

Connecticut General Assembly Committee on Children

CT KIDS REPORT CARD Leadership Committee Quarterly Meeting June 25, 2013



Our Desired Result: All Connecticut children grow up in stable environments, safe, healthy, and ready to lead successful lives.

Report Card Project: Current Status

- Significant progress in establishing data-informed accountability tool that can lead to better outcomes for all Connecticut kids as mandated by PA 11-109
 - With broadly representative stakeholder working group, identified 16 primary and 20 secondary report card indicators related to children's stability, safety, health, and future success
 - Compiling trend data and building publicly accessible website; working draft of electronic report card with four headline indicators exists on-line
 - Establishing data development agenda and structures to sustain report card tool, oversee implementation of next steps (analyze trends, develop and monitor strategies and programs to achieve desired results)

New Developments

- **Leadership committee to help oversee report card implementation established, chaired by Lt. Governor and Graustein Exec. Director**
 - Small group of individuals who head key partner agencies and organizations provides high-level input needed to set, steer, and monitor state's course for achieving desired results
 - Meet quarterly to assess progress, advise children's committee on priorities for action to "turn the curve"
- **Forming strategic action groups**
 - Made up of stakeholders with direct knowledge and experience (top agency managers, program administrators, community representatives, advocates); appointed by leadership committee
 - Will identify and assess current initiatives as well as possible new approaches to improve children's stability, safety, health, and future success
 - Help organize interdisciplinary project teams to manage specific programs or initiatives and report on performance measures

Ongoing Efforts

- **Update and expand current report card data**
 - Volunteer effort with generous support from CTData.Org and Results Leadership Group
- **Get all indicators ready for public website**
 - Expect headline indicators to go “live” during summer 2013
 - Other primary and all secondary indicators in place by end of 2013 year
 - Disaggregated by relevant characteristics to extent available (race/ethnicity, age, gender, income, geography)

Primary Indicators*

STABLE

- **Chronically absent**
- No parent with a full-time job
- Housing insecurity (spend more than 30% of income on housing)
- Food insecurity (report not enough money to buy food)

SAFE

- **Substantiated abuse and neglect**
- ER visits for injuries all causes
- Juvenile court delinquency referrals
- Unexpected deaths

HEALTHY

- **Low birth weight babies**
- Childhood obesity
- Children with health insurance
- High school students who seriously considered suicide

FUTURE SUCCESS

- **3rd graders at/above reading goal**
- Kindergartners needing substantial instructional support
- On-time high school graduation
- Children living in poverty

* CT Kids Report Card headline indicators listed first in bold

Secondary Indicators

STABLE

- Out of home placements
- Single parent households
- FRPMs eligibility
- SNAP participation
- Spend more than 30% of income on owned housing
- Eat meals with family
- Have love and support

SAFE

- ER visits for TBI
- Fatalities
- High school students who don't feel safe

HEALTHY

- Up-to-date 2 yr. old immunizations
- ER visits for asthma/childhood asthma prevalence
- Teen binge drinking
- Teen tobacco use
- Teen illicit drug use

FUTURE SUCCESS

- Kindergartners with pre-school experience
- Ages 16-24 in school/employed
- Ages 25-34 with at least associate degree
- 3rd graders at/above math goal
- 8th graders at/above reading goal
- 8th graders at/above math goal

Data Development Areas

STABLE

- Family homelessness
- School transiency
- Domestic violence
- Incarcerated parents
- Teen parent households

SAFE

- Human trafficking of children
- Restraints/seclusion at school

HEALTHY

- Depression among children and youth/mental health prevalence
- Oral health

FUTURE SUCCESS

- Youth unemployment
- Completed vocational certificate/professional license
- Achieve developmental milestones
- Receive identified early childhood services

PA 11-109 also requires:

- Children's Committee, in consultation with the RBA subcommittee of Appropriations to:
 - Identify programs that make significant contributions to achieving the result that all Connecticut children grow up in stable environments, safe, healthy and ready to lead successful lives
- Entities that administer such programs must prepare annual report cards using the format developed by the RBA subcommittee
 - Address the key RBA performance questions: How much did we do? How well did we do it? Is anyone better off?
 - Discuss "story behind the data" and propose actions to "turn the curve"

Potential “Drill Down” Programs

- Initially, select one or two programs for each domain, involving different subpopulations and administering agencies, for example:
 - *Stable* – programs to reduce chronic absenteeism/improve school attendance like Judicial Branch’s Waterbury Truancy Court, municipal school arrest reduction initiatives, DCF supportive housing program
 - *Safe* – DCF’s Family Assessment (Differential) Response
 - *Healthy* – DPH School-Based Health Centers, Behavioral Health Services operated/funded through DCF, DPH, DSS
 - *Future Success* – selected SDE Achievement Gap/Alliance District programs and state-funded early childhood services
- Use current Appropriations Committee report card format

WHAT IS THE STATE OF THE STATE'S CHILDREN?

