

Commonwealth of Massachusetts

Executive Office of Health and
Human Services



Evidence-Based Policies and Practices:

***Use them to Identify Organizational Goals
and Drive What's Measured***

**Melissa Pullin, Director of EHSResults
August 2010**



EHSResults

Context: Overview of EOHHS



Massachusetts Executive Office of Health and Human Services (EOHHS) is comprised of 16 state agencies, including ...

- ▶ **Medicaid (MassHealth)**
- ▶ **Public Health**
- ▶ **Transitional Assistance**
- ▶ **Developmentally Disabled**
- ▶ **Mental Health**
- ▶ **Elders**
- ▶ **Veterans**
- ▶ **Blind; Deaf & Hard of Hearing**

It has an annual budget of approximately \$13.5B, or about half of the Commonwealth of Massachusetts budget

It employs about 23,000 employees and contracts with approximately 1,000 human service providers



EHSResults

EOHHS Call to Action



“We need to transform to a culture that is outcomes-focused, not just budget- or process-focused. We need to talk more often and openly about what our policy and program goals are, and use performance information that communicates how well we are achieving those goals as the starting point for our management discussions, rather than an after-the-fact reporting requirement. This change in culture is not easy, and will take several years.”

Dr. JudyAnn Bigby

Secretary, Executive Office of Health & Human Services

November 2007



EHSResults

Why (and How) Performance Management?



The National Performance Management Advisory Commission recently identified four fundamental government challenges that are addressed through the use of performance management:

- ▶ Need to focus the organization on results that are important to stakeholders
- ▶ Need to improve results within resource constraints
- ▶ Need to engage all public employees in finding ways to better serve the public
- ▶ Need to gain and keep the public's trust and confidence

They also summarized the three main approaches that governments may choose from in defining their performance management process:

- ▶ “Stats” approach (*think CompStat program in NYC; CitiStat program in Baltimore*)
- ▶ Balance Scorecard (*think Kaplan and Norton approach*)
- ▶ Strategic planning cascading system of objectives, strategies & measures (*think EHSResults*)



EHSResults

Our Approach & Main Work Streams



EHSResults!

At the beginning of the Patrick Administration, EOHHS launched an initiative called EHSResults

EHSResults takes an innovative approach to performance management, aiming to foster transparency, accountability, creativity and cross-agency collaboration

Four Main Work Streams Support Our Approach:

- ▶ Strategic Goal Area Maps & Associated Outcomes
- ▶ Intranet-Based Dashboard Reporting Tool
- ▶ Associated Performance Management Activities
- ▶ Public Awareness of Our Strategic Goals and Performance



EHSResults

Strategic Goal Area Maps



Four Main Work Streams Support Our Approach:

- ▶ **Strategic Goal Area Maps & Associated Outcomes**
- ▶ Intranet-Based Dashboard Reporting Tool
- ▶ Associated Performance Management Activities
- ▶ Public Awareness of Our Strategic Goals and Performance



EHSResults

Approach to Strategic Goal Area Maps



EOHHS' strategic goal area map development was lead by cross-agency leadership identified by Secretary Bigby

Strategy “maps” were developed for each of the EHSResults strategic goal areas

- ▶ **The strategic goal area maps identify cross-agency, Secretariat wide goals and sub-goals that address the question, “*What should EOHHS deliver to Massachusetts residents?*”**
- ▶ **Supporting outcome measures identified from agency programs provide indicators of how well EOHHS is meeting its goals, and answer the question, “*How does EOHHS know if it is accomplishing its goals?*”**



EHSResults

Strategic Goal Areas Highlight our Agencies' Important Work



Educating Kids in Our Care

- Ensure access to education related programming, services & opportunities for children & youth in EOHHS care
- Maximize school attendance and engagement for children & youth in EOHHS care
- Maximize stability in education programs for children & youth in EOHHS care
- Maximize educational success for children & youth in EOHHS care

Community First

- Help individuals transition from institutional care
- Expand access to community-based long-term support services
- Improve the capacity and quality of community-based long-term supports

