



DEPARTMENT of CHILDREN and FAMILIES
Making a Difference for Children, Families and Communities



Joette Katz
Commissioner

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TO: The Honorable Anthony Musto, Co-Chair, Human Services Committee
The Honorable Peter Tercyak, Co-Chair, Human Services Committee
The Honorable Joe Markley, Ranking Member, Human Services Committee
The Honorable Lile Gibbons, Ranking Member, Human Services Committee

FROM: Justice Joette Katz, Commissioner

DATE: September 30, 2011

SUBJECT: Report on Measurable Outcomes for Contracted DCF Services, 2011

I am pleased to provide the Department of Children and Families' Annual Report regarding the measurable outcomes for contracted services as required by section 17a-63a of the Connecticut General Statutes.

Section 17a-63a requires the following:

Sec. 17a-63a. Private service provider. Contract with Department of Children and Families. Measurable outcomes. Annual report to General Assembly. The Commissioner of Children and Families shall (1) determine measurable outcomes for each type of service provided by a private provider pursuant to such provider's contract with the Department of Children and Families; (2) incorporate such outcomes into the department's contract with each such provider; and (3) include achievement of such outcomes and other quality indicators in annual evaluations of each such provider. The department shall, annually, submit a report, in accordance with section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to human services on the department's progress in implementing such steps, including (A) the number of service types with outcomes, (B) the types of outcomes, (C) the incorporation of such outcomes into contracts, and (D) the application of outcome information into quality improvement.

This report summarizes the department's progress in developing and implementing measurable outcomes as a method of evaluating for contracted services. It includes some information from the former administration (July 2010-December 2010) with a focus on the activities of the current administration (January 2011 forward).

The department continues to move forward in its implementation of Results Based Accountability (RBA) across its services system to determine applying the RBA template in all program outcome discussions within the department. In addition the department has begun to participate in the legislative committee developing the *Annual Results-Based Accountability Report Card Evaluating State Policies and Programs Impacting Children*, mandated by PA11-109.

In March 2011, a **Service Outcomes Workgroup** was established with the goal of enhancing and monitoring standard client-based outcomes for all purchased services in order to improve system efficiency, accountability, and outcomes for children and families. The workgroup includes key representatives from all divisions and regional offices. The workgroup examined the 76 service types and, consistent with the ongoing department streamlining efforts, divided them into eight service categories. It selected one of the categories to examine closely (family support, child safety & reunification) and reviewed outcome measures within those current contracts. This process ultimately will be repeated with each of the remaining categories: foster care support services; mental health services; committed delinquent aftercare services; preparation for adult living; prevention services; substance abuse services; congregate care services.

The goal of the first service category (family support, child safety & reunification) is to strengthen families in order to decrease maltreatment and requisite DCF involvement. Thus, a reasonable proxy for assessing program effectiveness is the evaluation of changes in family protective factors. The Service Outcomes Workgroup proposed that this be accomplished through the implementation of the **Protective Factors Survey (PFS)**¹. The survey will provide both individual and aggregate level data that will help the department assess whether families are better off and more closely link provider practice to the department's practice model. The survey is already used with two contracted services, Family Enrichment Services and Intensive Family Preservation, and its expanded use was approved by the DCF Commissioner Leadership Team. An implementation plan has been developed and the roll out will begin fall 2011.

In early August 2011, the department issued the [Congregate Care Rightsizing and Redesign](#) report which outlines significant policy and practice changes with specific timeframes. For example, the report underscores the department's focus on family by moving for the establishment of performance outcomes, criteria, measures and timelines to assess outcome progress in moving children in congregate care into families, including such methods as documenting family engagement, length of stay, and number of children discharged to families. The report also included the formation of a Congregate Care Committee by mid-September 2011.

