Moving the Needle

Using Evidence-Based Approaches
to Improve Public Sector Programs

Introduction

There is growing support for the use of evidence and data to assess program performance in federal, state and local government. Status-quo procedures and policy approaches are being put into question by the proliferation of data, and the increased ability to measure, analyze and evaluate public sector programs. At the same time, the exigencies of fiscal constraints and growing pressure on jurisdictions to accomplish better results more efficiently has prompted a focus on actual population outcomes.

Over the past five years, "Moving the Needle," an annual event hosted by Governing and the Annie E. Casey Foundation, has supported the evolution of evidence-based approaches in state and local government to promote equity and ensure resources and efforts are directed toward improving outcomes for children and families. Our annual symposium convenes state and local government officials — along with leaders from affiliated research and philanthropic organizations — to explore different approaches to tackling key social issues, share solutions, and spread those solutions further and faster.

Since its inception, Moving the Needle has highlighted real-world examples of how states and localities are putting evidence-based approaches into practice. In 2014, Moving the Needle looked at San Diego County's comprehensive initiative to improve the overall well-being of citizens based on a framework of indicators — including health, knowledge, standard of living, community and social connections — which influence quality of life and lifespan. In 2015, the symposium examined how the commonwealth of Massachusetts uses innovative financing models like pay-for-success/social innovation bonds to fund programs that deliver measurable results. In 2016, Boston, Louisville, Ky., and other jurisdictions described how they use data to build more equitable and engaged communities. And in 2017, Moving the Needle delved into C-Stat, a state-county program that uses data to provide faster and more accurate public benefits to clients in Colorado.

The fifth-annual symposium in 2018 focused on an increasing orientation toward evidence, particularly at the state and local levels, which sheds light on policies and practices that may impact racial disparities and systemic inequities that hurt our communities.

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Over the course of the 2018 event, we discussed how data-driven strategies are being used to improve public safety, reduce spending and free up resources to address underlying social issues. The event covered key factors for implementing effective data-driven governance, including: using analytics for organizational effectiveness and culture change, translating data into actionable insights for innovative social policy/programs and sharing data for collective impact.

Throughout the history of Moving the Needle, some of the nation's leading experts on public sector performance improvement have discussed how jurisdictions can successfully set goals, identify performance metrics and measure progress to promote better population outcomes. The event was designed to highlight best practices in performance improvement, advance the thinking on performance man-agement and outcomes-focused approaches, convene and support a learning network, and share best practices.

The following pages offer examples of evidence-informed state and local programs and include links to important resources and best practices for policymakers interested in evidence-driven interventions and government.

Using Evidence-Informed Approaches to Improve Outcomes:
The State of Georgia Special Council on Criminal Justice Reform

For three decades, Georgia courts dramatically increased the number and length of criminal sentences they imposed. As a result, the prison population grew and state spending for adult corrections more than doubled, from $492 million to more than $1 billion annually. Still, the prison population was projected to continue to grow over the next five years, at an estimated additional cost of $264 million.[1]

In 2011, the state created the Special Council on Criminal Justice Reform to review its criminal justice practices and policies and ensure evidence-based approaches were used to improve outcomes. The council laid the foundation for its work by partnering with organizations like the Pew Charitable Trusts and the University of Georgia's Carl Vinson Institute to scrutinize sentencing and corrections data and identify what was driving prison population growth. The council found the following causes: imprisonment of non-violent and lower-level offenders, insufficient reentry programs that led to recidivism, extensive use of probation in felony cases and the inability of many misdemeanor defenders to make cash bail.

To reverse this slide toward a less fair, more costly justice system, the council developed recommendations that included prioritizing prison beds for violent offenders and strengthening drug courts, probation and other sentencing alternatives for non-violent offenders. Many of the recommendations were included in legislation that passed unanimously in the Georgia General Assembly and was signed into law in 2012 by then-Gov. Nathan Deal.

Most recently, the council turned its attention to misdemeanor bail reform. Defendants who can't make bail face significant consequences. A defendant might lose his or her job, along with the ability to support his or her family and the ability to meet court-imposed financial obligations.

