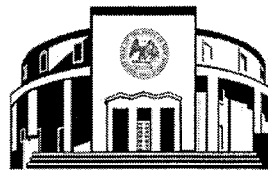


# Legislating For Results



NEW MEXICO  
LEGISLATIVE  
FINANCE  
COMMITTEE

The purpose of the Accountability in Government Act (AGA) is to provide for more cost-effective and responsive government services by using the state budget process and defined outputs, outcomes and performance measures to annually evaluate the performance of state government programs. The AGA traded budget flexibility for information about how state agencies economically, efficiently, and effectively carry out their responsibilities and provide services. Prior to the AGA, agency appropriations were tightly controlled by the Legislature with attention paid to individual budget line items and incremental spending of salaries, office supplies, travel, etc. After the AGA, the focus switched to results as measured by performance (inputs, outputs, outcomes, etc). To facilitate reviews of agency performance, LFC developed a dashboard report, a report card, to add emphasis and clarity to the reporting process and focus budget discussions on evidence-based initiatives and programming. While the report cards are generally good tools, there is room for improvement – in reporting results, measuring the right things, benchmarking to national and state data, developing corrective action plans, and making a stronger connection to agency budgets. To make the most of the opportunity, agencies need to more effectively use performance indicators and tools, such as cost-benefit analysis, to ensure limited resources are used to cut ineffective programs and bolster effective ones. LFC has evolved its work into a comprehensive evidence-based budget and policy framework – Legislating for Results - with performance reporting as a key element.

## Legislating for Results Framework

The framework includes five key areas, of which performance reporting plays a critical role. LFC incorporates policy, budget and cost-benefit analysis; research; performance reporting; and program evaluation into this framework.

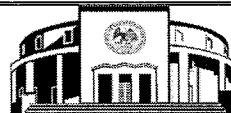
***Identify priority areas and performance.*** Performance data helps highlight the need for additional oversight and attention through the budget process. LFC budget guidelines provide staff direction on using this information to aid in the LFC budget development, in addition to traditional priority funding areas for the Committee.

***Review program inventory and effectiveness.*** Agencies have significant flexibility to spend their program budgets on a variety of activities and interventions to improve government outcomes and performance. A systematic review of the evidence, either through research or performance data, on the effectiveness of these activities and interventions can identify whether agencies are spending money on what works.

***Budget Development.*** Performance information and evidence of program effectiveness is incorporated into the budget process with the intent to move money towards programs likely to work and yield a high return on taxpayer investments, where possible.

***Implementation Oversight.*** Performance reports, and other tools, are used to ensure programs are effectively implemented. The best evidence-based programs will not work as intended if poorly implemented, and monitoring the quality of implementation is critical to protect taxpayer investment.

***Outcome Monitoring.*** A combination of performance reports and program evaluations assess whether programs are achieving desired results. Outcomes can be compared to what research says should likely occur as well as compared to other states, industry or national data.



## **Using Performance Data**

Performance information provides a major accountability tool by identifying what a state is getting for the activities it undertakes and the funds it spends. The Legislature also intended that the AGA be used to keep the public informed on the performance of state government.

According to the National Conference of State Legislatures, performance data can be used to do the following, among the many benefits.

- Enable legislators to ask state agencies the right questions about their responsibilities—about both past performance and expected future results. Make clear which programs work and which ones do not.
- Improve oversight of state programs and policies. This helps encourage program management to recognize the need to focus on results, and indicate that the legislature is serious about considering service outcomes.
- Provide useful information about state programs that can be communicated easily and clearly to constituents.
- Provide objective evidence on outcomes of agency activities that inform the political debate. This can help enable legislators to ask meaningful questions about politically sensitive programs without the questions being misinterpreted as opposition.
- Help identify areas for potential budget reductions, increases or reallocations, including identifying the estimated consequences of such changes.
- Enhance state strategic planning efforts by encouraging a long-term focus on results (i.e., outcomes of government efforts).
- Assist legislators to develop policies by providing objective information on current conditions.
- Encourage state employees to focus on the goals and desired outcomes of their programs.

Performance information is unlikely to tell which factors caused the outcomes and to what extent each factor contributed to an outcome. Nor can this information identify how many dollars of appropriation are linked to successful achievement of an outcome. These issues require additional evaluation and investigation. In addition, performance information seldom identifies specific actions needed to correct problems. It can, however, offer useful clues as to what needs to be done and where. As a result, agencies are required to implement action plans in response to performance reporting. Good action plans should detail who, what, when, and how; and be readily available for Committee review.

## **Questions for Agencies on Performance**

Committee hearings during the interim and through the budget cycle provide legislators a key opportunity to use performance data and evidence to build a budget and inform policy development. Copies of the latest agency report cards and evaluation progress reports are available in LFC binders for each hearing. Possible questions for agency staff include the following.

- Is your agency/program meeting performance targets?
- How does performance compare to national and other state performance?
- How does agency performance and strategic plan inform your budget request?
- What is your agency's action plan for improved performance? Please provide a copy.
- How much of your program spending is on evidence-based interventions? And how much of your budget request is to implement or expand evidence-based interventions?
- What progress has your agency made in response to any recent LFC program evaluations?
- Do your performance measures and reports follow LFC guidelines (see next page)?