Effective Government

- Provide client-centered customer service
- Develop & maintain a high performance workforce
- Improve internal efficiencies
- Increase efficiencies and quality of the POS system

Jobs & Self Sufficiency

- Increase accessibility & diversity of available jobs for targeted residents through policy & employer outreach
- Provide employment support services for targeted adults
- Maximize number of targeted adults who move toward self-sufficiency and independence through employment
- Successfully transition EOHHS youth entering the workforce

Safe Communities

- Surveillance – Monitor key indicators of safe communities
- Preparedness – Develop infrastructure to support safe communities
- Prevention – Deliver proactive & targeted services to individuals, families & communities
- Intervention – Intervene where needed to ensure safety of individuals, families & communities

Wellness & Quality of Health Care

- Ensure access to care
- Advance health care quality
- Contain health care costs
- Promote individual wellness
- Promote healthy communities

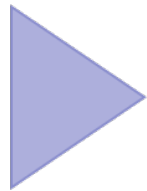


EHSResults

Approach to Identifying Goals and Outcomes



Cross-agency development of the Strategic Goal Area Maps resulted in Secretariat-wide goal statements that are supported by agency-specific outcome metrics



Defined EOHHS' highest level goals, ensuring alignment within and between agencies & EOHHS

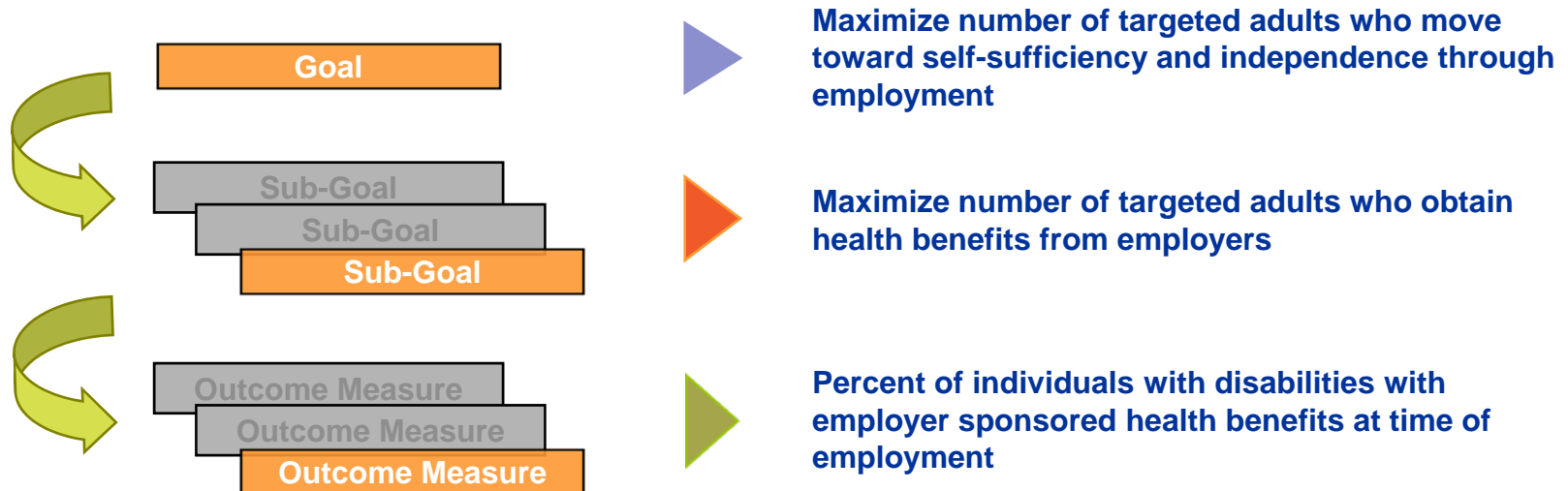


Identified multiple sub-goals necessary to deliver highest level goals



Provided supporting agency level outcomes to track success at meeting goals

Example within Jobs and Self Sufficiency Goal Area:





