

June 16 2009

TO: The Florida Cabinet for Children and Youth
FROM: The Policy Group for Florida's Families and Children
RE: Priority indicators and follow-through with results accountability

Following presentation of *The State of Florida's Child Report* at the March 17, 2009 Cabinet meeting, the Cabinet asked The Policy Group to return with recommendations for priority indicators. To inform this discussion, The Policy Group surveyed Florida stakeholders, reviewed and discussed criteria for selecting priority or "headline" indicators, and analyzed indicators in the report by goal/ outcome area. Survey information and further detail on indicator criteria will be discussed during the June 16 Cabinet meeting. Indicators on which there was a high degree of agreement on the survey will be provided.

The Policy Group recommendations below will be presented for Cabinet discussion in a workshop format. These recommendations are for indicators that:

- Measure the outcomes of a *population* as a means of tracking progress toward desired results
- Include positive outcomes
- Are predictive of current well-being
- Are predictive of subsequent well-being

In addition to the 13 recommended by The Policy Group, four additional indicators will be offered for consideration. These indicators are *performance* indicators rather than population indicators. However, they are ones on which the Cabinet may wish to focus because they are salient to specific goal areas, ones for which Florida's performance needs significant improvement, or ones with a high percentage of agreement on the survey.

Next steps in the results accountability process adopted by the Cabinet are provided following the indicator recommendations.

Indicator Recommendations (definitions and national rankings are in Table 1):

Every Florida child is healthy ...

- Low birth weights
- Children who complete the basic series of immunizations
- Child deaths
- Infant mortality

Population accountability is accountability for the well-being of a whole population in a geographic area. It is bigger than one program or agency or one level of government. It requires ALL partners to make a difference.

Performance accountability is accountability for the performance of a program, agency or service system. The most important performance measures are about the well-being of a client population (i.e., those who receive service or otherwise benefit from the program).

Every Florida child is ready to learn and succeed ...

- Children who reach their developmental potential in physical well-being and motor development, social and emotional development, problem solving, language development and in cognition and general knowledge based on an a valid and appropriate school readiness screening tool
- Teens who are high school dropouts

Every Florida child has a stable and nurturing family ...

- Children living in families with income below the poverty threshold
- Children who have “some indication” or “verified” evidence of abuse or neglect
- Children under 18 in foster care at any time in the year
- Teen births to women who were already mothers

Every Florida child lives in a safe and supportive community ...

- Homeless children
- Children in low-income households where housing costs exceed 30% of income
- Children in safe neighborhoods

For consideration ...

- Children without health insurance
- Children not receiving specific health care services necessary for identified developmental delays and special needs
- Affordability of child care
- Children participating in after-school programs

Recommendations for future work

At the March 17, 2009 Cabinet meeting, the Cabinet adopted an outcomes accountability process,¹ which starts with a definition of the goal population and ends with action plans that specify performance measures and link to budgets. The process will be reviewed during the June 16 Cabinet meeting. Steps to move forward will be discussed during the Cabinet workshop. They are:

- History of the indicators – trends over past several years
Once the Cabinet establishes prioritized indicators, it is necessary to understand the trends, especially delving into WHY the trends are headed the way they are. This will inform adoption of strategies that work.
- Where do we want to be? – target. The Cabinet should establish the improvement it would like to see for each indicator, and when.
- What works to turn the curve *in our state?* – do we need more information/research? This is a critical step. The Cabinet needs to “marry” the trends with the reason for them and with

¹ Friedman, 2005

strategies that work. Many strategies do not require additional funding, but a shift in approach, e.g., a focus on prevention.

- Who are our partners? What are their roles? How do we engage them and coordinate progress?
 - What is each state agency doing to support improving the outcomes?
 - What are others doing to support improving the outcomes?
 - What is missing?
 - How do we track progress?
- Multi-year action plans
- Budget

During the workshop, the Cabinet will determine the order and priority of next steps and responsibilities and timeline for accomplishing the steps. The Policy Group for Florida’s Families and Children offers to provide indicator history information for the Cabinet’s July meeting, and arrange for a workshop by Mark Friedman (resume attached) for the September meeting.

Table 1 – Indicator Definitions and National Rankings

Goal/Outcome: Every Florida child is healthy		<i>Florida rank</i>
<i>Indicator</i>	<i>Indicator Definition</i>	
Low birth weights	Live births weighing less than 5.5 pounds (2,500 grams)	36
Children who complete the basic series of immunizations	Percentage of children ages 19-35 who have 4:3:1 Series Coverage ²	8
Child deaths	Deaths to children between ages 1 and 14, from all causes, per 100,000 children in this age range	27
Infant mortality	Deaths occurring to infants under 1 year of age per 1,000 live births	29

Goal/Outcome: Every Florida child is ready to learn and succeed

<i>Indicator</i>	<i>Indicator Definition</i>	<i>Florida rank</i>
Children who reach their developmental potential in physical well-being and motor development, social and emotional development, problem solving, language development and in cognition and general knowledge based on an a valid and appropriate school readiness screening tool	The Florida Kindergarten Readiness Screener (FKRS), administered to assess the readiness of each child for kindergarten. The FKRS includes a subset of the Early Childhood Observation System™ (ECHOS™), which consists of 19 items from 7 domains: language and literacy, mathematics, social and personal skills, science, social studies, physical health and fitness, creative arts. And the FKRS includes the first two measures of the Dynamic Indicators of Basic Early Literacy Skills™ (DIBELS™) for kindergarten (Letter Naming Fluency and Initial Sound Fluency) to gather information on a child’s development in emergent literacy.	Not available
Teens who are high school	Teenagers between the ages of 16 and 19 who are not enrolled	43