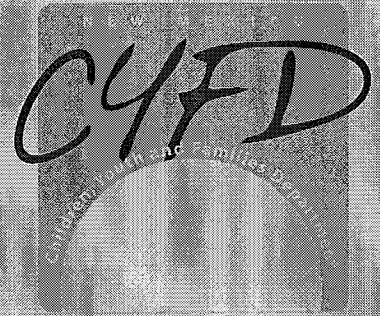


ACCOUNTABILITY IN GOVERNMENT  
Performance Measure Guidelines

Elements of Good Performance Measures	Agency Quarterly Reports	Elements of Key Agency Reports
<p>Ideal performance measures should be</p> <ul style="list-style-type: none"> <li>• <b><u>Useful:</u></b> Provide valuable and meaningful information to the agency and policymakers</li> <li>• <b><u>Results-Oriented:</u></b> Focus on outcomes</li> <li>• <b><u>Clear:</u></b> Communicate in a plain and simple manner to all stakeholders (employees, policymakers, and the general public)</li> <li>• <b><u>Responsive:</u></b> Reflect changes in performance levels</li> <li>• <b><u>Valid:</u></b> Capture the intended data and information</li> <li>• <b><u>Reliable:</u></b> Provide reasonably accurate and consistent information over time</li> <li>• <b><u>Economical:</u></b> Collect and maintain data in a cost-effective manner</li> <li>• <b><u>Accessible:</u></b> Provide regular results information to all stakeholders</li> <li>• <b><u>Comparable:</u></b> Allow direct comparison of performance at different points in time</li> <li>• <b><u>Benchmarked:</u></b> Use best practice standards</li> <li>• <b><u>Relevant:</u></b> Assess the core function of the program or significant budget expenditures</li> </ul>	<p>Each quarterly report should include the following standard items</p> <ul style="list-style-type: none"> <li>• Agency mission statement</li> <li>• Summary of key strategic plan initiatives</li> <li>• Program description, purpose and budget by source of funds</li> <li>• How the program links to key agency initiatives, objectives, and key performance measures</li> <li>• Action plan describing responsibilities and associated due dates</li> </ul>	<p>Key Measure reporting should include</p> <ul style="list-style-type: none"> <li>• Key performance measure statement</li> <li>• Data source to measure key measure results</li> <li>• Four years of historical data (if available)</li> <li>• Current quarter data (both qualitative and quantitative)</li> <li>• Graphic display of data as appropriate</li> <li>• Explanation for measures 10 percent or more below target</li> <li>• Proposed corrective action plan for performance failing to meet target</li> <li>• Action plan status</li> <li>• Corrective action plan for action plan items not completed</li> </ul>

PERFORMANCE REPORT CARD CRITERIA  
LEGISLATIVE FINANCE COMMITTEE

<p><b>Process</b></p> <ul style="list-style-type: none"> <li>• Data is reliable.</li> <li>• Data collection method is transparent.</li> <li>• Measure gauges the core function of the program or relates to significant budget expenditures.</li> <li>• Performance measure is tied to agency strategic and mission objectives.</li> <li>• Performance measure is an indicator of progress in meeting annual performance target, if applicable.</li> </ul> <p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Agency met, or is on track to meet, annual target.</li> <li>• Action plan is in place to improve performance.</li> </ul> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>• Agency management staff use performance data for internal evaluations.</li> </ul>	<p><b>Process</b></p> <ul style="list-style-type: none"> <li>• Data is questionable.</li> <li>• Data collection method is unclear.</li> <li>• Measure does not gauge the core function of the program or does not relate to significant budget expenditures.</li> <li>• Performance measure is not closely tied to strategic and mission objectives.</li> <li>• Performance measure is a questionable indicator of progress in meeting annual performance target, if applicable.</li> </ul> <p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Agency is behind target or is behind in meeting annual target.</li> <li>• A clear and achievable action plan is in place to reach goal.</li> </ul> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>• Agency management staff does not use performance data for internal evaluations.</li> </ul>	<p><b>Process</b></p> <ul style="list-style-type: none"> <li>• Data is unreliable.</li> <li>• Data collection method is not provided.</li> <li>• Measure does not gauge the core function of the program or does not relate to significant budget expenditures.</li> <li>• Performance measure is not related to strategic and mission objectives.</li> <li>• Performance measure is a poor indicator of progress in meeting annual performance target, if applicable.</li> <li>• Agency failed to report on performance measure and data should be available.</li> </ul> <p><b>Progress</b></p> <ul style="list-style-type: none"> <li>• Agency failed, or is likely to fail, to meet annual target.</li> <li>• No action plan is in place for improvement.</li> </ul> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>• Agency management staff does not use performance data for internal evaluations.</li> </ul>
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# CHILDREN, YOUTH AND FAMILIES DEPARTMENT

State of New Mexico

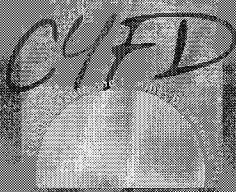
4th quarter, fiscal year 2015

## key quarterly performance measures report





# CYFD ORGANIZATIONAL STRUCTURE



## OFFICE OF THE CABINET SECRETARY

General Counsel

Program Planning,  
Communications  
and Research

Inspector General

### BEHAVIORAL HEALTH SERVICES

- Behavioral Health
- Licensing and Certification Authority

### EARLY CHILDHOOD SERVICES

- Child Care
- Pre-Kindergarten
- Family Nutrition
- Home Visiting
- Professional Development

### PROTECTIVE SERVICES

- Child Abuse & Neglect Reporting/Investigations
- In-Home Services
- Foster Care
- Adoptions
- Youth Services
- Permanency Planning
- Domestic Violence
- Children's Trust Fund

