

# Using RBA within the Legislature

**Rep. Diana Urban**  
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# Today's Presentation

- RBA Concepts
- RBA in Connecticut
- Example: Legislative oversight committee evaluation of certain child welfare programs
- How Your Legislature Could Use RBA

# Concepts: RBA Overview

- Data-driven planning, budgeting, management process to improve:
  - Quality of life in a community
  - Performance of programs, agencies, systems
- Focus on end results (outcomes)
- Use data to measure progress and identify possible corrective actions
- Make agenda to develop missing information – data for better policy and program decisionmaking



# Concepts: Levels of Responsibility

- Population Accountability
  - Well-being conditions of whole population
  - Success depends on broad partnerships
  - Indicators (quality of life results)
- Performance Accountability
  - Well-being of clients
  - Program managers responsible for improvement
  - Measures (client results)
    - How much did we do?
    - How well did we do it?
    - Is anyone better off?

# Concepts: Indicators & Measures

- Baseline data
  - History and forecast – trends
- Story behind the data
- Turn the curve (improve trend line)

# Concepts: Taking Action

- What will happen if we don't do something different?
- What would it take to achieve success? How do we do better?
- What actions – including low-cost/no-cost ideas – will make a difference (turn the curve)?

# RBA in Connecticut

- **Leg. Budgeting**: In use by Appropriations since 2005, with assistance from nonpartisan fiscal staff and a local consultant group
- **Leg. Evaluation**: PRI, the General Assembly's oversight committee, conducted a pilot project using RBA to assess selected human service programs in 2009; another project in different budget area (transportation) carried out in 2010 and currently examining state adolescent health
- **State Agency Quality Improvement**: Several executive and judicial branch entities (SDE, CSSD) have embraced for strategic planning and results management and former governor's Early Childhood Cabinet used extensively; new administration at DCF experience in RBA, appointed "point person" to lead agency efforts, sending staff for training
- **Nonprofits**: Number of CT nonprofit agencies have adopted for QA and QI purposes, often in response to funder requirements

# Leg. Oversight Pilot Project

- PRI Committee required to study selected human services programs using RBA principles
  - Topic: Family Preservation and Supports (FPS)– the array of “front-end” child welfare programs carried out by our DCF to safely maintain/reunify at-risk children with their families
- Pilot study products included:
  - RBA Accountability Framework for assessing DCF Family Preservation and Supports
  - “Report Cards” on population-level (quality-of-life) results and performance of overall child welfare system, the FPS program area, and 5 individual DCF programs
  - Data Development/Research Agenda



# Oversight Study

## Population Accountability - Framework

### Quality of Life Results Statement

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

### Results Statement Population Indicators

*Overall Indicator*  
*Well-Being:*  
CT Social Health Index

*Indicator 1*  
Safe:  
Child Abuse Rate

*Indicator 2*  
Healthy:  
Low Birth Weight Rate

*Indicator 3*  
Future Success:  
Child Poverty Rate

*Indicator 4*  
Future Success:  
3<sup>rd</sup> Grade Reading Proficiency Rate

### Major Strategies and State Government Partners Contributing to Results Statement

*Strategy 1*  
**Protect from abuse, neglect (A/N), & crime**

*State Agencies:* DCF, Judicial Branch, DPS, OCA, CoC, CTF

*Strategy 2*  
**Promote physical & behavioral health**

*State Agencies:* DCF, DHMAS, DPH, ECEC, CoC, CTF

*Strategy 3*  
**Preserve & strengthen families**

*State Agencies:* DCF, DECD, DOL, DSS, CoC, CTF, Judicial Branch

*Strategy 4*  
**Provide for adequate education & positive development**

*State Agencies:* DCF, SDE, DDS, DSS, ECEC, CoC

### Non-Governmental Partners

Caretakers & relatives  
Child advocacy organizations  
Community members & organizations

Healthcare professionals & providers  
Private child & family services providers  
Schools & child care providers

# Oversight Study

## Population Level Results – “Report Card”

<u><i>Area</i></u>	<u><i>Indicator</i></u>	<u><i>Progress</i></u>
Safe	Free from substantiated abuse/neglect	+
Healthy	Healthy birth weight	-
Future Success	Proficient at reading in 3 <sup>rd</sup> grade	↔
	Free from poverty	-
Overall Well-Being	CT Social Health Index (SHI)	+

