Managing Cross-Departmental Collaboration: A Performance Scorecard for Boston's Mayoral Sub-Cabinets

Part Two

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September 2010

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About This Paper

This working paper, which was originally prepared as a Policy Analysis Exercise, Harvard Kennedy School's equivalent of a master's thesis, was named one of the best PAEs written by an HKS student in the 2009-2010 academic year. Devin Lyons-Quirk and Meghan Haggerty, the PAE's authors, were Rappaport Public Policy Fellows in the summer of 2009 and graduated from the Kennedy School in May 2010.

The Rappaport Institute for Greater Boston

The Rappaport Institute for Greater Boston aims to improve the governance of Greater Boston by fostering better connections between scholars, policy-makers, and civic leaders. The Rappaport Institute was founded and funded by the Phyllis and Jerome Lyle Charitable Foundation, which promotes emerging leaders in Greater Boston. More information about the Institute is available at http://www.hks.harvard.edu/rappaport.

The Taubman Center for State and Local Government

The Taubman Center and its affiliated institutes and programs are the Kennedy School of Government's focal point for activities that address urban policy, state and local governance and intergovernmental relations.

The Policy Analysis Exercise

The Policy Analysis Exercise (PAE), which is the capstone of the Kennedy School's Master in Public Policy (MPP) curriculum, is a professional product, meant to clarify and address a practical policy or management problem for a real-world client. The clients for this PAE were three senior officials in the City of Boston's Mayor's Office: Judith Kurland, Chief of Staff, Barbara Berke, Special Advisor to the Mayor, and Liz Walczak, Human Services Policy Advisor. The faculty advisors were Professor Robert Behn, Lecturer in Public Policy and Professor Mary Ruggie, Adjunct Professor of Public Policy at Harvard's Kennedy School of Government. More information about PAEs is available at http://www.hks.harvard.edu/degrees/oca/students-alumni/pae.

BPL program attendance is driven mainly by community outreach efforts and the quality and relevance of library programming. BPL's two major partners on this front are BPS and BCYF. Particularly in neighborhoods or networks where school, community centers, and libraries frequently interact, these partners can channel community members to attend the local library and share information that influences execution of relevant library programming. At the EHHS level, information derived from other scorecard measures about geographic areas may influence library programming and attendance outreach efforts.

Next Steps and Future Evolutions

The major challenges associated with this metric and its data are in knowing the exact raw number for library attendance and greater accuracy and standardization of reporting program attendance across the system. For example, the current gate counts may include double-counting of library patrons – people at the library may step outside and then return to the building, thus incorrectly adding another person to the count. Also, its not clear that all librarians use the same program reporting methods across the system or that some librarians are reporting programming at all.

Metric #6: Student Performance - Average Monthly BPS Learning Index Score

The Boston Public School system is in the process of rolling out an index based assessment system in order to quantify the degree to which students are at risk of dropping out. The system, currently known as the Composite Learning Index (CLI), rates each student in the BPS system against 15 indicators of risk which include six social and behavior risk factors (e.g., age, attendance, suspensions) and nine academic risk factors (past performance on state assessments, course grades, district benchmark assessments).[19] The total score for each student ranges from 1 to 30 which places the student on a continuum of risk. According to BPS research, students who score under 4 are "on track" to graduate, under 7 are "almost on track," under 10 are "borderline off track," and those students who score over 10 on the assessment are deemed "off track" and at high risk of not graduating from high school. A sample screen shot of the CLI system is shown in Figure 22.

While the CLI is still in its pilot phases, current estimates are that it will be rolled out across the district in the fall. This will present the EHHS sub-cabinet with an excellent opportunity for capturing a useful leading measure of student success. By tracking the percentage of Boston Public School students system wide that score as "off-track," the sub-cabinet can determine the effectiveness of their educational and social interventions with youth to data as well as predict future youth outcomes. Ultimately, the CLI is an early warning indicator that can alert the EHHS on where and how to take action before students drop out.

Alignment to Scorecard Strategy

A study by the Parthenon Group for Boston Public Schools found that 75% of dropouts from the BPS class of 2004 fell into one of four categories: 1) students with multiple ninth-grade course failures 2) students with one or more eighth-grade risk factors (attendance below 80 percent, two or more years over-age, or failing multiple core courses); 3) late-entrance English language learners; or 4) special education students taught in "substantially separate" classrooms.[20] The CLI incorporates all of these risk factors and delivers one score that provides a researched base probability that a student will drop out.

At the student level the CLI is useful as it allows teachers to target interventions to students based on their risk factors. At the sub-cabinet level, average district wide CLI scores provide an assessment of the effectiveness interventions to date and predict future needs. More significantly, when CLI scores are broken down by grade level and by school, this information can provide sub-cabinet members with critical information on how to target their efforts.

The only drawback of using average CLI score on the monthly scorecard is that not all of the various indicators that feed into the score change on a month to month basis. Some risk factors such as suspensions, absences, and some benchmark test scores may change from month to month, while other factors such as MCAS proficiency rate only change annually. The degree to which the CLI will show incremental progress from month to month will not be known until the tool is launched in the fall.

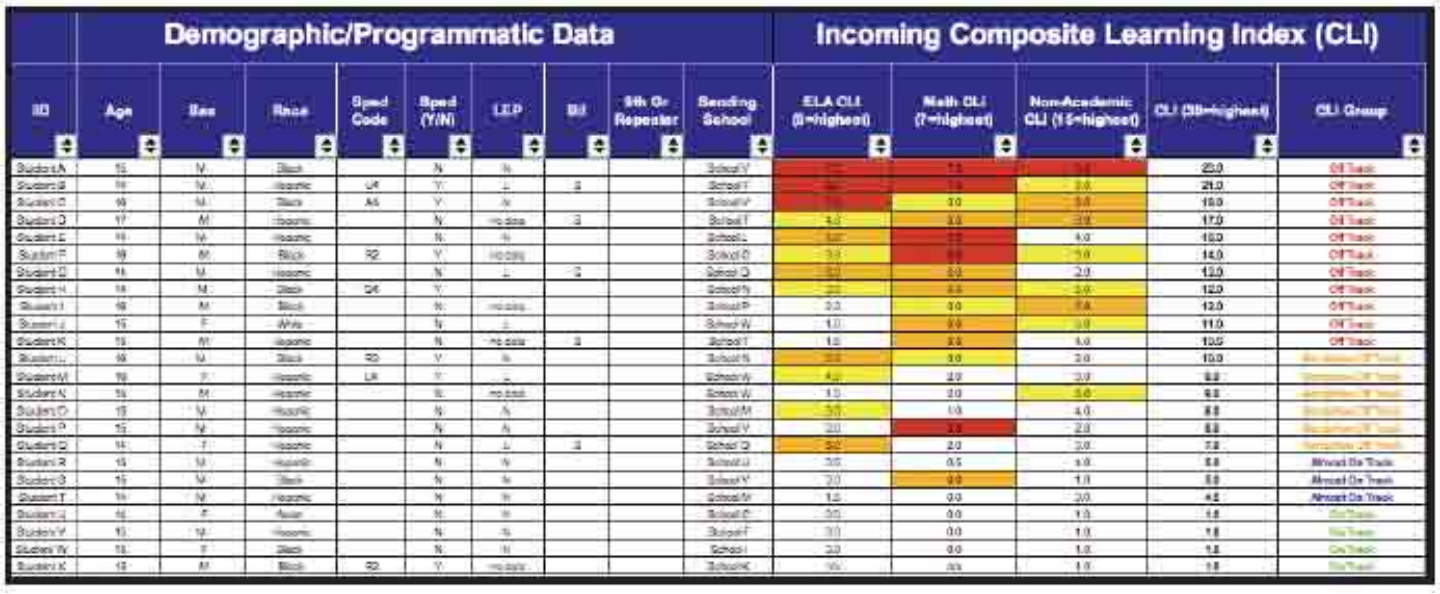
Analysis of Existing Data

The CLI is currently in a pilot phase and no data was available for us to analyze for this report. However, research on early warning indicators such as the CLI supports the value of analyzing such data. A study by the Alliance for Education found four critical uses for early warning indicator analysis at the district-wide level:[21]

- Examining the patterns of early-warning data can unearth systematic weaknesses and enable school districts and cities to address them head on

- Early warning data can be used to assess the effectiveness of drop out prevention strategies in a timely manner

Figure 22: Screen shot of a test version of the Composite Learning Index early warning tool



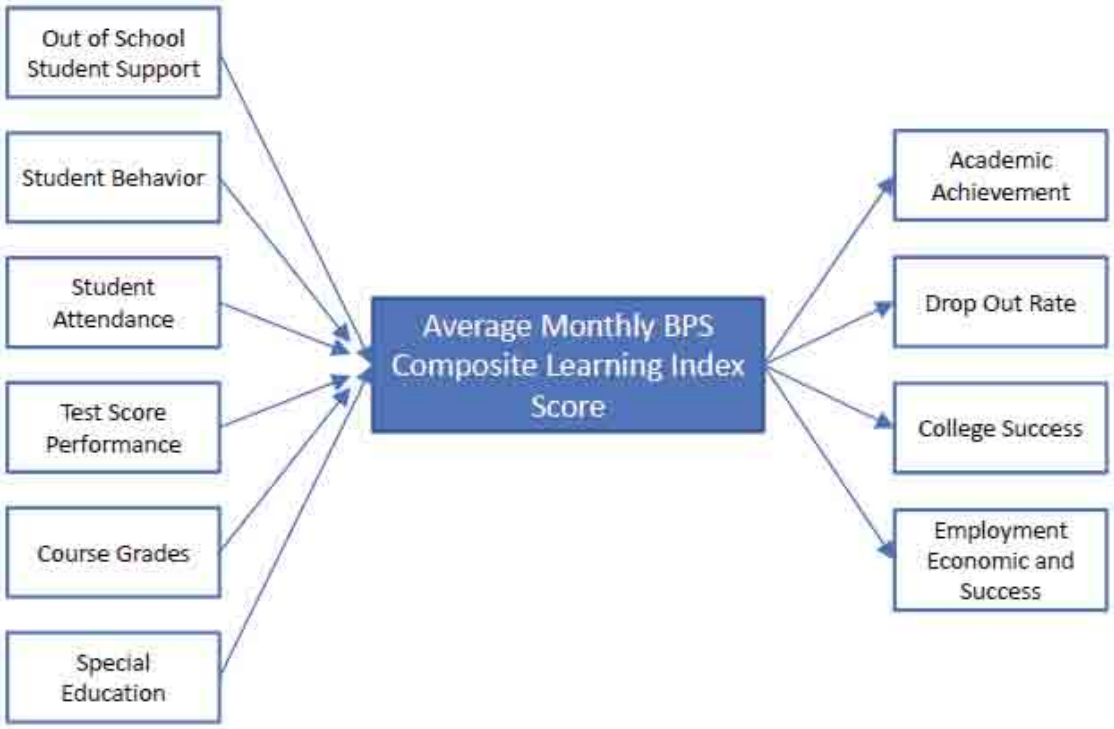


Figure 23: BPS CLI average scores are diagnostic of student attendance, test performance, and student support. It predicts drop out rate and the likelihood of future student success.