² 4:3:1 Series Coverage is four or more doses of diphtheria and tetanus toxoids and pertussis (DTP) vaccine, diphtheria and tetanus toxoids (DT) vaccine, and diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine; three or more doses of poliovirus vaccine; and one or more doses of measles-containing vaccine

dropouts	in high school and are not high school graduates	
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Goal/Outcome: Every Florida child has a stable and nurturing family

<i>Indicator</i>	<i>Indicator Definition</i>	<i>Florida rank</i>
Children living in families with income below the poverty threshold	Percentage of children under age 18 who live in families with incomes below the federal poverty level, as defined by the U.S. Office of Management and Budget	25
Children who have “some indication” or “verified” evidence of abuse or neglect	Child abuse rate per 1,000 children	Not available
Children under 18 in foster care at any time in the year	The number and rate of children under age 18 in the foster care system at any point during the period October 1 to September 30	32
Teen births to women who were already mothers	Births that were second or higher order births to mothers who were under the age of 20 at the time of the birth	31

Goal/Outcome: Every Florida child lives in a safe and supportive community

<i>Indicator</i>	<i>Indicator Definition</i>	<i>Florida rank</i>
Homeless children	Children under 18 who lack a fixed, regular and adequate nighttime residence, or one whose primary nighttime residence is one of the following places: A public or private shelter or transitional housing; A place not meant for human habitation, including parks, the street, or automobiles; A temporary residence for persons intended to be in an institution.	Not available
Children in low-income households where housing costs exceed 30% of income	The share of children living in low-income households where more than 30% of the monthly income is spent on rent, mortgage payments, taxes, insurance, and/or related expenses. Low-income households are households with incomes less than 200% of the federal poverty level, as defined by the U.S. Office of Management and Budget. The 30% threshold for housing costs is based on research on affordable housing by the U.S. Department of Housing and Urban development (HUD).	43
Children in safe neighborhoods	Percentage of children 0-17 living in neighborhoods or communities parents feel are usually or always safe (weighted estimate of the number of children based on number of valid responses to survey questions)	Not available

Indicators recommended for consideration

<i>Indicator</i>	<i>Indicator Definition</i>	<i>Florida rank</i>
Children without health insurance	Children under age 18 who were not covered by health insurance at any point during the year	49

Children not receiving specific health care services necessary for identified developmental delays and special needs	Children with special health care needs (CSHCN) ³ ages 0-17 with any unmet need for specific health care services (Weighted estimate of the number of children based on number of valid responses to survey questions)	Not available
Affordability of child care	Percentage of median income expended on the annual average price of child care FL annual average price of preschool care: \$5,720-\$5,980 US: \$3,536 to \$10,920 FL annual average price of infant care: \$6,760-\$7,280 US: \$4,160 to \$14,627 FL annual average price for two children in care: \$13,000 US: \$7,072 to \$25,480	Not available
Children participating in after-school programs	% of school-age children 6-17 participating in one or more organized activities outside of school (Weighted estimate of the number of children based on number of valid responses to survey questions)	Not available

³ Children with special health care needs are defined as "those who have or are at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally" (Maternal and Child Health Bureau, as cited by the Data Resource Center for Child and Adolescent Health, Child and Adolescent Health Measurement Initiative, November 2007)

Appendix

Mark Friedman, Senior Consultant, Results Leadership Group

Location: Santa Fe, NM

Mark Friedman is a speaker, consultant and author of the book "Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities" available from Trafford press (www.trafford.com). Mr. Friedman directs the Fiscal Policy Studies Institute (FPSI) in Santa Fe, New Mexico, and has provided training and consultation on Results Accountability in over 40 states and 7 countries around the world.



Before founding FPSI in 1996, Mr. Friedman served as a senior associate at the Center for the Study of Social Policy in Washington, D.C. for four years, where his work focused on providing technical assistance to states, counties, cities, school districts, and communities working to reform their child and family service systems.

Before that, Mr. Friedman served 19 years in the Maryland Department of Human Resources, including six years as the department's chief financial officer. During this time, Mr. Friedman played a key role in social services program and fiscal policy, including responsibility for financing one of the country's first family preservation programs and implementing several major revenue initiatives.

Mr. Friedman has authored a wide range of papers on results-based decision making, budgeting, strategic planning and financing, including:

The Cosmology of Financing: Financing Reform of Family and Children's Services: An Approach to the Systematic Consideration of Financing Options, Center for the Study of Social Policy, June 1994

The Foster Care Adoption Simplification Act: An Alternative to the Proposed Child Protection Block Grant, Center for the Study of Social Policy, May 1995

From Outcomes to Budgets: An Approach to Outcome Based Budgeting for Family and Children's Services, Center for the Study of Social Policy, July 1995

Trading Outcome Accountability for Fund Flexibility: Negotiating New State Local Deals for (Core) Family and Children's Service Dollars, Center for the Study of Social Policy, December 1995

A Strategy Map for Results-Based Budgeting: Moving from Theory to Practice, The Finance Project, Washington, D.C., September 1996

Organizing by Outcomes, A Different Organization Chart for State/Local Partnerships, Fiscal Policy Studies Institute, January 1997

A Guide to Developing and Using Performance Measures - In Results-Based Budgeting, The Finance Project, Washington, D.C., May 1997

A Guide to Developing and Using Family and Children's Budgets, The Finance Project, Washington, D.C., August 1998

Reforming Finance, Financing Reform for Family and Children's Services, The Foundation Consortium, January 2000

Results Accountability for California Proposition 10 Commissions: A Planning Guide for Improving the Well-Being of Young Children and Their Families, UCLA Center for Healthier Children, Families and Communities, March 2000

The Results and Performance Accountability Implementation Guide, March 2001, online www.raguide.org.