Through its juvenile justice reform efforts, Georgia was able to:

Reduce the number of **youths in secure confinement** by **36%**

Reduce total Department of **Juvenile Justice commitments** by **46%**

Close two detention centers and a youth development campus — **a total of 269 beds**

The council's data analysis led to several important findings: Defendants who are employed, connected to family, and not abusing drugs or alcohol are more likely to make their court appearances. People held for two to three days after their first arrest are more likely to face new charges while their first case is still pending. About 60 percent of those in jails across the nation at any given time have not been convicted and are awaiting trial, and three-quarters of them are accused of non-violent crimes. As of the beginning of 2018, 64 percent of all Georgia inmates were awaiting trial.

To address these issues, a 2018 state law mandated expedited review of a misdemeanor defendant's ability to pay and expanded non-monetary release opportunities for low-level, non-violent offenders.

The council's efforts have paid off. From 2012 until the end of 2017, Georgia reduced its prison population from 54,895 to 52,962, well below the 60,000-plus that had been predicted by 2018. Former Rep. Wendell Willard, chairman of the House Judiciary Committee when the various reform bills were passed, says the reduction is even more impressive than it appears because of the state's rapid population growth.

Between 2009 and 2017, annual prison commitments fell from 21,650 to 17,616, the lowest number since 2002. Georgia also delivered on its promise of reserving prison, the most expensive corrections sanction, for the most serious offenders. In 2009, 58 percent of the state's prison beds were occupied by the most serious offenders; today the number is 68 percent.

The state used savings from reduced incarceration to reinvest nearly $70 million in programs that provide alternatives to prison, such as vocational and on-the-job training, residential substance abuse facilities and accountability courts. The use of adult drug, DUI, mental health, family treatment and veterans' accountability courts increased by 24 percent in fiscal 2017 alone and saved $75 million in incarceration costs.

Juvenile justice reforms, which took effect in 2014, have had a similar impact. The number of youths in secure confinement dropped 36 percent and total Department of Juvenile Justice commitments decreased by 46 percent. The reductions allowed the state to close two detention centers and one youth development campus — a total of 269 beds.

Perhaps former Rep. Willard said it best. "As policymakers, our actions affect people's lives and finances. Everything we do has to have good data to back it up."

The Lab @ DC developed a randomized control trial to measure the impact of Washington, D.C.'s deployment of police body-worn cameras.

Using Evidence and Data to Drive City Decisions: The Lab @ DC

Partnerships between agencies and researchers are often crucial to help governments use data and evidence to make better decisions. Yet few of these partnerships are embedded within government in a way to ensure a tight link between researchers' efforts and analytical tools — data analysis, rigorous low-cost evaluation and rapid experimentation — and the needs of public officials.

The Lab @ DC is one exception. Based in the Office of the City Administrator within the Executive Office of Mayor Muriel Bowser, The Lab @ DC designs policy and program interventions based on research and analysis of city agency data, conducts randomized program evaluations, and collaborates with academic experts and stakeholders within and outside city government. It's a great example of how a city can empower its people to build and use data and evidence to improve city services and strengthen the daily work of governing.

Mayor Bowser officially launched The Lab in July 2017. Part of The Lab's value is in idea generation. When the city tackles a policy challenge, the team helps define the problem or opportunity and then draws on existing research and data analysis to suggest a useful approach. For example, The Lab, along with DC Health and the Office of the Chief Technology Officer, recommended that DC consider the city of Chicago's approach of using data to help predict the location of rats and improve eradication efforts. The Lab also tested whether signage on trash receptacles reduces litter, and it plans to study whether a nurse triage line improves health outcomes for citizens and saves money on unnecessary ambulance rides.

When the city rolls out a new policy, The Lab looks for opportunities to build in evaluation to help city leaders measure the results. For example, it developed a randomized control trial to measure the impact of Washington, D.C.'s recent deployment of police body-worn cameras. The study was both rigorous (using a randomized design, like a drug trial) and low cost (using data already being collected). The Lab began by asking a series of basic questions about what could be learned from the trial, whether the cameras would change police behavior and how the evaluation could promote police accountability.

A detailed evaluation plan, along with descriptions of what researchers expected to learn from the trial and the limitations of the evaluation, was posted online before data analysis began. In addition to being a research best practice, this also promoted transparency and political credibility.