- Early warning data provides a way to demonstrate whether an entire school is on track to improve its graduation rates

- Easy-to-understand early-warning data can be a powerful tool for garnering support from key stakeholders for needed interventions

The forth point is perhaps the most significant to the EHHS sub-cabinet agenda. Clearly all members of the sub-cabinet are key stakeholders in intervening with at risk youth. Regular access to CLI data via the monthly scorecard provides the sub-cabinet with a means to engage the issue.

The CLI data may also even provide a means for EHHS sub-cabinet members to engage with outside partners on the drop-out intervention issue. An exceptional example of using early-warning data to engage the community is the "Connected by 25" program of Portland, Oregon. In 2008, Portland used its early-warning indicator data to target 1,500 of the city's most at-risk students and connect them with thirty-five education, business, and community organizations who were willing to commit time, funding and staffing resources to improve outcomes for these kids.[22]

Goals and Responsibilities

The ultimate goal of the sub-cabinet should be to drive down the average CLI score over time by intervening on the risk factors which lead students to drop out. The exact incremental goals that should be set will be based on the data once it becomes available. Within a few months of CLI study, it should be possible to determine short term objectives as well as long term goals.

The responsibility for providing CLI data to the sub-cabinet will fall to Boston Public Schools. However, it may be possible to give City Hall staff access to the CLI database in order to ease the transfer of this information to existing City Hall databases such as the BAR system.

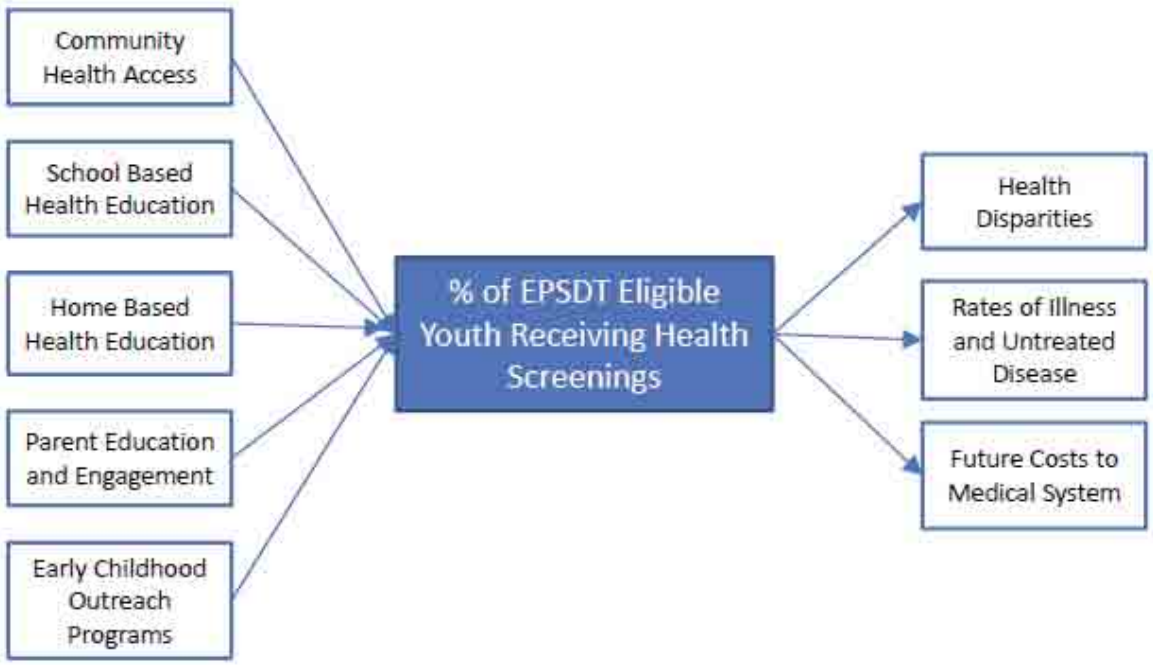
Next Steps and Future Evolutions

Over time, not only should the EHHS sub-cabinet endeavor to drive down the risk factors that lead to drop out, they should also seek to further refine the risk factors themselves in order to produce more accurate predictions based on early warning data. The sub-cabinet should regularly evaluate the appropriateness of the risk factors which make up the CLI, adding new ones or changing the weighting when appropriate.

Metric #7: Youth Health – Percentage of Medicaid Eligible Youth Receiving Screenings

One of the core responsibilities of the EHHS sub-cabinet is to support the health of the city's youth. Therefore, it is critical that a youth health metric be included on the scorecard. After much research and many conversations with Boston Public Heath Commission (BPHC) officials, we concluded that the best opportunity for the EHHS sub-cabinet to make a measurable impact on the health of the city's youth is to focus on access to primary and preventive care, especially among vulnerable populations. Therefore, we recommend that the EHHS scorecard include the percentage of Medicaid eligible youth who received their recommended allotment of preventative care.

Figure 24: Using data from the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program will provide diagnostic and predictive performance information. The percentage of youth obtaining screenings is diagnostic of healthcare access and outreach. It predicts future health disparities and rates of illness and disease as well as future healthcare costs.



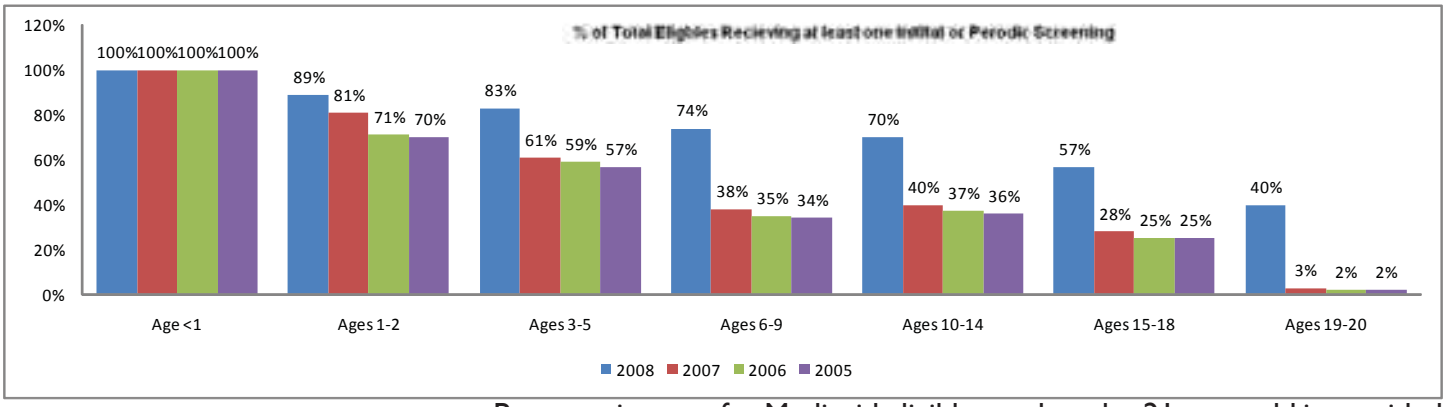


Figure 25: The percentage of eligible children receiving screenings declines as children grow older.

Preventative care for Medicaid eligible youth under 21 years old is provided under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The goal of the EPSDT program is provide access to health care services and assist Medicaid recipients to effectively utilize these services.[23] Preventive check-ups and timely treatments, as provided under EPSDT, are critical to good health. A lack of access to care can lead to illness, the worsening of chronic conditions and even death. Furthermore, poor health care access contributes to the rising costs of medical care and further burdening of the emergency medical care system.[24]

Compared with other policy areas, however, it is exceptionally difficult to identify meaningful health data which can be easily gathered and influenced on a monthly basis. Many meaningful metrics such as infant mortality rate, average birth weight, and chronic disease statistics are only collected annually and can take up to several years to assemble for analysis. Unfortunately, EPSDT data are also only collected annually; however as we will discuss below, the City of Boston can work with the Commonwealth to procure this data on a monthly basis.

Alignment to Scorecard Strategy

While public health is the primary mission of BPHC, many other departments on the EHHS sub-cabinet can impact youth health. The key to driving up EPSDT screening rates is public health education. Citizens need to know their children are eligible to receive Medicare screenings and should be convinced of the importance of utilizing their total allotment of recommended screenings. BPHC serves a critical role educating citizens as well as educating health providers about the EPSDT program and their ability to bill screenings and treatments to this program. Beyond BPHC, the Boston Public Schools, the Boston Housing Authority and the Thrive in Five initiative should work together to ensure children and parents are educated about the importance of health screenings both in school and at home. Other departments can also share in this information sharing and educational responsibility.

The Boston School Readiness Roadmap report conducted by the "Thrive in Five" program identifies two sectors with great potential for major

impact in the needs of Boston's children and families: pediatric health care and systems of early intervention.[25] The EPSDT screening metric provides a diagnostic and predictive measurement of both. It provides information about how the EHHS sub-cabinet departments have performed in the past in regard to their ability to educate citizens and providers about the importance of preventive youth health screenings and enroll them in appropriate programs. Perhaps more significantly, the EPSDT screening rate predicts future health outcomes for the City of Boston. A higher screening rate will treat and prevent more illnesses and thereby improve the long term health of Boston citizens.

EPSDT data can be benchmarked internally against past performance. Should the city put in place systems for capturing this data at the community health center level, it will become possible to geographically compare neighborhoods to see where access to care is best and where it needs improvement. Additionally, since EPSDT data are collected in every state, Boston can compare its results with national and state trends.

Finally, increased EPSDT screenings are correlated with other improved performance on other EHHS scorecard metrics. Most significantly, increased EPSDT screenings may lead to decreased school absence rates, as early diagnosis and treatment of illness may prevent complications which keep children out of school.

Analysis of Existing Data

Under EPSDT, children are recommended to have 5 screenings in the first year of life, three annual screenings from ages 1 to 2, one annual screening between ages 2 and 6, and one screening every two years for children ages 7 to 20. Using these recommendations as a baseline, the total number of EPSDT screenings by age which is collected by the Commonwealth can then be used to determine what percentage of the recommended screenings actually took place.

