

2017 DCF Program Report Card: High Risk Infant Program (DCF)

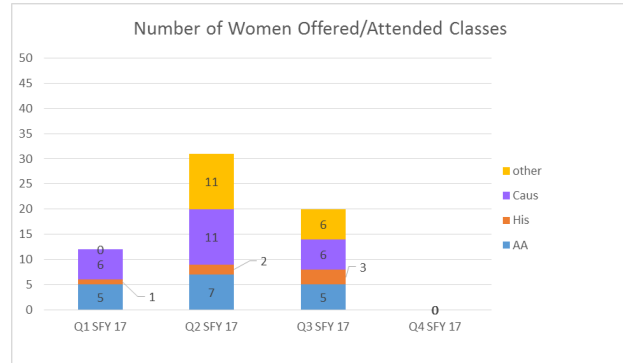
Quality of Life Result: All Connecticut's Children will grow up in stable environments - safe, healthy and ready to lead successful lives.

Contribution to the Result: The High-Risk Infant Program is designed to provide assessment, prenatal education, care planning, case management, referral and service linkage for women who are pregnant and incarcerated. These services assist women through the child placement planning process, child birth/delivery, and post-partum educational and support services.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual SFY 17	\$72,138	0	n/a	\$72,138
Estimated SFY 18	\$72,138	0	n/a	\$72,138

Partners: L&M Hospital, York Correctional Facility, DOC, DCF, families using the service.

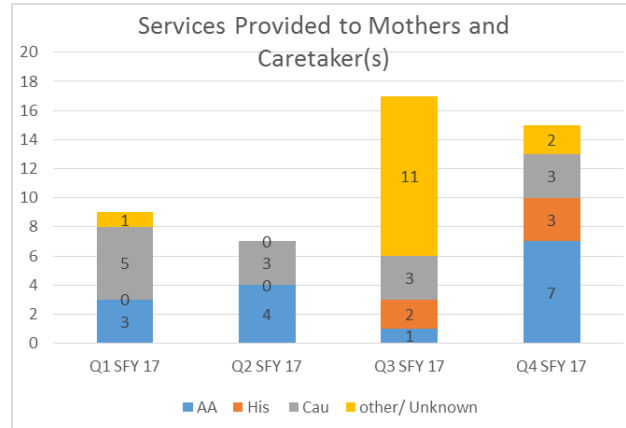
How Much Did We Do?



Story behind the baseline: Across the first 3 Qs the numbers trend up with a spike in Q2 and then the trend goes down in Q3, There were no documented classes held in Q4 and the Provider indicated that they did not intend to renew their contract. Trends of attendance are not necessarily reflective of program efforts since inmates are at the mercy of unforeseen releases. Efforts to increase attendance included caseworker follow up, predictable relevant classes, Dept. of Corrections (DOC) given incentives, a change in medical appointment days and attention giving to the program through the Service Development Plan. During Q4 L&M case manager went on medical leave and was (upon her return) to focus on direct services for expecting mothers. Caseworker presented several barriers in the process and L&M had to make structural changes. Classes did not resume.

Trend: ▼

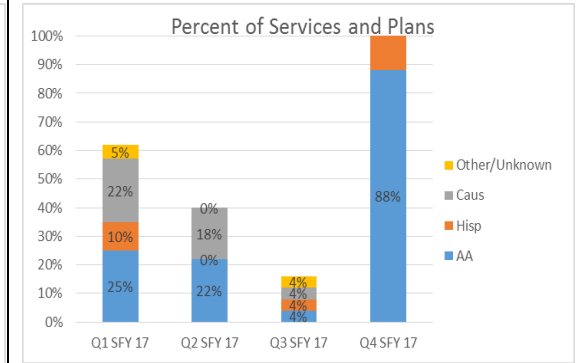
How Much Did We Do?



Story behind the baseline: Of the 33 pregnant mothers eligible for services, 15 received assessments, and ICP. In this previous Q, the provider report inferred that only women who deliver babies in that quarter received services and supplies. In the current Q, the provider delivered service to mothers who had delivered and mothers who were still expecting. This is a better implementation of the program model and it reflects an increase in the service despite the numbers. Q4, reflects a significant shift in the work. The last two quarters (3 & 4) are a better representation of services provided to available/ eligible mothers who received services. This still suggest an upward trend up with a notably increase in services for African American mothers.

Trend: ▲

How Well Did We Do?