EHSResults

Strategic Goal Area Map Example



Putting Community First (Version 06/08/10)			
EHSResults: Delivering Results for Massachusetts Citizens			
Putting Community First (Version 06/08/10)			
-- DRAFT MEASURES (for FY10) --			
Goa Sub Outcome Measures			Reporti Agency
1			
2			
3			
4	1	(A) Help individuals transition from institutional care	
5	2	(1) Identify individuals for transition out of facilities	
6	3	Number of individuals with ID / DD in nursing facilities identified for transition out of facility	DDS
7	4	Number of individuals with ID in state Developmental Centers identified for transition out of facility	DDS
8	5	(2) Transition individuals out of other facilities into alternative community settings	
9	6	Percentage of individuals discharged from DMH continuing care facilities within 180 days of admission	DMH
10	7	Percentage of adults with intellectual or developmental disabilities who were long term residents of nursing facilities who are now placed in the community	DDS
11	8	Percentage of adults with intellectual disabilities who reside in one of the state Developmental Centers who move from the Developmental Centers into the community	DDS
12	10	Percentage of MassHealth residents who are identified for transition from a nursing facility who are discharged to a less restrictive community setting (ages 22+)	ELD
13			
14	11	(B) Expand access to community-based long-term support services	
15	12	(1) Increase the number of individuals who receive care management and planning through selected case management programs	
16	13	Number of individuals who receive Community Living care management and planning through MRC's Supported Living, Statewide Brain Injury, TBI Waiver and Rolland DD programs	MRC
17	14	Number of individuals who receive care management and planning through DDS Service Coordinators (MassHealth admin case management)	DDS
18	15	Number of individuals who receive care management and planning through MCB Case Management (ages 0-13)	MCB
19	15	Number of individuals who receive care management and planning through MCB Case Management (ages 14+)	MCB
20	16	Number of individuals who receive care management services and planning through MCDHH Case Management (ages 0-21)	MCDHH
21	17	Number of individuals who receive care management services and planning through MCDHH Case Management (ages 22+)	MCDHH
22	18	Number of individuals who receive care management and planning through State Elder Home Care Programs (ages 60+)	ELD
23	19	Number of individuals who receive care management and planning through the Frail Elder HCBS Waiver (ages 60+)	ELD

(Strategic goal area map showing illustrative example)



EHSResults

Executive-Level, Intranet-Based Dashboards




Four Main Work Streams Support Our Approach:

- ▶ Strategic Goal Area Maps & Associated Outcomes
- ▶ **Intranet-Based Dashboard Reporting Tool**
- ▶ Associated Performance Management Activities
- ▶ Public Awareness of Our Strategic Goals and Performance



We've developed "dashboard" reporting for EOHHHS executives



[Latest Updates](#)
[Reporting Glossary](#)
[Additional Reports](#)
[Training Documents](#)
[Learn more about EHSResults!](#)

Recently updated measures

- [Average number of days from acceptance to admission of acute-care inpatient referrals to DMH continuing facilities](#) ●
- [HSN payments to community health centers](#) ●
- [HSN payments to hospitals](#) ●

[Launch Metrics Application](#)

EOHHHS Strategic Goal Maps and Outcome Measures

Educating Kids in Our Care

Community First

Effective Government

Jobs & Self Sufficiency

Safe Communities

Wellness and Quality Of Health Care

Agency Outcome Measures

CHE	DCF	DDS	DMH	DPH	DTA	DYS	EHS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELD	HCF	HLY	MCB	MCD	MRC	ORI	VET
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[OK](#)

[Select all](#) [Deselect all](#)





EHSResults

Internal Reporting Promotes our Goals & Helps Us Evaluate Performance



EOHHS is focused on our strategic goals and measuring our success; We've developed internal reporting on our goals & measures, available to EOHHS leadership

