

Final Report

RBA Pilot Project Study of Selected Human Services Programs (P.A. 09-166)

January 15, 2010

Legislative Program Review
& Investigations Committee

**CONNECTICUT GENERAL ASSEMBLY
LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE**

The Legislative Program Review and Investigations Committee is a joint, bipartisan, statutory committee of the Connecticut General Assembly. It was established in 1972 to evaluate the efficiency, effectiveness, and statutory compliance of selected state agencies and programs, recommending remedies where needed. In 1975, the General Assembly expanded the committee's function to include investigations, and during the 1977 session added responsibility for "sunset" (automatic program termination) performance reviews. The committee was given authority to raise and report bills in 1985.

The program review committee is composed of 12 members. The president pro tempore of the Senate, the Senate minority leader, the speaker of the house, and the House minority leader each appoint three members.

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Introduction

RBA PILOT PROJECT FINAL REPORT: DCF FAMILY PRESERVATION AND SUPPORTS

Over the last five years, the Appropriations Committee of the Connecticut General Assembly has been using Results-Based Accountability (RBA), a data-driven evaluation tool, to strengthen the legislative budgeting process. During the 2009 legislative session, Public Act 09-166 was enacted requiring the Program Review and Investigations Committee (PRI) to undertake a pilot project using RBA principles to assess selected human services programs. (The relevant sections of P.A. 09-166 are presented in Appendix A.)

One purpose of the pilot project was to determine if incorporating an RBA approach in program review committee studies could better integrate the oversight and accountability work of the PRI and Appropriations committees. Since both committees are focused on improving efficiency (performance) and effectiveness (outcomes) of state agencies and programs, joint use of Results-Based Accountability seemed to offer opportunities for PRI work to better inform decisions on appropriations matters. The pilot project also was viewed as a chance to evaluate the potential of RBA to serve as an alternative to the state's statutory sunset review process.

The topic of the pilot project study, Family Preservation and Supports (FPS), is an array of programs carried out by the Department of Children and Families (DCF) aimed at helping to keep or reunify children safely with their families. The Family Preservation and Supports program area was chosen by the program review committee, in consultation with the human services committee and human services subcommittee of Appropriations, in accordance with P.A. 09-166.

Given the project's compressed timeframe, five of the 21 different types of DCF preservation and supports programs were selected to be reviewed in-depth using RBA principles. The five "focus" programs for the study included: two core child welfare (i.e., primarily child protection) efforts, Intensive Family Preservation (IFP) and Parent Aide; the department's Supportive Housing for Families (SHF) program; one of the FPS programs primarily providing behavioral health treatment (Intensive In-Home Child and Adolescent Psychiatric Services, IICAPS); and Flexible Funding (Flex Funds), the department's resource for providing a wide variety of individualized services and supports to DCF-involved families.

Public Act 09-166 also required the committee to submit a report containing information from its RBA assessment of these human services programs, along with recommendations for any modifications or terminations, to the Appropriations Committee by January 15, 2010. The report must additionally include the committee's evaluation of the pilot study itself, along with any proposals regarding its continuation.

Report organization. This final report contains information program review committee staff compiled during the past six months concerning the DCF family preservation and support programs. (An interim staff report with preliminary information was presented to the committee in October.) Data were collected and are presented using the three main RBA evaluation questions: 1) How much did we do? 2) How well did we do it? and 3) Is anyone better off?. As

the department's FPS programs make a significant contribution to important quality of life results desired for all Connecticut children, progress toward achieving these population-level outcomes also is highlighted. Specifically, the committee's final report includes the following components:

- 1) An overview of the project's scope and methods, including the primary organizational tool for the project, an *RBA accountability framework* developed for the DCF family preservation and supports programs (see below, p. 5, and Appendix B).
- 2) A *population-level accountability* report card that summarizes the well-being of children in Connecticut based on five key indicators (p. 9); detailed information on each indicator used to measure the quality of life results to which DCF family preservation and supports contribute is presented in Appendix C.
- 3) A report card of *system-level performance* measures related to safety within the child welfare system (p. 11); these measures (described in more detail in Appendix D) apply directly to DCF's target population, which includes at-risk children and families served by FPS programs.
- 4) A *program area performance* report card for DCF's entire inventory of family preservation and supports services (i.e., 20 categorical programs plus the agency's flexible funding resource) that addresses cross-program and agency-wide issues (p. 13); basic descriptive information on the individual FPS programs is provided in Appendix E.
- 5) *Program-level performance* report cards for the five focus programs listed on the previous page; each includes PRI recommendations, primarily low- and no-cost changes, for addressing noted deficiencies, and is supplemented with a detailed program performance profile provided in Appendix F.
- 6) An *RBA data and research development agenda* related to the Family Preservation and Supports program area (p. 35).
- 7) The PRI evaluation of the pilot project, which includes recommendations for future RBA efforts involving the program review committee (p. 39).

Research Methods

The committee staff used many sources and a variety of techniques to gather and analyze information about family preservation and supports. PRI staff reviewed agency plans, policies, and reports and interviewed DCF central office managers with program, fiscal, contracting, quality assurance, and research duties related to FPS programs. Review of academic and professional literature on best practices was conducted and input was sought from several experts in the field of child welfare.

Extensive data on activities, expenditures, service delivery and quality assurance processes, and client outcomes were compiled or analyzed for a sample of five FPS programs. The pilot study "focus" programs were selected on the basis of client population size, cost, and legislator interest. PRI staff also visited and interviewed staff at five DCF area offices; surveyed the other nine DCF area offices as well as all contracted providers for three of the focus programs; and held a focus group with a small sample of DCF's contracted FPS providers, in

addition to interviewing several others. (Appendix B provides more detail on the methods and sources used for this study.)

To develop the RBA framework for the project, described below, PRI staff interviewed: the developer of Results-Based Accountability; representatives of Connecticut’s child welfare advocacy organizations; the DCF Court Monitor for the *Juan F.* consent decree; and members of the legislative committees involved in the study’s authorizing public act. Conversations also were held with staff from other nonpartisan offices, the legislature’s RBA consultants, and various state agency employees with experience in matters related to children’s safety, health, and well-being.

RBA Framework. In essence, RBA is a way of assessing the effectiveness of agencies and programs by asking three main questions about performance – how much did we do, how well did we do it, and is anyone served better off – within a larger context of the “quality of life results” desired for a target population. (The main concepts and general process of Results-Based Accountability are described in more detail in Appendix B.) Under the RBA approach, an accountability framework can be developed that outlines:

- desired quality of life results, in the form of a population-level results statement;
- the key population-level indicators for tracking progress toward those results;
- all the partners and programs with major roles in achieving them; and
- the main measures for assessing the performance of contributing programs, in terms of outcomes for clients they serve.

An RBA framework is used to guide data collection and analysis that has two purposes. The first is to try to understand the “story behind the data,” or the reasons for current performance and what the trend will be if nothing changes. The second purpose is to determine what can be done to “turn the curve,” or improve performance, in measurable ways, at all levels of accountability: program, program area, agency, system, and population.

Figure 1 at the end of this section presents the framework developed by PRI staff for this pilot project. Acronyms used in the figure are listed in the table below:

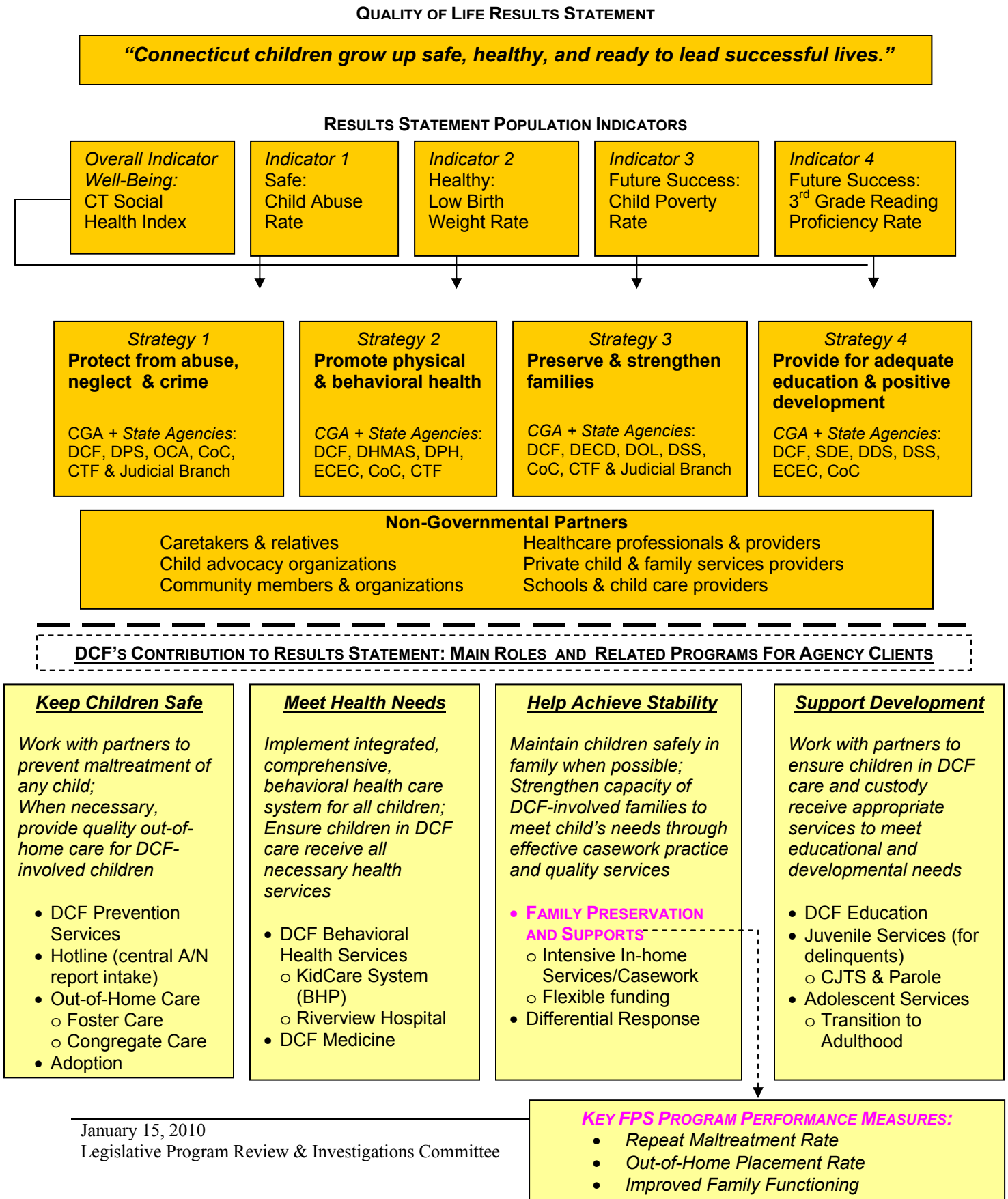
CGA	Connecticut General Assembly
CoC	Commission on Children
CTF	Children’s Trust Fund
DCF	Department of Children and Families
DDS	Department of Developmental Services
DMHAS	Department of Mental Health and Addiction Services
DOL	Department of Labor
DPH	Department of Public Health
DPS	Department of Public Safety
DSS	Department of Social Services
ECEC	Early Childhood Education Cabinet
OCA	Office of the Child Advocate
SDE	State Department of Education

Summary

As the committee's RBA pilot project progressed, several main themes concerning improved program performance and better agency accountability emerged. Summarized below, these overarching findings were the foundation for PRI assessments and recommendations concerning DCF family preservation and supports presented in the following population, program area, and program level report cards.