Figure 25 shows the percent of total EPSDT eligible youths receiving at least one screening during the year across all of Massachusetts. As can be seen from the data, the percent of children receiving screenings declines as the age of the child increases. A notable spike in screenings occurred in 2008, although this jump is so significant that it is likely to be the result of a change in data collection procedures.

Unfortunately, this annual and statewide data is all that is currently available on EPSDT screening utilization. However, the City of Boston can partner with the Massachusetts Department of Public Health and city-based community health centers in order to make this information available monthly and focused at the city level. This would require the city to build data sharing partnerships with each community health center as well as identify the correct personnel at the State level to coordinate information collection and sharing.

Goals and Responsibilities

The lead agency for this metric should be the Boston Public Health Commission. BPHC can identify the correct state and local partners to collect this information. Additionally, BPHC should work with Budget Office to get the EPSDT screening utilization metric included in the Boston about Results (BAR) performance management program. The Commission may also benefit from including this metric in its Health of Boston annual report.

It is clear that increasing the screenings for children under the age of five can drastically improve health outcomes. Studies have shown that creating an environment that supports healthy development in early childhood is more effective, both in terms of cost and outcomes, than treating problems at a later age.[26] Therefore, the EHHS sub-cabinet should establish priorities for increasing screenings at younger ages, with the ultimate goal of reaching 100% screening utilization across all age groups.

Monthly targets can be established based on annual percentage goals. For example, if there are 24,000 EPSDT eligible children between the ages of 3 and 5 in Boston and the goal for 2011 is to ensure 90% of these children receive screenings (21,600), then the monthly goal for the EHHS sub-cabinet scorecard should be 1,800 screenings per month.

Next Steps and Future Evolutions

The priority for the development of the youth health screening metric should be to operationalize this information by working with local, state and Federal sources to create a system for collecting the number of screenings done in Boston on a monthly basis. Currently, the most easily accessible EPSDT information is available from the US Department of Health and Human Services using their state agency responsibility and reporting link at http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/.

A regularly occurring idea throughout our conversations with BPHC leaders was the suggestion to partner with community health centers to capture regular data on the health of Boston. Such a partnership would provide reliable EPSDT data, but could also provide much a much more comprehensive picture of the health of Boston's youth. Important statics about childhood obesity, diabetes and other chronic disease could be generated through such a partnership. If a large partner was selected for a pilot study, it may be possible to generalize the results from a subset of Bostonians to the overall whole. For example, official from BPHC suggested that Harvard Vanguard serves a large enough population base in the City of Boston that if a partnership was developed it could provide the city with actionable information on the likely overall health of citizens.

Should creating a system for the monthly collection of EPSDT and other health data prove too difficult, another option is to turn to survey data. In particular, the Gallup-Healthways Well Being Index could provide Boston with monthly surveys on the health of citizens. Unlike most surveys which are conducted irregularly, the Well Being Index collects survey information daily which when tracked to the City level could prove useful for an EHHS scorecard.[27]

Metric #8: Youth Criminal Activity - Interactions with Boston Police Department

Tracking youth arrests and interactions with police provides a deficit-based indicator on how well Boston is serving its youth. The assumption is that as education, health and human service efforts targeted to youth improve, the youth involvement in crime will decrease. Of particular relevance is youth involvement in violent crime. According to the CDC, juveniles accounted for 16% of all violent crime arrests and 26% of all property crime arrests in 2007 (Puzzanchera 2009).[28]

There are two data sources which provide strong monthly indicators of the rate of youth involvement in crime. The first is the youth arrest rate as tracked by the Boston Police Department. Not all police interactions with youth result in arrest, however; therefore it is also useful to track the Field Interrogation and/or Observation (FIO) reports. These reports are generated by Boston Police Officers after field interactions with potential suspects or individuals of potential interest.

An extremely useful metric for the EHHS sub-cabinet is the number of monthly arrests and FIO reports for juveniles by age. This would provide EHHS sub-cabinet members with diagnostic information on efforts to reduce youth crime as well as predictive information about long term youth outcomes such as graduation rates. Breaking the data down by age will allow EHHS members to target services to the most at risk groups. This data could be further analyzed to include geographic information on where youth arrests and FIO's took place in order

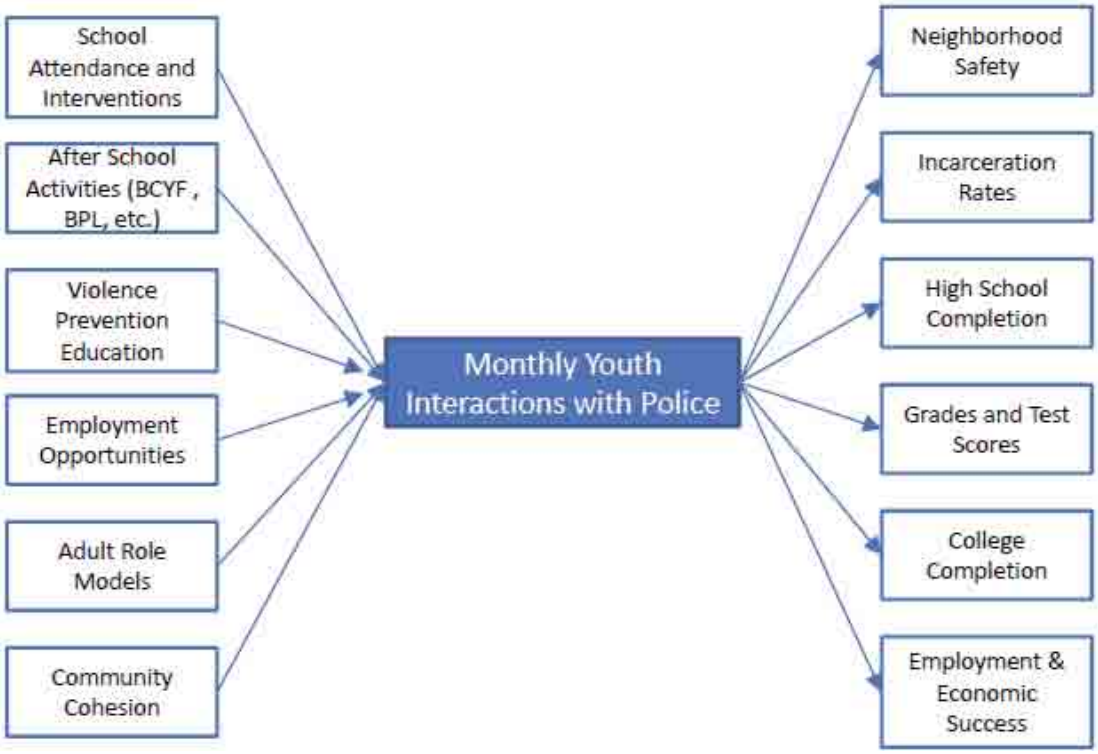


Figure 26: Youth the rate of youth involvement with police is diagnostic of the community outreach, interventions, and the availability of positive engaging activities. It predicts future student success, as well as incarceration and crime rates.

to geographically target interventions. Furthermore, the cohort of students below the 80% attendance mark (from metric 1) can be compared against the monthly arrest and FIO reports (provided adherence confidentially standards) in order to report out on the number of students with poor attendance records who are interacting with police.

Alignment to Scorecard Strategy

Reducing the rate of youth interaction with police requires significant cross departmental collaboration and is closely tied to Mayor Menino's priorities in the areas of reducing crime and supporting youth educational success. While the Police Department exerts the highest degree of operational control over influencing youth arrest rates, it falls to the members of the EHHS sub-cabinet to institute policies and programs which will prevent youth arrests before they occur.

Youth interactions with police provide a diagnostic assessment of the performance of Boston's youth outreach services. Declining youth arrest rates can be tied to other sub-cabinet metrics such as school attendance, successful school attendance intervention, and after school activities such as BCYF programs and library use. For example, in 2007 8% of students in Boston Public Schools reported not attending a school day because they felt unsafe at school.[29] Presumably, reducing youth crime rates would serve to increase the perception of school safety. Additionally, youth interaction with police also provides diagnostic information on BPHC efforts such as their violence prevention education program. Additionally, factors such as the economic well-being of Boston youth and the presence of adult role models and a cohesive community also serve to mitigate negative youth involvement with police. Given the variety of city service inputs which are required to drive youth arrest rate down, this metric is an excellent lagging indicator of the past EHHS sub-cabinet performance. Additionally, it is a leading indicator which can forecast outcomes relevant to the sub-cabinet's responsibilities such as neighborhood safety, youth incarceration rates, student academic achievement, high school and college graduation, and the likely future economic success of Boston's youth.

Analysis of Existing Data

Unfortunately, the monthly arrest and FIO numbers are not currently available. The Boston Police Department holds this data closely and with good reason, as the unauthorized disclosure of data tied to individuals could violate privacy standards established in the Criminal Offender Record Information (CORI) law. As long as the EHHS sub-cabinet deals with aggregate data and not data that can be used to identify individuals, the BPD should be able to provide information for the scorecard. However, due to the culture of data protection at the police department, the request for scorecard data should come directly from the senior Mayor's Office Staff.

On behalf of the EHHS sub-cabinet, the Mayor's Office should request from BPD two queries. The first is the total monthly count of arrests and FIO reports among juveniles broken down by age as well as location (if possible). Secondly, if the EHHS sub-cabinet wishes to drill into the data further, the Mayor's Office can request the BPD to cross reference the list of students 80% attendance mark for the month (from metric #1) with arrest and FIO reports. The Mayor's Office would need to submit a list of individuals below the 80% attendance mark with names and birthdays, and the BPD would return a number of individuals that match (but would not say which names matched as this information is protected).

Goals and Responsibilities

Goals setting around youth interactions with police can occur once the data are obtained. Goals should be developed from the perspective of the EHHS sub-cabinet not the perspective of the BPD. Through operational and policy changes the BPD can rapidly change the number of youth arrests and FIOs, however this is not the objective of this metric. Instead, this metric is meant to measure the impact of the EHHS subcabinet in preventing youth from being in situations where they might be arrested or have an FIO filed on them.

Next Steps and Future Evolutions

While youth arrest rates are multifaceted, concerted effort to prevent potential youth offenses could provide rapid results. It is possible that a simple increase in after school programming could significantly decrease crime and arrest rates. However, it is equally possible that youth arrest rates will not decline unless the city addresses the systemic causes of youth crime such as poverty, poor educational attainment, and lack of supportive households. Further study will determine the critical drives of success on this metric, but the potential for obtaining information which defines the most influential programs for influencing youth arrest rates warrants the regular tracking of this metric on the EHHS scorecard.