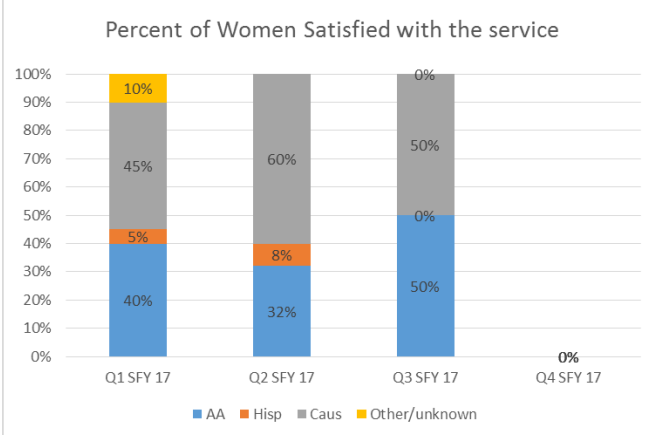
Story behind the baseline: Although there has been a continued decrease in services demonstrated in the graph through Q3, there is a spike in services and plans in Q4. This may be a result of a concentrated focus by the provider to do this work. As indicated in the past, the data that reflects a decrease may be as a result of less pregnant women incarcerated at York in previous Q's. In addition there has been significant work this Q to provide a better look at the data and to be more efficient in which it is being view and reported.

Trend: ▲

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Quality of Life Result: All Connecticut's Children will grow up in stable environments - safe, healthy and ready to lead successful lives.

Is Anyone Better Off?

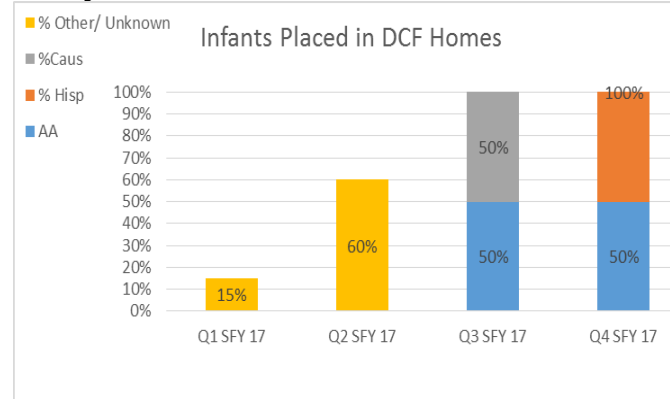


Story behind the baseline:

In Q4 this High Risk Infant program transitioned out. Services delivered during this quarter included a focus on individualized services. This service was coverage by L&M staff. No satisfaction surveys were conducted this Q. Previously those who were surveyed indicated that they found value in the program. This may be related to the fact that only those who were satisfied with the program used the service and the provider is only showing data for mothers who deliver babies and remain at the facility. In looking at the data, inmates may be pleased because they are offered an opportunity to make plans for their babies despite their current circumstances. It is the hope that these efforts will continue without the HRIP being in place.

Trend: ◀▶

Is Anyone Better Off?



Quarter	Q1	Q2	Q3	Q4
# born	7	5	2	5
# babies placed w/DCF	1	3	2	3

Story behind the baseline: Prior to Q 3 we did not collect racially disaggregated data for infants placed in DCF care. In the recent quarters, the number of babies being placed with DCF are beginning to trend up. In addition across the quarters, the number of babies delivered to women who remain in prison continue to be a small amount. This gives a smaller sample, in Q3, only 2 babies were born and placed in DCF care which represents 100%. Yet in Q's 2 & 4, with 5 babies born, in each Q, 3 were placed in DCF care which represents 60% of babies placed. The program continued to experience many shifts in staffing which had impacted these outcomes as well. A Service Development plan was implemented to address these issues. Unfortunately L&M was unable to properly staff this program and was unable to meet the contractual goals and decided not to renew their contract.

Trend: ◀▶

Proposed Actions to Turn the Curve:

- Program has been discontinued due to State budget reductions
- Provider indicated that they would not be able to continue to provide the contracted service.

Work within the next 2 months will include coordinating efforts to provide natural support for mothers incarcerated who deliver babies.

Data Development Agenda:

As of June 30, 2017 this service has been defunded. The High Risk Infant Program was designed to reduce the number of babies placed in DCF care simply because the babies were homeless, empower mothers to make plans for their babies prior to birth, educate mothers on child birth, provide support postpartum and provide supplies to caretakers for the babies. At the inception of the program, the provider was successful. With quality support and staffing this service also had a positive impact on the way the hospital viewed inmates. Data showed a decrease in the numbers of calls to DCF and fewer babies placed into care. Overtime, staffing and staff supervision changed and the provider was less successful in achieving the intended outcomes. As a result, the number of babies entering into care began to increase. Other factors included the trend of fewer women delivering babies while in York, several inmates released to step down programs, budgetary constraints and poor program implementation. The data failed to show that the service was impactful. As a result, the provider agreed to end their contract, the governor cut the funds from the budget and High Risk Infant program was discontinued as June 30, 2017