### JUVENILE JUSTICE SERVICES

- Secure Facilities
- Reintegration Facilities
- Releasing Authority
- Probation/Supervised Release
- Juvenile Justice Advisory Committee
- Community Corrections
- Youth in Transition

### PROGRAM SUPPORT

- Budget/Finance/Background Checks Unit
- Human Resources
- Information Technology

## Contacting CYFD

Office of the Secretary .....	505-827-7602	Juvenile Justice Services .....	505-827-7629
Office of the General Counsel .....	505-476-0471	Administrative Services .....	505-827-8069
Constituency Affairs .....	505-827-7606	Employee Recruitment .....	505-827-7620
Public Information Officer .....	505-827-7602	Foster Care/Adoptions Hotline .....	800-432-2075
HIPAA Privacy Office .....	505-827-6412	Child Abuse/Neglect Hotline .....	#SAFE (#7233) by cell or 855-333-SAFE (7233)
Early Childhood Services .....	505-827-7659		
Protective Services .....	505-827-8400		

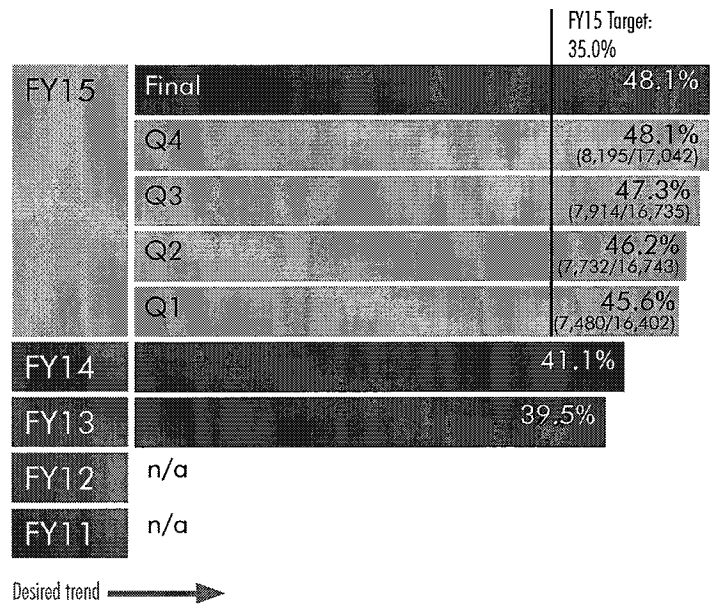
**New Mexico Children, Youth and Families Department**

**P.O. Drawer 5160**

**Santa Fe, NM 87502-5160**

**[www.cyfd.org](http://www.cyfd.org)**

# Percent of children receiving subsidy in Stars/Aim High programs levels three through five or with national accreditation



## Objective

- Increase the percentage of children in higher quality child care programs.

## Causal and Contributing Factors Impacting Performance Measure

- A small percentage of providers in rural and frontier areas of the state have three- through five-TQRIS Star level licenses, compared to some of the metro areas. This is most likely due to a lack of access to resources, community poverty levels (impacting child care centers' and homes' income) and, in some cases, isolation.
- Per the 2013 market rate survey (MRS), reimbursement rates for most child care providers serving families receiving child care assistance were below the federally recommended level—the 75th percentile of current market rate. Infant and toddler rates were raised to the 75th percentile of the 2013 MRS in July 2014.
- Early Childhood Services (ECS) is managing a waiting list for all new applicants for child care assistance with an income between 150% to 200% of the Federal Poverty Level (excluding TANF participants, teen mothers and special needs children).
- The Aim High system is being transitioned into the new FOCUS TQRIS for three- through five-TQRIS Star level. Currently, there are programs participating in FOCUS with current Star levels two through five using Aim High criteria; these programs must continue to be verified with the Star level.
- There are inconsistencies in the quality standards between accredited five-Star programs. One accrediting body still has inconsistencies with the quality standards.

- Restructuring Training and Technical Assistance (TTAP) agencies from eight programs to four has resulted in hiring challenges for remote areas and excessive travel for some TTAP staff. Increasing the number of FOCUS consultants resulted in hiring challenges for remote areas.

## Targeted Corrective Actions to Improve Performance

- Use RTT Early Childhood Investment Zone strategies to bring professional development and consultation resources to rural and frontier communities. Capacity building in some of these areas has been taking place, resulting in additional programs from the Early Childhood Investment Zone communities.
- Provide information to parents seeking child care on the importance of quality and how to identify quality programs. All field offices have Look for the Stars information in their lobby areas.
- Promote and provide incentives for the inclusion of children with special needs (including children with behavioral challenges and those in families that are homeless) in child care programs statewide. Use the Social/Emotional Pyramid Model strategies and training to support children with challenging behavior. Use mental health consultants for programs to receive onsite support.
- Increase child care program quality through the resources of the statewide Early Childhood TTAPs through the FOCUS program and other supports.
- FOCUS TQRIS started in January 2013 with 50 programs participating in the pilot. Infrastructure continues to be developed to hire trained consultants. As of Oct. 16, 2014, there were approximately 200 programs participating in the FOCUS pilot process. Currently, there

are 23 programs that have achieved Star 3 FOCUS level under the revised criteria.