Metric #9: Facility Financial Efficiency – Monthly Upkeep Cost per Square Foot

To achieve balance in its analysis, the EHHS sub-cabinet must include some measure of financial efficiency in its monthly scorecard. While the sub-cabinet may use the scorecard to create interventions on issues such as school attendance or youth crime, these interventions are meaningless if the City does not have the money to put them into action. Therefore, the sub-cabinet must be mindful of the financial affairs of its departments, and should regularly discuss strategies and best practices to ensure the best and most efficient use of funds.

The financial efficiency of individual departments is generally an internal issue and not relevant to cross-departmental meetings such as the sub-cabinet. The challenge in identifying an appropriate cross-departmental financial performance measure is ensuring that such a measure can generate cross-departmental collaboration. Through discussions with budget office staff, we determined that monthly cost of utilities and facility repairs (normalized by square foot) across the various EHHS sub-cabinets can be such a metric.

The purpose of tracking facilities costs cross-departmentally is not to determine which department has the lowest cost facilities, but rather to facilitate cross departmental conversations about how to keep costs down, and more importantly, raise strategic discussions concerning the consolidating program locations to use space more efficiently. The combination of utility cost and facility repair cost provides a metric of how much a department is spending to upkeep its facilities. Since some departments are drastically larger than others and have many more facilities, in order to compare data across departments, it is necessary to normalize the data by dividing the total costs by the total square footage of facilities for which the department is responsible.

Mayor Menino has identified program consolidation as a priority given the budget cuts the city is facing due to the economic recession. Tracking the monthly facilities costs will identify where money is being spent on facilities cross-departmentally and lead to the identification of opportunities to combine programs under one roof to save money instead of cutting programs altogether due to budget constraints.

Alignment to Scorecard Strategy

Like all city governments, the City of Boston focuses its finances around an annual budget cycle. However, this means that it is difficult to get financial data on a month to month basis. While this data may be available at the departmental level, the central administration has less access to operational monthly information. Therefore, we were only able to obtain the facilities cost data on an annual basis.

While the current iteration of the scorecard will includes the annual figures for facility cost, by working with individual departments to get their facility costs on a monthly basis is entirely possible. First, however, the EHHS sub-cabinet must be convinced of the value of tracking financial information in order for the departments to be willing to invest the time necessary to collection monthly information.

Analysis of Existing Data

Currently the cost of facility upkeep is available for 3 departments on the EHHS sub-cabinet. These three departments are largest on the sub-cabinet, with the exception of the Public Health Commission (which organizes its budget in a different fashion which does not break out facility costs). Utilities and repairs are line items under the Boston Public Schools and Boston Public Library budgets, and the Boston Center for Youth and Family utility costs are managed in the BCYF budget while their repair costs are broken out under the Property Management Division's budget.

As can be seen from table 27, BCYF has the lowest cost per square foot of facility at $1.44. However, BCYF also shares a number of facilities with Boston Public Schools, which presumably Boston Public Schools pays for the facility expenses. This illustrates the ability to cut costs by housing programs under a single roof.

Table 27 allows the sub-cabinet to compare the relative trends in facility costs. Since the various departments have different types of facilities and operate different hours serving different needs, the actual price per square foot is not as relevant as comparing the trends between departments. The table shows that that the cost per square foot from FY07 to FY08 increased for BPL while decreasing for BPS. Identifying the cause of this disparity in trends may lead to innovations in the ability to manage costs.

Two limitations in this data are worth mentioning. First Table 27 assumes that the total square footage of facility space has remained constant since FY07. In reality this square footage has likely changed. Similarly, we were unable to gather historical data on BCYF repair utility costs. Both of these issues could be resolved through further research with the assistance of the budget office.

Figure 27: Calculations to obtain the per square foot cost of maintaining facilities for available EHHS departments.

	FY07 Expenditure	FY08 Expenditure	FY09 Appropriation	FY10 Adopted
BOSTON PUBLIC SCHOOLS				
Utilities	$ 23,101,868	$ 20,662,766	$ 23,758,400	$ 19,995,950
Facility Repairs	$ 20,983,253	$ 19,497,683	$ 18,712,799	$ 16,224,516
Repairs and Utilities	$ 44,085,121	$ 40,160,449	$ 42,471,199	$ 36,220,466
Total square feet of facilities	11,056,130	11,056,130	11,056,130	11,056,130
Cost per square foot Utilities	$ 2.09	$ 1.87	$ 2.15	$ 1.81
Cost per square foot Repairs	$ 1.90	$ 1.76	$ 1.69	$ 1.47
Total Facility Cost per Sq. Ft.	$ 3.99	$ 3.63	$ 3.84	$ 3.28
BOSTON PUBLC LIBRARY				
Utilities	$ 4,026,295	$ 4,204,225	$ 4,296,929	$ 3,862,153
Facility Repairs	$ 1,494,543	$ 1,812,104	$ 1,874,873	$ 1,519,565
Repairs and Utilities	$ 5,520,838	$ 6,016,329	$ 6,171,802	$ 5,381,718
Total square feet of facilities	1,365,736	1,365,736	1,365,736	1,365,736
Cost per square foot Utilities	$ 2.95	$ 3.08	$ 3.15	$ 2.83
Cost per square foot Repairs	$ 1.09	$ 1.33	$ 1.37	$ 1.11
Total Facility Cost per Sq. Ft.	$ 4.04	$ 4.41	$ 4.52	$ 3.94
BOSTON CENTER FOR YOUTH AND FAMILES				
Utilities	$ 1,522,887	$ 1,569,606	$ 1,612,978	$ 1,631,125
Facility Repairs	$ -	$ -	$ -	$ 963,428
Repairs and Utilities	$ -	$ -	$ -	$ 2,594,553
Total square feet of facilities	1,803,854	1,803,854	1,803,854	1,803,854
Cost per square foot Utilities	$ 0.84	$ 0.87	$ 0.89	$ 0.90
Cost per square foot Repairs	$ -	$ -	$ -	$ 0.53
Total Facility Cost per Sq. Ft.	$ -	$ -	$ -	$ 1.44

Goals and Responsibilities

The Budget Office representative to the EHHS sub-cabinet should be responsible for gathering the facility cost figures for the scorecard. As the sub-cabinet moves from annual to monthly financial figures, the greater responsibility will be placed on each department to accurately report their monthly costs.

While there is not enough data available at this point to set goals for this metrics, the general trend should be to lower the total costs of facilities. This will generally mean the cost per square foot of facilities will decline, however, if facilities are consolidated or closed, this may result in a spike in cost per square foot as the total amount of square feet might decline more rapidly than the decline in costs.

Next Steps and Future Evolutions

While including the cost per square foot of facilities on the monthly scorecard serves the important purpose of bringing financial discussions to the EHHS sub-cabinet meetings, future iterations of financial metrics can greatly improve the utility of the scorecard. The gold standard will be to develop a method for determining the price per unit service by department, especially when for those services which are delivered by multiple departments. For example, reading tutoring is delivered by many departments on the sub-cabinet. If the sub-cabinet invests the time to determine how much an hour of reading tutoring costs to deliver in each department, it may become clear that certain departments are able to deliver this service at greatly reduced cross structures. If it were clear that reading tutoring delivered by the libraries is vastly cheaper to provided than reading tutoring in community centers, than the sub-cabinet would be able to save costs by directing more citizens in need of tutoring to the library. This type of analysis could ultimately lead to greatly improve efficiencies in service delivery.

Figure 28 shows the diagnostic and predictive power that could be achieved if the sub-cabinet launched an initiative to obtain a cost per unit service data.

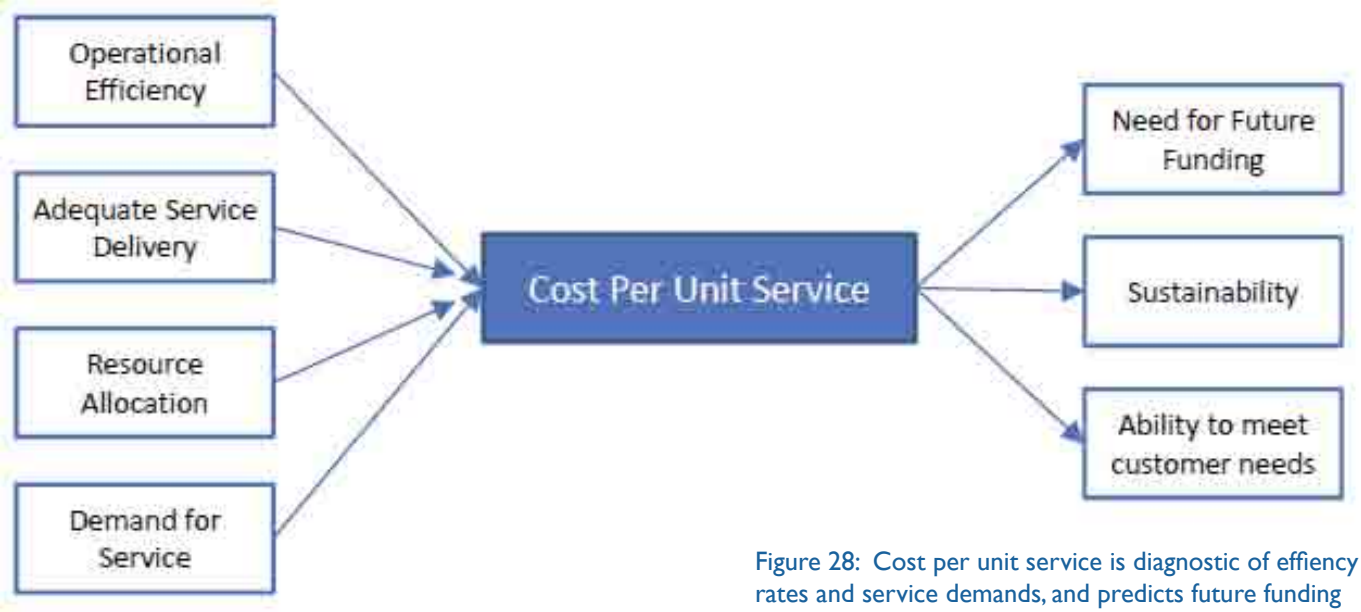


Figure 28: Cost per unit service is diagnostic of effiency rates and service demands, and predicts future funding needs and overall program sustainability.