- High-quality data necessary to plan, budget, and manage for results are not readily available for most state programs. Within DCF, like other agencies, information on program quality is incomplete and difficult to compile. Many programs lack accurate numbers on clients served and services provided – let alone outcome data – and the majority of data that is collected is rarely reviewed or used to guide improved performance.
- Inadequate, outdated automated systems and insufficient internal capacity for analysis and research are substantial barriers to effective outcome measurement in DCF and across state government.
- The data development agenda aspect of RBA can contribute to better policy and management decisions by directly addressing critical information deficiencies. Over time, more and higher quality program performance and client outcome measures, particularly measures that permit assessment of cost effectiveness, could be put in place through the Appropriations Committee's RBA process.
- Among the best practices for child welfare programs are: use of evidence-based service models; robust quality assurance and quality improvement processes; and attention to customer satisfaction. These are not solidly in place throughout DCF family preservation and supports programs. Although the department has done a good job of expanding and managing its behavioral health services, best practices are not consistently followed for child welfare (i.e., primarily child protection) programs. Committee recommendations are aimed at addressing these identified deficiencies across the FPS program area.
- The RBA approach underscores the importance of partnerships to achieving desired results, particularly in cost-effective ways. The PRI pilot study revealed several examples of successful interagency FPS initiatives and areas where more can be done. DCF should intentionally and consistently work together with the families and communities it serves, its private provider network, and other states agencies and organizations to achieve the shared desired result of ensuring the well-being of Connecticut children.
- RBA can provide a framework for identifying opportunities for collaboration and organizing interagency efforts to achieve system and population level results, as well as for ongoing quality improvement and legislative oversight at a program and agency level.

Figure 1. RBA Framework for PRI Pilot Project Topic: DCF Family Preservation



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RBA REPORT CARDS: DCF FAMILY PRESERVATION AND SUPPORTS
<p>Listed below are the RBA Report Cards developed for each level of accountability associated with the PRI pilot project topic, DCF Family Preservation and Supports. In addition to the population, system, and program area report cards, there is a separate report card for each of five FPS programs the committee studied in-depth. Within each report card, the following symbols are used:</p> <ul style="list-style-type: none"> <li style="margin-left: 40px;">+ indicating a positive trend; <li style="margin-left: 40px;">- indicating a negative trend; <li style="margin-left: 40px;">↔ indicating little or no change over time; and <li style="margin-left: 40px;">? cannot be determined at present. <p>Program performance profiles that supplement the individual program report cards are provided for three programs in Appendix F (IFP, Parent Aide, and SHF). Detailed profiles for IICAPS and Flexible Funding were not completed in time to be included in this document and will be provided later.</p> <p>Data development and research agenda items for the five programs are not included in each program report card; instead, they were combined into one document, included at the end of this section, that lists all the data-related changes PRI identified during this pilot project for every level of accountability.</p>
<p>POPULATION LEVEL ACCOUNTABILITY: Quality of Life Result <i>“Connecticut children grow up safe, healthy, and ready to lead successful lives.”</i></p>
<p>SYSTEM LEVEL ACCOUNTABILITY: Connecticut Child Welfare System</p>
<p>PROGRAM AREA LEVEL ACCOUNTABILITY: DCF Family Preservation and Supports Programs</p>
<p>PROGRAM LEVEL ACCOUNTABILITY:</p> <ul style="list-style-type: none"> • DCF Intensive Family Preservation (IFP) Program • DCF Parent Aide Program • DCF Supportive Housing for Families (SHF) Program • DCF Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS) • DCF Flexible Funding
<p>DATA DEVELOPMENT AND RESEARCH AGENDA</p>

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RBA REPORT CARD
Population Level Accountability

QUALITY OF LIFE RESULT:

“Connecticut children grow up safe, healthy, and ready to lead successful lives.”

HOW ARE WE DOING?

<i>Key Indicators*</i>	<i>Progress</i>	<i>Most Current Data</i>
1. Children Free from Abuse	+	<ul style="list-style-type: none"> Substantiated abuse/neglect rate: 12.4 per 1,000 children in 2006 – lowest level in 10 years (high was 23.0 per 1,000 in 1997)
2. Children Born at Healthy Weight	-	<ul style="list-style-type: none"> 8.2% overall low birth rate in 2006 – up from 7.4% in 2001 <ul style="list-style-type: none"> Worse for Black (12.7%) and Hispanic (8.9%) babies
3. Children Proficient Readers in Third Grade	↔	<ul style="list-style-type: none"> 54.6% in 2009 – no substantial change over last few years <ul style="list-style-type: none"> Worse (fewer than 30%) for students who are poor or not White
4. Children Not Living in Poverty	-	<ul style="list-style-type: none"> In 2008, 12.5% under 100% federal poverty level and 26.2% under 200%, with increases in both rates since 2003 <ul style="list-style-type: none"> Worse for Latino and Black children
5. High CT Social Health Index (SHI) Score	+	<ul style="list-style-type: none"> 57.5 in 2006 (highest-ever level), up from 32.5 in 1997, with best SHI score = 100

** More detailed information on each key indicator is provided in Appendix C.*

THE STORY BEHIND THE DATA

The state’s progress in achieving this results statement for the well-being of children is mixed, with improvements in some areas (substantiated abuse, the SHI), and stagnation (reading proficiency) or drops in performance in others (low birth weight, child poverty). One consistent trend is that children who are ethnic or racial minorities persistently trail white children in each of three areas – health, education, and poverty – for which data were available by ethnicity/race.

It is important to note these key indicators are interrelated and influence each other. For example, child poverty is a factor involved in all the other indicators, while low birth weight and child abuse also influence educational achievement. A good understanding of such relationships, and how particular groups of families and children are faring, is not possible at present because state agency data systems containing client information are not linked. In Connecticut, like many other states, data sharing across agencies and service systems is impeded by confidentiality concerns and, to a lesser extent, technological challenges.

Data are lagging, by several years in some cases, and must be compiled from a variety of state and federal agencies. Except for the SHI, there is no central source of baseline and trend information on quality of life conditions for children in the state. A major data deficiency is the lack of longitudinal outcome data on children and families served by state agencies and programs that could provide insight into the long-term positive impact, if any, of various prevention, intervention, and treatment strategies.

These key indicators do not completely capture the conditions critical for positive development (e.g., stability of living environment is not directly addressed) or fully reflect major threats to a child’s well-being (e.g., parental substance abuse or domestic violence). Furthermore, secondary indicators directly related to each component of the results statement are needed to better understand exactly what factors are impeding or promoting progress in terms of children’s health, safety, and future success. The pilot project timeframe did not permit PRI sufficient time to identify or develop additional population-level indicator data.

The total state resources allocated to achieving this results statement account for a significant portion of the General Fund budget. A conservative estimate is that in FY 09, nearly \$5.62 billion of all Connecticut state government expenditures – including about \$4.45 billion from the General Fund – is devoted to promoting the well-being of children and families. This figure was developed with assistance from OFA staff, who requested this child and family expenditure information from state agencies. For agencies that did not respond within the study timeframe, PRI staff included relevant expenditure categories as outlined in the most recent OFA Budget Book.

WHAT WILL IT TAKE TO DO BETTER?

ROLE OF STATE GOVERNMENT PARTNERS (DCF, DDS, DMHAS, DOL, DPH, DPS, DSS, SDE, COC, CTF, ECEC, OCA, JUD, CGA)

Many state government efforts to improve performance in each indicator area are underway, including:

- **Child abuse:** DCF is planning within the next year to launch a new intervention (Differential Response System) intended to divert at-risk families from the child protection system; the Children's Trust Fund will continue to run the Nurturing Families Network home visiting program, although at reduced funding levels; and the Commission on Children has recommended adoption of several additional strategies to prevent child abuse and neglect.
- **Low birth weight:** During 2008, DPH issued a report on how to eliminate ethnic disparities and launched two prevention programs: a smoking cessation program for pregnant women at several local health centers and a Sexual Violence Prevention Plan.
- **Reading proficiency:** SDE is focusing on closing the achievement gap and working with Priority School Districts, while the Early Childhood Cabinet has led efforts to improve pre-primary school preparation.
- **Child poverty:** The Connecticut Child Poverty and Prevention Council is considering economic modeling of its 12 recommendations to meet the statutory goal of reducing child poverty in the state, while the legislature's new Task Force on Children in the Recession also is working to mitigate the impact of child poverty.

To facilitate population-level accountability, PRI also recommends the following low-cost/no-cost steps be taken. They are aimed at helping state policymakers and agency managers identify where additional or modified efforts are needed to achieve desired well-being outcomes for Connecticut children.

- 1) The Select Committee on Children, with the assistance of the Commission on Children and OFA and OLR staff, should maintain a child and family well-being report card using the indicators listed in the above report card as a starting point. It should be used to track and report on progress made on the results statement, as well as for assessing the cumulative impact of the many legislative, executive, community, and other public initiatives undertaken with the intention of making a significant contribution to the well-being of children and families in Connecticut.**
- 2) The legislature should mandate an initiative to bring together and share client-level results data about child and family well-being across state agencies and service systems. This effort to link state automated data systems containing critical child welfare information should be carried out by OPM, in collaboration with each of the state agency and Judicial Branch partners that contribute to the quality of life results statement developed for the PRI pilot project.** OPM should build on: the data development and research activities of the Child Poverty and Prevention Council; data integration work of the Early Childhood Education Cabinet, including the mandated Early Childhood Information System underway within the state Department of Education; the Connecticut Health Information Network (CHIN) being developed through UConn; and current data interoperability projects occurring under the Mental Health Transformation Grant.
- 3) As part of an RBA data development agenda, the Select Committee on Children, in consultation with a working group representing the main state and non-governmental partners contributing to the results statement, by January 15, 2011, should:**
 - a) identify or develop an additional key indicator of whether children are living with their families and have stability;**
 - b) develop secondary indicators for each main component of the results statement to track progress in terms of each area of children's well-being – health, safety, and future success; and**
 - c) review, at least annually, the adequacy of primary and secondary indicators and related data resources and determine whether there may be more appropriate alternatives for monitoring how well the state is doing in achieving these desired results.**

RBA REPORT CARD System Level Accountability

QUALITY OF LIFE RESULT:

“Connecticut children grow up safe, healthy, and ready to lead successful lives.”

CONNECTICUT CHILD WELFARE SYSTEM

- The state child welfare system encompasses all government efforts to promote the well-being of children who are at risk of maltreatment and out-of-home placement, while first and foremost ensuring their safety and stability. The DCF family preservation and supports program area, which is the topic of the program review committee’s RBA pilot project, is one part of the system. FPS programs are focused on keeping at risk children safely at home with their families and reducing time children spend in out-of-home care.
- Through FPS and other protective and supportive services, the child welfare system makes a crucial contribution toward the safety aspect of quality of life results desired for Connecticut children. PRI staff identified three key performance measures, presented below, to track how well the system is doing in terms of safety results for its clients, the child welfare population. It is important to note that, as the state’s consolidated children’s agency, DCF has primary, but not sole, responsibility for making progress on these system measures. The effectiveness of adult service systems that help vulnerable families, access to prevention and early intervention programs, and general economic conditions also impact performance on child maltreatment and out-of-home placement measures. Due to the time constraints of the pilot project, PRI focused mainly on the department’s activities related to these measures. Future analysis should examine performance of other partners, particularly state agencies with prevention, early intervention and treatment roles for at risk families, such as CTF, DMHAS, and CSSD.