- Continue with implementation of the plan for moving families off the waiting list.
- The Child Care Licensing staff will continue to work with all one-Star child care facilities to assist them in moving to two-Star level, providing them with the necessary training and technical assistance to accomplish the task.
- A crosswalk process took place between the diverse accreditation standards (standards of five-Star programs) by an external entity. The purpose of this crosswalk was to identify the accrediting standards that meet the quality requirements established in FOCUS. Only three accredited entities have been approved to date. Only one accredited entity has not been approved to date.
- Revised TQRIS standards will continue to be revised and will be evaluated by a national evaluating entity to ensure reliability.
- Recruitment of programs to participate in the TQRIS/ FOCUS continues to take place for a variety of early childhood programs: center-based, family child care, group homes, two through five Stars, rural, urban, Early Childhood Investment Zones programs, etc.

## Data Source/Methodology

- System: Family Automated Client Tracking System (FACTS)
- Windows: In-Home Services, Home Provider License, Private Provider License
- Report(s): sm10a16 ("FS Providers with Active Licenses")
- Numerator: Number of subsidy children served at Stars level three through five. Denominator: Number of subsidy children served.

**Percent of licensed child care providers participating in Stars/Aim High programs levels three through five or with national accreditation**

		FY15 Target: 30.0%
FY15	Final	33.3%
	Q4	33.3% (330/992)
	Q3	33.0% (328/995)
	Q2	32.2% (322/1,000)
	Q1	32.0% (320/1,001)
FY14		31.6%
FY13		32.3%
FY12	n/a	
FY11	n/a	

Desired trend →

### Objective

- Increase the percentage of child care providers participating in Stars/Aim High at levels three, four and five.

### Causal and Contributing Factors Impacting Performance Measure

- A small percentage of providers in rural and frontier areas of the state have three- through five-TQRIS Star level licenses, compared to some of the metro areas. This is most likely due to a lack of access to resources, community poverty levels (impacting child care centers' and homes' income) and, in some cases, isolation.
- Per the 2013 market rate survey, reimbursement rates for most child care providers serving families receiving child care assistance were below the federally recommended level—the 75th percentile of current market rate. Infant and toddler rates were raised to the 75th percentile of the 2013 MRS in July 2014.
- ECS is managing a waiting list for all new applicants for child care assistance with an income between 150% to 200% of the Federal Poverty Level (excluding TANF participants, teen mothers and special needs children).
- The Aim High system is being transitioned into the new FOCUS TQRIS for three- through five-TQRIS Star level. Currently, there are programs participating in FOCUS with current Star levels two through five using Aim High criteria; these programs must continue to be verified with the Star level.
- There are inconsistencies in the quality standards between accredited five-Star programs. One accrediting body still has inconsistencies with the quality standards.
- Restructuring TTAP agencies from eight programs to four has resulted in hiring challenges for remote areas

and excessive travel for some TTAP staff. Increasing the number of FOCUS consultants resulted in hiring challenges for remote areas.

### Targeted Corrective Actions to Improve Performance

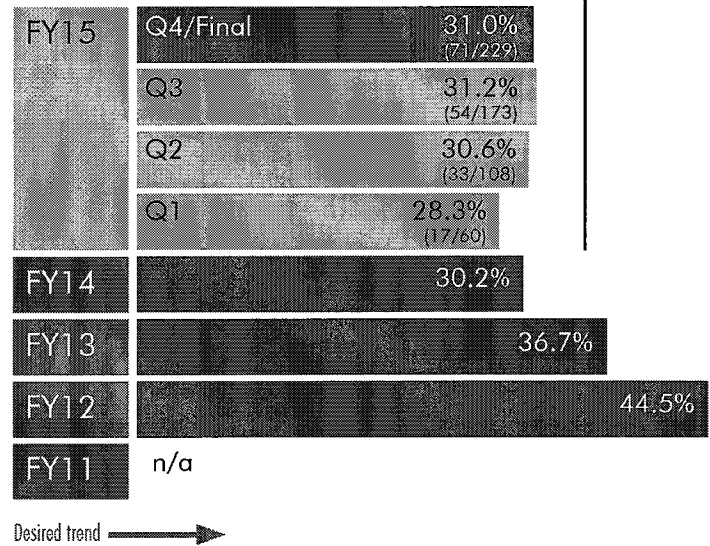
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- Increase child care program quality through the resources of the statewide Early Childhood TTAPs through the FOCUS program and other supports.
- FOCUS TQRIS started in January 2013 with 50 programs participating in the pilot. Infrastructure continues to be developed to hire trained consultants. As of October 16, 2014, there were approximately 200 programs participating in FOCUS pilot process. Currently, there are 23 programs that have achieved Star three FOCUS level under the revised criteria.
- Continue with implementation of the plan for moving families off the waiting list.
- The Child Care Licensing staff will continue working with all one-Star child care facilities to assist them moving to two-Star level, providing them with the necessary training and technical assistance to accomplish the task.
- A crosswalk process took place between the diverse accreditation standards (standards of five-Star programs) by an external entity. The purpose of this crosswalk was to identify the accrediting standards that meet the quality requirements established in FOCUS. Only three accredited entities have been approved to date. Only one accredited entity has not been approved to date.
- Revised TQRIS Standards will continue to be revised and will be evaluated by a national evaluating entity to ensure reliability.
- Recruitment of programs to participate in the TQRIS/ FOCUS continues taking place for a variety of early childhood programs: center-based, family child care, group homes, two through five Stars, rural, urban, Early Childhood Investment Zones programs, etc.