EOHHS Strategic Goal Areas and Outcome Measures

Educating Kids
in
Our Care

Community
First

Effective
Government

Jobs &
Self Sufficiency

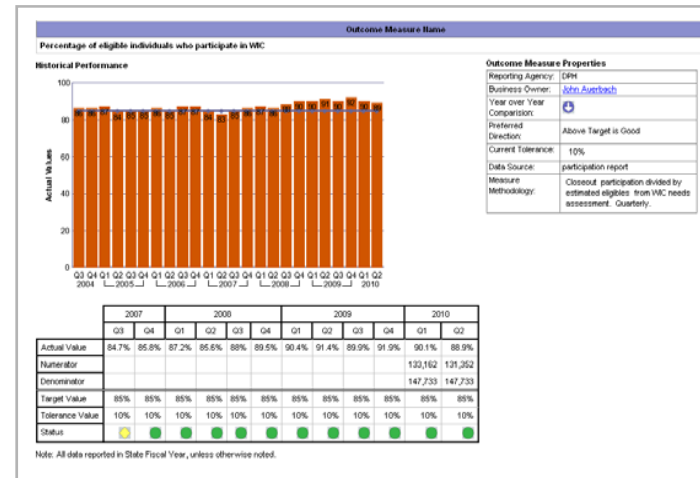
Safe
Communities

Wellness and
Quality
Of Health Care

Goal Area Summaries

Maximize the number of targeted individuals who complete intake, evaluation, and assessment		✓
Maximize the number of targeted individuals who complete short-term skills development		✓
Maximize number of targeted adults who move toward self-sufficiency and independence through employment	●	✓
Increase level of wages paid to clients	●	✓
Maximize number of clients who upgrade jobs	●	✓
Maximize number of targeted adults who obtain health benefits from employers	■	✓
Maximize number of targeted adults who secure employment	●	✓
Maximize number of targeted adults who sustain employment	●	✓
Successfully transition EOHHS youth entering the workforce	●	✓
Maximize number of EOHHS youth who move toward self-sufficiency and independence through employment	●	✓
Maximize number of EOHHS youth who obtain health benefits from employers	■	✓
Maximize number of EOHHS youth who secure employment	●	✓
Provide employment support services for EOHHS youth	●	✓
Improve job placement among youth while still in school	●	✓
Maximize the number of EOHHS youth receiving on-going supports	●	✓
Maximize the number of EOHHS youth who complete intake, evaluation, and assessment	●	✓
Maximize the number of EOHHS youth who complete short-term skills development	●	✓

Outcome Measure Details





EHSResults

Pushing Reports to Executives



In addition to its executive-level dashboard reporting, EHSResults produces “paper” reports and emails them to executives for regularly scheduled meetings and ad hoc uses

EHSResults Agency Measures - Dashboard Summary Report Report Date: Aug 5, 2010

DCF

Outcome Measure	Strategic Goal Area	Sub-goal Area	Status	Year over Year Comparison	Current Value	Target Value	Reporting Period	Recent Updates
Percent of child abuse and neglect investigations completed within mandated timeframes	Agency Results		⬆️	⬆️	76.7%	87%	SFY 2010, Jun	✔️
[07/15/2010] - 76.7% of child abuse and neglect investigations were completed within a 15-business day mandated timeframe (or 1-day for emergency investigations).								
Percent of children in DCF custody will have no more than two placements within their first 12 months of out-of-home care	Agency Results		⬆️	⬆️	74.1%	86%	SFY 2010, Q3	✔️
[07/28/2010] - All children living in DCF custody are to have stable out-of-home placements. The Federal National Standard for this measure is 86.0%.								
Percent of all children living in foster care and residential placement will be kept safe from supported allegations of child abuse or neglect by their caretakers	Agency Results		🟢	⬆️	99.16%	98.8%	SFY 2010, Q3	✔️
[07/28/2010] - All children living in foster care and residential placement are to be kept safe from child abuse or neglect by their caretakers. The Federal CF5R FFY'08 PIP target for Massachusetts is 98.80%. The Federal National Standard for this measure is 99.68%.								
Percent of children who were victims of supported allegations of abuse/neglect will be safe from subsequent supported allegations for the following six months	Agency Results		🟢	⬆️	91.12%	89.6%	SFY 2010, Q3	✔️