OVERVIEW OF HEADLINE INDICATORS

CT Kids Report Card

www.ctkidsreportcard.org

STABLE: Almost 15% of School-Age Children in Connecticut were Chronically Absent in 2011

Select Committee on Children: RBA Report Card Working Group

CT Kids Report Card - STABLE

When viewing the report card, click on the measure to see the detail on "Turning the Curve". When you are finished viewing, click the X in the upper right hand corner of the screen.

Stable Scorecard (Published)

Expand All

Collapse All

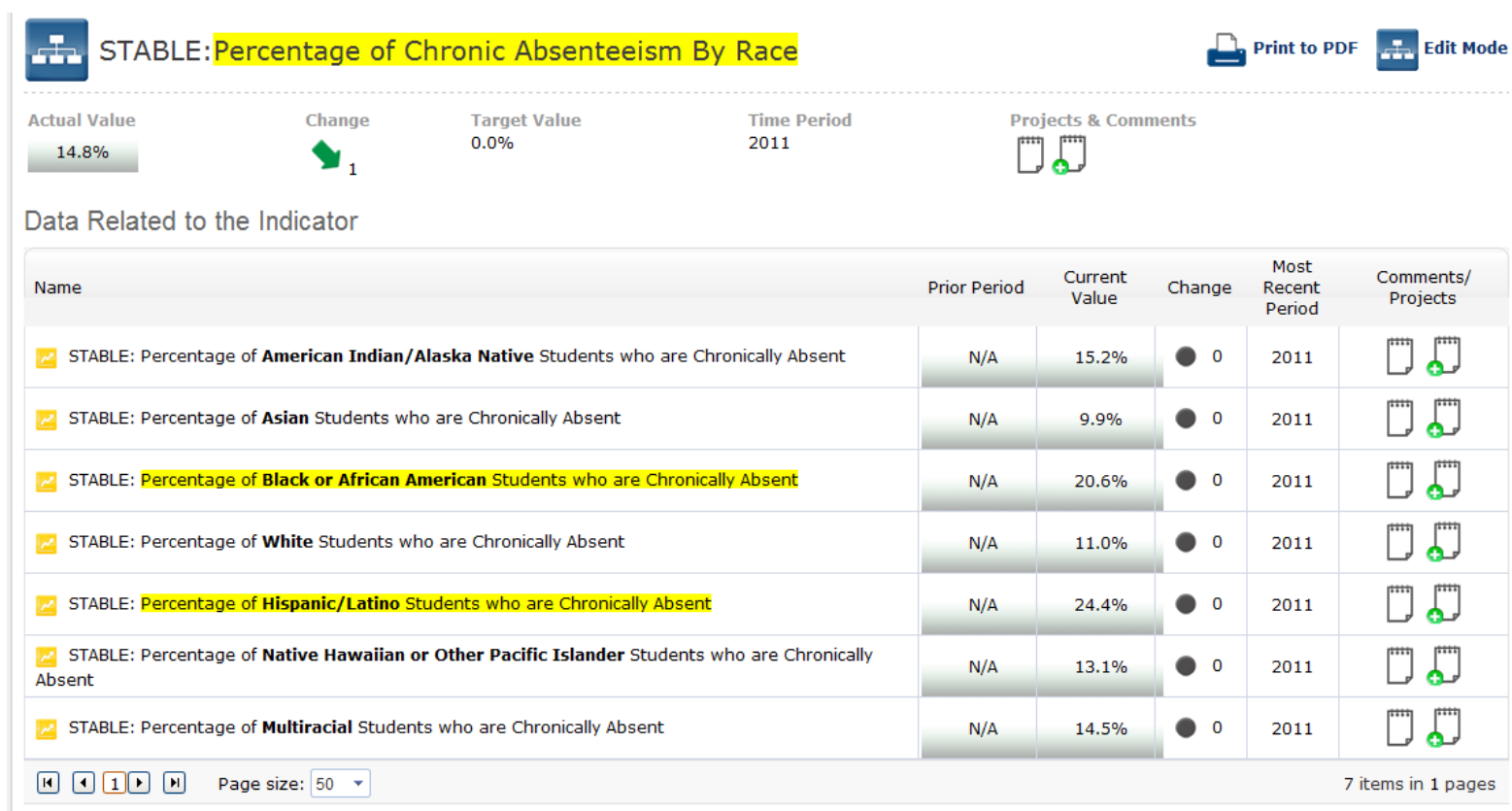
Full Screen Mode

Hide


Connecticut Children Grow Up in a Stable Environment



Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
<div><div></div><div><div><div></div></div><div>STABLE: Connecticut Children Grow Up in a Stable Environment</div></div></div>					
<div><div></div><div>STABLE: Students Chronically Absent</div></div>	15.7%	14.8%	<div><div></div><div>1</div></div>	2011	<div><div></div></div>