### Data Source/Methodology

- System: Family Automated Client Tracking System (FACTS)
- Windows: Provider Organization
- Report(s): sm10a16 ("FS Providers with Active Licenses")
- Numerator: Number of licensed providers at Star level three through five. Denominator: Number of licensed providers.



**Percent of mothers participating in home visiting who are identified as having symptoms of postpartum depression who were referred to services then received services**



**Objectives**

- Identify postpartum depression as early as possible by utilizing the Edinburgh Postpartum Depression Screen.
- Refer for services all screens with a positive score for postpartum depression.
- Support the mother regardless of use of formal services, while continuing to encourage mother to seek services.
- Work with the parent and infant in order to ameliorate possible impact of postpartum depression on the infant's development.

**Causal and Contributing Factors Impacting Performance Measure**

- Some communities do not have resources available for women to access services for postpartum depression. Communities with the highest needs for social/emotional support are the communities that lack the supports and resources the most.
- Transportation to services may not be available.
- Untreated postpartum depression may have long-lasting impact on the infant's healthy development.
- Services are impacted by the mother's engagement in the services referred. Engagement in services is voluntary and some mothers may not receive appropriate service. Mothers may choose not to receive postpartum depression services. Isolation may be a factor on mother's willingness to engage in services referred.
- The implementation of the Early Childhood Investment Zones for expansion funds presented a challenge as communities did not have the capacity to respond to Request for Proposals or submit an application for services.

- There is an increase of home visiting programs that are not funded through CYFD (state or federal); this presents a challenge in the coordination and collaborations of programs in some communities.

**Targeted Corrective Actions to Improve Performance**

- Train providers on all screening tools and monitor that screening tools are being completed and administered consistently. Use monitoring system to verify that referrals have been made when screening tools identify a concern.
- Train providers regarding the importance of parent and child interactions and support for the healthy social/emotional development of infants and toddlers and their family using national infant mental health practices.
- Provide activities to promote a healthy brain development, so the child has cognitive, social, and emotional capacity to succeed in school and life.
- Train home visitors to recognize when a mother may be stressed and provide the support needed to reduce stress. A healthy mother is essential for a healthy baby.
- Align the federally funded home visiting programs and the state programs for identification and referral to services for postpartum depression as well as all other aspects of home visiting services.
- Create community coalitions to address the need for support and services to foster the social and emotional development of the child and his/her parent(s)/caregiver(s). Implement the Pyramid Model for social/emotional—infant mental health support in the training modules repertory.

- Work in partnership with county and city governments and assist local community programs to develop the skills and infrastructure to respond to a Request for Proposal in compliance with state procurement regulations.
- Create local partnerships for non-CYFD-funded programs and implement a common referral system to ensure best fit for families.
- Partner with CYFD Behavioral Health, Infant/Early Childhood Mental Health program to support the infant-mother relationship in a clinical approach (where available).

**Data Source/Methodology/Notes**

- Figures are updated every quarter and are cumulative.
- Home visiting data provided by University of New Mexico Continuing Education Division.
- Numerator: Number of mothers identified as having symptoms of postpartum depression using the Edinburgh assessment tool and received services.
- Denominator: Total number of mothers who were given the Edinburgh assessment tool and screened a positive score for postpartum depression.
- Figures reported represent state-funded programs; federally funded programs are excluded.

**Percent of children in state-funded pre-kindergarten showing measurable progress on the preschool readiness for kindergarten tool**

FY15	Final	FY15 Target: 92.0% 94.2%
		(reported annually in June)
	FY14	90.2%
	FY13	91.4%
	FY12	n/a
	FY11	n/a

Desired trend →

### Objectives

- Increase the number of children showing measurable progress on the preschool readiness for kindergarten tool.
- Increase access to voluntary, high-quality pre-kindergarten programs.
- Provide developmentally appropriate activities for New Mexico children.
- Expand early childhood community capacity.
- Support linguistically and culturally appropriate curriculum.
- Focus on school readiness.
- Fund professional development—teacher training and on-site technical assistance and support.

### Causal and Contributing Factors Impacting Performance Measure

- In order to have an accurate measure of children's status in relation to the New Mexico PreK Learning Outcomes, staff must be adequately trained in using the Observational Assessment Tools.
- To produce the measure, the data for individual programs must be accurately entered into the UNM Continuing Education PreK data system and aggregated to produce the necessary reports both for the individual programs and for the state.
- This data is reported annually in June.
- New Mexico's unique mixed delivery system ensures access and parental choice by taking advantage of existing community resources as well as "goodness of fit" to ensure linguistic and cultural appropriateness.

- The integrity of teacher-generated data is often questioned since it is sometimes not reported on a timely basis and there is the possibility of human error in entering data accurately.
- The implementation of the Early Childhood Investment Zones for expansion funds presented a challenge as communities did not have the capacity to respond to Request for Proposals or submit an application for services.
- Targeting Early Childhood Investment Zones have made it challenging to start programs in some communities where there are no licensed, center-based child care providers or pockets of 4-year-old children.

### Targeted Corrective Actions to Improve Performance

- All teaching staff new to New Mexico PreK will receive Day One and Day Two training in using the Observational Assessment Tools.
- All continuing teaching staff will have access to a one-day refresher training and to ongoing training and support regarding the use of observation data to plan and implement appropriate New Mexico PreK curricula.
- All New Mexico PreK program standards will be monitored for successful implementation in all program sites utilizing the 360 Model.
- All New Mexico PreK participants will attend regional and on-site training focused on improving instruction.
- All New Mexico PreK programs will be provided with the necessary technical assistance, guidance and support through the mentoring component, self-assessment and on-site monitoring visits and the specialized training described above.

