Achieving Better Results with Limited Resources

by Alan Brown

Results, accountability, benchmarks, best practices, effectiveness . . . These are some of the foremost trends and challenges in government today. And whether they constitute the mantra of some people intent on cutting programs to reduce taxes, or whether they are flags being flown by hopeful public managers seeking new solutions to ongoing human service failures, it is certain that the time has come for a change.

Prevention programs and strategies, as well as other public sector initiatives, have suffered from limited investment in rigorous program evaluation. There are even people who perpetuate the notion that prevention cannot be evaluated (for instance, how can you measure what doesn’t occur as having been prevented?). In spite of these views, science has advanced. More than ever is now known about helpful prevention and other human service strategies, but we don’t yet know enough to cover all priority-target populations and community settings.

Context

Most public efforts to curb crime and substance abuse and other social problems have never been rigorously evaluated. No one knows how effective they are. The United States may be funding many solutions that are ineffective and potentially even harmful. Some of the most widely used crime, substance abuse, and even education interventions have been shown to be ineffective or even harmful.

While billions of dollars are spent each year to combat these and other social ills, our history is one of investment in untested programs, delivered with little consistency or quality control and without effective evaluation. Too often, accountability is viewed as a threat. Consequently, it is seen as a tool for eliminating programs, as a lever for managers and policymakers to slash budgets or to cut out entire departments.

In some instances, scarce public dollars continue to be spent unwisely, or at best minimized, by limited local program selection and implementation capacity and fragmented programming. If the goal is to sustain and improve the lives of children, families, and communities, then local, state, and national policymakers need to ask these questions and to fashion an accountability mechanism to answer them:

1. What and where are the greatest problems?
2. Where and for what programs are the resources being deployed?
3. What policies/programs/practices are most effective, and for what populations?
4. What skills and tools do community-based service providers, educators, and other practitioners need in order to deliver effective programs?
5. Are federal and state funds making a positive difference?
It is within this context that the Arizona Prevention Resource Center has developed a Performance and Resource Management System. At the core of the emerging management system is the desire to know with a high degree of certainty that collective efforts are making a positive impact on the lives of people in the state.

The system also is intended to help guide the ways in which future decisions are made that involve the critical problems of substance abuse, violent behaviors, and the related social issues that confront us as a nation. We have the capacity for change and for a growing flexibility in use of resources. Grounding changes in the lessons learned from successes and failures can assist in meeting the challenges in Arizona and the nation.

A thorough approach to accountability requires attention to many facets. For this reason, the Performance and Resource Management System is a comprehensive approach. It entails a list of programs that research indicates are the most effective and promising. The system can also keep score on critical changes in those community and state-level indicators that mark progress.

Underlying the System Is a Policy Agenda

The scope and boundaries of substance abuse and violence problems, as well as key policy issues such as targeting resources by geographic area or age of audience, can be discussed via this system. It is this comprehensive approach that will help communities and local and state governments answer the most difficult questions about whether public or private prevention, treatment, and intervention strategies actually make a difference. The analysis that this system generates over time can stimulate the debate on the appropriate role and effectiveness of federal, state, and local government agencies, as well as private providers and families.

The Performance and Resource Management System will track how successful people have been over the years, in which communities, and by what standards. By providing potential for the already enormous amount of dollars spent, the system should help reduce the social, behavioral, and economic costs of serious social problems.

Integrating the pieces into a comprehensive system allows local and state policymakers and program planners to make informed decisions, analyze progress, set future directions, allocate resources, and design programs in ways that are much more likely to improve results for citizens. The Performance and Resource Management System will help state and local policymakers and program planners take full advantage of financial flexibility and the shared desire to have a positive impact on the lives of citizens. The goal is the well-being of children and families and enhancing the positive conditions of communities.

Undergirding the management system are three basic premises: 1) that investment in prevention and early intervention returns human and financial benefits that the alternatives, especially incarceration, do not; 2) that a genuine, rather than rhetorical, government-wide pledge of collaboration in planning and funding of programs will lead to greater community impact; and 3) that accountability is a crucial yardstick in determining which resources will go where.

These recurring themes form the foundation of the system:

**Prevention** is the long-term solution. Policy decisions are often made in response to problems after they have already emerged and, often, after they have reached a level of severity at which whole communities are threatened. Countless dollars have been thrown at problems without sufficient funds going toward preventing these problems. This is a game of catch-up that can never be won. There now are solid research data that show the benefits of prevention in both financial and human terms.
Collaboration in planning and funding programs is the key to achieving an integrated and effective delivery system. While reform efforts are under way, overall services are fragmented and frequently are focused on single elements of the problem. For some clients, there appears to be a bewildering and disconnected array of services. In response, the system promotes agencies’ and providers’ working together.