Metric #10: Citizen Service Operations – Monthly CRM Service Referral Counts by Department

The Mayor's 24 hours constituent service hotline fields requests for city services from citizens. These requests range from the filling of potholes, to assistance with permit applications, to social service interventions. Requests are taken by phone, in person, in writing and, most recently, via the city's i-phone application. Once a case is received, it is entered into the citizen request management (CRM) system for referral to the appropriate department and for tracking. Performance on case management is closely monitored by the CRM team, and on average it takes the city four days to resolve or close a case.[30]

While CRM case management currently operates independently of the EHHS sub-cabinet, including the monthly case load relevant to EHHS departments on the monthly scorecard will provide the sub-cabinet with a critical indicator of the demand for EHHS services by citizens. Furthermore, by identifying trends in the data, the number of EHHS department cases in the CRM system can also provide a predictive analysis of what services are likely to be in demand in the future.

Alignment to Scorecard Strategy

The monthly number of EHHS service requests in the CRM system provides diagnostic information on past performance as well as a prediction of future service needs. The shifting trend in service referrals is diagnostic of the city's ability to provide outreach and education about the services offered, as better outreach should lead to more referrals. Assuming that outreach is effective and the mayor's constituent service hotline is well utilized, then the number of referrals also provides a proxy indicator for the demand for service in the city. This demand trend provides some indication of the city's ability to prevent the need for certain city services (e.g., foreclosure assistance) but more importantly, the referral number provides a predictive indicator of what types of services might be in greater demand in the future. For example, increasing calls to the Boston Housing Authority or the Emergency Shelter Commission could indicate a rising housing and homeless crisis which would require the city to ramp up a number of social services beyond housing assistance including programs such as food and nutrition assistance, services for high mobility children, and job skills training and education.

Figure 29: Service referrals rates are diagnostic of the need for service as well as outreach and marketing efforts. Referral rate predicts future citizen satisfaction and the ability of the city to deliver comprehensive and collaborative city services.

Perhaps most importantly, the CRM system is one of the most up to date city data sources. As requests are received they are immediately put into the system and are ready for analysis. Therefore, the day to day and month to month trends in the data are extremely relevant. Influencing and responding to demand for service trends, however, will require long term collaboration between EHHS departments.

Analysis of Existing Data

Table 30 provides the number of CRM tracked service requests by month for EHHS sub-cabinet relevant call types. A number of obvious trends can be inferred from this data. First it is clear that citizens use the CRM system vastly more to report issues of homelessness or elderly concerns compared to youth employment or library administration questions. Given this information, EHHS sub-cabinet members may what to provide greater advertising for the Mayor's Hotline and other constituent service platforms targeted at youth and library patrons so that they have the opportunity to take advantage of this service.

Figure 31 shows the trend line for total EHHS service requests in 2009 by month. For service delivery planning purposes it may be useful to note that EHHS requests peak in January and September with comparatively less requests coming in the early spring and late fall.

Figure 30: 2009 service referrals by type that are relevant to EHHS efforts.

2009 CRM Service Requests	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
BHA Administration	8	17	12	12	8	13	9	6	12	4	8	7	116
Disabled Persons Issues	7	4	5	3	1	2	6	3	5	4	3	6	49
Elderly Concerns	36	15	17	7	5	7	6	4	4	7	6	18	132
Homelessness	32	18	17	16	20	22	35	43	40	29	18	14	304
Library Administration	2	0	2	0	0	0	0	0	1	0	0	0	5
School Administration	2	8	5	3	1	5	3	1	6	6	1	2	43
School Assignment	0	0	0	0	0	1	0	2	6	0	1	1	11
School Safety	1	2	2	2	4	0	0	1	4	2	1	0	19
Youth Employment	0	0	0	2	0	1	0	0	0	0	0	0	3
Youth Services	2	2	0	3	3	2	7	0	0	0	1	2	22
Grand Total	216	174	173	143	160	168	190	210	234	174	135	150	2127

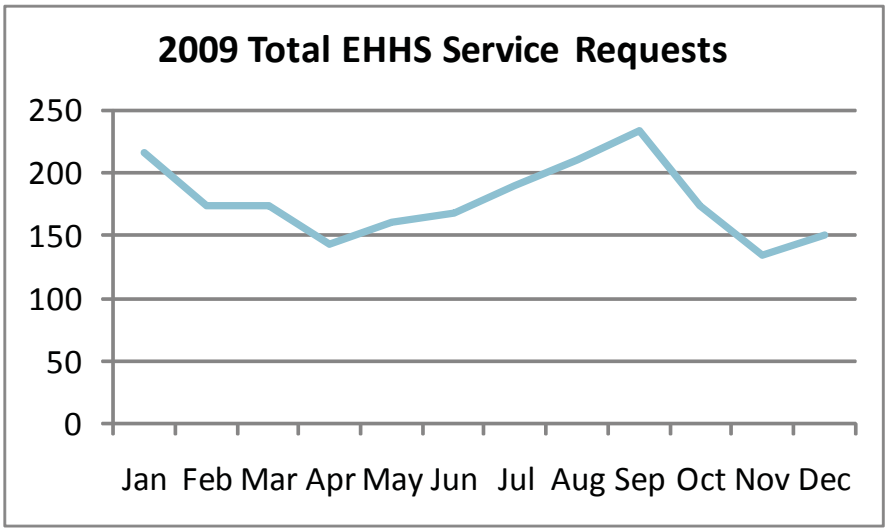


Figure 31: Total service requests peak in late summer and decline in the fall and spring.

Figure 32 provides some of the most interesting data relevant to the EHHS sub-cabinet. It demonstrates that cases involving homelessness issues peak in the late summer, while elderly concerns peak in winter. While this information is most likely already understood by most sub-cabinet members, it may be useful in planning for resource demands.

Figure 33 provides information on school based service requests. Here the monthly numbers are low so it is difficult to identify trends, however if more citizens are encouraged to reach out through the CRM system to contact the schools, better data will result.

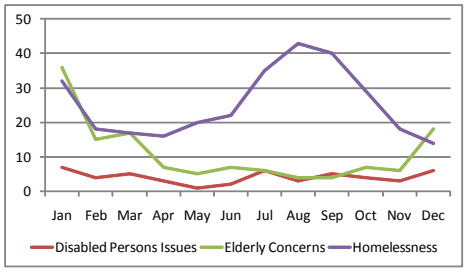


Figure 32: Homelessness issues peak in summer while elderly concerns peak in the winter.

Goals and Responsibilities

The CRM system is managed by the Mayor's Office in cooperation with Management Information Services (MIS). Representatives from the Mayor's Office to the EHHS sub-cabinet should be responsible for gathering and reporting this data.

Goal setting around CRM service requests must acknowledge that the EHHS sub-cabinet does not directly control the demand for service. To some extent, it may be beneficial for the sub-cabinet to work increase the CRM service request rate in effort to ensure citizens have access to service and know how to obtain it.

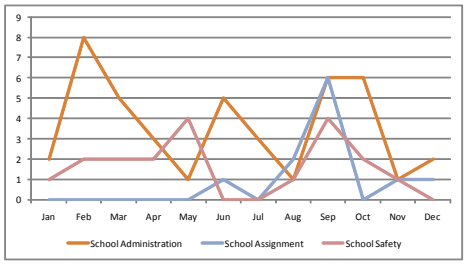


Figure 33: There are relatively few service requests for school related issues in the CRM system. This could indicate a need for better advertising of the system to parents.

Next Steps and Future Evolutions

In future iterations of the score-card, the sub-cabinet may wish to track the average length of time EHHS department cases remain open in the CRM system in order to determine the efficiency with which there are meeting citizens demands. Additionally, the EHHS service requests tracked through the CRM system may be a tool for building surveys targeting customer satisfaction on EHHS service delivery.


120%
100%
80%
60%
40%
20%
0%
100%
89%
Ages 1-2
Ages 3-5
50
40
30
20
10
0
83%
74%
Jan
Feb
Mar
Apr
Jul
Nov
Dec
350
300
250
200
150
100
50
0
Sept
Oct
Nov
Dec
Jan
Feb

Chapter 6:

Scorecard Implementation

This report has focused on the theoretical framework for a cross-departmental scorecard and recommendations for ten EHHS scorecard metrics. Months of work have gone into building the scorecard framework and selecting the best set of initial scorecard metrics. However, additional steps must be taken by the EHHS sub-cabinet to make the scorecard fully functional. This chapter outlines the specific steps necessary to advance the scorecard agenda. In order to institutionalize use of the scorecard in EHHS meetings, the sub-cabinet must be particularly dedicating to supporting its deployment and further development over the course of the next year.

This section introduces two time lines that are critical to scorecard the development. The first time line provides a number of objectives that must be met over the course of the next year to ensure scorecard success. The second time line provides a view of scorecard production for each month. In order to produce a relevant and timely scorecard for use at each sub-cabinet meeting, this process must be repeated each month.

The EHHS Scorecard 1-year Time Horizon:

Spring 2010

Once the scorecard is launched at the April 2010 EHHS meeting, the group must focus on how it is going to stage internal efforts to manage the scorecard, analyze the data, and collect the missing metric information as quickly as possible. There are two crucial next steps:

- **The EHHS sub-cabinet must appoint a scorecard coordinator** who is responsible for managing the process of building the monthly scorecard by: a) collecting data from responsible sub-cabinet departments, b) analyzing the data to identify trends in performance, c) writing a 1-2 paragraph summary of what the monthly scorecard demonstrates and d) sending the finished scorecard out to sub-cabinet delegates before the monthly meeting.

Appoint a Scorecard Coordinator

Establish department leads to collect missing data

- **The EHHS sub-cabinet must also appoint department leads to collect the missing data** for each of the monthly metrics that need further development. These metrics include: 1) BPS absence classification, 2) % intervention in chronic absentee cases, 3) Boston Public Schools Learning Index, 4) % eligible children who have received Medicare primary care screening, 5) number of negative interactions with BPD, 6) Facility cost per square foot.

Summer 2010

By the beginning of summer the EHHS sub-cabinet should understand its scorecard routine and should have enough experience to understand how the scorecard is contributing to the sub-cabinet's strategic vision for EHHS service delivery. Since the sub-cabinet will have had three scorecard discussions by this point, it is now an appropriate time for the group to set specific annual goals for each scorecard metric. The EHHS sub-cabinet should also be well into its routine of reporting data to the scorecard coordinator, and it should ensure that the scorecard coordinator is receiving adequate support from the sub-cabinet departments. Throughout the summer, the sub-cabinet should engage in high-quality monthly scorecard discussions with an eye toward making a substantial difference in one sub-cabinet policy area by the fall.

