Driving to Results
Human Services and Public Health Committee

HUMAN SERVICES DEPARTMENT

SEPTEMBER 13, 2017

Seattle
Human Services

Human Services Department

Impact Areas:

- Preparing Youth for Success
- Promoting Healthy Aging
- Supporting Affordability & Livability
- Promoting Public Health
- Responding to Gender-based Violence
- Addressing Homelessness

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Results-Based Accountability (RBA)

- Based on *Trying Hard is Not Good Enough* by Mark Friedman

- Is a framework to drive towards results

- Provides common language

- Starts with the result in mind

- Identifies accountability between entire population vs. programs

- Measures impact instead of counting "things"

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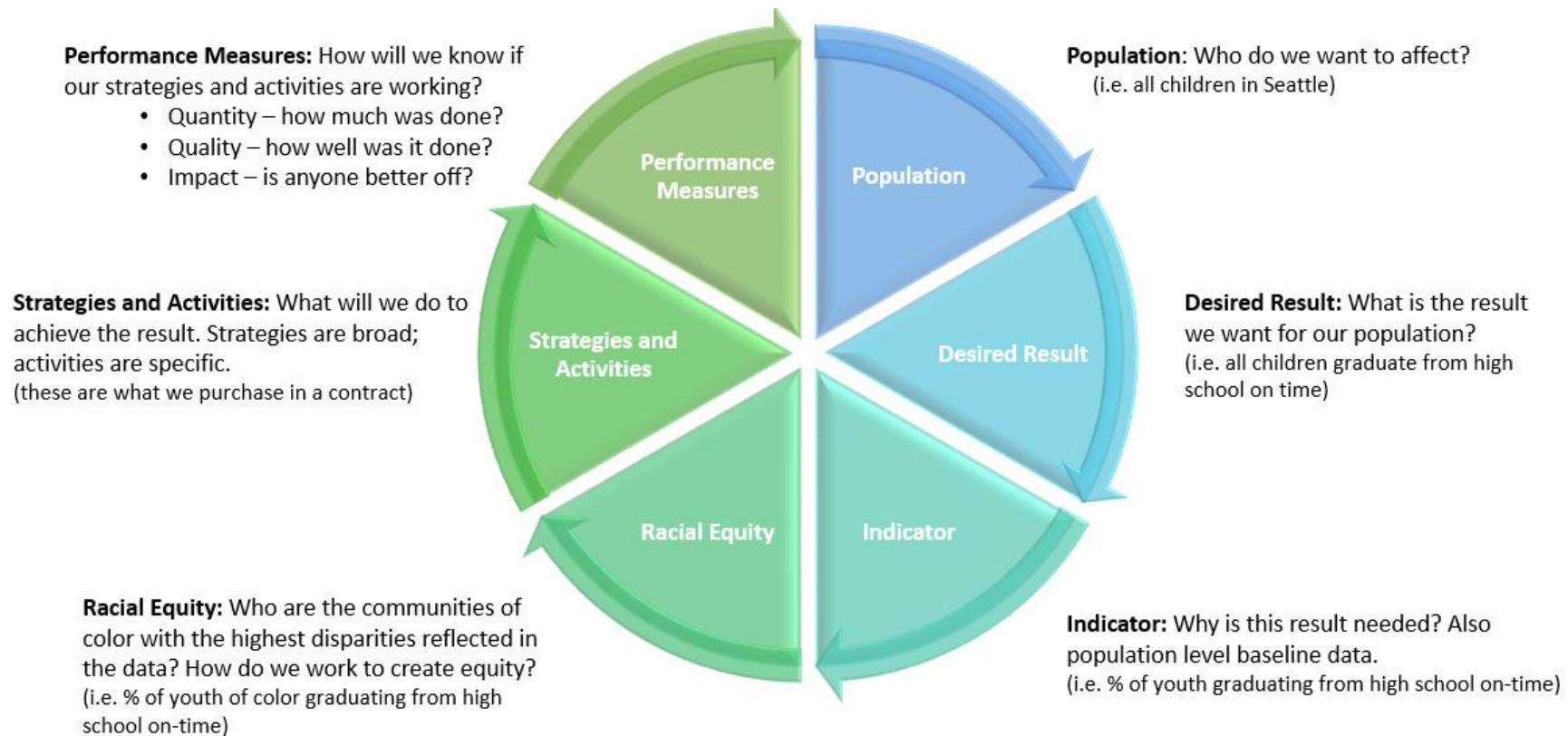Human Services

Results-Based Accountability Components

- **Population –** Who do we want to affect?