Accountability, the yardstick for determining where funds are directed, is based on strong evaluation. The results of this evaluation process must be used to determine objectively how funds should be allocated.

By most objective reckonings, the system and its elements seem to belabor the obvious, namely, that a comprehensive approach is a prerequisite for making a positive difference. Yet no such model characterizes state and local efforts around the country. Sophisticated indicators of progress (or the lack of it) in reducing specific social ills are rarely, and then only unevenly, available.

Few states and local governments do a credible job of inventorying exactly what their programs and agencies are doing in prevention, early intervention, and treatment within their own communities and neighborhoods. Replication and adaptation of the high-quality programs that are research-based and that are succeeding elsewhere is still rare or wildly irregular.

Not many states and local governments can demonstrate that they have done a thorough job of ascertaining accurately just which needs of their communities remain to be met. And few are committed to funding effective programs in amounts that make a difference.

And only now are some states attempting to use the sophisticated mapping techniques of a state-of-the-art geographic information system (GIS) to track and analyze precisely where their resources and those provided by the federal government are needed and deployed in the social services area.

Components of the Management System

There are four key elements of the system:

1. A state or local scorecard determining the level of problems.
2. A program inventory, citing resources.
3. A guide to evidence-based programs and training programs.
4. A geographical information system that maps indicators, resources, and gaps at numerous levels (districts, counties, cities, zip codes, and so on).

The scorecard can present a broad picture of key social indicators in communities, counties, and the state as a whole. Based on 41 research indicators, it provides specific data for targeting programs.

The program inventory can track year-to-year funding levels and analyze information on program services and the sources of funding, program settings and geographic distribution of funds, program actions and effectiveness, and so on.

An evidence-based program guide focuses on what works and for whom, and it serves as a useful tool for policymakers and funders who must know where and how, among a myriad of possibilities, to invest scarce resources.

GIS allows the user to deploy, edit, query, map, and analyze geographic and tabular data and to make a detailed analysis of the deployment of federal, state, and local resources, as well as the critical needs, characteristics, and demographics of any area.

Although these components are discrete tools, they are each a part of a whole system that can inform decision making by mapping resources and indicators; tracking clients across systems; highlighting
evidence-based programming; providing, guiding, or implementing these programs; and documenting improvements.

The system has been designed to close the gaps across the nation in knowledge, infrastructure, and practice. As such, it provides policymakers with: 1) credible data on how well communities are doing; 2) an analysis of funding and policy implications; and 3) a chance to build the capacity of communities to select and implement effective programs.

Key goals of the system are to help local governments to:

1. Secure accurate and useful data on the effectiveness of programs and practices.
2. Identify all evidence-based programs and categorize them based on specified criteria.
3. Develop a measurement system that serves as a basis for accountability and for policy decisions.
4. Find and target effective programs at a level that will make a difference.
5. Assure that local governments and service providers have the capacity to implement effective programs.

This system, when fully operational, assays nothing less than a far-reaching analysis of a state’s or local government’s progress in reducing and/or even eliminating a seemingly endless range of destructive pathologies and behaviors. It will allow government to develop a more sensible distribution of resources and to redirect dollars from ineffective to effective programs, to neighborhoods and communities where the greatest needs exist.

It will track how successful people have been over the years, in which communities, and by what standards. By providing potential for the already enormous amount of dollars spent, it should help reduce the social, behavioral, and economic costs of serious social problems.

What’s Ahead

In order to provide city and county policymakers with information and technical assistance on developing and implementing such a system, these events have been scheduled:

- A presentation at ESRI’s Executive Forum on August 8, 2004, in San Diego, California.
- A 90-minute Webcast on September 15, 2004. Look for more information at icma.org and Management InSite, ICMA’s electronic newsletter.
- A presentation at the ICMA Annual Conference, October 17–20, in San Diego.

These events will feature presentations from local, state, and federal agencies and from academics working to improve the effectiveness of programs and service delivery to citizens. For more information, contact Mosi Kitwana at ICMA by e-mail at mkitwana@icma.org, or by telephone at 202/962-3649.

References

Mental Health Services Administration, Center for Mental Health Service; and National Institutes of Health, National Institute of Mental Health.


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