- Include PreK in the Infant/Early Childhood Mental Health Plan to address the social-emotional development of PreK participants.
- Work in partnership with county and city governments and assist local community programs to develop the skills and infrastructure to respond to a Request for Proposal in compliance with state procurement regulations.
- Look at PreK options that can meet the needs of rural, isolated communities without the resources or needed number of children to start a PreK program.
- Share the CYFD Strategic Plan with PED.

### Data Source/Methodology

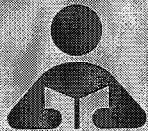
- Adhoc Reports from PreK database which is administered by the University of New Mexico.
- Numerator: Number of children showing measurable progress. Denominator: Number of children evaluated through the Observational Assessment Tool.

# JAY INSLEE Governor

Policy Brief

September 2013

*By setting clear goals and continually tracking results, the state will be better equipped to engage its employees, partners and the public in building a healthier, better-educated and more prosperous Washington.*



World-Class  
Education



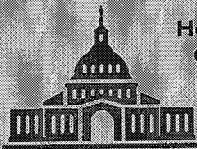
Prosperous  
Economy



Sustainable Energy  
and a Clean  
Environment



Healthy and Safe  
Communities



Efficient, Effective  
and Accountable  
Government

[www.results.wa.gov](http://www.results.wa.gov)

## Results Washington: A more efficient, effective and transparent state government

*Any organization functions better — and gets better results — when its decisions and actions are guided by solid data. Washington has seen this firsthand. Over the past decade, for example, our data-driven “Target Zero” traffic safety program has helped reduce the state’s fatality accident rate to record lows. Intensive data-gathering has helped us speed up our response to reports of child abuse and streamline delivery of government services, from water permit approvals to vehicle registration renewals. Now we’re taking it to a new level.*

Governor Inslee believes we can do more to ensure a faster, smarter and more accountable state government — a government focused on key goals that will help strengthen our economy, improve our schools and make Washington an ideal place to live and do business. By setting clear goals and continually tracking results, the state will be better equipped to engage its employees, partners and the public in building a healthier, better-educated and more prosperous Washington. Indeed, the Governor is delivering on his inaugural address promise that “We will provide efficiency, effectiveness and transparency.”



Washington has long been a national leader in adapting proven private-sector methods and tools to measure and improve state government performance. For the past eight years, tools such as the Government Management Accountability and Performance (GMAP) program and Lean process improvement tools and techniques have been used to improve individual state agency performance.

The state is now poised to launch Results Washington, a new system combining the best aspects of GMAP with a significantly expanded Lean initiative that involves all state agencies. Results Washington will use the latest technology to routinely gather, review and display performance data which will make it easier for citizens to see for themselves how well state government and its many partners — such as school districts, local governments and community organizations — are delivering services and meeting key performance goals.

## **An innovative and data-driven approach to governing**

Governor Inslee started this effort by identifying the vision, mission and top goal areas of his administration:

- » World-Class Education
- » Prosperous Economy
- » Sustainable Energy and a Clean Environment
- » Healthy and Safe Communities
- » Efficient, Effective and Accountable Government

These goals tie into his “Building a Working Washington” agenda and encompass everything from transportation and education to health care and a clean environment. Goal councils, composed of agency directors, representatives from the Governor’s budget and policy offices and the Results Washington team, were established for each goal area. The Results Washington team will work with agencies to gather and review performance data. This will provide valuable real-time information to help state managers spot trends and make data-driven decisions that will improve quality, speed up service delivery and support meeting improvement goals.

### **Access to an unprecedented array of performance data**

Governor Inslee’s goal councils identified key outcome measures and leading indicators for each of his five goal areas. These indicators require agencies to work together in developing strategic plans to meet the established goals. Results Washington will provide unprecedented transparency and access to information about how well we’re making progress toward the goals. The goal councils, Results Washington team and Lean fellows will meet monthly to review performance data with the Governor, covering one goal area per month on a rotating basis. The data will be displayed and updated — with charts, graphs and context — on the Results Washington web portal.

## **Expanding state government’s Lean initiative**

Washington’s businesses and health care industries have discovered the value of Lean as a way of doing business and achieved tremendous results. Lean is a system of proven principles, methods and tools that encourages employee creativity and problem solving. Lean is applied at all levels of an organization to review policies and procedures from a customer’s point of view and consider what adds value and what can be eliminated. As part of Results Washington, we are creating a new Lean fellowship program, led by a Lean expert, to work side-by-side with agencies on performance improvement plans. Lean efforts will help state agencies more efficiently serve the people and businesses of Washington.

### **Engaging employees, partners and the public to deliver results**

Previous state government performance management efforts typically measured only selected state agency outcomes. While Results Washington will continue to do that, it will also have a broader focus. Results Washington will use higher-level measures that gauge how well state government — and its public and private sectors partners — are doing. For example, one proposed outcome measure in the Prosperous Economy goal area is increasing the average wage for workers statewide. In the World-Class Education goal area, one proposed outcome measure is increasing the percentage of children enrolled in high-quality early learning programs.

Governor Inslee understands that state government alone cannot deliver success. By setting the vision and mission, and establishing clear expectations of continuous improvement against clear goals and targets to achieve, we will build a healthier, better-educated and more prosperous Washington.