- **Desired Result** – What is the result we want for our population?

- **Indicators** – Why is this result needed? Also population level baseline data.

- **Strategies and Activities** – What will we do to achieve the result? (Strategies are broad; activities are specific)

- **Performance Measures** – How will we know if strategies/activities are working?
  - Quantity – How much was done?
  - Quality – How well was it done?
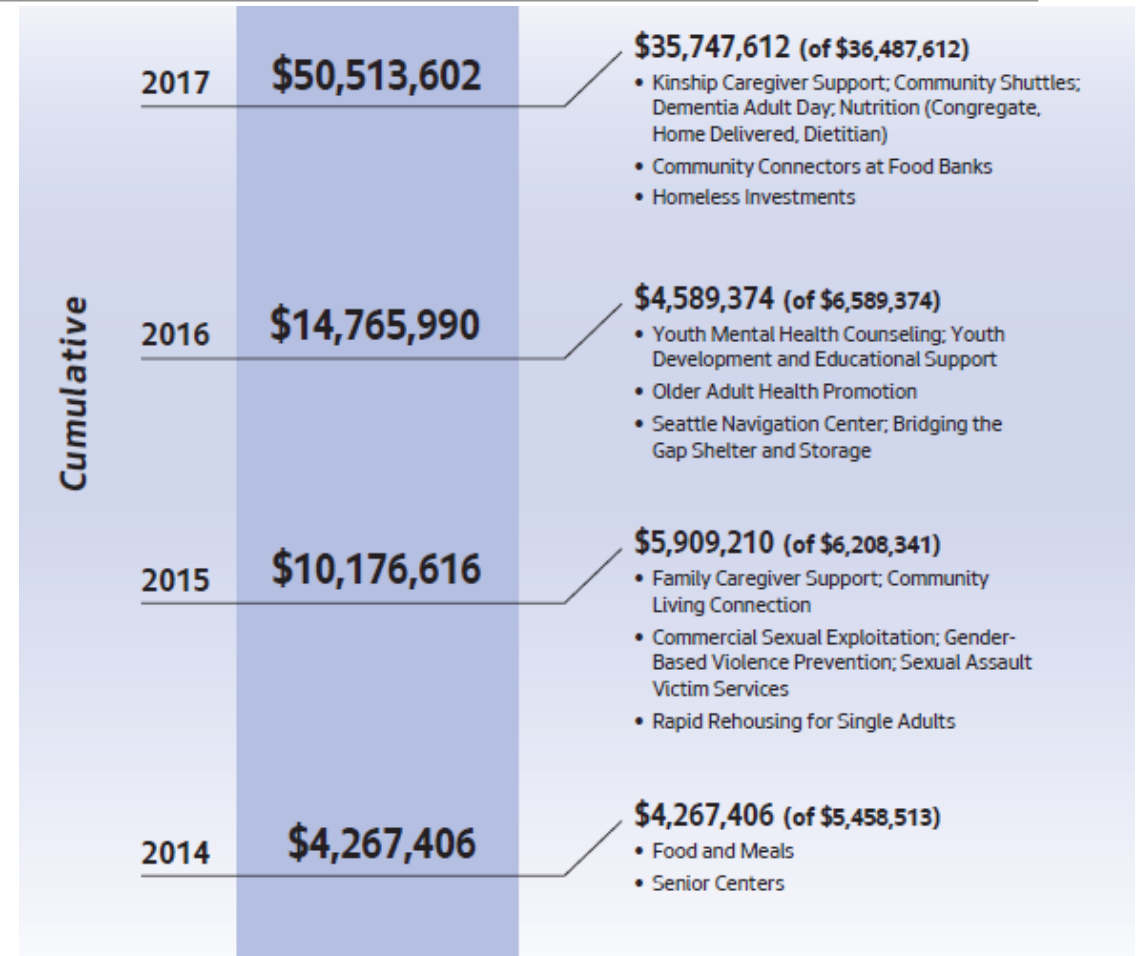 - Impact – Is anyone better off?

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HSD Theory of Change

Uses RBA and leads with race

Performance Measures: How will we know if our strategies and activities are working?
- Quantity – how much was done?
- Quality – how well was it done?
- Impact – is anyone better off?