Chronic absenteeism rates much higher among Black and Hispanic Students




Low income students (defined as those eligible for free lunch) more likely to be chronically absent


STABLE: Percentage of Chronic Absenteeism By Lunch Status




[Print to PDF](#)

[Edit Mode](#)

Actual Value
14.8%













Change
 1

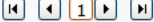
Target Value
0.0%

Time Period
2011

Projects & Comments



Data Related to the Indicator

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
 STABLE: Percentage of Students Receiving Free Lunch who are Chronically Absent	N/A	26.0%	 0	2011	 
 STABLE: Percentage of Students Receiving Reduced Lunch who are Chronically Absent	N/A	14.6%	 0	2011	 
 STABLE: Percentage of Students Not Eligible who are Chronically Absent	N/A	9.6%	 0	2011	 


 Page size: 50

3 items in 1 pages

Copyright 2002 - 2010 Results Leadership Group, Inc - All Rights Reserved | Release Version 2.0.19.01

* denotes required field
[Privacy Policy](#) | [Terms Of Use](#) | [resultsleadership.org](#)

Latest Indicator Data

- SDE Chronic Absenteeism data for 2011-12 available (and can be accessed at CTData.Org)
 - Statewide rate 11.0% overall, with Black students 15.2%, Hispanic students 18.4%, White students 8.0%
 - Rates substantially higher in urban districts and among English language learners and students with disabilities as well as for students eligible for free lunch
- Department still examining reasons for large drop from prior years
 - May be related to data quality/data collection problem

Suggested Action Steps

- Strategic priorities for addressing chronic absenteeism:
 - Family engagement initiatives
 - Wraparound services - school, family, community partnerships
 - Access to health and mental health resources (asthma management, oral health care, behavioral health care)
- Key action group members:
 - SDE top managers for attendance/absenteeism efforts, representatives from Discovery Community/Campaign for Grade Level Reading, Youth Service Bureaus, Alliance Districts with wraparound service plans, truancy courts, True Colors, CT Juvenile Justice Alliance, Hartford Foundation for Public Giving

HEALTHY: In recent years, just under 6% of babies were born with low birth weights

Select Committee on Children: RBA Report Card Working Group

CT Kids Report Card - HEALTHY

When viewing the report card, click on the measure to see the detail on "Turning the Curve". When you are finished viewing, click the X in the upper right hand corner of the screen.

Healthy Scorecard (Published)