HOW ARE WE DOING? SYSTEM PERFORMANCE

<i>Key Measures*</i>	<i>Progress</i>	<i>Most Current Data</i>
1. Victims of Child Abuse and Neglect Are Free from Repeat Maltreatment	+	<ul style="list-style-type: none"> • 5.4% of children in DCF in-home cases experienced repeat maltreatment during third quarter (Q3) 2009 – a slight increase over previous quarter (4.8%) but down from 9.4% in Q1 2004 • 0.4% of DCF-involved children in out-of-home care were victims of abuse or neglect in Q3 2009, a slight rise after seven consecutive quarters with lower rates
2. Children At Risk of Abuse or Neglect Remain with Their Families	+	<ul style="list-style-type: none"> • In FY 09, Connecticut children were placed in out-of-home care by DCF at a rate of 2.99 per 1,000; down from high of 3.68 in FY 04, but a very slight rise from the prior fiscal year (2.93)
3. Children Do Not Die from Abuse or Neglect	+ ?	<ul style="list-style-type: none"> • Connecticut children died from substantiated abuse or neglect at a rate of 0.49 per 100,000 in 2007 (most recent year available) – lower than the five-year high of 1.26 in 2002 – according to DCF child fatality data • Reviews by the Office of the Child Advocate of all unexplained and unexpected deaths among those under age 18 indicate fatality rates due to child abuse or neglect may be higher

* More detailed information on each system measure is provided in Appendix D.

THE STORY BEHIND THE DATA

Taken together, these three indicators – maltreatment of children while in the protective services system, out-of-home placements, and child abuse fatalities – can show how well the state’s child welfare system, *as carried out by DCF and its many partners*, is promoting the safety and well-being of at-risk children and families. It is important to note these indicators reflect conditions for the entire child welfare system population, not just for clients served by DCF family preservation and support programs. Performance measures specific to the FPS programs are presented in the following report card.

Trends in each serve as a check on the others in terms of balancing two main system goals: keeping children safe and keeping children with their families. For example, if rates of out-of-home placement and repeat maltreatment are declining, but there is an increase in child abuse fatalities, something is wrong in the system and needs attention (e.g.,

RBA REPORT CARD System Level Accountability

community awareness about reporting maltreatment, targeted prevention efforts). In contrast, when children who come to the attention of the system avoid being removed from their families and are kept free from repeat maltreatment (including, in the worst case, death due to abuse or neglect), then state child welfare programs and policies can be deemed successful.

Based on the best available data, it appears trends in all three areas in Connecticut are positive. (Some limitations of these system measures are discussed in Appendix D.) Rates of maltreatment (repeat in-home or while in out-of-home placement) and child abuse fatalities have dropped while out-of-home placement rates have declined after a spike in the mid-years of this decade. Among the reasons cited by DCF for the improvements are: the agency's focus on improving its social work practice, particularly through the implementation of Structured Decision Making (SDM), an evidence-based practice for risk assessment and referral; and significant expansion of community-based, in-home treatment and support services for at-risk children and families, especially over the past five years. These expansions included:

- a quadrupling of Flexible Funding resources since FY 04;
- a doubling in funding for community-based behavioral health services since FY 02;
- improvements to the agency's Emergency Mobile Psychiatric Services program; and
- the introduction of two new programs aimed at facilitating prompt reunification during 2007 and 2008.

The slight worsening of the latest data for all three indicators is attributed by DCF and the Court Monitor to several factors, including poor economic conditions and the impact of the recent state employee retirement program within DCF combined with the agency's ongoing internal reorganization.

WHAT WILL IT TAKE TO DO BETTER?

According to DCF management and the Court Monitor, the agency intends to improve the safety and general well-being of the child welfare system population through several key strategies, including:

- working with social work staff to ensure better adherence to SDM;
- implementation of its new treatment plan process and practice model that emphasizes improved working relationships with families; and
- continued development of effective community-based services that preserve and support vulnerable families.

Several efforts directed at reducing child deaths and improving overall safety also have been launched by various state agencies, including:

- a "Safe Sleep Initiative" led by DCF and OCA to prevent infant fatalities due to co-sleeping with parents;
- various suicide prevention initiatives sponsored by the DPH Interagency Suicide Prevention Network and by the DCF Youth Suicide Advisory Board in conjunction with DMHAS; and
- several prevention and early intervention initiatives for new mothers with high abuse/neglect risk factors that have been developed by DCF, DOC, DPH, and DMHAS.

To further strengthen the system's prevention and early intervention efforts that are implemented through the FPS program area, PRI recommends DCF should:

- 1) Use information gathered through its risk assessment tool (SDM) to identify a) trends in the main causes/major safety risks of abuse and neglect reports it receives and b) service needs that are not being sufficiently addressed** (e.g., domestic violence, parental substance abuse and/or mental health issues) with its current continuum of programs and supports.
- 2) PRI also recommends adding the following items to the RBA data development agenda –**
 - **The Select Committee on Children, with the assistance of the working group recommended earlier, should develop a more complete system-level indicator of repeat maltreatment** to help determine the effectiveness of current FPS and other prevention and early intervention efforts, as well as where program modifications, reallocations, or expansions are needed. A better measure should capture indicated abuse/neglect reports and repeat maltreatment over longer time periods as well as previous preservation and reunification services).
 - **DCF should continue to track, report on, and further develop its out-of-home placement rate** as a key indicator of child welfare system performance.
 - **DCF should work with the Office of the Child Advocate and the Child Fatality Review Panel to broaden the review and reporting of child fatalities involving abuse and neglect** as another way to identify and focus on needed prevention and early intervention efforts.

RBA REPORT CARD
Program Area Level Accountability

DCF FAMILY PRESERVATION AND SUPPORTS (FPS)

- DCF family preservation and supports programs aim to:
 - Help at-risk children stay safely with their families;
 - Reduce the likelihood or the length of out-of-home placements that are due to maltreatment, children’s behavioral health problems, or delinquency issues; and
 - Improve the ability of vulnerable families to protect and care for their children.
- The department’s array of FPS programs and services is administered by three different bureaus – Child Welfare, Behavioral Health, and Prevention – and delivered through the agency’s 14 area offices. (DCF organization and other agency background information are provided in Appendix G.)

Contribution: *Connecticut children grow up safe, healthy, and ready to lead successful lives.*

DCF family preservation and supports help at-risk children safely remain in or return to their homes, which is central to healthy development and positive outcomes later in life.

I. How Much Did We Do?

1. Cases Served	<ul style="list-style-type: none"> • Unknown: no unduplicated count of all FPS clients available • DCF estimates roughly 50,000 of the nearly 58,000 total (unique) children it served during FY 09 were served solely in-home; many but not all of those children received some type of FPS services
2. Resources	<ul style="list-style-type: none"> • \$78.94 million (DCF only; Medicaid, other possible funding not included) • 20 categorical DCF programs and the agency’s Flexible Funding (which is used for non-categorical, individualized services and supports); program details provided in Appendix E, see Table E-1

II. How Well Did We Do It?

A. The appropriate, evidence-based services are available statewide when families need them.

3. Meeting Demand: Appropriate services are available when needed	<ul style="list-style-type: none"> • Unknown because: <ul style="list-style-type: none"> • No waitlist or other demand data are maintained or periodically collected centrally • No statewide FPS needs assessment has been conducted • Availability varies geographically for some programs; 10 are <u>not</u> are funded for statewide access
4. Matching Service Array to Clients’ Needs	<ul style="list-style-type: none"> • Unknown except broadly through two <i>Juan F. Consent Decree</i> Exit Plan Outcome Measures, which the department is struggling to meet: #3, Appropriate Treatment Plan, and #15, Children’s Needs Met; more details on exit plan measures provided in Appendix G • No standard resource for workers on how to match clients’ needs with available services
5. Using Evidence-based Models	<ul style="list-style-type: none"> • Of the 20 current categorical FPS programs, at least 6 are based on evidence/research regarding effectiveness, all of which are within the Behavioral Health bureau • An evidence-based model, Structured Decision-Making (SDM), is in place and DCF social workers are required to use it to determine the level of agency involvement and child placement based on risk and safety factors; the Court Monitor, however, has cited SDM adherence problems

RBA REPORT CARD
Program Area Level Accountability

B. Service provider staff are adequately trained, competent, and available when needed.	
6. Monitoring and Improving Staff Competence and Availability	<ul style="list-style-type: none"> • A strong majority of Parent Aide and IFP providers – as well as some area offices – indicated a need for staff training; concerns over inexperienced IICAPS teams were raised by some area office staff • A few area offices expressed concern about limited staff availability on evenings and weekends, particularly for Parent Aide. Staff from several area offices suggested availability of routine IICAPS services on more than weekdays (e.g., one Saturday a month) would better meet family needs. • Area office staff reported Flex Fund credentialing process (currently in place for 8 service provider categories) has helped assure minimum competence
C. Services are actively managed by using data, monitoring, and evaluation to ensure compliance/model fidelity and good outcomes for clients.	
7. Evaluating Implementation of Programs	<ul style="list-style-type: none"> • Of the 20 FPS programs, 10 have capacity for quality assurance or evaluation through outside contractor, and of these: <ul style="list-style-type: none"> • 9 are in the Behavioral Health bureau • 1 is in the Child Welfare bureau, and external evaluation capacity for that program is a statutory requirement • Limited automated data available to evaluate programs; one newly developed DCF system (PSDCRS) will compile activity and outcome information from contracted providers; to date, it is only in place for BH bureau programs and cannot yet generate reports on outcomes
8. Ensuring Consistency of Implementation Across Providers and Area Offices	<p>Weak among programs within the Child Welfare bureau due to:</p> <ul style="list-style-type: none"> • Decentralized administration, coupled with <ul style="list-style-type: none"> • Lack of dedicated program managers for contracted services (“program leads”) • Inadequate information systems <p>Stronger for programs within the Behavioral Health bureau due to:</p> <ul style="list-style-type: none"> • Active program leads • Contracted quality assurance for some programs • Better information systems, including through the managed care Administrative Services Organization (ASO) for the state Behavioral Health Partnership (BHP)
9. Monitoring Provider Compliance with Contract Standards	<ul style="list-style-type: none"> • Varies by program and area office (FPS quality assurance and improvement efforts summarized in Appendix E) • Central office contract management capacity limited; fiscal division staff only regularly monitor expenditures – not any program data • Provider-based performance data regularly compiled <i>and</i> reviewed for 13 of the 20 categorical FPS programs (5 have tools in development; 2 small pilot programs have no regular data collection) • Credentialed Flexible Funding providers monitored by central office unit of 3 staff with assistance of the behavioral health ASO
D. Providers, DCF staff, child advocacy organizations, and families are satisfied with the range and quality of services being offered.	
10. Satisfying Customers	<ul style="list-style-type: none"> • Little to nothing collected by DCF; what is available is not compiled for analysis and use – many providers of PRI focus programs do collect client