# Oversight Study

## Program Accountability – Framework

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

### DCF’s Contribution to Results Statement: Main Roles and Related Agency Programs

#### Keep Children Safe

*Work with partners to prevent maltreatment of any child*  
*When necessary, provide quality out-of-home care for DCF-involved children*

- DCF Prevention Services
- Hotline (central A/N report intake)
- Out-of-Home Care
  - Foster Care
  - Congregate Care
- Adoption

#### Meet Health Needs

*Implement integrated, comprehensive, behavioral health care system for all children*  
*Ensure children in DCF care receive all necessary health services*

- DCF Behavioral Health Services
  - KidCare System (BHP)
  - Riverview Hospital
- DCF Medicine

#### Help Achieve Stability

*Maintain children safely in family when possible;*  
*Strengthen capacity of DCF-involved families to meet child’s needs through effective casework practice and quality services*

- **Family Preservation and Support**
  - Intensive In-home Services/Casework
  - Flexible Funding
- Differential Response

#### Support Development

*Work with partners to ensure children in DCF care and custody receive appropriate services to meet educational and developmental needs*

- DCF Education
- Juvenile Services (for delinquents)
  - CJTS & Parole
- Adolescent Services
  - Transition to Adulthood

#### **Key FPS Program Performance Measures:**

- Repeat Maltreatment Rate
- Out-of-Home Placement Rate
- Improved Family Functioning

# PRI Study “Focus” Programs

- PRI pilot study focused on measuring performance of 4 of the agency’s 20 categorical FPS programs:
  - *Intensive Family Preservation (IFP)*
  - *Parent Aide*
  - *Supportive Housing for Families*
  - *IICAPS (Intensive In-home Child and Adolescent Psychiatric Services)*
- Plus a broadly used agency resource for individualized services – *Flexible Funding*

# Program Accountability – Sample Program Report Card: Parent Aide Program

How <u>much</u> did we do?	1,306 families served in FY 09; 37% decrease from FY 08, far short of contracted capacity
How <u>well</u> did we do it?	56% completion rate; variation in per-client cost and completion among contracted providers; unknown whether program standards are met
Is anyone <u>better off</u> ?	Low maltreatment and out-of-home placement during program participation

***But DCF reported program data not reliable; also client outcomes following program participation aren't collected so actual performance can't be judged – long term results unknown***

# Program Accountability – Sample Program Report Card: IICAPS

How <u>much</u> did we do?	1,595 total cases served in FY 09; up 143% from FY 07 (capacity significantly expanded when became Medicaid eligible)
How <u>well</u> did we do it?	All providers meet credentialing criteria; minimum service intensity increasing but still below standard, varies by provider
Is anyone <u>better off</u> ?	Parents satisfied and evidence of positive outcomes at discharge across providers (including decreased inpatient care, improved child functioning, decreased problem severity)

***However, longitudinal outcome data not yet available and DCF does not collect information about child welfare status or total costs per case (i.e., Medicaid expenditures for services)***

# How has our PRI work about DCF program results been used so far?

- Appropriations subcommittees used our program report card data for some DCF funding decisions during 2010 budget process
- Updated performance information is expected from the agency to help monitor results
- Legislation requiring an annual “Child Welfare Report Card” was enacted this year (P.A. 11-109)
- New DCF management team appears committed to developing and using results data to improve performance and achieve better client outcomes (*e.g., assigned “point person” for RBA, internal work group created to implement performance-based contracting, revising strategic plan to reflect new agency goals and organizational structure with September 2011 deadline*)

# How You Could Use RBA

- Appropriations process
  - Require agencies/programs develop results data needed to assess investment decisions
- Track progress on broad state goals
  - Population-level indicator work by committees
- Legislative program oversight
  - Integrate with existing program evaluation and performance audit work



# Challenges

- Paucity of good quality performance and client outcome data
  - Inadequate automated systems
  - Limited research and analysis capacity
- Little long term planning, few clearly articulated policy goals
- Commitment from management (executive branch)

# For more information

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