(Report data are illustrative examples)



EHSResults

Other Performance Management Activities



Four Main Work Streams Support Our Approach:

- ▶ Strategic Goal Area Maps & Associated Outcomes
- ▶ Intranet-Based Dashboard Reporting Tool
- ▶ **Associated Performance Management Activities**
- ▶ Public Awareness of Our Strategic Goals and Performance



Examples of other performance management activities at EOHHS include:

- ▶ **Fiscal year priority development for 2009**
Last year, EOHHS identified three FY priority initiatives; For each of those areas we developed business plans (including things like ROI's, competitive environment analyses, etc.), milestones and outcome measures for reporting
- ▶ **EHSResults news shared in weekly HR newsletter to all employees**
- ▶ **Periodic performance spotlight “vignettes”**
Sent to all EOHHS employees to make program and data link more “real”, provide staff recognition, explain link between programs, performance measures and strategies
- ▶ **FY09 and FY10 “Results Plans” (f/k/a budget spending plans) tied to Results**
Agencies were asked to identify their top 3 – 5 priorities including associated performance measures, caseload and spending estimates





EHSResults

Public Awareness of Our Work



Four Main Work Streams Support Our Approach:

- ▶ Strategic Goal Area Maps & Associated Outcomes
- ▶ Intranet-Based Dashboard Reporting Tool
- ▶ Associated Performance Management Activities
- ▶ **Public Awareness of Our Strategic Goals and Performance**



EHSResults

We've Gone Public



Spring 2010 we started promoting our work publicly through our mass.gov/hhs internet site and other channels

▶ Launched first version of web presence in spring 2010 at mass.gov/hhs/ehsresults

▶ Started tweeting! (sometimes)  [Twitter.com/MassEHSResults](https://twitter.com/MassEHSResults)

▶ Highlighted our work through media, periodicals and awards





EHSResults

The website provides data and context



The website identifies our highest level goals and provides sample measures

Home > Government > Special Commissions and Initiatives > Managing Performance at EOHHHS >

Building Safe Communities

We work to protect at-risk populations against violence, abuse, and neglect.

Building Safe Communities Overview

EHSResults People should feel safe where they live, work, learn, and play. In partnership with other Massachusetts state agencies, the Executive Office of Health and Human Services (EOHHS) builds safe communities—places that residents across all geographies and populations call “home.”

EOHHS’s role in building safe communities includes prevention and intervention components. Whenever possible, we prevent violence, abuse, and neglect before they occur by offering programs focused on promoting positive youth development and preventing domestic violence and child abuse. We also intervene to protect vulnerable populations, including children, elders, and individuals with disabilities, and support individuals impacted by domestic violence and sexual assault. In addition, EOHHHS plays a significant role in the Commonwealth’s emergency preparedness efforts, such as preparing the Commonwealth to respond to epidemics.

Focus Areas

[Promoting Positive Youth Development](#)
To ensure the positive development of all youth, we make sure that kids in our care are in safe and stable environments. In addition, we offer youth violence and teen pregnancy prevention programs to communities across the Commonwealth.

[Protecting and Supporting Individuals Impacted by Violence, Abuse, and Neglect](#)
We are responsible for investigating allegations of abuse and neglect. We intervene, when needed, to prevent and stop maltreatment of children, elders, and individuals with disabilities.

SEARCH

 Health & Human Services

ONLINE SERVICES

- [EHSResults Website Feedback Form](#)
- [More...](#)

RELATED LINKS

- [EOHHS Departments and Divisions](#)

Educating Youth about Teen Pregnancy

Why Is This Important?
DPH funds 18 evidence-based teen pregnancy prevention (TPP) programs in select communities where teen birth rates are higher than the state average. These comprehensive and medically accurate programs are intended to prevent teen pregnancy, sexually transmitted infections (including HIV/AIDS), and early sexual activity among youth ages 10 to 19. TPP providers use youth development frameworks, which include peer leadership and educational, mentoring, and service learning opportunities, to reach and educate youth.