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	satisfaction data on their own
11. Satisfying Providers	<ul style="list-style-type: none"> Relationships vary; a number of provider working groups exist but no standard structure or process for obtaining and using feedback Program data submitted to DCF are not shared with providers
12. Satisfying DCF Staff	<ul style="list-style-type: none"> Area office staff – case workers and managers – is not systematically invited to give feedback on program quality
III. Is Anyone Better Off?	<i>Note: While various client outcome data are available through Juan F. Exit Plan Outcome Measures (EPOMs), this results information cannot be isolated for FPS programs; the EPOM data described below, therefore, reflects agency wide child welfare performance</i>
13. Children Remain At Home Free From Repeat Maltreatment	<ul style="list-style-type: none"> Repeat maltreatment rates among all in-home cases (recurring substantiated abuse/neglect during 6-month period – EPOM # 3) have decreased from over 9% in 2004 to around 5% during 2009 (details provided in Appendix D, Child Welfare System Performance Measure 1) Rate of re-entry into DCF custody (return to agency care within 12 months – EPOM # 7) increasing again, reaching almost 10% in 2009, after earlier period of improvement with a low of 4.3% during 2006 (details provided in Appendix G)
14. Out-of-Home Placement is Avoided or Return Home is Facilitated	<ul style="list-style-type: none"> Rate of out-of-home placement (all types) by DCF because of maltreatment declined from high of 3.68 per 1,000 children in FY 04 to slightly less than 3 per 1,000 in FY 09 (details provided in Appendix D, Child Welfare System Performance Measure 2) Fewer DCF-involved children are placed in residential treatment facilities (EPOM #19), with this placement rate down from almost 15% in 2004 to less than 10% in 2009 (details provided in Appendix G) Reunification rate for DCF-involved children (reunited with families within 12 months – EPOM # 11) dropping off from high of 65% to over 70%, to about 56% in third quarter 2009 (details provided in Appendix G)
15. Child Well-Being and Family Functioning has Improved	<ul style="list-style-type: none"> Measures, methods vary by program and provider, with some programs having no tools for assessing client improvement No information is centrally compiled for FPS programs Nothing longitudinal (i.e., after program completion/client discharge/case closure) is routinely gathered about FPS outcomes at present (one longer-term outcome study is in development for one program – IICAPS)
16. Programs and Services are Cost-Effective	<ul style="list-style-type: none"> Can't determine because necessary outcome data for FPS programs lacking On average daily cost basis, FPS programs generally are less expensive than out-of-home placements and services; cost avoidance (in addition to improved quality of life for child and family when kept together safely), therefore, can be significant Cost information related to FPS programs is not regularly compiled and reviewed by DCF staff except for Flex Funds and through BHP managed care reports (for Medicaid reimbursed/fee-for-service behavioral health care) Every <i>day</i> of out-of-home placement that is avoided through FPS programs and services can mean the department is not spending: <ul style="list-style-type: none"> \$47.33 for foster care (DCF average, all types including therapeutic

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	foster, for board and care plus services); <ul style="list-style-type: none"> • \$315.60 for residential treatment (DCF average payment); or • between \$810 to \$2,036 for inpatient hospitalization (BHP child psychiatric hospital rate in May 2009 and the current daily cost at Riverview, the state psychiatric hospital for children, respectively).
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Story Behind Program Area Performance

The pilot project’s six-month timeframe did not permit PRI sufficient time to evaluate the entire array of DCF’s family preservation and supports programs plus flexible funding at either an individual program or system level. PRI staff did identify generally accepted best practices for child welfare systems and programs through a number of sources, including recent reports by Chapin Hall at the University of Chicago, the Center for the Study of Social Policy, Washington State Institute for Public Policy, and the National Resource Center for Permanency and Family Connections.

Using the information obtained from these reports as a framework, the overall performance of the department’s FPS program area was examined in terms of best practices. Generally, the main elements that contribute to effective child welfare services are: 1) use evidence-based models that are available to the families who need them; 2) employ competent, appropriately trained staff; 3) maintain robust quality assurance and improvement functions; and 4) encourage, seek, and use customer feedback. These are reflected by categories highlighted in green within the “How Well Did We Do It?” section of the above report card.

As the report card shows, *while many of these practices occur within the behavioral health FPS programs, they rarely happen for the child welfare FPS programs.* Further, as PRI carried out in-depth reviews of its five “focus” FPS programs, several cross-cutting issues related to better performance and outcomes emerged. These overarching program performance and accountability themes are discussed below.

DCF has not considered Family Preservation and Supports programs as a coherent program area. Using the RBA framework, it is clear that programs aiming to keep families together or reunify them are inherently similar. Yet within DCF, each program is viewed and managed primarily by administrative bureau (mainly behavioral health or child welfare). PRI understands the value of this approach: behavioral health programs should be viewed, at times, as a continuum of care and services as should child welfare efforts. At the same time, programs across bureaus share common goals and clients; many DCF families may simultaneously receive child welfare, behavioral health, and juvenile justice services. Looking broadly at programs with a common goal, DCF’s Prevention bureau activities, along with certain Children’s Trust Fund efforts, should figure as Family Preservation and Supports.

There are substantial differences between management and oversight of child welfare and behavioral health FPS programs. Over the past few years, the department has focused on expanding its behavioral health service system, in an effort to better meet children’s needs. This expansion led to new investments in numerous evidence-based clinical treatment programs targeted to specific populations and created with evaluation capacity – using, for some, both outside evaluators and DCF staff as program leads (i.e., managers) – to ensure model fidelity. Data from contracted behavioral health providers have been collected through automated systems (first through the Behavioral Health Data System, and now through a new web-based system, PSDCRS, as well as the BHP administrative services organization) and used to monitor and manage client care. During the past year, the Behavioral Health bureau developed a comprehensive “white paper” that outlines its successes, challenges, and proposed steps for addressing each challenge. Of the five focus programs in this study, those with the best data and oversight were behavioral health programs that have dedicated, significant financial resources for those activities. In sum, ***the department has focused on implementing evidence-based behavioral health models and, for those programs, has devoted substantial resources to assuring model fidelity and high service quality.***

Meanwhile, ***child welfare programs have undergone some changes aimed at improvement, but the efforts have been diffuse.*** The department has sought to fill gaps it perceived, particularly regarding families dealing with domestic violence and families who just experienced out-of-home placement. In addition, over time several programs used a logic model process to be more specific about the services expected of providers and the intended outcomes, including, in at

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least a few cases, listing outcome targets in providers' contracts. However, just one child welfare FPS programs has evaluation and contract management capacity, either internal or external – and that program's evaluation capacity is mandated by statute. Neither of the two main contracted child welfare FPS services (IFP and Parent Aide/FES) follows an evidence-based model. At present, program data are not in any coordinated, automated system and, for several programs, the information that is gathered is not considered reliable. Consequently, even when outcomes are stated in contracts, data either are not available or not used to determine whether the contracted outcomes are being met.

The lack of a concerted effort to improve contracted child welfare programs and services likely is due to the department's necessary focus on improving its own social work practice, as it tries to comply with the Juan F. consent decree. It is understandable and commendable that the department has taken many steps to improve its case work policies and procedures, such as: adopting Structured Decision-Making (an evidence-based model for risk assessment); making automated case management data from its LINK system readily available to area office and other managers at a case worker, supervisor, office, and regional level; creating a formal, clearly stated practice model; and starting an intensive, internal quality improvement review process for area office child welfare cases (Connecticut Comprehensive Outcomes Review or "CCOR"). Yet, the agency's case workers do not, in most cases, provide the direct treatment services that help families function better; they rely on contracted providers for the majority of services and supports their clients need. Comprehensive efforts to ensure high quality service from contracted providers are not in place at DCF. ***It is unreasonable to expect children and families to have positive outcomes, without knowing, at a basic level, if the services private contractors are providing are appropriate, effective, and properly implemented.***

Actions to Turn the Curve: DCF Efforts Underway, and PRI Recommendations

As noted above, the department has initiated a number of initiatives over the past year or two, primarily in response to the *Juan F.* Consent Decree and federal Child and Family Services Reviews (CFSRs), that are designed to improve safety, permanency and well-being outcomes for its clients. Most should have a positive impact on performance within the FPS program area. A major initiative directly related to the FPS program area is the agency's Differential Response System (DRS), which DCF expects to start implementing in stages during 2010. DRS is intended to divert lower risk families from the agency's protective services system by providing community-based supports.

During the summer of 2009, DCF implemented a major reorganization, partly because of the large scale retirements (under the recent Retirement Incentive Program) and fiscal constraints, but also to ensure adequate management and supervision, and to strengthen quality assurance and improvement throughout the agency. As part of that reorganization, five regional managers were put in place to bring greater program and policy consistency across the area offices and to strengthen the quality improvement for all area office operations. The new quality improvement structure and functions are still being defined so it is not clear how they will address contract management and private provider oversight deficiencies noted here and during the 2007 PRI study of DCF monitoring and evaluation.

Recently, DCF also has completed a strategic planning process intended to bring together all current efforts aimed at improving agency outcomes, including the *Juan F.* Exit Plan, various federal plans, and individual efforts within its bureaus, facilities, and area offices. The latest draft plan is comprehensive, covering all mandates and bureaus, although no service strategies or program areas such as FPS are specifically mentioned. Further, the outcomes and indicators are not clearly connected with actions, actions are not identified with programs, and services provided and none of the 48 actions listed in the document are prioritized. Using FPS as example, the draft plan has goals and measures related to maintaining children safely at home, but provides no cohesive strategy that incorporates the array of services and supports required to achieve this. It does not identify what and how department activities contribute to the outcome and how the agency will determine effectiveness. Also, there is mention of the partnerships needed to achieve success on this outcome but no concrete steps on how partners will be engaged.

The department now is in the process of developing an RBA framework for the plan with a consultant (the Charter Oak Group); the revamped plan is expected to be submitted to RBA subcommittee of Appropriations as part of its January 2010 RBA hearings.

A stronger emphasis on quality improvement agency-wide and a more results-focused strategic plan could

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help to address the deficiencies within the FPS program area noted above. PRI also recommends the following steps be taken as direct and immediate ways to improve the effectiveness of the agency's family preservation and support strategy. Results-based planning and targeted research and data development are at the core of these proposals.

1. To ensure client families are referred to the appropriate contracted service, DCF should:
 - **Develop and give to all social workers a brief guide that outlines services appropriate for the different types of clients, including caregiver and child issues as well as the family's SDM risk level**
2. To better meet client families' needs and improve the effectiveness of the child welfare FPS programs, DCF should:
 - **Develop a plan on how the child welfare FPS programs will move to evidence-based models and how the agency will ensure adequate management of those programs.** The plan's development process should include:
 - **A needs assessment** to determine the underlying reasons why DCF child welfare families are unable to protect and care for their children, and, consequently, what types and amounts of services and supports they require to maintain their children safely at home; and
 - An examination of relevant research to **identify the most effective evidence-based models** for serving the FPS target population and meeting the needs identified by the assessment described above.

In conducting the needs assessment, DCF will need to compare and analyze demand and capacity. At a minimum, data should be developed from requests for services and waitlists by program (including Flexible Funding) and area office. A more scientific approach should be adopted if resources for technical assistance become available to the agency.

The action plan should be submitted to the DCF Court Monitor, the Office of the Child Advocate and the State Advisory Council on Children and Families for review and comment, prior to being shared with the legislature's committees of cognizance, Appropriations, and PRI by January 15, 2012. The final document should include:

- Summaries of results of the needs assessment and research on evidence-based models;
- A brief description of each FPS program to be funded and proposed funding allocation, at the current expenditure level, and at 10% less and 10% more funding, based on the needs assessment and research on effective service models;
- Details on how the necessary quality assurance/quality improvement infrastructure of good data, dedicated contract management resources (i.e., program leads, with each likely each to be handling multiple programs), and competent, trained service provider employees will be maintained and used; and
- A description of how implementation will proceed over the next five years.

The plan should consider how to achieve equitable access to FPS services and either eliminate or expand effective FPS programs that currently do not serve the whole state. If the department's plan proposes programs – either existing or new – that are not evidence-based, there must be a justification and a discussion of how effectiveness research will be conducted.