Fall 2010

By the beginning of fall, EHHS should be ready to fully launch all of the metrics, and scorecard discussions should be in high gear. The department leads who had been working all summer to find ways to gather the data for the prescribed metrics should be finished with this task. Additionally, EHHS should be ready to use the scorecard to publicize a cross-departmental success. Throughout this time, the sub-cabinet should be keeping an eye on creating updated variations of the scorecard measures.

Figure 34: The one year implementation timeline for deploying and improving the EHHS scorecard.

EHHS Scorecard Implementation Timeline

May 2010 EHHS Sub-Cabinet
- Hold second scorecard discussion
- Identify person to fill EHHS "Scorecard Coordinator" role
- Designate departmental leads to collect currently unavailable data

April 2010 EHHS Sub-Cabinet
- Launch EHHS Scorecard and hold first discussion based on available data
- EHHS departments give feedback and make recommendations for final scorecard
- Incorporate scorecard performance metrics into the FY11 Budget where possible

June 2010 EHHS Sub-Cabinet
- Third scorecard discussion
- Set specific annual goals for each scorecard metric
- Ensure EHHS Scorecard Coordinator is receiving adequate departmental support

We've mentioned in the discussion of the proposed metrics that as data collection and metric accuracy improves, some of the metrics themselves may change. Additionally, the EHHS sub-cabinet should consider recruiting another Kennedy School PAE team to start work on another iteration of the EHHS scorecard and evaluate progress to date. This team may also be charged with developing scorecard metrics for other sub-cabinet scorecards.

Early Winter 2011

The beginning of 2011 marks almost a year of scorecard discussions for the EHHS sub-cabinet. At this time, the group should be able to evaluate how the scorecard has helped the City of Boston improve Education, Health and Human Services outcomes. As part of this effort, EHHS should compare its scorecard performance against the annual strategic goals that are set in Mayor Menino's budget priorities as well as the goals coming out of the sub-cabinet meetings.

Compare monthly scorecard performance to annual goals

The Monthly Scorecard Cycle

The work involved in maintaining and building this scorecard follows a monthly cycle (see Figure 35). It begins with the monthly scorecard meeting in which the sub-cabinet discusses the data findings and decides how to take action on the information. Over the course of the next four weeks leading up to the next sub-cabinet meeting, as new data are being collected, the sub-cabinet members should be taking action toward improving performance from the past month.

The monthly meeting also marks the beginning of a new data collection cycle. Ideally, the sub-cabinet and participating departments will have

Early Fall EHHS Sub-Cabinet Meeting

- Continuing holding regular scorecard discussions at each meeting
- Evaluate progress towards goals
- Use scorecard to identify and publicize an EHHS program success

Early Winter 2011 EHHS Sub-Cabinet

- Compare scorecard performance against annual strategic goals
- Evaluate how nearly a year of scorecard use has aided performance

Mid Fall EHHS Sub-Cabinet Meeting

- Recruit new Kennedy School PAE team to evaluate scorecard use to date or establish scorecard metrics for other sub-cabinets
- Continue presenting scorecards and discussing potential for new metrics

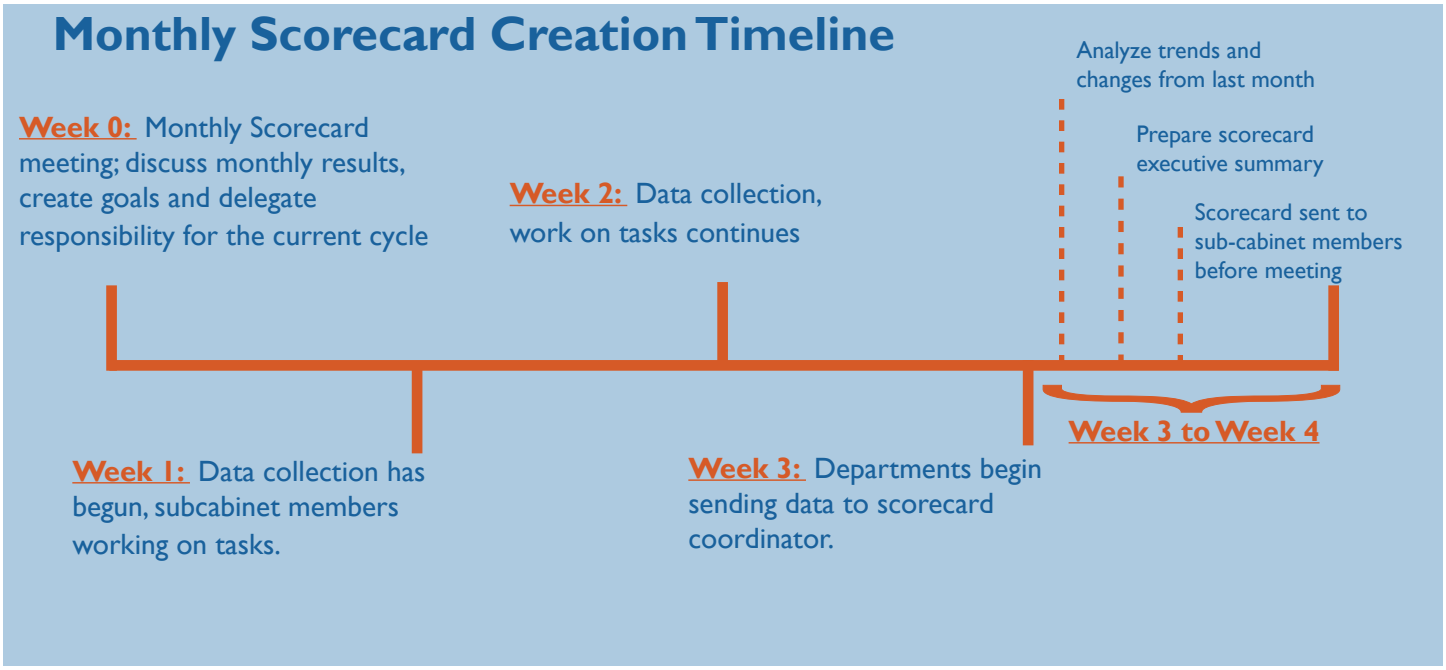


Figure 35: The above timeline shows the monthly process that must be replicated in order to produce a scorecard for the next EHHS meeting.

systematic data collection so that data can be delivered on a regular basis to the scorecard coordinator. Since EHHS sub-cabinets are held on the second Tuesday of each month, there should be enough time in most cases to gather the relevant monthly data from the previous month to report on the scorecard.

With a week until the next sub-cabinet, the data should be collected and send it to the sub-cabinet coordinator. It is important each sub-cabinet department commit to sending this data at the end of the third week since the scorecard coordinator will need a few days to analyze the data, write the executive summary, and process the scorecard document.

Suggested points of contact and responsible departments are listed in FIgure 36. While these were our primary first contacts for each measure during the development and planning process, it is entirely likely that the responsible parties may change as the scorecard evolves.

The scorecard coordinator should email the new scorecard out to the sub-cabinet delegates the day before the sub-cabinet meeting so that the delegates are able to read the document and come to the meeting prepared to answer questions on performance and make meaningful contributions to the conversation. A well-prepared scorecard and well-prepared discussion participants are critical for an engaging and enlightened discussion that will lead to innovations and strong results for the people of Boston.

Figure 36: Monthly Contacts for Scorecard Development

	Metric	Department	Suggested Contact
1	Number of BPS students below 80% monthly attendance	BPS Office of Research, Assessment and Evaluation (ORAE)	Kamal Chavda
2	Number of BPS student absences by category	BPS Office of Alternative Education (OAE)	Marilse Rodriguez-Garcia
3	Percentage of successful absence interventions	BPS OAE and BPS ORAE	Kamal Chavda and Marilse Rodriguez-Garcia
4	Boston Centers for Youth and Families Attendance	Boston Centers for Youth and Family	Noah Stockman
5	Boston Public Library Attendance by Program	Boston Public LIbrary	Koren Stembridge
6	Average Monthly Score on the BPS Composite Learning Index	BPS ORAE	Kamal Chavda and Frank Barnes
7	Percentage of eligible youth receiving alloted Medicaid primary care screenings	Boston Public Health Commission	Deborah Allen and Michelle Urbano
8	Number of monthly negative youth interactions with Boston Police	Mayor's Office (to request data from BPD)	Barbara Berke
9	Facility upkeep cost per square foot	Administration and Finance	Jean Capizzi
10	Number of EHHS department service referrals in CRM system	Mayor's Office/ MIS	Chris Osgood

Figure 36: Suggested responsible departments and contacts for each scorecard metric. In creating the next monthly scorecard these are the organizations and people to reach out to first.


120%
100%
80%
60%
40%
20%
0%
100%
89%
Ages 1-2
Ages 3-5
50
40
30
20
10
0
83%
74%
Jan
Feb
Mar
Apr
Jul
Nov
Dec
350
300
250
200
150
100
50
0
Sept
Oct
Nov
Dec
Jan
Feb

Chapter 7

Supporting Policy Recommendations

Throughout this report we have focused on recommendations surrounding the creation of a scorecard and selection of metrics. Once the scorecard is developed, however, the EHHS sub-cabinet must take appropriate steps to ensure the scorecard is used effectively and is sustainable over time. While we have mentioned a number of supporting recommendations in early sections, we conclude here by consolidating a few key recommendations for the EHHS sub-cabinet members to keep in mind for the future of the scorecard effort.

Recommendation 1: Strategize and Prioritize Performance Goals for each Sub-Cabinet Metric

Establish Performance Goals for Each Metric

In this report we've focused on the need for metrics, identifying appropriate metrics for the EHHS sub cabinet, and implementing the scorecard. We have focused less on developing specific goals for each metric. In some cases, the appropriate systems must be stood up to measure performance before goals can be set. In other cases, the measures are ready to be tracked on a monthly basis and historical data can provide the context for goal identification. In either case, it is up to the sub-cabinet to identify the appropriate goals for each metric based on the relative priorities around each. This is a collaborative discussion making process that is critical for the sub-cabinet to perform, and is not something we can prescribe for the group. Furthermore, it is an iterative process. The new information and decisions that are made each month effect both the metrics and the goals of the group, and the sub-cabinet should be able to adjust their goals to meet the ever changing needs of citizens.