“Let’s get it done.”



Governor Jay Inslee

# A New Strategic Framework

## Vision

A **Working Washington** built on education and innovation ... where all Washingtonians thrive.

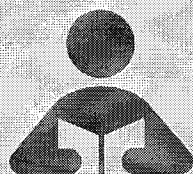
## Mission

- Foster the spirit of **continuous improvement**
- Enhance the conditions for **job creation**
- Prepare **students** for the future
- Value our **environment**, our **health** and our **people**

## Foundation

- Create a responsive, **innovative** and data driven culture of continuous improvement.
- Recognize Washington's rich **natural resources**, diverse **people** and entrepreneurial **drive**, and build upon our legacy.
- Operate state government with the expectation that success is dependent on the success of **all**.
- Create effective communication and transparency on **goals**, **measures** and **progress** in meeting expectations.
- Deepen our focus, understanding and commitment to our citizens: **Know our customers**.

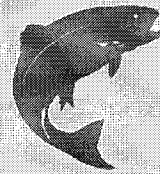
## Goals



World-Class  
Education



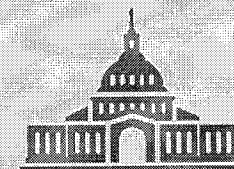
Prosperous  
Economy



Sustainable Energy and  
a Clean Environment



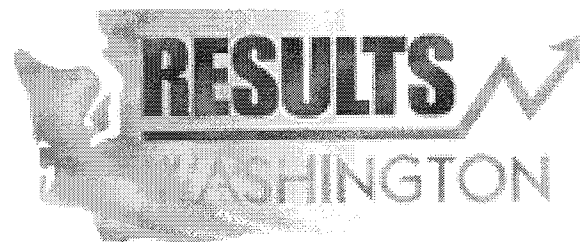
Healthy and Safe  
Communities



Efficient, Effective and  
Accountable Government

## Measure & Improve

Building a more responsive, data-driven state government to get results:



[www.results.wa.gov](http://www.results.wa.gov)





## Healthy People

# Healthy Babies

Decrease the infant mortality rate for children under 1 year old to 4.4 per 1,000 births by 2016

**4.4** per 1,000 birth  
Current as of Jan 2013

4.1 per 1,000 birth  
Dec 2016 Target



On Track

[Show chart](#)

Dec 2011 Jan 2013 Jan 2014 Jan 2015 Jan 2016 Dec 2016

### ✓ Prenatal Care

73.4  
Percent

Increase prenatal care to 75.5% by 2016

### ✓ Low Birth Weight (All)

6.4  
Percent

Decrease infants born with low birth weight to 6.0% by 2016

### ✗ Low Birth Weight (Blacks)

10.7  
Percent

Decrease infants born with low birth weight among Blacks to 9.3% by 2016

### ✓ Low Birth Weight (American Indians/Alaska Native)

7.8  
Percent

Decrease infants born with low birth weight among American Indian/Native American to 8.5% by 2016

### ✓ C-Section Rate

15.2  
percent

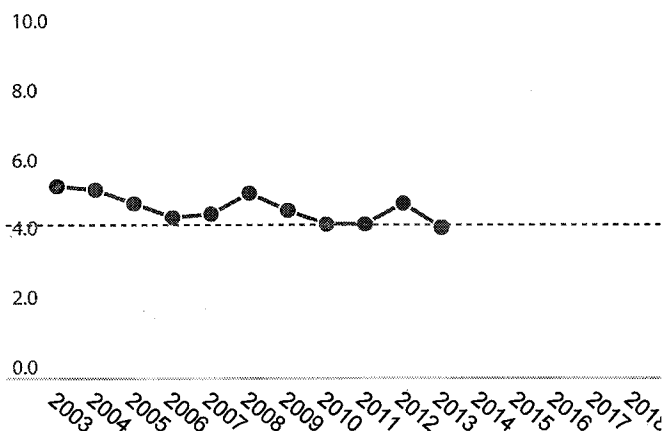
Decrease the Primary Term Single Vertex (TSV) C-Section rate to 14.76% by 2016

### ✓ Teen Pregnancy Rate

14.6  
per 1,000

Decrease teen pregnancy rates in 15 to 19 year olds to 17.5 per 1,000 by 2016

**All Infant Mortality:** Decrease the infant mortality rate for children under 1 year old from 5.1 per 1,000 births in 2012 to 4.4 per 1,000 births by 2016



--- Target 4.4 deaths per 1,000 live births by 2016

[Explore the data](#)

## Why is decreasing infant mortality a priority?

Infant death is a marker of a society's overall health and points to bigger underlying issues like the quality of healthcare, access to services, health inequity and risky individual behaviors. In Washington, the leading causes of infant deaths are birth defects, Sudden Infant Death Syndrome (SIDS) and being born too early. We also have some racial and ethnic groups with infant death rates higher than the state average.

## How are we doing?

Washington's infant mortality rate is one of the best in country at 5.1 deaths per 1,000 live births. However, some groups have higher rates of infant deaths. In 2012, the infant death rate for Native Hawaiian and Other Pacific Islanders was 13.7 deaths per 1,000 live births, for Blacks it was 10 deaths per 1,000 live births and for Native American/Alaska Natives it was 8.5 deaths per 1,000 live births .

# What are we working on?

The leading causes of infant deaths (birth defects, SIDS and being born too early) are complicated and require numerous strategies to address.