3. To facilitate examination of FPS program outcomes over the longer-term (i.e., post- program completion), DCF should:

➤ **Designate an office within the Bureau of Quality Improvement to conduct periodic assessments of longitudinal client outcome data by program, within available resources.**

4. To allow for meaningful cost comparisons across providers and programs, estimates of cost avoidance, and, as better client outcome data are developed, determinations of program cost effectiveness, DCF should:

➤ **Direct more attention to compiling accurate data on the full costs of providing FPS services to its clients.** At minimum, estimates of average per-client and/or per-case cost, reflecting when appropriate regional or area office differences (e.g., variations due to differences in client populations, basic living costs such as rents and transportation requirements), should be developed and presented for all programs included in the recommended action plan.

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DCF INTENSIVE FAMILY PRESERVATION (IFP) PROGRAM				
<ul style="list-style-type: none"> IFP workers make in-home visits to reduce immediate safety threats for families with an open DCF abuse / neglect case that are at high risk of child out-of-home placement, just reunified, or with upcoming reunification Services, given by 17 contracted providers, include mitigation of safety problems, links to community services, parenting education, and crisis intervention 				
Contribution: Connecticut children grow up safe, healthy, and ready to lead successful lives.				
IFP helps children safely remain in or return to their homes, which is key to leading successful lives.				
Key Program Performance Measures				
	<i>Progress</i>	<i>FY 09 Data (Estimates)</i>	<i>Data Available and Regularly Analyzed</i>	<i>PRI Staff Analyzed</i>
I. How Much Did We Do?				
1. Clients Served (reported)		660 reported to have finished services (9% increase from FY 08) – far short of contracted capacity	Data not analyzed	✓
2. Resources (expenditures)		\$5.8 million	(not applicable)	✓
II. How Well Did We Do It?				
3. Meeting Client Demand	?	Varies among area offices	Not collected	✓
4. Completing the Program	↔	76%	Data not analyzed	✓
5. Meeting Program Standards				
a. Receiving 5 hrs. of services weekly	-	70% for completers; 40% for non-completers	Data not analyzed	✓
b. Finished in 12 weeks	↔	66% for completers	Data not analyzed	✓
6. Satisfying Clients	?	Providers collect but do not report to DCF	Not collected	
7. Managing Cost Per-Client	↔	Average funding / clients served cost is \$8,730; much variation, with average per-client capacity cost of \$5,157.	Data not analyzed	✓
8. Managing Provider Performance Using Data	↔	A few providers appear to have worse completion rates, controlling for family characteristics	Data not analyzed	✓
III. Is Anyone Better Off?				
9. Children Are Free From Repeat Maltreatment	?	Analysis possible only through LINK currently	Not collected	
10. Children Remain In or Successfully Moved Back Into Home	?	Analysis possible only through LINK currently	Not collected	
11. Family Functioning Has Improved	?	Service plan tool disliked by providers and might not be appropriate to measure this	Data not analyzed	
12. The Service is Cost-Effective	?	Cannot determine – lack necessary information	Some critical data not collected	
Story Behind Program Performance				
<ul style="list-style-type: none"> The IFP program's contract description was re-tooled a few years ago in ways that made data-driven program performance possible, but the data collected are not regularly analyzed and do not include some key performance 				

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measures.

- The program’s client information database indicates the intensity and length of services received vary, which makes sense given the differing service expectations among area offices and IFP providers.
- Administration of IFP is de-centralized, with no program lead (i.e., manager), which appears to work well for managing individual cases but not for managing overall provider or program performance.
- It is not clear whether DCF checked the provider-submitted client data; PRI discovered seven providers submitted either no valid data or reported few clients in at least one of the last two fiscal years.
- Overall, area offices are satisfied with the IFP providers but see several provider staffing challenges: turnover, lack of bilingual ability, and in some cases, inability or unwillingness to provide services regularly in the evenings or on weekends.
- The ability to meet demand appears to vary across the area offices, with nearly half the area offices having waitlists all or most of the time.
- Yet, all but two of the 17 contracted providers reported substantially fewer clients than they were contracted to serve; the gap could be attributed to many factors, including incorrect reporting, longer program duration for some clients, provider staffing shortages, funding more slots than are needed, or funding that is inadequate for contracted capacity.
- The cost-effectiveness of IFP cannot be determined because three things are unclear or unknown: per-client cost, the “better off” performance measures, and whether clients would be facing imminent child removal without the program.
- This IFP program is much less intense than the only program of its type to be shown cost-effective, Homebuilders;[®] directors and staff of a few area offices are concerned the current model is not effective and would like DCF central office to consider moving to an evidence-based program.

Actions to Turn the Curve: DCF Efforts Underway and PRI Recommendations

Currently Being Undertaken by DCF: None.

PRI Recommendations: DCF should –

1. **Designate an IFP program lead** (i.e., manager) to: 1) at least every six months, analyze the data from the IFP client database; 2) on an ongoing basis, work with providers and area offices to improve practice and adherence to the program’s standards, drawing upon the IFP client database information; and 3) arrange periodic free training for IFP provider staff
2. **Allow providers and area offices to view their respective client data** so that: 1) providers may correct data as necessary; and 2) area offices can monitor whether providers are serving their contracted capacity
3. **Use the provider-corrected data to examine variations in per-client costs**, to determine whether there are legitimate reasons for substantial variations from the median cost, and if there are none, financially penalize those providers
4. **Use the provider-corrected data to examine the numbers of clients served and area office waitlists, and compare to contracted slots for adjusting contracts and funding amounts as necessary, including shifting capacity so demand is better met**
5. **Contractually expect provider staff to be available on weekends or evenings for regular family appointments** (e.g., once each week)
6. **Work with Connecticut colleges and universities to improve the supply of bilingual provider staff**

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DCF PARENT AIDE PROGRAM

- Parent Aide workers make in-home visits to improve parenting skills for families with an open DCF abuse / neglect case who are at low to medium risk of child out-of-home placement
- Services, given by 24 contracted providers, include parent education and skill-building, assistance with basic needs, and links to community services
- Program is being re-tooled into a new program – Family Enrichment Services – that aims to provide better-focused services; most recent projection for start of implementation is January 2010

Contribution: Connecticut children grow up safe, healthy, and ready to lead successful lives.

Parent Aide helps children safely remain in their homes, which is key to leading successful lives.

Key Program Performance Measures

	<i>Progress</i>	<i>FY 09 Data (Estimates)</i>	<i>Data Available and Regularly Analyzed</i>	<i>PRI Staff Analyzed</i>
I. How Much Did We Do?				
1. Clients Served (reported)		1,306 reported (37% decrease from FY 05) – far short of contracted capacity	Yes	✓
2. Resources (expenditures)		\$4.25 million (1.9% decrease from FY 08)	(not applicable)	✓
II. How Well Did We Do It?				
3. Meeting Client Demand	?	Generally demand appears met	Not collected	✓
4. Completing the Program	+	56% (five percentage point increase from FY 08)	Data not analyzed	✓
5. Meeting Program Standards				
a. Receiving 2 hrs. of services weekly	?	---	Data collected but not retained or analyzed	
b. Maximum service duration of 4 months	?	---	Data collected but not retained or analyzed	
6. Satisfying Clients	?	---	Providers collect but do not report	
7. Managing Cost Per-Client	- ?	Median funding/client served cost of \$3,340 (real increase of 65% since FY 05); much variation, with median provider per-client capacity cost of \$1,649	Data not analyzed	✓
8. Managing Provider Performance Using Data	↔ ?	A few providers appear to have higher or lower completion rates, but currently is no way to control for family factors	Data not analyzed	✓
III. Is Anyone Better Off?				
9. Children Are Free From Repeat Maltreatment	↔ ?	5.3% repeat maltreatment during program participation, about same as previous 2 FYs	Data not analyzed	✓
10. Children Remain In Home	+ ?	2.5% out-of-home placement during program participation, lower than in FYs 05-07	Data not analyzed	✓
11. Family Functioning Has Improved	?	---	Client-reported data collected but not retained	

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12. The Service is Cost-Effective	?	Cannot determine – lack necessary information	Some critical data not collected
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Story Behind Program Performance

- Client-level Parent Aide program data have been collected (not analyzed) for several years, but only a limited amount is kept and it is unclear whether the data are accurate.
- A program lead (i.e., manager) has been assigned to develop and oversee implementation of the replacement to Parent Aide, but for the past several years, there was no one charged with overseeing the program- and provider-level data analysis that would have helped the department evaluate and improve Parent Aide.
- The service expectations – which providers reported used to be longer and more intensive – vary among providers and area offices.
- Administration of the program is decentralized and it appears not all area offices are sufficiently overseeing their Parent Aide providers.
- Overall, area offices are satisfied with the providers but see several provider staffing challenges: lack of bilingual ability, inability or unwillingness to provide services regularly in the evenings or on weekends, and in a few cases, staff turnover and engagement of clients. In addition, a few area offices noted they would like to see staff focus more on improving parenting skills, which should be the focus of the program services.
- Clients generally can get into the program quickly – only one office usually has a waitlist – so demand appears met, but real demand may be higher because a few area offices reported they sometimes refer clients to Intensive Family Preservation, instead of Parent Aide.
- Comparison of the Parent Aide client information to the contract scopes of service shows all but two of the 24 contracted providers reported substantially fewer clients than they were contracted to maintain capacity to serve, with ten reporting less than half their contract amount. The gap could be attributed to many factors, including longer program duration expectations than allowed for by contracts, provider staffing shortages that prevented full client capacity from being reached, funding more slots than are needed, or funding that is inadequate for contracted capacity.
- The cost-effectiveness of Parent Aide cannot be determined because two things are unclear or unknown: per-client cost, and reliable “better off” performance measures over the long-term, since child removal is not imminent for these families when they start the program.

Actions to Turn the Curve: DCF Efforts Underway and PRI Recommendations

Currently Being Undertaken by DCF:

- Standardizing program expectations and steps (including uniform assessment, intake, and exit forms) during the merging of Parent Aide, and Parent Education and Assessment Service, into Family Enrichment Services
- Planning to collect client data through PSDCRS, the new web-based client database, starting July 2010
- Beginning to offer periodic training to provider staff

PRI Recommendations: DCF should –

- 1. Immediately replace the current data collection form with a simple monthly report from each provider** until FES data can be submitted using PSDCRS
- 2. Dedicate a program manager (i.e., lead)** to: 1) at least every six months, analyze the data from the FES client database; and 2) on an ongoing basis, work with providers and area offices to improve model fidelity and practice, drawing upon the FES client database information and particularly focusing on how to improve parenting skills
- 3. Use provider-corrected data to examine variations in per-client costs**, to determine whether there are legitimate reasons for substantial variations from the median cost, and if there are none, financially penalize those providers who are consistently experiencing higher costs
- 4. Use provider-corrected data to examine the numbers of clients served and area office waitlists, and compare**

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to contracted slots, adjusting contracts and funding amounts as necessary, including shifting capacity so demand is better met in the area office that reports consistent waits for services

- 5. Expect provider staff to be available on weekends or evenings for regular family appointments** regularly (e.g., weekly), enforcing contract language where it already exists, and adding such language where it does not
- 6. Encourage providers to actively recruit from communities and work with Connecticut colleges and universities to improve the supply of bilingual provider staff**