Report Progress Frequently and Publicly

Recommendation 2: Report Progress Frequently and Publicly

Mayor Menino's administration is committed to transparency and this commitment is shared by the sub cabinets. While transparency has obvious benefits in terms of informing citizens and ensuring a democratic process, it has tremendous benefits in the realm of performance management as well. Sharing performance data publicly creates immediate pressure on the sub-cabinet leaders and line staffers to enhance performance.[31] Sharing this data frequently creates a similar pressure to enhance performance rapidly. No department or individual wants to be responsible for continually performing poorly, month after month, with no sign of improvement. Sharing data monthly also suggests to sub-cabinet members that they will be held responsible for showing improvement every month. Additionally, sharing data publicly allows outsiders – whether they are other departments, non-profits, private business, or individual citizens – to be engaged and informed on the priorities of the sub-cabinet and potentially commit their own energy and resources into efforts to help the sub-cabinet meet its priorities.

Continually update and re-conceive scorecard metrics

Recommendation 3: Continually Update and Re-conceive Scorecard Metrics

As discussed earlier, the recommended metrics and action steps presented in this report represent a snapshot in time. The subcabinet will shift its priorities as it obtains new information, as new demands arise, and as new strategies are deployed. Therefore, a sub-cabinet scorecard should be considered a living document. Each new iteration of the scorecard should be welcomed as long as it advances the long term goals of the sub-cabinet and supports the sub-cabinet's ability to perform even better than the last metric or scorecard.

However, as the scorecard develops, there will be pressure to expand the number of metrics listed on the card. For the reasons out lined in Chapter 4, the scorecard should stay limited to 10 metrics. Future successes, inventions, and realizations will no doubt render some metrics obsolete or identify the need for new ones, but when this happens old metrics should be replaced in order to maintain the strategic focus of the scorecard.

Exhaustively analyze and display geographic information

Recommendation 4: Exhaustively Analyze and Display Geographic Information

Geographic information is crucial for cutting citywide data into a more manageable format for the sub-cabinet to analyze and use for decision-making. This type of information may highlight environmental factors in particular neighborhoods, and is therefore aligned well with the sub-cabinet's mandate to target particular neighborhoods as part of a citywide

agenda. To the extent that the data associated with the scorecard metrics can be geocoded, it should be formatted spatially. The GIS analysts for the City of Boston are valuable partners for the sub-cabinet, and they can bear many of the mapping responsibilities.

Recommendation 5: Invest in Systems That Standardize and Ease Data Collection

Invest in systems that standardize and ease data collection

Good data collection and management systems are important for cultivating meaningful data. High-quality data is important because it helps the sub-cabinets make accurate decisions. Well-respected performance management systems utilize only high-quality data. If the scorecard measures that the sub-cabinets are using do not reflect high-quality data, it will not be long before the scorecard system loses credibility.

Boston should continue to aggressively pursue data collection and management systems that surface accurate performance information. The Kid Trax system that BCYF has piloted in FY10 is an excellent example of a data management innovation that is going to help the sub-cabinet utilize credible information. Kid Trax helps BCYF cleanse some of the data impurities associated with collecting data from sign-in sheets. It tracks child attendance with attendance cards, and uses this information to demonstrate the programming that children are accessing.

If school attendance is to be a priority metric, BPS will also need to enhance its attendance data collection efforts. We learned from our interviews with BPHC and with BPS's Office of Alternative Education that there are multiple sources of attendance data, particularly data on chronic absence. These three sources include attendance information from individual schools, BPHC home visit information, and Office of Alternative Education case management information. The information from these multiple sources may be overlapping, or some sources may be capturing important information that the others aren't, so a streamlined attendance process and centralized database for chronic absence case management may help the EHHS sub-cabinet get a better picture of how to make successful policy interventions around chronic absence.

Appendix A: Data Tables

Data Table #1: Pivot table analysis of the number of students below 80% attendance by month and by school

Source: BPS

School Name	School ID #	Sept	Oct	Nov	Dec	Jan	Feb	School YTD as of March 12	Change Jan to Feb 2010
ACC	1230	19	28	42	31	26	54	32	28
Adams	4561	1	3	7	4	7	6	4	-1
Agassiz	4010	5	4	17	10	22	18	7	-4
Baldwin ELC	4621	1	2	2	3	1	1	1	0
BATA	1215	21	104	126	154	148	88	174	-60
Bates	4081	2	0	10	3	4	4	3	0
BCLA	1195	9	13	42	31	31	54	25	23
BOEA	1410	10	18	10	8	2	0	17	-2
Beethoven	4530	2	1	4	1	1	4	2	-3
Blackstone	4540	10	12	25	27	46	36	15	10
Bos Arts Acad	1420	20	30	45	46	43	81	35	38
Bos Day Acad	1490	3	5	6	4	0	0	9	0
Bos Latin Acad	1020	34	66	107	118	123	167	74	44
Bos Latin Schl	1010	30	21	67	38	79	92	18	13
Boston Intl	1990	7	9	14	30	29	32	20	3
Bradley	4062	3	0	2	2	0	3	2	3
Brighton	1040	140	209	280	314	319	397	306	78
Brook Farm Acad	1254	25	44	60	61	61	76	44	15
BTU K-8 Pilot	4661	0	1	2	1	0	0	1	0
Burke	1120	125	150	165	175	182	179	211	-3
Carter	4261	6	9	6	3	3	7	7	4
CASH	1103	42	62	64	75	86	73	81	13
Channing	4201	3	3	11	2	14	15	5	1
Charlestown	1050	125	183	250	249	273	331	245	58
Chittick	4070	5	2	6	3	9	8	4	-1
Clap	4551	1	1	5	3	4	1	4	-3
Comm Transition	1305	1	3	0	1	1	2	3	1
Community Acad	1340	25	45	41	46	42	51	51	9
Condon	4630	8	21	52	48	42	55	17	11
Conley	4080	1	0	4	3	3	7	2	4
Curley	4272	21	27	50	46	47	57	30	10
Dearborn	2260	15	17	31	42	37	47	24	10
Dever	4100	11	6	19	18	26	22	6	-4
Dorchester Acad	1064	63	130	157	126	145	140	146	-5
East Boston	1070	159	279	472	483	498	529	477	31
East Boston EEC	4450	2	2	2	0	3	6	1	3
East Zone ELC	4054	1	2	3	2	3	2	1	-1
Edison K-8	4178	31	37	89	89	72	90	50	18
Edwards	2010	22	32	43	36	51	54	28	3
Eliot	4391	1	1	5	4	4	3	3	-1
Ellis	4240	6	10	20	17	17	26	7	11
Emerson	4120	1	3	1	3	4	4	3	0
Engineering	1102	29	41	72	63	70	83	64	13
English	1090	70	102	145	161	180	180	152	0
Everett	4140	1	2	4	3	2	2	2	0
Excel	1162	29	51	48	49	56	62	52	6
Farragut	4571	1	6	4	5	12	9	4	-3
Fenway	1265	7	7	13	16	24	31	12	7
Fifield	4150	2	6	11	9	9	15	5	6
Frederick	2360	31	35	72	67	89	93	40	4
Gardner	4160	1	0	9	11	12	8	6	-4
Gavin	2090	22	46	67	71	71	95	42	-12
Greater Egleston	1430	36	68	97	92	109	105	112	-4
Greenwood, E	4190	7	11	29	21	31	33	15	-2
Greenwood, S	4150	3	0	3	6	4	3	2	-1
Grew	4200	1	3	4	2	2	2	2	0
Guild	4061	4	2	9	7	6	6	3	0
Hale	4113	1	1	1	3	1	1	1	0
Hailey	4210	1	2	10	5	2	4	3	2
Harbor	2440	7	9	18	18	18	25	7	7
Harvard/Kent	4280	2	5	12	3	8	8	4	0
Haynes EEC	4460	0	1	4	2	4	6	1	-2
Health Careers	1440	1	2	5	5	5	9	3	4
Hennigan	4230	8	8	19	31	23	25	11	2
Hernandez	4053	0	0	2	1	2	7	1	5
Higginson/Lewis	4242	12	24	56	25	40	54	31	3
Holland	4250	19	22	47	56	61	69	29	8
Holmes	4084	2	3	16	10	9	10	7	1
Horace Mann	4610	3	6	9	5	8	8	6	0
Hurley	4260	1	6	20	9	25	23	15	8
Irving	2140	49	71	82	71	112	106	59	-7
Jackson/Mann	4620	25	28	64	48	49	70	34	26
Kennedy, JF	4270	1	3	3	5	8	13	3	7

Data Table #1
Continued

School Name	School ID #	Sept	Oct	Nov	Dec	Jan	Feb	School YTD as of March 12	Change Jan to Feb 2010
Kennedy, PJ	4041	4	2	6	6	9	7	5	-2
Kenny	4090	0	1	2	1	1	4	3	3
Kimball 4-8	4030	0	1	4	2	2	6	3	4
King K-8	4055	14	21	24	36	35	31	24	-4
Lee	4290	1	0	2	1	7	5	4	-2
Lee Academy	4291	1	2	8	7	7	10	5	3
Lyndon	4331	3	2	12	5	8	9	4	1
Lyon	4171	1	2	9	4	3	2	4	-1
Lyon 9-12	1171	0	1	3	2	1	2	1	1
Manning	4311	1	0	2	1	3	2	2	-1
Marshall	4340	17	25	42	42	33	44	23	-5
Mason	4121	0	0	3	3	0	2	2	2
Mather	4350	5	7	17	10	21	27	7	6
Mattahunt	4690	5	10	30	32	27	38	19	11
McCormack	2100	33	44	79	82	80	99	51	19
McKay	4360	0	0	8	6	8	10	5	2
McKinley Acad	1254	60	62	73	73	74	75	71	1
McKinley Elem	1291	1	1	5	4	5	3	3	-2
McKinley Middle	1290	12	12	18	16	16	13	14	-2
McKinley Prep	1250	32	43	40	44	42	41	45	-1
Media Comm Tech	1252	29	38	70	96	78	102	57	24
Mendell	4370	1	1	1	1	1	6	3	5
Middle Sch Acad	1325	10	18	22	25	22	21	20	-1
Mildred Ave K-8	4671	20	35	43	50	73	78	41	5
Monument	1161	57	91	95	99	119	118	119	-1
Mozart	4082	0	0	0	1	2	0	1	-2
MP Madison Park	1210	152	213	316	315	340	413	269	73
Murphy	4400	4	9	11	6	11	15	6	4
New Mission	1265	17	21	28	32	42	46	21	4
Newcomers Acad	1991	0	1	2	3	5	7	3	1
O'Bryant	1030	13	40	74	76	90	104	45	14
O'Donnell	4543	3	1	5	6	5	7	3	2
Odyssey	1163	52	80	97	84	100	105	88	5
O'Hearn	4391	0	0	5	3	2	4	1	2
Otherberger	4410	2	6	16	6	14	21	8	7
Orchard Gardens	4680	14	16	35	32	36	42	22	6
Otis	4322	0	1	5	3	3	1	3	-2
PATH	1251	34	54	86	90	85	94	67	9
Perkins	4022	3	3	10	14	8	17	8	9
Perry	4592	2	3	8	5	9	8	5	-1
Philbrick	4561	0	1	1	1	2	1	1	-1
Quincy	4600	0	2	5	5	6	5	3	-1
Quincy Upper	1470	16	23	41	38	34	44	29	10
Rogers	2960	12	26	47	42	49	69	24	20
Roosevelt	4102	4	2	9	7	2	2	5	0
Russell	4530	3	1	6	1	4	7	2	3
Snowden	1200	26	41	79	80	71	82	56	11
Soc Just Acad	1101	35	45	69	63	64	52	57	12
Sumner	4560	7	9	27	29	28	26	11	-2
Taylor	4151	5	12	11	16	20	16	10	-4
TechBoston	1460	21	24	40	42	43	49	31	6
TechBoston 6-9	1459	29	69	52	74	69	71	54	2
Timilty	2040	20	31	35	45	53	68	22	12
Tobin	4570	9	14	25	32	30	36	16	4
Trotter	4560	3	2	13	16	16	16	4	0
Tynan	4590	8	13	24	23	22	26	11	4
Umana	2050	25	36	51	71	69	94	56	5
Urban Science	1253	32	54	84	83	86	96	86	10
Warren/Prescott	4260	3	9	10	14	8	8	9	0
Winship	4170	2	5	8	9	11	13	7	2
Winthrop	4052	0	3	10	2	12	5	5	-7
Young Achievers	4600	7	4	19	16	12	21	9	9