With the operationalization of the Congregate Care Committee, the Service Outcomes Workgroup has converted to the Community-based Services Outcome Committee and tasks will be divided between the two committees, with each having respective oversight for the broad-range of community and placement services. Each of the two leadership teams will have responsibility for ensuring consistent service procurement and management systems across a number of critical domains: model development, fidelity management and utilization review; quality improvement and reporting; contract compliance; and communication strategies. The groups will employ the RBA framework to all outcome evaluation and performance improvement plans. The related tasks developed by each group will be accomplished by divisions and individuals throughout the department.

(1) Determine measurable outcomes for each type of service provided by a private provider pursuant to such provider's contract with the Department of Children and Families;

The Commissioner of the Department of Children and Families delegates the responsibility for the design and implementation of contracted services to the Administrators of Clinical and Community Consultation and Support *and* Age-Appropriate Child and Adolescent Services as well as to the Regional Office

¹ The PFS was developed by an Administration for Children and Families-funded National Resource Center and the University of Kansas. It is a pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services and measures protective factors in five areas: family functioning/resilience; social support; concrete support, nurturing and attachment, and knowledge of parenting/child development.

Administrators and their staff. These are the senior managers who oversee the eight primary service areas for which the department contracts. Managers within these areas assess children's service needs, identify or develop appropriate services to respond to those needs, and assist the contract division in developing the scopes of service that specify the expected services and its outcomes.

The 86 different services that the department purchases through POS contracts with private community service providers are specified in the contracts in a *Scope of Services*. Beginning in 2008, contract unit staff began reviewing for accuracy the language in the Scopes of Services with managers in the central and regional offices in describing the service the department wishes to purchase and the outcomes expected from that service. Service types were prioritized according to size (number of providers and/or total funding) with a focus on those services that were not part of an ongoing outside evaluation. Service types were assigned one of three categories regarding their inclusion of outcome measures. Those categories are *no outcomes*; *process outcomes*; and *service or client based outcomes*. The term *process outcomes* refers to results that arise from the delivery of any service, such as the number of clients to be seen, number of days of service or the number of sessions or home visits. That term corresponds to the RBA question "How much did we do?" The term *service or client outcomes* encompasses both the RBA questions "How well did we do it?" and "Is anybody better off?" and includes such measures as improvements in standardized testing, stability in living situations, or reduction in truancy. From 2010 to 2011, the number of service types with no outcomes has been reduced by more than 50% and the number of process only outcomes has been reduced by almost 80%, leaving 77% of the service types now having appropriate contract outcomes.

(2) Incorporate such outcomes into the department's contract with each such provider.

As contracts are re-negotiated, renewed or amended, the RBA framework informs the development and/or revision of outcomes and indicators. This task is shared among contract, program and regional staff in partnership with the specific provider. The direction is also guided by the leadership of the two workgroups noted earlier: the Community-based Services Outcome Committee and the Congregate Care Committee. In addition, the specific indicators for programs within the child welfare system that are included in PA11-109 will be integrated into the relevant programs' contracts and will added to the annual report cards employing the results-based format.

(3) Include achievement of such outcomes and other quality indicators in annual evaluations of each such provider.

Contracts are negotiated for three years and performance information is reviewed prior to renewal, including input from the Area Office staff as well as the managers in the responsible service areas. Data collection and reporting for both process and client outcomes continue to improve markedly with the advent in July 2008 of the Program and Services Data Collection and Reporting System (PSDCRS) and its increasingly utilization during the past two years as more service types have come on-line. Also, those services that have external quality assurance systems have additional monitors that assist the department in assessing program performance. The department recognizes that a number of service types still need more attention to ensure that performance measures are in place. Relatedly, the Office of Research and Evaluation continues to improve the mechanisms for translating the information the department receives from providers into meaningful feedback that may be utilized to enhance the quality of service.

Summary of Progress

Outcome Status	Number of Service Types
No outcomes	8 (2010: 17)
Process Outcomes	2 (2010: 16)
Client outcomes only or both process and client outcomes	66 (2010: 51)
Total	76 (2010: 84)

cc: Members of the Human Services Committee
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