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DCF SUPPORTIVE HOUSING FOR FAMILIES PROGRAM				
<ul style="list-style-type: none"> SHF workers guide families with an open DCF abuse / neglect case through the process of acquiring permanent, adequate housing and provide case management services to reunify families or prevent child out-of-home placement, when housing is a barrier to successful reunification or family preservation Services, given by one contracted provider and its eight subcontractors, include housing assistance, household management and parenting education, crisis intervention, and links to community services, education, and employment resources 				
Contribution: Connecticut children grow up safe, healthy, and ready to lead successful lives.				
SHF helps children become safely housed with their families, which is key to leading successful lives.				
Key Program Performance Measures				
	<i>Progress</i>	<i>FY 09 Data (Estimates)</i>	<i>Data Available and Regularly Analyzed</i>	<i>PRI Staff Analyzed</i>
I. How Much Did We Do?				
1. Clients Served (reported)		790 families were being served at end of FY 09	Yes	✓
2. Resources (expenditures)		\$7.01 million; will increase by 67% to \$11.68 million by FY 11	(not applicable)	✓
II. How Well Did We Do It?				
3. Meeting Client Demand	-	632 families on program waitlist at end of FY	Yes	✓
4. Completing the Program	+	78% for those who began program in FY 07 – return to previous level after low in FY 06	Yes but not analyzed by cohort	✓
5. Meeting Program Standards				
a. Receiving 1 hr. of services weekly	+	On average, consistently met standard; weekly service time has increased	Yes but not analyzed at program level	✓
b. Maximum service duration of 2 years	↔	Median duration for completers is below 1.5 years	Yes	✓
6. Satisfying Clients	↔	100% satisfaction reported, but response rate is low (15%)	Yes	✓
7. Cost Per-Client		~\$9,200 annually for program services; down from \$12k FYs 06-07	Yes	✓
8. Managing Provider Performance Using Data	✓	Data are reviewed quarterly by provider and DCF	Yes	Received data
III. Is Anyone Better Off?				
9. Children Are Free From Repeat Maltreatment	+ ?	Unknown during program; Promising post-program trend	Analyzed for this study only	✓
10. Children Remain In or Successfully Moved Back Into Home	+ ?	Unknown during program; Promising post-program trend	Analyzed for this study only	✓
11. Family Functioning Has Improved	?	Service plan tool does not seem appropriate to measure this	No; has in past	

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12. Families Obtained Better Housing and Remained There	+ ?	86% of simplified FY 07 cohort received new housing, DSS assistance; unclear if remained there	Yes but not analyzed post-program	✓
13. Caregivers' Employment Status Improved	+ ?	Of clients beginning SHF unemployed, higher proportion of completing caregivers found work than non-completing clients	Yes but not analyzed by cohort	✓
14. The Service is Cost-Effective	?	Cannot determine – lack necessary information	Some critical data not collected	

Story Behind Program Performance

- SHF relies on both DCF program funding and DSS housing assistance (Section 8 vouchers and RAP certificates) to serve clients; without DSS housing assistance, DCF funding has to increase in order to take in new families.
- Area offices and clients are satisfied with the program, except SHF lacks the funding to quickly meet client demand.
- Increased program funding authorized for FYs 10 and 11 focused on serving reunification families; data on the impacts of the funding were reported to the legislature in January 2010.
- The contracted provider closely supervises the sub-contractors' cases at the client level, and program-level data are kept both by the provider's data system – which recently became web-based – and DCF's PSDCRS system, both of which need some revisions in order to better understand and improve program performance.
- The DCF program lead (i.e., manager) actively manages SHF by, among other activities, reviewing the provider's data system information quarterly.
- The program lead is closely working with the provider to undertake a potential program redesign involving tiered services, which would allow the program to take in some new clients without incurring substantial housing costs to the program or DSS.
- About one-quarter of program funding goes to direct client financial assistance, including program housing subsidies in the absence of DSS housing assistance.
- The program's outcomes appear promising in terms of child welfare and possibly caregiver employment, but additional data should be collected and analyzed to confirm.

Actions to Turn the Curve: DCF Efforts Underway and PRI Recommendations

Currently Being Undertaken by DCF:

- Piloting a client assessment tool for possible use in a planned program redesign in FY 10 to tier services, enabling the program to vary its services to more quickly meet demand

PRI Recommendations: DCF should –

1. **Consider ways to improve customer satisfaction survey response** because the current mail survey's return rate is low
2. **Ensure performance measures in this report are examined each quarter**
3. **Consider how to better work with clients who begin the program unemployed and how to build rapport with clients from the beginning of program services** to improve the completion rate
4. **Emphasize to provider staff the importance of recording employment status data** to improve the accuracy and usefulness of that information in measuring program outcomes

RBA REPORT CARD Program Level Accountability

DCF INTENSIVE IN-HOME CHILD AND ADOLESCENT PSYCHIATRIC SERVICES (IICAPS)				
<ul style="list-style-type: none"> IICAPS teams employed by contracted agencies provide home-based, family-focused, time-limited mental health services to children with severe emotional disturbances who are at risk of institutionalization Teams are composed of two mental health professionals (master's level clinician and bachelor's level counselor) and supervised by senior level mental health staff including a child psychiatrist Services are available statewide through 14 providers in 18 sites; DCF contracts with Yale University, the developer of the treatment model, for provider credentialing, training and technical assistance, and other quality assurance as well as program evaluation and reporting 				
Contribution: <i>Connecticut children grow up safe, healthy, and ready to lead successful lives.</i>				
IICAPS improves the behavioral health of children with serious psychiatric problems while helping them to safely remain in or return to their homes from institutional care, which is key to future success in life.				
Key Program Performance Measures				
	Progress	FY 09 Data (Estimates)	DCF Has Data and Regularly Analyzes	PRI Staff Analyzed
I. How Much Did We Do?				
1. Cases Served		1,595 total cases served, up 143% since FY 07	Yes	✓
2. Resources (DCF & Medicaid Funds)		\$25.3 million, 7 times FY 05 funding level (before services were made Medicaid eligible)	Collected (by BHP); not analyzed	✓
II. How Well Did We Do It?				
3. Meeting Demand	↔	200 average monthly waitlist; 37% higher than FY 07 despite expanded capacity	Yes	✓
4. Completing Services (Planned Discharges)	- ?	64% of closed cases, lower than in past but may be partly due to better data coding; wide variation across providers	Yes	✓
5. Meeting Program Standards				
a. Providers Credentialed	+	All 18 provider sites including one previously on probation meet criteria	Yes	✓
b. Fidelity to Model	+	Fidelity scores across providers have stabilized over past year; majority showing strong adherence to the service model	Yes	✓
c. Data Integrity Good	+	Data integrity scores high for all providers and average rating has risen since FY 07	Yes	✓
d. Average Service Duration of 6 Months	+	Small increase in average duration to 6.1 (5.6 in FY 07), with providers ranging from 4.5 to 7.9	Collected; analyzed for this study	✓
e. Minimum Service Intensity 5 Hours Weekly	+ -	Steady increase to average 4.4 hours since FY 07 but still below standard and varies by provider (2.8 to 6.5)	Collected; analyzed for this study	✓
6. Satisfying Clients	↔	Parents satisfied with services across all providers every year	Collected; analyzed for this study	✓
7. Managing Provider Performance With Data	+	All provider sites meeting credentialing standards, technical assistance provided when areas in need of improvement; average fidelity and data integrity scores improving over time	Yes	✓
8. Managing Cost Per Client	?	FY 09 average Medicaid cost per case \$11,585, almost double FY 07 average but are some accounting issues; much variation by provider	Not collected by DCF	✓

RBA REPORT CARD
Program Level Accountability

III. Is Anyone Better Off?				
9. Children Have Reduced Use of Institutional Care	+	Decreases in inpatient admissions (-37.6%), inpatient days (-45%) and ED visits (-29.4%) compared to pre-service but at smaller rates than in past; more providers with positive outcomes on each measure in FY 09 than in FY 07	Yes	✓
10. Children Have Improved Functioning/ Decreased Severity	+	Increased functioning and decreased problem severity at every provider site every year (FY 07-09); performance slightly better in FY 09	Yes	✓
11. Family Functioning Has Improved	+	Improvements in average ratings better over time but variation across providers	Yes	✓
12. Children Are Free from Maltreatment	?	Analysis possible through LINK	Not collected	
13. Children Are Not Removed from Home Due to Maltreatment	?	Analysis possible through LINK	Not collected	
14. The Service is Cost-Effective	?	Cannot determine; research required	Some necessary data not available	

Story Behind Program Performance

- Making IICAPS Medicaid reimbursable greatly expanded program access, yet waitlists remain long; many area offices report waits of two weeks or more. There is no central mechanism to monitor wait times.
- Interagency partnerships with CSSD and DSS also contribute to improved access and consistent service quality for IICAPS clients. The DCF Behavioral Health bureau and CSSD have developed a collaborative arrangement for sharing the IICAPS service network.
- Quality assurance provided through contract with Yale appears effective, with good progress on most performance measures and strong provider accountability; significant resources (about \$500,000 annually) are used to achieve this level of oversight and continuous quality improvement.
- IICAPS produces positive behavioral health results and is likely cost-effective although formal research is needed to ascertain longer term client outcomes and fiscal implications of the relationship between IICAPS and inpatient service utilization. Reasons for performance variation among providers are not clear and need to be better understood. The relationship between program fidelity and results for clients has not been fully examined to date.
- While the program primarily focuses on psychiatric issues, and not all clients are DCF-involved, more attention to child welfare outcomes (maltreatment, out-of-home placements due to abuse/neglect) also is needed.
- Longitudinal research could also shed light on the extent of readmissions to the program and the possible need for more supports after discharge, for example, “step down” services as some area office staff and providers suggested in PRI survey responses.
- The IICAPS program was widely praised by many providers, DCF staff, and CSSD personnel. While area office comments were generally positive, concerns were raised about quality of some teams and that newer staff seems to be lacking the experience and skills required to work successfully with DCF-involved clients.
- Providers during a PRI focus group meeting indicated it can be difficult to find treatment team personnel with the skills needed for intensive in-home services and to retain them, as the work can be quite demanding.

Actions to Turn the Curve: DCF Efforts Underway and PRI Recommendations

Currently Being Undertaken by DCF:

- Arrangements have been made with DSS to share Medicaid claim data that will permit longitudinal (post discharge) analysis of behavioral health outcomes for IICAPS clients

PRI Recommendations: DCF should –

RBA REPORT CARD
Program Level Accountability

- 1. Require Yale to obtain feedback on provider quality from area office staff** as part of the credentialing process; ensure area office IICAPS liaisons attend program “Rounds” meetings as often as possible
- 2. Calculate and track total case costs** (Medicaid, DCF, and other funding sources) to permit analysis of any trends by provider, type of client (e.g., voluntary services, juvenile justice, DCF-involved) or case severity
- 3. Assist providers in recruiting and maintaining qualified IICAPS teams** through: statewide public information/education efforts (to increase awareness of the home-based team model and related employment opportunities); working directly with higher education institutions to increase the supply of trained behavioral health professionals; and continued participation in the Connecticut Workforce Collaborative on Behavioral Health
- 4. Consider requiring providers to offer routine (non emergency) services on at least one weekend day a month** to increase access and better meet needs of working families

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RBA REPORT CARD Program Level Accountability

DCF FLEXIBLE FUNDING

- DCF social workers use Flexible Funding (Flex Funds), when other public or private resources are absent, to provide families involved in open protective services cases with timely, individualized services (e.g., therapeutic treatment, evaluations, mentoring, social/recreational programs) and goods (e.g., food, clothing, help with rent or utilities, critical home repairs) to prevent or delay out-of-home care and facilitate reunification or placement stability*
- Payment requests subject to supervisor's review and approval with additional central office authorization at certain threshold amounts (e.g., over \$1,000); eight high-cost service categories also subject to centralized provider credentialing and a fee schedule

* It is important to note Flexible Funding supplements services provided to DCF-involved families through agency programs other than Family Preservation and Supports, including Juvenile Services bureau programs, and in certain cases are used for children and families are receiving only behavioral health services from the department (e.g., Voluntary Services)

Contribution: Connecticut children grow up safe, healthy, and ready to lead successful lives.