Data Table #2:
BCYF gate counts by month and by community center

Source: BCYF

	Jul 09	Aug 09	Sep 09	Oct 09	Nov 09	Dec 09	Jan 10
Agassiz	11671	12266	2327	1928	1962	2898	3029
Archdale	879	726	1146	1336	892	892	871
BCNC	17845	12235	3589	3706	3740	3555	3556
Blackstone	10456	0	4252	5007	6373	8047	7975
Charlestown	5848	6442	4920	0	0	1725	3537
Cleveland	1288	917	812	2192	4272	4220	4123
Clougherty	4735	6932	0	0	0	0	0
Condon	15413	12259	1159	3202	3212	3220	3360
Curley	17422	18028	14607	14259	13817	12782	10903
Curtis_Hall	27667	37056	7396	8701	8005	9961	9907
Draper	4733	4733	1335	1440	1499	1447	0
English	0	0	4516	5167	5435	5456	6585
Flaherty	10821	14672	0	4953	4953	5207	5171
Gallivan	4362	4362	1374	1400	3061	3061	1600
Golden_Age	1041	1410	1410	1618	1825	2094	2041
Grove_Hall	2556	1414	978	1502	1014	924	1965
Harborside	9627	6890	2424	5094	4156	2827	5114
Hennigan	21293	44222	7438	9932	9869	9776	9745
Holland	5314	8742	3325	10100	8371	6445	3716
Hyde_Park	4669	5917	4197	6515	6047	3581	3708
Jackson_Mann	6181	8497	4385	5576	7416	7920	5344
Johnson	1882	2324	1882	1882	1881	1791	1881
Kent	816	270	1823	3153	2601	1672	2509
Madison	4718	6140	0	3604	2497	3156	2127
Marshall	1460	2282	2743	4795	4461	3684	3218
Mason	3676	3394	0	2230	2198	2190	2349
Mattahunt	10440	5219	2562	5852	2568	2650	3181
Mildred	5477	5356	979	812	576	3415	1857
Mirabella	7233	7342	0	0	0	0	0
Murphy	8361	2623	5442	8885	8921	8538	15348
Nazzaro	1256	1932	1909	3069	2206	2512	1974
Ohrenberger	6968	4715	2502	5778	5465	4977	5724
Orchard_Gardens	1976	1191	0	0	0	0	0
Orient_Heights	2032	2193	1767	1796	1746	1781	2110
Paris_Street	5243	4237	3323	3329	3396	0	4122
Paris_Pool	4635	4298	1301	1301	1202	1311	1312
Perkins	6477	4959	5017	8763	10396	11767	10978
Roche	5275	3353	11776	15841	18415	7199	7650
Roslindale	1376	1376	173	726	744	550	2092
Shelburne	13177	12502	5483	7394	9098	6751	7323
Stillman	1403	782	1377	2209	943	1693	1695
Tobin	5416	1290	4733	5746	5450	6038	7262
Tynan	3519	3519	2870	3564	4257	4375	4288
Vine_Street	1976	4116	3419	2473	2414	2522	6416
Walsh	3988	2455	1405	2091	3497	3923	3893
West_Roxbury	7392	1703	1413	1730	2733	3324	3261
TOTALS	299993	297291	135489	190651	193584	181857	194820

BRANCH	FY07	FY08	FY09
Adams St.	64,921	70,138	69,892
Allston 82,	895	90,096	93,082
Brighton 77,	857	69,007	36,523
Central 1,	359,489	1,393,941	1,598,887
Charlestown 68,	399	72,073	77,388
Codman Sq.	135,822	118,909	113,500
Connolly 65,	986	61,419	61,566
Dudley 107,	137	116,180	106,104
DUDLIT	8,929	9,364	10,078
East Boston	77,723	73,008	81,000
Egleston 38,	347	44,745	47,242
Faneuil 61,	568	60,703	69,116
Fields Corner	74,115	71,652	83,817
Grove Hall	47,733	54,571	37,606
Hyde Park	121,817	116,610	116,969
Jamaica Plain	74,199	77,615	90,110
Kirstein Business	78,263	77,229	81,328
Lower Mills	79,806	91,718	85,062
Mattapan 58,	094	67,131	44,017
North End	90,471	91,071	79,996
Orient Heights	33,833	35,076	38,665
Parker Hill	52,168	52,125	52,736
Roslindale	87,870	89,064	87,206
South Boston	88,744	90,137	94,457
South End	67,642	86,825	85,982
Uphams Corner	46,674	38,529	48,843
Washington Village	70,216	60,806	62,689
West End	131,355	131,571	143,566
West Roxbury	126,500	123,392	129,608
TOTAL	**3,478,566**	**3,534,698**	**3,727,027**

Data Table #3:
Boston Public Library gate counts by branch

Source: BPL

Year	2005	2006	2007	2008
Age <1	100%	100%	100%	100%
Ages 1-2	70%	71%	81%	89%
Ages 3-5	57%	59%	61%	83%
Ages 6-9	34%	35%	38%	74%
Ages 10-14	36%	37%	40%	70%
Ages 15-18	25%	25%	28%	57%
Ages 19-20	2%	2%	3%	40%
Total Average	49%	50%	57%	78%

Data Table #4: Percentage of Massachusetts Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) primary care screenings obtained by eligible children by age.

Source: http://www.cms.hhs.gov/MedicaidEarlyPeriodicScrn/

Appendix B: End Notes

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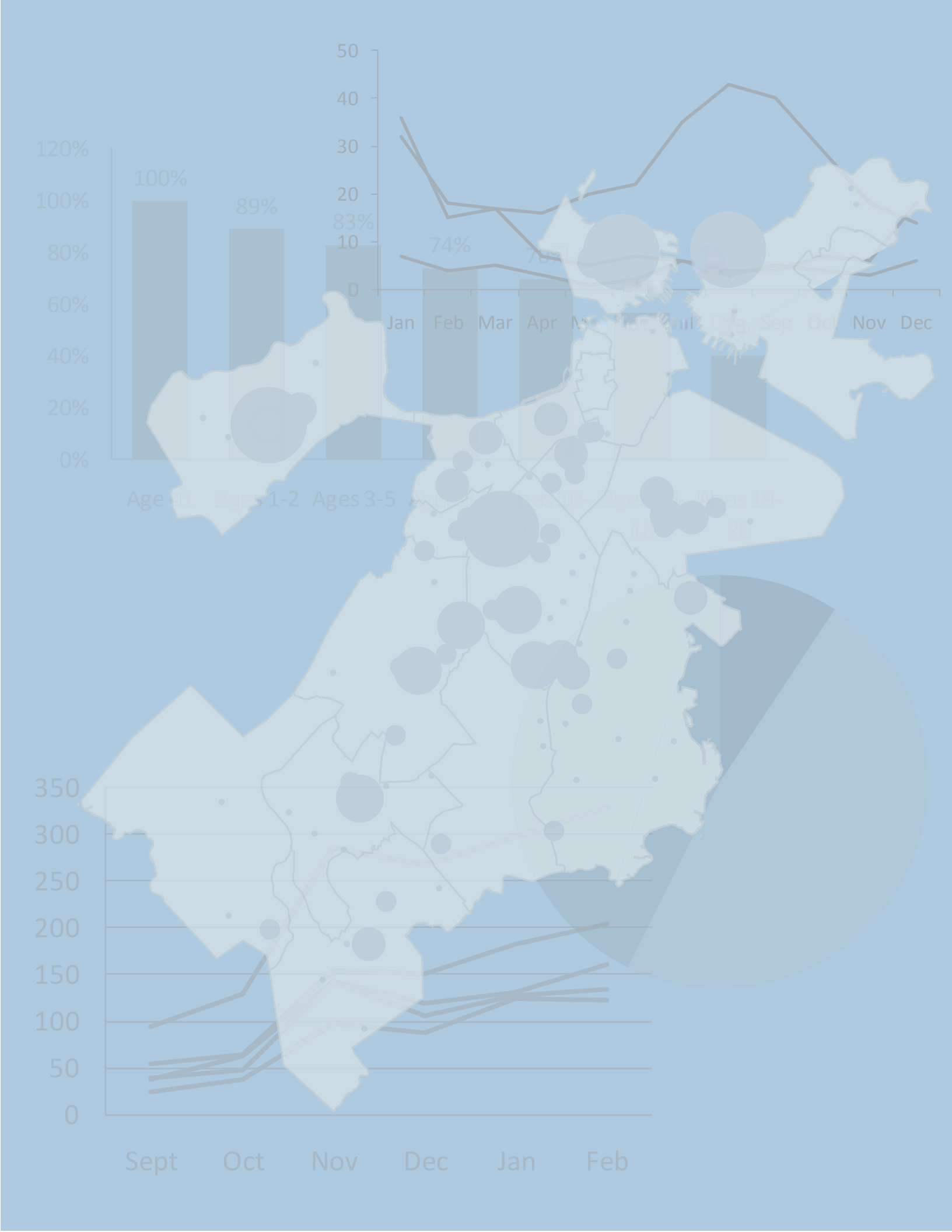
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