How Are We Doing?

Number of teens involved in DPH-funded teen pregnancy prevention programs

Year	Number of teens
2006	9,073
2007	12,536
2008	10,360
2009	11,846

[View larger chart and data details](#)

Massachusetts birth rates among women ages 15-19 (per 1,000 women)

Race/Ethnicity	1997 (per 1,000)	2007 (per 1,000)
US Totals	~35	~30
MA	~25	~20
White Massachusetts	~15	~10
Black Massachusetts	~75	~45
Hispanic	~125	~85
Asian	~25	~20

One of the primary goals of our TPP programming is to increase youth access to accurate, science-based information. An important marker of success is simply getting the word out to teens. In 2009 alone, 11,846 teens participated in TPP programs. Evaluations of TPP programs have demonstrated increasingly positive outcomes among participating teens, including better school performance, more discussions with trusted adults, and reduced likelihood of engaging in sexual activity. Because youth in foster care are almost twice as likely to have had a teen



Lessons Learned



EHSResults

Lessons Learned: Our Overall Approach



- ▶ **What started out as a technology project isn't that at all**
In the concept stage, we were an 80:20 technology to business resource split. In reality, we are a 75:25 business to technology split.
- ▶ **Outcomes, metrics, measures... We can use the same words & mean different things**
Different organizations & approaches use the same words in different ways. We check with users to ensure our vocabulary is understood & matches our intent.
- ▶ **Both program managers & leaders often default to identifying process measures**
Caseload & dollars are traditional measures. We are constantly reminding staff and ourselves that we need to focus on client results / outcomes.
- ▶ **We maintain credibility by remaining facilitators; we're not subject matter experts**
The agencies and EOHHS leadership know their programs, data and environment. Our goal is to facilitate change & empower others to use it.
- ▶ **Top dog EOHHS support and agency champions are necessary for our success**
Our Secretary promotes & requires participation; our agency "business representatives" keep projects moving.



EHSResults

Lessons Learned: Dashboard Reporting



- ▶ **Most (all?) of our executives don't know their passwords and don't want to log on**
In our culture, we need to email and promote "canned" (.pdf) reports. Our initial expectation that executives would log on to see data was unrealistic.
- ▶ **Targets make some people uncomfortable and some people downright cranky**
Our reporting compares actuals to targets. Some agencies did not have or resisted setting targets, some did not feel directly responsible for the result.
- ▶ **Sometimes we take the Big Brother approach to changes and enhancements**
Optimally, business users would request new functionality. When they don't, we make educated guesses about what might be helpful.
- ▶ **Users prefer to see only measures they "own", not by EOHHS strategic goal area**
Although we report by agency view, we also report by goal area so enterprise-wide policy implications & cross-agency comparisons are visible.
- ▶ **What to measure? Check. How to get to data? Check. Now what do we DO with it?!**
Identifying, capturing, providing context & reporting the data is big. But figuring out how to use the data and analysis is the real bugaboo...



- ▶ **We exploit all reasonable opportunities to embed ourselves into on-going activities**
Whether it's budget exercises or leadership meeting agendas or HR employee communications, we try and embed our work into people's daily work in order to promote performance management at EOHHS & increase name recognition.
- ▶ **A lot of our unit's time is required to communicate our messages**
EOHHS employees, dashboard users, data owners, the public, clients, advocacy groups... yipes! We try to segment stakeholders & communication strategies
- ▶ **Leadership's use of our reporting in on-going meetings is vital**
Our Secretary made our reports a mandatory agenda item at her regular meetings with Commissioners. Guess what? People now pay more attention.
- ▶ **We strive to be an operational unit & not perceived as administration-based**
We previously used consultants but are switching to an FTE-only staffing model. We hope this promotes stability, saves money & limits our exposure to funding cuts. We constantly reinforce the message that we are here to stay...



EHSResults!

▶ Questions? Comments? Ideas? Advice?

Melissa Pullin

Director, EHSResults

melissa.pullin@state.ma.us