Flexible funding helps children safely stay with or return to their families, which is key for success later in life.

Key Program Performance Measures

	<i>Progress</i>	<i>FY 09 Data (Estimates)</i>	<i>Data Available and Regularly Analyzed</i>	<i>PRI Staff Analyzed</i>
I. How Much Did We Do?				
1. Cases Served (received funding)		9,281 cases (involving 11,850 clients) received funding, slight drop from prior years and represents <i>potential</i> not actual FPS cases and clients	Collected and analyzed	✓
2. Resources (expenditures)		\$26.6 million, down from peak of almost \$29 million in FY 07	Collected and analyzed	✓
II. How Well Did We Do It?				
3. Meeting Client Demand (Expended vs. Budgeted Funds)	?	Varies by area office (4 with deficit; 10 with surplus)	Data on requests not compiled	✓
4. Used to Meet Identified Needs	?	Determined by area offices and reviewed at central office	Not collected	
5. Used Only When Other Payment Sources Unavailable	?	Determined by area offices and reviewed at central office	Not collected	
6. Payments Reasonable	?	Determined by area offices and reviewed at central office <u>except</u> for credentialed services, which have a rate schedule	Periodically reviewed for selected services	
7. Staff Comply with Credentialing Process	?	Noncompliance appears uncommon	Reviewed (results not compiled)	
8. Consistent Implementation Across Area Offices	?	Spending by category varies across offices; policies and procedures also vary by office	Expenditure data compiled; not centrally analyzed by office	
9. Clients Satisfied	?	Nothing formally gathered	Not collected	
10. Providers Satisfied	?	Informal feedback and only from credentialed providers	Not collected	
11. Managing Performance With Data	?	Limited examination of selected credentialed service providers	Beginning to collect and analyze for some services	

RBA REPORT CARD Program Level Accountability

III. Is Anyone Better Off?				
12. Out-Of-Home Placement Avoided/Return Home Facilitated	?	Analysis possible through LINK	Not collected	
13. Children Remain At Home Free From Repeat Maltreatment	?	Analysis possible through LINK	Not collected	
14. Child Well-Being Improved	?	No tool in place to capture	Not collected	
15. Family Functioning Improved	?	No tool in place to capture	Not collected	
16. Services Cost-Effective	?	Cannot determine; research required	Not collected	

Story Behind Program Performance

- The substantial increase in Flexible Funding resources is the result of national research and federal policy calling for expanded use to improve outcomes for children and the DCF Court Monitor’s recommendations citing it as a way to improve agency exit plan performance in meeting children’s needs.
- Two Court Monitor reviews of small samples of Flex Fund requests found in the majority of cases the funds were clearly necessary to meet the child’s treatment plan goals.
- The department’s provider credentialing process is addressing consistency, service quality, and cost containment issues for the eight service provider categories subject to it (assessment; domestic violence perpetrator assessment; behavior management; temporary care services; supervised visitation; therapeutic support staff; support staff; and Community Housing Assistance Program or CHAP case management).
- PRI interviews with central office staff and visits to five area offices revealed Flexible Funding is not consistently administered; accountability is decentralized and the cumbersome accounting process compromises data integrity.
- Anecdotal evidence from workers indicates Flexible Funding is critical to avoiding out-of-home placements and improves family and child functioning. Some area office directors cited Flex Funds as a major factor in decreasing removal rates.
- A contracted, scientific study of flex funds for non-DCF families found: children avoided out-of-home care, functioning improved, and services were cost-effective. No similar research is available on outcomes for DCF-involved families that receive flexible funding. Evaluation is challenging because of data quality issues and the complex methodology required to determine client results due to flex funds versus other services provided simultaneously.

Actions to Turn the Curve: DCF Efforts Underway and PRI Recommendations

Currently Being Undertaken by DCF:

- Regional directors will oversee flex fund use across offices which should improve consistency.
- New, more useful spending reports (e.g., “top 10 categories”) are being developed for area directors and regional directors to enhance cost controls.
- Training and resource materials on service procurement for area office staff (e.g., writing RFPs/RFIs, determining reasonable cost) are being developed to improve skills in contracting and contract management.
- Expanded provider credentialing planned to better assure service quality and reasonable costs.

PRI Recommendations: DCF should –

1. **Streamline flexible fund accounting codes** to improve data quality and ease administrative burden on area office social work staff
2. **Institute standard forms, procedures, and guidelines** for processing flex funds requests at area offices to improve consistency and reduce unnecessary administrative effort; require all area offices to put in place a standardized process for vetting of flex fund providers of noncredentialed service categories
3. **Develop an area office allocation methodology based on caseload and analysis of area service capacity and needs**
4. **Maintain an inventory of alternative sources of goods and services in use by area offices** to supplement the 211 information resource

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Program Level Accountability

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| <ol style="list-style-type: none">5. Establish an interagency work group to identify ways of sharing financial and administrative responsibility for clients with needs beyond the purview of DCF (e.g., children with autism, children and parents with cognitive limitations, parents with behavioral health problems)6. Request that the Court Monitor conduct another review of flex fund use to provide continued independent assessment of the appropriateness of requests, timeliness of services, and barriers to alternative sources |
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**RBA DATA DEVELOPMENT
AND RESEARCH AGENDA**

DCF FAMILY PRESERVATION AND SUPPORTS: DATA DEVELOPMENT AND RESEARCH NEEDS
<ul style="list-style-type: none"> • RBA is a data-driven approach to evaluating and improving programs, systems, and population-level progress. • RBA recognizes that many times necessary performance and outcome data are either unavailable or insufficient. New or additional research also may be required to determine what actions are needed to improve progress toward desired results. • Creating agendas that outline and prioritize development of additional or new data required to evaluate and improve program, agency, or system performance is an essential element of RBA work. • The following agenda includes all the data-related changes PRI identified during this pilot project that are needed for further assessment and improvement of the population-level indicators, program area, and individual programs related to DCF Family Preservation and Supports. It is a combined list for development of more and better data items, and for new or expanded research.
POPULATION LEVEL ACCOUNTABILITY Primary Indicators – All Connecticut Children
<ol style="list-style-type: none"> 1. The Select Committee on Children, in consultation with a working group representing all the main partners contributing to the results statement, should: <ol style="list-style-type: none"> a. identify or develop an additional indicator of whether children are living with their families and have stability; and b. review the adequacy of current indicators and related data collection and determine whether there may be more appropriate alternatives.
CHILD WELFARE SYSTEM LEVEL ACCOUNTABILITY System Performance – Child Welfare Clients
<ol style="list-style-type: none"> 2. The Select Committee on Children, with the assistance of the working group recommended above, should develop a more complete system-level repeat maltreatment indicator (i.e., to capture indicated abuse/neglect reports and previous preservation and reunification services) to help determine the effectiveness of current FPS and other prevention and early intervention efforts, as well as where program modifications, reallocations, or expansions are needed. 3. DCF should continue to track, report on, and further develop its out-of-home placement rate as a key measure of child welfare system performance. 4. DCF should work with the Office of the Child Advocate and the Child Fatality Review Panel to broaden the review and reporting of child fatalities involving abuse and neglect as another way to identify and focus needed prevention and early intervention efforts.
FAMILY PRESERVATION AND SUPPORTS PROGRAM AREA LEVEL ACCOUNTABILITY Program Area Performance – All FPS Clients
<ol style="list-style-type: none"> 5. DCF should develop, within the next two years, a plan on how the child welfare FPS programs will move to evidence-based models that includes: a needs assessment; a review of the research on evidence-based models; and a proposal for the infrastructure, including data systems, necessary to manage and improve the programs. 6. DCF should designate an office within the Bureau of Quality Improvement to conduct periodic assessments of longer-term (i.e., post- program completion) outcomes.

PROGRAM LEVEL ACCOUNTABILITY
Individual FPS Program Performance – Program’s Clients
Intensive Family Preservation (IFP)
<ul style="list-style-type: none"> 7. Add several items to DCF’s IFP client database to improve ability to assess and meet client demand, understand who is being served, and analyze program outcomes: time spent on waitlist; SDM risk rating; caregiver demographic characteristics; initial child placement status; reasons for non-completion; previous family involvement with DCF; and previous family involvement in IFP. 8. Allow providers to view and correct client data to improve accuracy.
Parent Aide (being replaced by Family Enrichment Services during 2010)
<ul style="list-style-type: none"> 9. Add several items to the FES PSDCRS client database to improve ability to assess and meet client demand, understand who is being served, and analyze program outcomes: time spent on waitlist; SDM risk rating; caregiver demographic characteristics; previous family involvement with DCF; and previous family involvement in Parent Aide . 10. Allow providers to view and correct client data to improve accuracy. 11. Replace the current data collection form immediately, with a simple tool that allows providers to correct data, until FES data can be submitted using PSDCRS. 12. Adjust FES program forms: <ul style="list-style-type: none"> a. Program exit form so progress may be analyzed for each service area indicated necessary on the service plan and the family’s DCF social worker can also evaluate progress. b. Service plan so each goal is directly connected to a service area, and all service areas are addressed by a goal.
Supportive Housing for Families (SHF)
<ul style="list-style-type: none"> 13. Change the provider’s client database to improve ability to understand who is being served and analyze program outcomes: <ul style="list-style-type: none"> a. Add: negative events experienced by families on the program waitlist; child welfare events as of program exit; and whether unsuccessful clients retained DSS assistance and new housing as of program exit. b. Adjust: discharge reasons. 14. In DCF’s client database, PSDCRS, add child welfare events as of program exit and adjust the discharge reasons, for the same reasons as above. 15. Analyze data to understand how much time on average is spent with clients at each stage of the program (e.g., first six months, 6-12 months, beyond 12 months), consider whether the standard should vary by stage, and then track what percent of clients at each stage is meeting the standard(s). 16. Work with the provider to adopt or develop a tool that can adequately measure family functioning.
Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)
<ul style="list-style-type: none"> 17. Collect and analyze data on readmissions; also establish a mechanism to track wait times. 18. Track child welfare outcomes (abuse/neglect reports, out-of-home placements due to maltreatment) during and following completion of treatment services for all IICAPS cases. 19. Annually review, with the assistance of Yale, variations in performance across provider sites, particularly

RBA DATA DEVELOPMENT AND RESEARCH AGENDA

in terms of program standards (e.g., completion rates, duration, average hours), client satisfaction, and key outcome measures to identify and share best practices; examine relationship between adherence to model and results for clients.

20. As part of longitudinal research project, develop information on supports and services children and families need to maintain improved functioning following discharge/program completion.

Flexible Funding (Flex Funds)

21. Conduct an annual assessment of best uses for Flex Funds as called for by current policy; analysis should include review of how helping families with basic needs contributes to behavioral health improvement and healthy development, as proposed in the current Behavioral Health bureau planning document.
22. DCF Office of Research and Evaluation should develop a scope for an evaluation of Flex Funds impact in terms of preventing removal/reducing out of home placement and seek grant funding to carry it out within the next two years (unless internal resources become available); ORE should also develop a way to track the impact of Flexible Funding through the LINK system (e.g., add a code for a worker/supervisor rating of the importance of flex fund expenditure to avoiding out-of-home placement).