The plan was used as part of a broader stakeholder engagement effort that included outreach to other D.C. law enforcement and criminal justice agencies, as well as sessions with civil rights groups and high school and college students. A video version of the session was also sent to all Metropolitan Police Department (MPD) officers.

"The Food and Drug Administration does randomized control trials to ensure that the medications we take are safe," says MPD Research Scientist and Lab Fellow Anita Ravishankar. "Public policy affects so many lives and involves so much money that it should be held to a similar standard."

After a seven-month study, The Lab @ DC found that the cameras had no measurable impact on outcomes of interest such as police use of force, citizen complaints, assaults on officers and judicial results.

The Lab's report urges a recalibration of what technology can achieve, especially in terms of behavior change.

"Our experiment suggests that we should recalibrate our expectations of BWCs," noted to MPD's findings report. "Law enforcement agencies (particularly in contexts similar to Washington, D.C.) that are considering adopting BWCs should not expect dramatic reductions in use of force or complaints, or other large-scale shifts in police behavior, solely from the deployment of this technology. ... Body-worn cameras may have great utility in specific policing scenarios, but we cannot conclude from this experiment that they can be expected to produce large, department-wide improvements in outcomes."[2]

However, the report also didn't conclude that D.C. should abandon the cameras. Randomized control trials don't measure other factors that could make the cameras important to city leaders and police officials, such as the ability to release video footage of officer-involved shootings and other incidents.

"MPD understands that knowing if what we're doing is working will allow us to channel resources more efficiently," Ravishankar says.

One result of MPD's experience with The Lab @ DC: the department's commitment to evidence-informed policy. Ravishankar started as a part-time fellow with the Laura and John Arnold Foundation (now Arnold Ventures), which funded the creation of The Lab and the body-worn camera research. She's now a full-time MPD employee and the department has also created two additional positions, a data scientist and an operations analyst, to boost its in-house capacity to do this work. MPD also continues to collaborate with The Lab on a variety of projects, from evaluations of new training programs, to A/B testing of recruitment campaigns, to assessments of violence reduction efforts.

Using Data to Break the Cycle of Incarceration: Johnson County, Iowa's, Data-Driven Justice Project

Johnson County, Iowa, is committed to using data-driven strategies to keep low-level offenders with mental illnesses out of the criminal justice system. But like many local governments, the county had limited technology resources and funding to develop an integrated database where data from criminal justice and social services agencies could be easily analyzed or shared.

Consequences of that lack of visibility could be seen in various parts of the county. For example, the downtown business area in Iowa City contains an open-air pedestrian mall which attracts a large segment of the city's homeless and mentally ill population. For years, police were constantly summoned to the mall to intervene in fights and manage drug-use complaints. Homeless people involved in the altercations often were sent to jail or to the hospital, creating overpopulation challenges in those facilities. The city sought a more effective solution that could also help reduce jail populations, stabilize homeless individuals and reduce costs.

In 2013, Johnson County appointed David Schwindt, a longtime Iowa City police officer, to the newly created position of downtown liaison to address challenges at the pedestrian mall.

"As I learned about our homeless population, I discovered more about the difficulties they have connecting with services and how little we know about the sources of their problems," says Schwindt. "We were constantly responding to them based on their behaviors, but there were lots of other issues at play."

In 2014, the county launched an initiative to better understand service utilization patterns among chronically homeless people and other high utilizers of the county jail, hospitals and human services. Data from the various provider agencies were stored in silos with no method to electronically share and integrate the information, so Schwindt and a group of others representing the Iowa City Police Department, Johnson County Sheriff's Office, Shelter House (homeless shelter services), Abbe

Health (behavioral health), Prelude (substance abuse treatment), Mercy Hospital and the University of Iowa Hospital began manually connecting and coordinating with law enforcement and public health and human services organizations — including hospital emergency departments, substance abuse treatment programs, the homeless shelter and emergency services providers. By sharing and analyzing case data, the team uncovered the stories of four individuals over a four-and-a-half-year period, each of whom repeatedly cycled through existing services only to return to living on the street — each time in worse health than before. The partners estimated a total cost to the community of more than $2.16 million.