- **Collaboration with the American Indian Health Commission.** We are working with the American Indian Health Commission on how to reduce preterm birth among American Indians in Washington.
- **Coordination of Washington State Perinatal Collaborative.** There are many different organizations committed to improving the health of mothers and babies in Washington. This group strategizes on statewide initiatives. The organizations include: the March of Dimes, the Washington State Hospital Association, Health Care Authority, the University of Washington and the Washington State Perinatal Regional Network.
- **Family planning.** Babies born preterm are more likely to have low birth weight. Women who have already had a preterm birth are more likely to have another one. Having at least one year between pregnancies can reduce the chance of having another preterm birth. In order to allow enough time before having another baby, women need access to reliable birth control. We fund sixteen family planning agencies across the state.
- **Partnering with healthcare providers.** We are working with healthcare providers on how to increase access to and appropriate use of 17 OH-Progesterone, a medication that may prevent preterm birth for women who have already had a preterm birth. We also develop and maintain tools for providers to use to help pregnant women quit smoking.
- **Prenatal care.** We are partnering with Health Care Authority to help pregnant women on Medicaid get prenatal care as early as possible.
- **Referrals to support programs.** We collaborate with Health Care Authority to promote the First Steps Maternity Support Services program for low-income women. We also collaborate with the Department of Early Learning to support home visiting programs to help women have healthy pregnancies.
- **Safe Sleep.** We recently developed an educational material for parents about safe sleep to help prevent Sudden Infant Death Syndrome (SIDS).
- **Substance use screening and treatment programs.** We would like to partner with addiction treatment programs to integrate family planning, pregnancy and parenting into treatment plans. We would also like to increase substance use screening and referrals by healthcare providers as part of routine care.
- **Tobacco cessation.** Smoking is a risk factor for preterm birth. We created a workbook for pregnant women on how to quit smoking. It will be distributed by healthcare providers, Maternity Support Service programs, and local WIC clinics.
- **Wait One Year campaign.** This effort encourages women who have already had a preterm birth to wait one year, quit smoking, and take folic acid.
- **Women, Infants, and Children (WIC) Nutrition Program.** WIC is a nutrition program for pregnant women, new and breastfeeding moms, and children under 5. WIC provides monthly checks for healthy food, health screenings and referrals, nutrition education, and breastfeeding support. We are working on a new electronic benefits transfer (EBT) project that would replace the paper checks currently issued to WIC clients.

# How can you help?

**All women.** Ask yourself if you can do more to improve your health. Even if you do not plan to get pregnant, you may feel better. If you do get pregnant, then you improve the chances that you will have a healthy baby. For more information on making positive changes for your health, visit:  
<http://www.doh.wa.gov/YouandYourFamily/WomensHealth.aspx>.

**Pregnant women.** You can improve the chances that you will have a healthy baby.

- See a healthcare provider for prenatal care as soon as you know you are pregnant. Find out if you're eligible for the Maternity Support Services program by calling 1-800-322-2588.
- Find out if you're eligible for the WIC Nutrition program by calling the Family Health Hotline at 1-800-322-2588 or visiting <http://www.ParentHelp123.org>.
- Take folic acid every day.
- Stop smoking and try not to be around people who are smoking. This includes E-cigarettes or vapes. If you need help quitting smoking, call the Washington State Quitline at 1-800-784-8669 or visit: <http://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit.aspx>. For more information about E-cigarettes or vapes, visit: <http://www.doh.wa.gov/YouandYourFamily/Tobacco/OtherTobaccoProducts/ECigarettes.aspx>.
- Do not drink alcohol or use any drugs (including marijuana) while you are pregnant or breastfeeding. For more information, visit: <http://learnaboutmarijuanawa.org/factsheets/reproduction.htm>. If you need help to stop using, call the Washington Recovery Help Line at 1-866-789-1511.
- Give your baby a safe place to sleep. Your baby is safest sleeping alone, in a crib, on her back, with no pillows or blankets. For more information, read: [http://here.doh.wa.gov/materials/safe-sleep/13\\_SafeSleepBro\\_E14L.pdf](http://here.doh.wa.gov/materials/safe-sleep/13_SafeSleepBro_E14L.pdf).

**Women who have already had a preterm birth.** If you had a preterm birth, your chances of having another one are higher. This means that you need to take special care of yourself.

- Wait one year before trying to get pregnant again. Having at least one year between pregnancies can reduce the chance of having another preterm birth. In the meantime, use a reliable birth control method. For more information, visit: <http://www.doh.wa.gov/YouandYourFamily/WomensHealth/Pregnancy/WaitOneYear.aspx>.
- Take folic acid every day.
- Treat and prevent gum disease.
- Find healthy ways to reduce stress in your life.
- Stop smoking and try not to be around people who are smoking. This includes E-cigarettes or vapes. If you need help quitting smoking, call the Washington State Quitline at 1-800-784-8669 or visit: <http://www.doh.wa.gov/YouandYourFamily/Tobacco/HowtoQuit.aspx>. For more information about E-cigarettes or vapes, visit: <http://www.doh.wa.gov/YouandYourFamily/Tobacco/OtherTobaccoProducts/ECigarettes.aspx>.
- If you become pregnant, do not drink alcohol or use any drugs (including marijuana) while you are pregnant or breastfeeding. For more information, visit: <http://learnaboutmarijuanawa.org/factsheets/reproduction.htm>. If you need help to stop using, call the Washington Recovery Help Line at 1-866-789-1511.

**[Supplemental report\(click here\)](#)**