Expand All

Collapse All

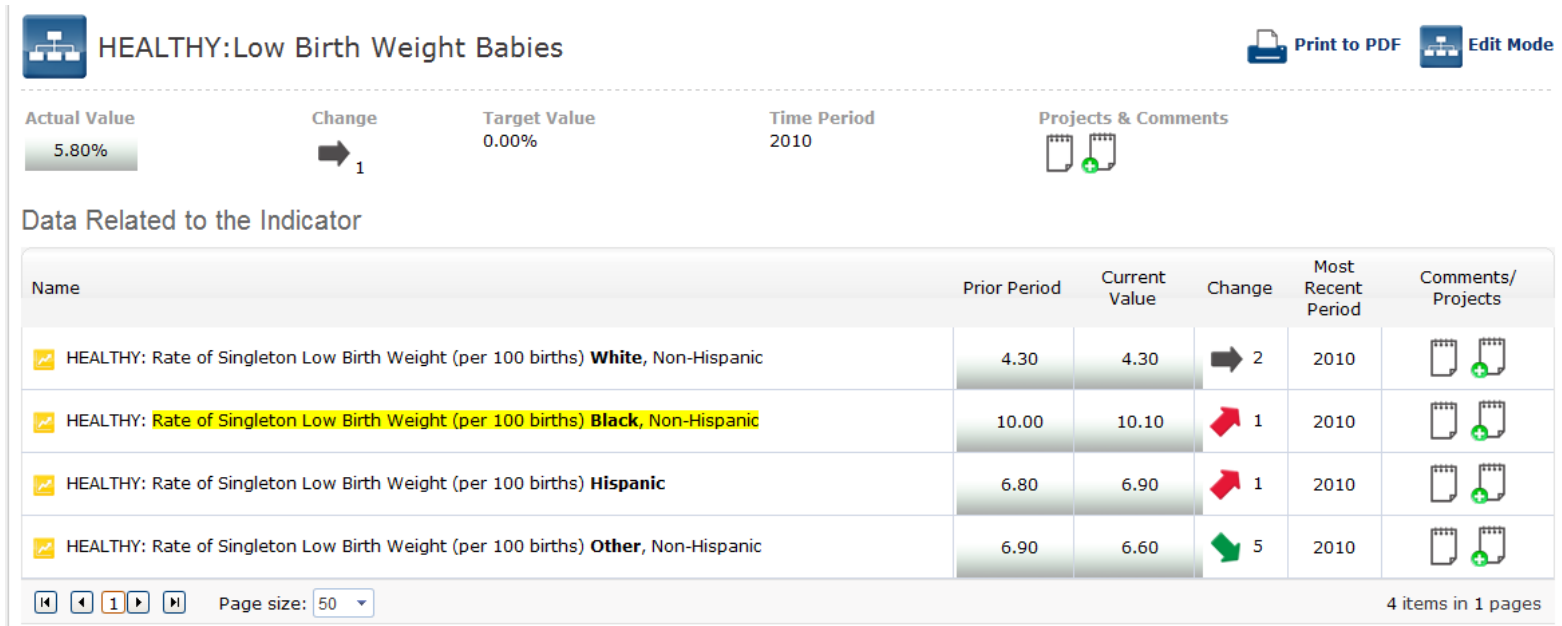
Full Screen Mode

Hide

Connecticut Children are Healthy

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
<div><div></div><div>HEALTHY: Connecticut Children are Healthy</div></div>					
<div><div></div><div>HEALTHY: Low Birth Weight Babies</div></div>	5.80%	5.80%	<div><div></div><div>1</div></div>	2010	<div></div>

In 2010, the rate of low birth weight babies for Black mothers was more than twice that of White mothers



Latest Indicator Data

- 2010 remains most recent available DPH data
- Lag time of crucial health data a challenge
 - Impedes ability turn the curve
 - Limits understanding of the impact of interventions
- Preliminary statistics could be considered

Suggested Action Steps


- Strategic priorities for addressing low birth weight:
 - Culturally competent maternal education for prenatal care including risks of smoking
 - Access to quality prenatal care, smoking cessation programs
- Another health priority:
 - Education for parents and children about asthma management, community prevention and early intervention services (to reduce emergent and urgent care visits, improve school attendance)
- Key action group members:
 - Top managers from DPH (e.g., infant and maternal health, asthma initiatives, SBHCs), DCF medical director and other child and adolescent health professionals, managers from CHDI, UConn Public Health Research institute and other health research organizations

FUTURE SUCCESS: Almost 60 percent of 3rd graders were reading at or above grade level in 2011

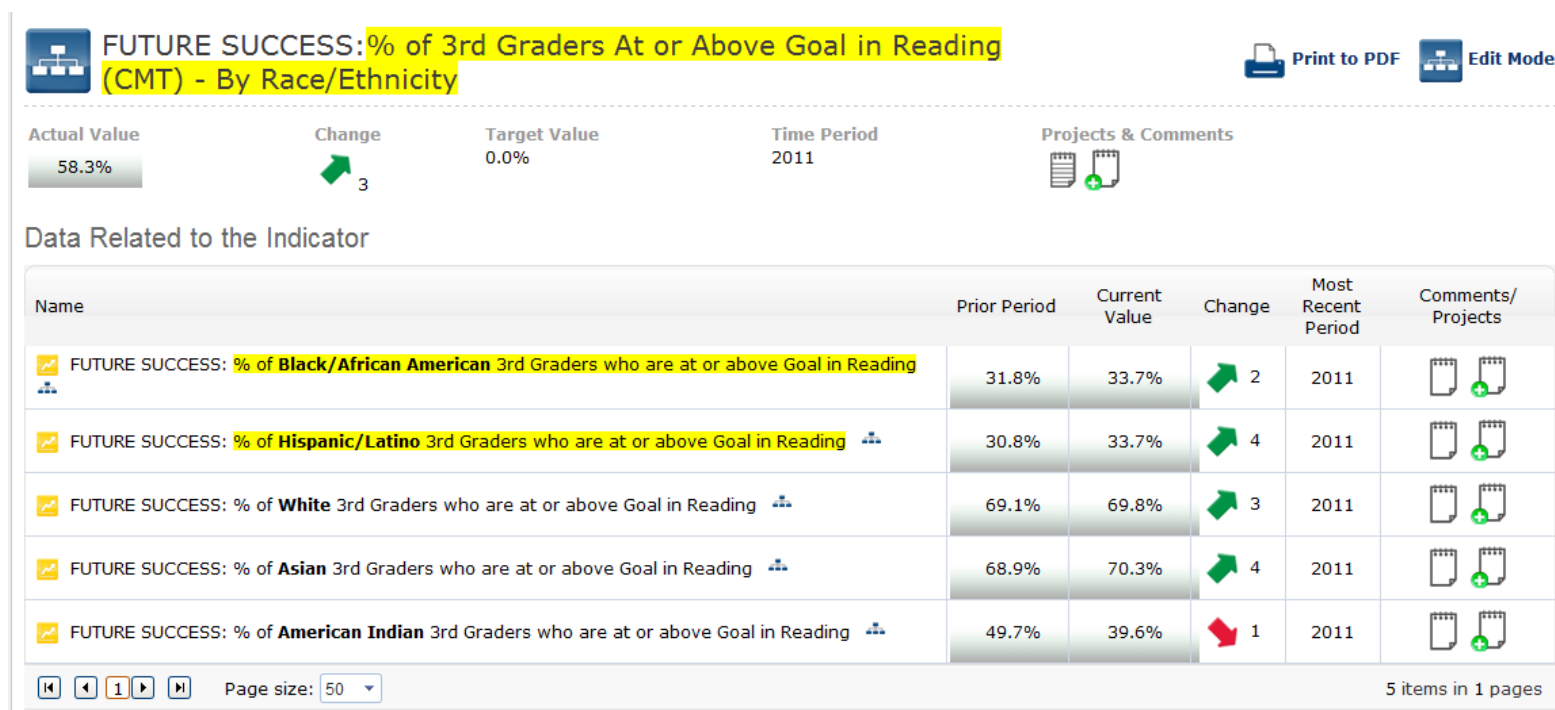
Select Committee on Children: RBA Report Card Working Group