Based on these initial findings, Johnson County joined the Data-Driven Justice (DDJ) Initiative in 2016 to increase its data capabilities and find more opportunities to address high utilizers of justice and human services systems. DDJ launched in 2016 under the Obama Administration to break the cycle of incarceration and help communities implement and evaluate new ways of supporting people with mental illness and addiction who often bounce between jails and hospitals.

Today, Johnson County is integrating all county and city dispatch and jail data and some public health and social services data into the OpenLattice data-sharing platform to increase administrative efficiency, identify high service utilizers and divert people from the criminal justice system to more appropriate interventions. Using this data, the county also made the case for Housing First — a permanent housing solution for people who are chronically homeless with high cross-systems service utilization. A Housing First facility containing 24 one-bedroom rental units opened in January 2019. Johnson County has also seen dramatic reductions in its jail population.

Schwindt says it's all about using data to see the big picture and intervene earlier.

"Before, people pretty much had to hit rock bottom before we could understand what they needed and connect them to the right services," he says. "But by that point, we had engaged in all of these touch points of interaction with them — so many missed opportunities. With the data we have now, they don't have to have that rock bottom moment to get the help they need."[3]

USING EVIDENCE TO INFORM POLICIES AND PROGRAMS THAT IMPROVE LIVES

Research evidence and data can play critical roles in policy. Yet public policy is too nuanced and complex to be amenable to what Dr. Vivian Tseng, a senior vice president at the William T. Grant Foundation, describes as the "medical model" of moving research into practice. Simply conducting research to identify what works and then implementing interventions with fidelity is unlikely to "cure" the complex social problems policymakers and the public care about.

In her keynote address at the 2018 Moving the Needle conference, Tseng described the greater complexity of public policy and programs, in which decision-making is influenced by client characteristics, availability of funding, local data, implementation capacity and politics.

She is a champion for evidence-informed policy, wherein research and data are considered alongside community values and professional judgment. Tseng calls for efforts to "democratize evidence" by involving frontline workers, managers and communities in defining research agendas and in applying them in systems change efforts. Engaging stakeholders in the earliest stages can ensure that the research addresses the real problems facing staff, managers and communities. Further involving them in making sense of the findings provides them with opportunities to wield evidence and data as tools for change.

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Using Data and Predictive Analytics to Target and Serve High-Risk Clients: Washington State's Integrated Data System

Health care providers in Washington state use a predictive modeling tool known as the Predictive Risk Intelligence System (PRISM) to identify high-risk Medicare and Medicaid clients and provide them with better care. PRISM pulls comprehensive client information and service histories from the state's integrated data system (IDS) to help frontline managers make more informed decisions about targeting resources and coordinating treatment for these clients.

Washington also is one of several states testing integrated care models for citizens who are eligible for both Medicare and Medicaid under a Managed Fee-for-Service demonstration project operated by the Centers for Medicare and Medicaid Services. Washington's project, which began in July 2013, provides innovative "Health Home" services to high-risk dually eligible Medicare-Medicaid clients and uses PRISM as a targeting tool to identify the most at-risk subset of this caseload.

Data in the IDS shows that Washington's dually eligible caseload consists of about 65,000 low-income individuals aged 65 and older and another 50,000 low-income individuals who are younger than 65 but disabled. Many of these individuals have multiple health problems, including chronic illnesses, disability, mental illness and chemical dependence. As a result, their health care accounts for a disproportionate share of the state's Medicaid and Medicare costs. And because these clients require services and payments from many different health care systems, their care is often highly fragmented.

State officials are targeting these clients for high-touch service interventions in the Health Homes demonstration program — which aligns care across multiple health care systems — to improve health outcomes and save taxpayers money. A Health Home provides intensive care management services from multidisciplinary teams of medical specialists, mental and

behavioral health providers and, in some cases, community support organizations.

PRISM serves two critical functions in the Health Homes demonstration: It's a screening tool that lets care managers target their most at-risk clients, and it's a web-based support tool that helps Health Home managers coordinate care more effectively.