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Pilot Project Evaluation

PRI ASSESSMENT AND RECOMMENDATIONS

By conducting this pilot study, *PRI found the RBA approach is a promising process for promoting accountability and improving state government performance.* Using an RBA framework continually focuses the attention of staff and legislators on: 1) results at the population level, which broadly impact quality of life conditions for all citizens; and 2) outcomes at the program level, which affect clients directly served. The process seeks to identify and analyze data that show what we are getting from our investment of state resources. When necessary data are unavailable, RBA includes provisions for developing the information critical for assessing and improving performance. If applied comprehensively, the process can highlight where there are overlaps and gaps in services as well as instances of collaboration or “siloeing.”

Challenges. Given the statutory timeframe of the PRI pilot project, the committee’s ability to determine the usefulness of the resulting products to the legislature, particularly for the budget process and oversight work of committees of cognizance, is limited. The pilot concludes with delivery of this final report, with no provision for obtaining feedback or following up on the information, including committee findings and recommendations, provided to date.

In addition, it is difficult to generalize about the best ways for PRI to apply an approach as complex as RBA based on experience with one program area in a single agency. Differences in the size, scope, and types of programs and service systems under review will likely present differing challenges for developing indicators, performance measures, and necessary data. Variation in agency information systems, levels of automation, management structures, and resources for research and quality improvement also impact the possible results of an RBA assessment process.

The wide range in capacity for and interest in data-driven, result-based decision making across state government has been repeatedly demonstrated during the Appropriations Committee’s five years of experience with RBA. A summary of that committee’s ongoing RBA pilot project for the legislative budget process, and related state agency, municipal, and community efforts to incorporate an RBA framework, was prepared by The Charter Oak Group, LLC in December 2009 (see Appendix H). It highlights many of the same challenges to implementing RBA principles within the legislative oversight process experienced by the PRI pilot project and also points out some RBA successes, such as better informed planning, funding, and service delivery decisions.

Lessons learned. Despite the compressed timeframe, the PRI pilot project was instructive to the committee in many ways. First, it is clear that data availability is a challenge in implementing RBA. The legislature’s RBA budgeting process, this pilot project, and other jurisdictions and organizations that have undertaken an RBA approach encounter data issues. However, unlike other evaluation tools, data development is recognized as an ongoing task in the RBA process. Further, like any continuous quality improvement approach, RBA is not expected to be implemented as a one-time event.

Identifying, collecting, and developing information necessary to assess performance fully at both the program *and* the population levels proved more time-consuming than PRI anticipated. This is partly because Connecticut has no comprehensive long-term plan (strategic or otherwise) for state government and formal statements of state policy goals are few. At the agency and program levels, the clear articulation of desired results is rare. Consequently, little information is collected or compiled about whether long-term goals are being met or target populations are better off.

As a result, PRI needed to develop the population-level indicators for this project, as well as the “story behind the data” and the descriptions of current efforts across state government to “turn the curve” (toward the project’s quality of life results statement) for each indicator. Properly identifying and adequately analyzing indicators for a results statement requires multiple discussions with experts, stakeholders, and policymakers. This proved a beneficial but time-consuming process.

To meet the intent of the RBA approach, there also needs to be awareness and understanding of current research in the area. This includes theories of change regarding the topic, including evidence on what is working, what isn’t, why, and what might work better. In fact, the “story behind the data” is the most important part of the RBA process. While the data collected may show what’s happening, the causes of trends and ideas about what might work better can only be known through additional research and analysis.

For the purposes of the pilot project, PRI in many ways just scratched the surface in this regard. More work is needed to fully develop the best indicators, measures, and related data sources for DCF family preservation and support programs, as well as on best practices and effective alternative strategies and programs.

Similarly, the pilot project timeframe did not permit PRI to fully assess and report on the system-level performance of DCF family preservation and supports. This is the level of accountability below population results but above individual program performance. It encompasses the cross-program and agency-wide issues that come up during any review of related services and activities, such as the five focus programs examined in the PRI pilot project. It could, and probably should, encompass cross-agency issues as well. Future RBA evaluations would benefit from allocating study resources to this task from the start of the process.

Overall, the paucity of good quality data on program performance and client outcomes is a continual challenge to any evaluation efforts in Connecticut, whether a typical PRI study or an RBA or other type of results assessment. Compiling the initial information for the focus programs included in this report took several months of work on the part of PRI staff, a number of DCF staff and the agency’s program contractors, and other nonpartisan legislative staff offices. Even with the evaluation focused on just five of the 21 different FPS programs, comprehensive results information could not be developed within the study timeframe (July through early January).

In general, this is because most state automated information systems are inadequate and agency resources for research and data analysis are minimal. For many agency managers, collection of client outcome and program-level performance data is difficult and usually a low priority. Instead, the emphasis for program managers usually is on providing information needed to meet state and federal funding and auditing requirements. Generally, this is data limited to inputs and outputs (the “how much” aspect of RBA). Continuing efforts to move toward performance-based contracting could, at some point in the future, start to address the lack of outcome information for state services.

A main benefit of the RBA approach is its focus on outcomes for clients and the value placed on developing more and better quality data to inform program and policy decisions. For example, the PRI pilot project underscored the serious lack of good quality cost information for most government programs and services. PRI staff was able to develop partial cost-per-client and/or cost-per-service data for the FPS focus programs included in the pilot study. This information can prove useful for looking at expenditure trends, areas in need of cost containment, and opportunities for cost avoidance. However, data needed to assess cost effectiveness rarely are available. Until agencies, often through their contracted providers, are producing better outcome data, RBA cannot provide the full information needed to decide funding priorities or make “least harm” decisions when cuts and reallocations are necessary.

Pilot evaluation and next steps. A main purpose of the pilot project was to test whether RBA studies by the program review committee should be continued in the future, and assess the potential of the RBA framework as a replacement for Connecticut’s existing “sunset” (i.e., automatic program termination) law. ***Overall, RBA seems to PRI to offer several advantages over the sunset process.***

First, RBA provides a more flexible accountability agenda for the program review committee and for the legislature as a whole. With RBA, it is possible to decide what will be given attention and staff resources based on current significance and interest, instead of an arbitrary review cycle focused on relatively minor governmental entities. The main benefit of sunset is its automatic termination provision, which triggers the opportunity to make programs or policies periodically justify their existence in terms of public health, safety, and welfare; those subject to sunset review cannot go on forever without a performance assessment.

RBA similarly requires agencies and programs to demonstrate their clients are better off because of the services they receive and that a significant contribution is being made to a desired quality of life result. Like sunset, there is always the option of setting an agenda for the systematic evaluation of state government performance by outlining which budget areas will be subject to an RBA assessment over a multi-year cycle (as envisioned in the legislation authorizing the PRI pilot program). An additional benefit of RBA is it can be a tool that: 1) all state agencies can incorporate into their planning, budgeting, and management activities; and 2) the Appropriations Committee and each committee of cognizance can incorporate into legislative oversight.

In sum, the program review committee found both RBA and sunset have the potential to identify whether state programs and policies are making a meaningful contribution to the public

good (a quality of life result) or are no longer worthwhile (nobody is better off). When RBA is used to assess service systems or multiple, related programs, it can, unlike sunset, help managers and policymakers establish and focus on priorities. It can inform decision makers about the best investments for making progress toward desired results (turning the curve) as well as the least harmful ways of reducing or reallocating funding, when cuts are necessary.

In further contrast to sunset, outcome and performance data under RBA are intended to be used to continually improve program results. RBA alone places programs in a broader context of making progress toward achieving population-level results. It also is unique in emphasizing the importance of identifying the partnerships, public and private, that are needed to improve results on both the program and population levels.

Given the many benefits of the RBA approach, **PRI recommends the following next steps:**

- 1. Continue the program review committee RBA pilot project for at least one more year to permit sufficient testing of the methods, products, process and timeframe used to date as well as possible alternatives;**
- 2. Conduct the next phase of the project on programs in a different agency or budget area, selected in consultation with the Appropriations Committee by February 15, 2010;**
- 3. Request that OFA, OLR, and LCO staff assist as appropriate the relevant Appropriations subcommittees and committees of cognizance to use the PRI report cards completed during the initial phase of the pilot project as accountability tools over the next year to see how useful they are for ongoing budget and oversight work and what changes would improve effectiveness; and**
- 4. As the newer, continuous quality improvement approach of RBA has greater potential for making state government work better and for using PRI resources more effectively, postpone the decision to repeal or reimplement the sunset law until July 1, 2012.**

Extending the committee's pilot project will allow PRI to: a) assess the value of the RBA work completed on the DCF family preservation and supports program to the legislature during the upcoming session; and b) identify where the content or format of the pilot project products could be improved. As part of this assessment, PRI members and staff also can have the opportunity to meet with the Appropriations Committee and its staff, including the OFA analysts and consultants who have been working on the budget process RBA pilot, to discuss what has worked, what has not, and what would be better in the future.

Finally, in assessing RBA as a program evaluation approach, PRI also tried to identify factors that contribute to its productive use as a planning and management tool within state agencies. Connecticut is unique in that the legislature, rather than executive agency heads or the governor, has taken the lead in applying RBA principles to improve state government

performance. This means it is primarily an external process, with a focus on improved oversight and evaluation rather than management, program operations and direct service delivery matters.

However, the success of RBA in improving government performance and achieving better outcomes for clients takes commitment from the executive as well as the legislative branch to use results data for decision making. If RBA is viewed just as a pro forma, compliance exercise, it will not have the desired impact for either the legislative budget process or agency management and planning.

Based on information developed during this pilot project, two state entities that have embraced RBA as a way to improve the effectiveness of their programs and services are the Court Support Services Division of the Judicial Branch and the state Department of Education. The division and the department also seem to have made effective use of the RBA approach in their strategic planning efforts and in managing grants (SDE) and contracted services (CSSD).

Among the benefits of adopting an RBA approach cited by CSSD staff are: 1) RBA raised the level of analysis and quality of program information in their agency; 2) RBA forced critical thinking about achieving end results and the need to work with partners and stakeholders; and 3) RBA focused attention on defining success, in conjunction with stakeholders. In both CSSD and SDE, successful implementation of RBA has been attributed to several key factors including:

- *Ongoing training and support:* Managers and supervisors agency-wide received formal RBA training and are expected to put it into practice. For example, their roles include training staff they supervise by example, through coaching, and in communicating and reinforcing RBA principles at meetings and during reviews.
- *Commitment of agency leadership:* Top managers support RBA and make implementation a priority within all agency planning, budgeting, and program management activities. A deputy commissioner within the education department is assigned lead responsibility for the agency's RBA effort and that role at CSSD is carried out by the executive director.

DCF, through the RBA subcommittee of Appropriations, is planning to adopt an agency wide RBA framework, developed with some assistance from the Charter Oak Group, based on its recently drafted strategic plan. To facilitate this effort, and to foster a commitment to continue the RBA approach to the FPS program area initiated through this pilot project, **PRI recommends:**

- 5. DCF should provide RBA training for its staff. At a minimum, all managers and program leads should receive formal training, and the DCF Training Academy should develop and provide ongoing courses for managers and other staff interested in applying RBA principles to their work.**
- 6. DCF should designate a top manager as the agency lead for RBA implementation. The RBA lead's main duties should include: overseeing training; chairing the**

RBA strategic plan implementation team recommended below; and ensuring managers in each bureau, area office, and facility meet regularly with their staff to provide progress updates on key performance measures and indicators.

- 7. Once its RBA strategic plan is finalized, DCF should establish an implementation team that includes a small group of key staff and stakeholders to monitor progress, revise the plan as needed, and report results within the agency and to the legislature and public.**