CT Kids Report Card - FUTURE SUCCESS

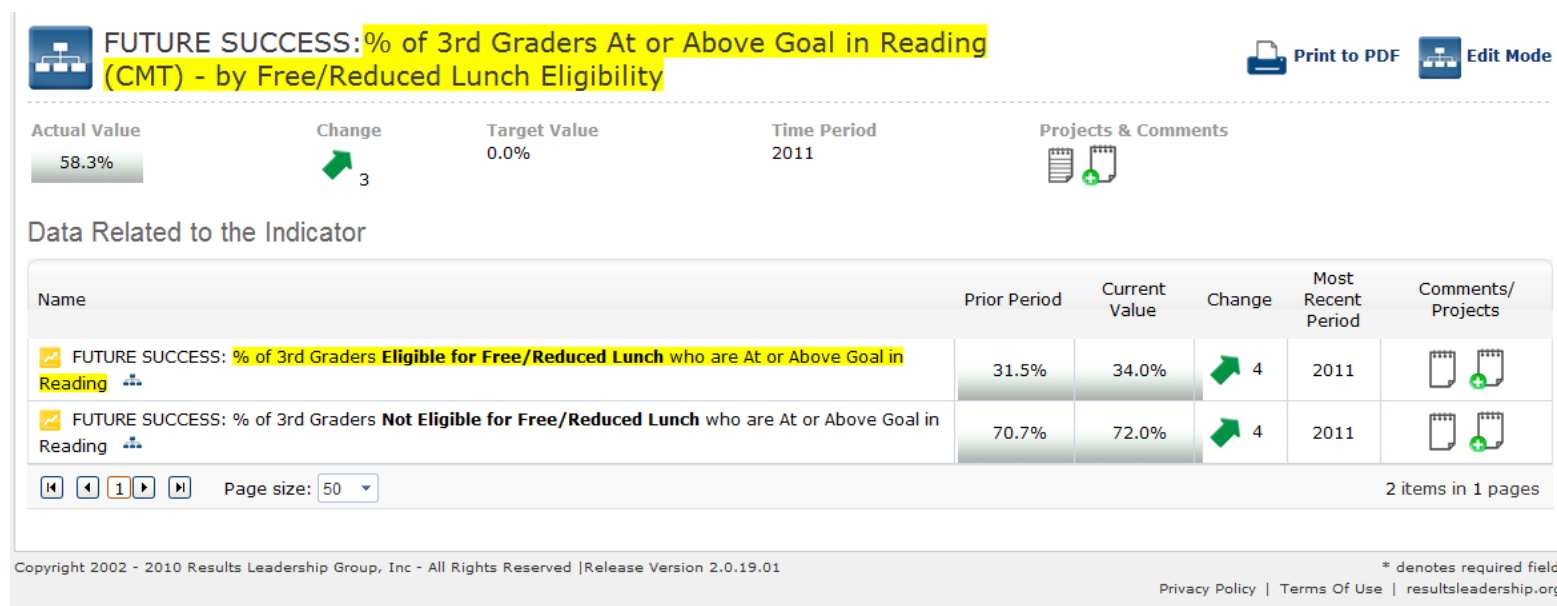
When viewing the report card, click on the measure to see the detail on "Turning the Curve". When you are finished viewing, click the X in the upper right hand corner of the screen.