Strategies and Activities: What will we do to achieve the result. Strategies are broad; activities are specific.
(these are what we purchase in a contract)

Racial Equity: Who are the communities of color with the highest disparities reflected in the data? How do we work to create equity?
(i.e. % of youth of color graduating from high school on-time)

Population: Who do we want to affect? (i.e. all children in Seattle)

Desired Result: What is the result we want for our population? (i.e. all children graduate from high school on time)

Indicator: Why is this result needed? Also population level baseline data.
(i.e. % of youth graduating from high school on-time)

Performance Measures — Population — Desired Result — Indicator — Racial Equity — Strategies and Activities

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Progress

- 77% ($50.5M) of HSD's current investments have been competitively bid through a results framework

- By 2019, functionally ALL ($66M) of HSD's investments will have been competitively bid through a results framework

Cumulative

Year	Cumulative	
2017	$50,513,602	**$35,747,612** (of $36,487,612) • Kinship Caregiver Support; Community Shuttles; Dementia Adult Day; Nutrition (Congregate, Home Delivered, Dietitian) • Community Connectors at Food Banks • Homeless Investments
2016	$14,765,990	**$4,589,374** (of $6,589,374) • Youth Mental Health Counseling; Youth Development and Educational Support • Older Adult Health Promotion • Seattle Navigation Center; Bridging the Gap Shelter and Storage
2015	$10,176,616	**$5,909,210** (of $6,208,341) • Family Caregiver Support; Community Living Connection • Commercial Sexual Exploitation; Gender-Based Violence Prevention; Sexual Assault Victim Services • Rapid Rehousing for Single Adults
2014	$4,267,406	**$4,267,406** (of $5,458,513) • Food and Meals • Senior Centers

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2014 Senior Centers RFP

THEORY OF CHANGE

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Population Data

Who do we want to affect?

111,000 adults ages 60+ years in Seattle

Population: Who do we want to affect? (i.e. all children in Seattle)

Population

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Desired Result

What is the result we want?

Desired Result: What is the result we want for our population? (i.e. all children graduate from high school on time)

HSD impact areas

PREPARING YOUTH FOR SUCCESS All youth in Seattle successfully transition to adulthood.	**SUPPORTING AFFORDABILITY AND LIVABILITY** All people living in Seattle are able to meet their basic needs.	**ADDRESSING HOMELESSNESS** All people living in Seattle are sheltered.
PROMOTING PUBLIC HEALTH All people living in Seattle experience moderate to optimum health conditions.	**RESPONDING TO GENDER BASED-VIOLENCE** All people living in Seattle are free from gender-based violence.	**PROMOTING HEALTHY AGING** All older adults experience stable health and are able to age in place

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Indicators

- 18% of Seattle 60+ reported their health was fair or poor.

- 31% of low income 60+ adults reported fair or poor health.
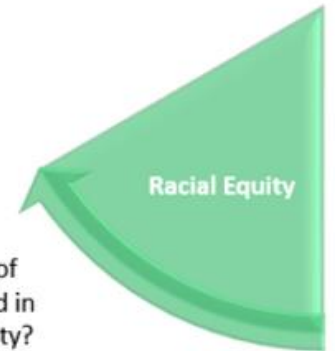
Indicator: Why is this result needed? Also population level baseline data. (i.e. % of youth graduating from high school on-time)

Data Source: 2008-2012 Behavioral Risk Factor Surveillance Survey

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Racial Equity

Where do the racial disparities exist?

- African American/Black and American Indian 60+ are the most likely to experience poor health.

- National data shows disparity in health for Native Hawaiian/Pacific Islander 60+, however local data sample sizes are too small for reliable rates to show a percentage.

Racial Equity: Who are the communities of color with the highest disparities reflected in the data? How do we work to create equity? (i.e. % of youth of color graduating from high school on-time)

Racial Equity

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Data Source: 2008-2012 Behavioral Risk Factor Surveillance Survey

Strategies

What will we do to achieve the result? (broad)