Early results from the program's first phase are promising: Medicare spending was 6 percent lower — $21 million less — for eligible participants than for a comparison group of similar beneficiaries. About $10 million of that savings comes back to the state. The project is part of a broader AECF project to leverage integrated data systems to improve case management and develop predictive modeling tools in several states.[4]

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Best Practices to Drive Change

The overarching goal for evidence-based approaches is to focus the strongest interventions on programs that improve outcomes for children, families and taxpayers. And a growing number of jurisdictions use data and evaluations to redirect resources to programs shown to deliver measurable results. Based on ongoing Moving the Needle conversations, here are some best practices to implement data-driven initiatives.

✓ **Develop programs with an eye toward rigorous evaluation.** Early evaluator involvement yields more carefully constructed programs. In Washington, D.C., awareness of strict evaluation protocols drove policymakers to be more precise about program design and implementation.

✓ **Tailor evidence-informed policies to each locality.** Issues like funding availability, characteristics of the client population, community and stakeholder input, and values and politics should be considered to maximize effectiveness. For example, Johnson County, Iowa, recognized it could use data to find opportunities to help high utilizers of justice and human services systems.

✓ **Engage stakeholders early in the evaluation process.** Their involvement in determining the most important questions to answer yields better results and creates a partnership rather than the feeling that program evaluation is something that is being imposed upon them. Georgia created the Special Council on Criminal Justice Reform to evaluate its criminal justice practices and policies and ensure evidence-based approaches were used to improve outcomes. Collaboration made reforms easier to implement.

✓ **Be prepared to make upfront investments in employee training and data systems to maximize the benefits of evidence-informed policies and program outcomes.** Implementing body-worn cameras required Washington, D.C.'s Metropolitan Police Department to train officers in their use and also how to interpret data and the results of their study to course correct if necessary.

✓ **Secure the resources necessary for effective evidence-based policymaking and implementation during relatively good economic times to help ensure success.** Georgia was able to use $60 million in state and federal funding, as well as significant ongoing grant support, to launch its successful Prison Reentry Program.

✓ **Always work to enhance transparency.** Posting the details of Washington, D.C.'s police body-worn camera evaluation online prior to data analysis boosted trust in the Metropolitan Police Department and the integrity of the evaluation.

✓ **Engage in long-term researcher-practitioner relationships.** These can be very helpful, whether the research capacity is external or is developed within government. By being embedded in the city administrator's office within the Executive Office of the Mayor, The Lab @ DC has had the time to build critical stakeholder relationships within and outside government to ensure its research and analysis efforts are tightly integrated with city goals.

✓ **Be patient.** Developing good evidence based on data takes time. Georgia is a good example of how investments made methodically over eight years are paying off today.

Conclusion

Developing and implementing evidence-informed policies is a complex undertaking that requires extensive input from a diverse range of stakeholders. These initiatives must ask the right questions, interpret data accurately and implement policies effectively in an environment marked by limited resources, unique local conditions and ever-changing political winds.

Done right, evidence-based initiatives can be ongoing processes that initiate wide-ranging reforms, as demonstrated by Georgia's eight-year effort to reduce incarceration rates. Long-term researcher-practitioner partnerships — such as those facilitated by Washington, D.C.'s in-house research capability — can support the continuing evidence needed to achieve optimal outcomes.

"There are gaps in what we know," says Chris Kingsley, senior associate at the Annie E. Casey Foundation. "It's critical that we enlist active partners in helping us fill those gaps."

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In other fields, making decisions guided by evidence can simply mean conducting research, identifying what works and then implementing tangible, actionable ideas. Applying evidence to public policy decisions involves countless additional variables, making it exponentially more complex. But as state and local governments are demonstrating through successful reforms, the benefits of carefully crafted evidence-informed policies are undeniable.

Endnotes

1. For a closer look at Georgia's numbers, read: https://gov.georgia.gov/sites/gov.georgia.gov/files/related_files/press_release/2017-2018%20 Report%20of%20the%20GA%20Council%20on%20Criminal%20Justice%20Reform.pdf.

2. To learn more about the body-worn camera initiative, read: https://bwc.thelab.dc.gov/TheLabDC_MPD_BWC_Working_Paper_10.20.17.pdf

3. For more information on Johnson County's initiative, read: https://www.naco.org/resources/johnson-county-iowa-using-data-tell-story-people-mental-illnesses-community-and-jail

4. To learn more, read: https://www.aecf.org/m/resourcedoc/aecf-usingIDStoimprovecasemanagement-2017.pdf

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