Future Success Scorecard (Published) Expand All Collapse All Full Screen Mode Hide						
Connecticut Children are Ready to Succeed						
	Name	Prior Period	Current Value	Change	Most Recent Period	Comments/Projects
	FUTURE SUCCESS: Connecticut Children are Ready to Succeed					
	FUTURE SUCCESS: % of CT 3rd Graders at or above reading level	57.1%	58.3%	 3	2011	

However, disaggregated data clearly show the state's achievement gap; the portion of Black and Hispanic 3rd graders at or above goal is half that of White and Asian students



Similar gap in achievement is revealed for low income students (defined as eligible for free/reduced lunch)



Latest Indicator Data

- SDE 3rd Grade Reading Level data available for 2012 indicates:
 - A slight uptick to 59.2% of third graders reading at or above grade level
 - Rates continue to be substantially lower in urban districts and achievement gaps persist for minority students, English language learners and students with disabilities as well as for students eligible for free lunch
- Department suppression policies limit availability of disaggregated district level information

Suggested Action Steps

- Strategic priorities for improving 3rd graders' reading level:
 - School, family, and community partnerships to promote engagement, support for education
 - Early childhood education initiatives
- Key action group members:
 - Interagency Council for Ending the Achievement Gap, Early Childhood Cabinet, representatives of Discovery Communities, parent, teacher, and school administrator groups, education researchers

SAFE: Substantiated abuse and neglect cases occurred at rate of about 11 per 1,000 children (birth to age 18) in 2011

Select Committee on Children: RBA Report Card Working Group

CT Kids Report Card - SAFE

When viewing the report card, click on the measure to see the detail on "Turning the Curve". When you are finished viewing, click the X in the upper right hand corner of the screen.

Safe Scorecard (Published)

Expand All

Collapse All

Full Screen Mode


Hide



Connecticut Children are Safe




Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
SAFE: Connecticut Children are Safe					
<div><div></div>SAFE: Child Abuse and Neglect</div>	10.67	11.08	<div><div></div>3</div>	2011	<div></div>

Neglect is much more prevalent than abuse, underscoring the need for effective ways to support and strengthen families









Scoreboard

 SAFE:Child Abuse and Neglect

















 Print to PDF  Edit Mode

Actual Value	Change	Target Value	Time Period	Projects & Comments	Calculation Method
11.08	 3	0.00	2011	 	Weighted Average

Data Used to Calculate the Indicator

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
 SAFE: Child Abuse and Neglect Overall Rate: Ages 0-9	13.87	14.13	 3	2011	 
 SAFE: Child Abuse and Neglect Overall Rate: Ages 10-17	7.64	8.18	 1	2011	 

Data Related to the Indicator

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
 SAFE: Child Abuse: Ages 0-9	0.48	0.55	 1	2011	 
 SAFE: Child Abuse: Ages 10-17	0.82	0.85	 1	2011	 
 SAFE: Neglect: Ages 0-9	13.87	14.14	 3	2011	 
 SAFE: Neglect: Ages 10-17	6.03	6.50	 1	2011	 

Latest Indicator Data

- DCF child abuse and neglect data are available for 2012:
 - Statewide overall rate declined to 10.37 overall, with abuse only 0.67 and neglect only 9.10 (ages 0 through 17)
- Department suppression policies limit availability of town-level disaggregated data
- Changing definitions complicate analysis of trends

Suggested Action Steps

- Strategic priorities for keeping kids safe from abuse and neglect:
 - Initiatives to strengthen and support families including supportive housing, behavioral health treatment services
 - State agency, community, and family partnerships
- Key action group members:
 - DCF top managers, Office of Child Advocate, representatives of community service providers, Discovery communities, parent groups, mandated reporters, schools, pediatricians and other children's health professionals, advocates (e.g., Center for Children's Advocacy, FAVOR, CAFAP,), researchers (e.g., CHDI)

CONNECTING POPULATION INDICATORS TO PROGRAM PERFORMANCE MEASURES

Implementing RBA at the Department of
Children and Families

RBA Operational Assumptions

- No one program or agency can be held solely responsible for large systems change.
- Funders and providers are partners in this work, holding complementary and interdependent roles.
- The lack of desired outcomes does not necessarily mean a program, a provider, or a service type has failed; it just may be the story behind the data must be better understood in order to inform what steps to take next.
- Funders, public and private agencies, and community providers are all on the same team, working to achieve the same outcomes for the clients they serve.
- Less than optimal results will be used first to inform, rather than to punish.