- Evidence-informed health promotion activities

- Social support services

- Access to nutrition programs

Strategies and Activities: What will we do to achieve the result. Strategies are broad; activities are specific.
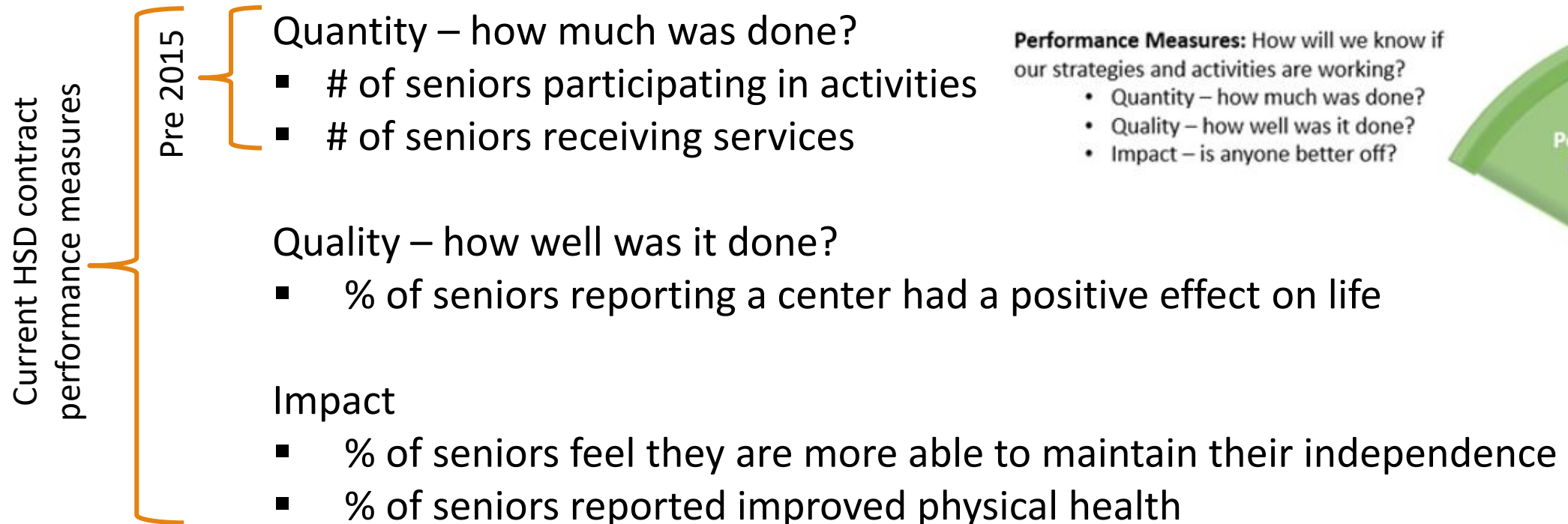(these are what we purchase in a contract)

Strategies and Activities

2015 Senior Centers RFP

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Activities

- Subset of a strategy

- Specific to each provider and contract

- Example: fitness or nutrition education program

2015 Senior Centers RFP

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Performance Measures

How will we know if the strategies/activities are working?

Current HSD contract performance measures

Pre 2015

Quantity – how much was done?
- # of seniors participating in activities
- # of seniors receiving services

Quality – how well was it done?
- % of seniors reporting a center had a positive effect on life

Impact
- % of seniors feel they are more able to maintain their independence
- % of seniors reported improved physical health

Performance Measures: How will we know if our strategies and activities are working?
- Quantity – how much was done?
- Quality – how well was it done?
- Impact – is anyone better off?

Performance Measures

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ALL MEASURES DISAGGREGATED BY RACE

2017 Community Connectors at Food Banks RFP

THEORY OF CHANGE

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Theory of Change

- **Population** – 684,000 Seattle residents

- **Desired Result** – All people in Seattle can meet their basic needs

- **Indicators** – 12% of Seattle households reported experience food scarcity

- **Racial Disparity** – Native Hawaiian and Pacific Islanders are the highest to experience food insecurity

- **Strategies** – Active engagement, inventory of current services and need, benefit application submittal, referrals

- **Performance Measures** – next slide

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Performance Measures

ALL MEASURES DISAGGREGATED BY RACE

- **Quantity** – how much was done?
  - # of clients participating in Community Connector services
  - # of clients who complete applications to benefits and services
  - # of clients who successfully enroll in benefits and services

- **Quality** – how well was it done?
  - % of clients who report satisfaction with Community Connector services

- **Impact** – is anyone better off?
  - % of clients who successfully have application accepted for benefits and/or successfully complete a referral for services or goods.
  - % of clients using Community Connector services who report improved ability to meet their needs in one or more of the following areas: Food • Health • Housing • Child care • Employment or job training • Utilities • GED/Postsecondary education

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