Key Components of DCF's RBA Implementation

- Leadership Commitment
- Strategic Plan
- Staff Training
- Provider Outreach
- Ongoing Education and Awareness
- Development of RBA Contract Performance Measures
- Use of performance data and client outcomes to manage services
- Participation in inter-agency efforts

POPULATION ACCOUNTABILITY**Healthy Births**

Rate of low birth-weight babies

Children are Safe

Rate of child abuse and neglect

Children Ready for Future Success

Percent fully ready per K-entry assessment

POPULATION
RESULTSContribution
relationshipAlignment
of measuresAppropriate
responsibility**PERFORMANCE ACCOUNTABILITY**

Child Welfare Program

# of families served by community provider agencies	% of identified needs met
# of families with new reports to Careline	% of families with new reports to Careline CUSTOMER RESULTS

DCF contribution to the CT Results Statement

All children served by DCF grow up healthy, safe, smart and strong.

HEALTHY

Age-appropriate development
Healthy weight
Optimal receipt of health services from prevention through treatment
Good mental health

SAFE

Child abuse/neglect numbers and rates
Re-entry numbers and rates
Parental functioning broadly defined
Abuse IDd by ER medical staff

SMART (Future Success)

Entry to kindergarten readiness
Reading at “goal” in 3rd grade
Grade level school performance K-12
On-time high school graduation rate
Post-secondary training, education or employment

STRONG (Stable)

School attendance
Multiple placements or family homelessness
Parental substance abuse, domestic violence or mental illness
Parental education level

Connecticut's Children live in stable environments, are safe, healthy, and ready for future success

Strategy #2. Apply strength-based, family-centered policy, practice and programs agency-wide

2.1 Fully implement Child and Family Teaming

2.2 **Support and evaluate the DCF Family Assessment Response (FAR)**

2.3 Assure sibling connections

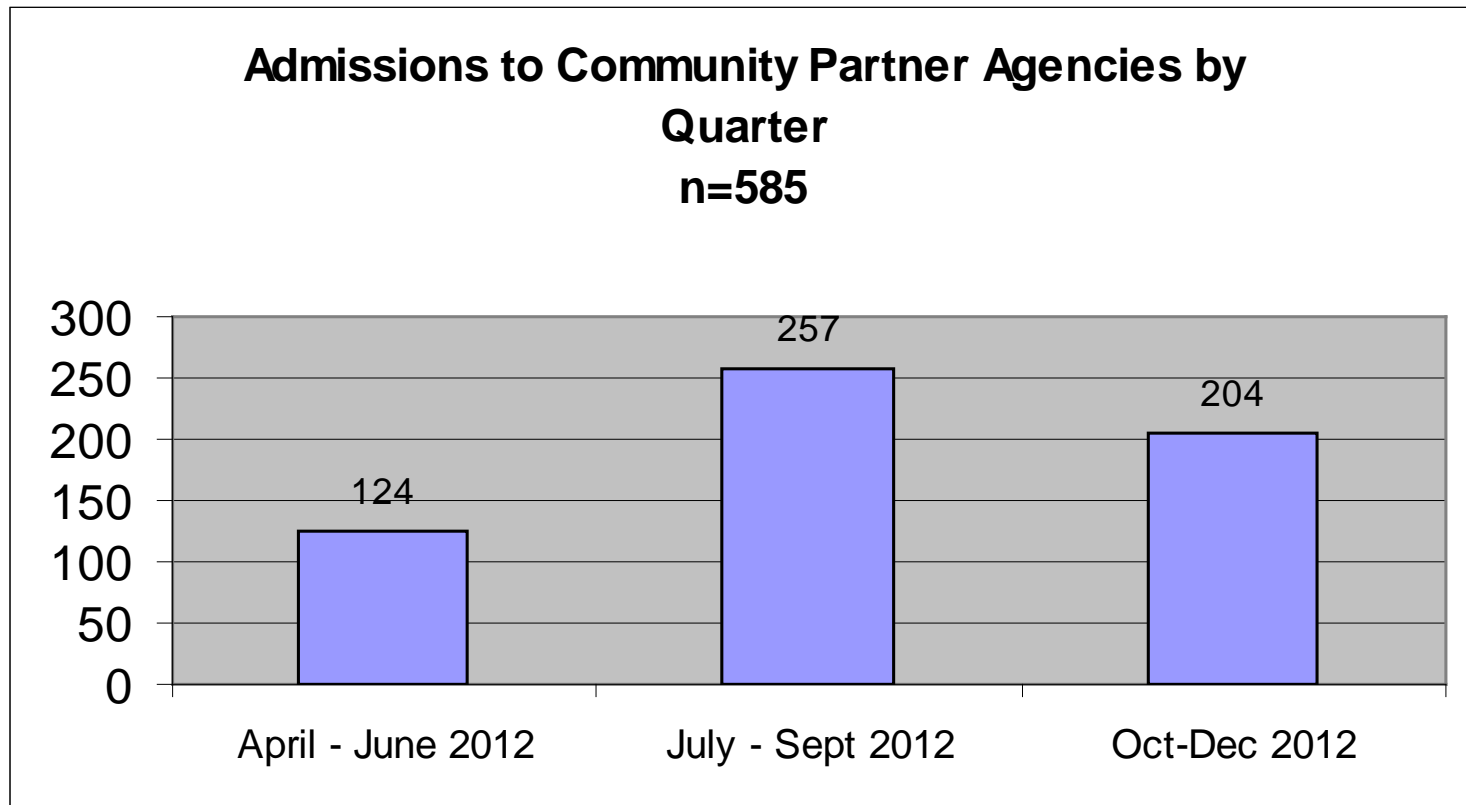
2.4 Expand and support kinship foster family care

2.5 Expand the DCF Fatherhood Initiative

2.6 Meet Juan F. Consent Decree case planning requirements

FAR: *How much did we do?*

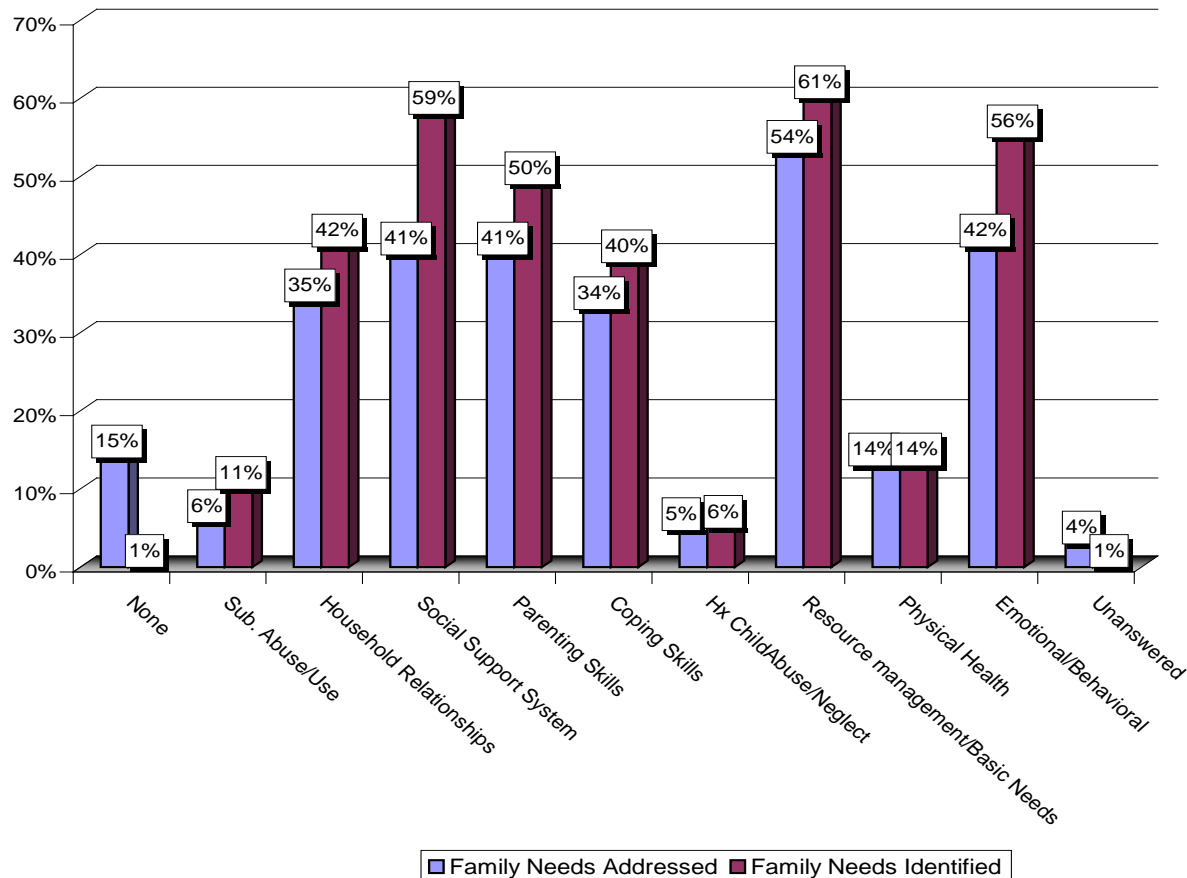
April 2012 through December 2012



FAR: *How well did we do it?*

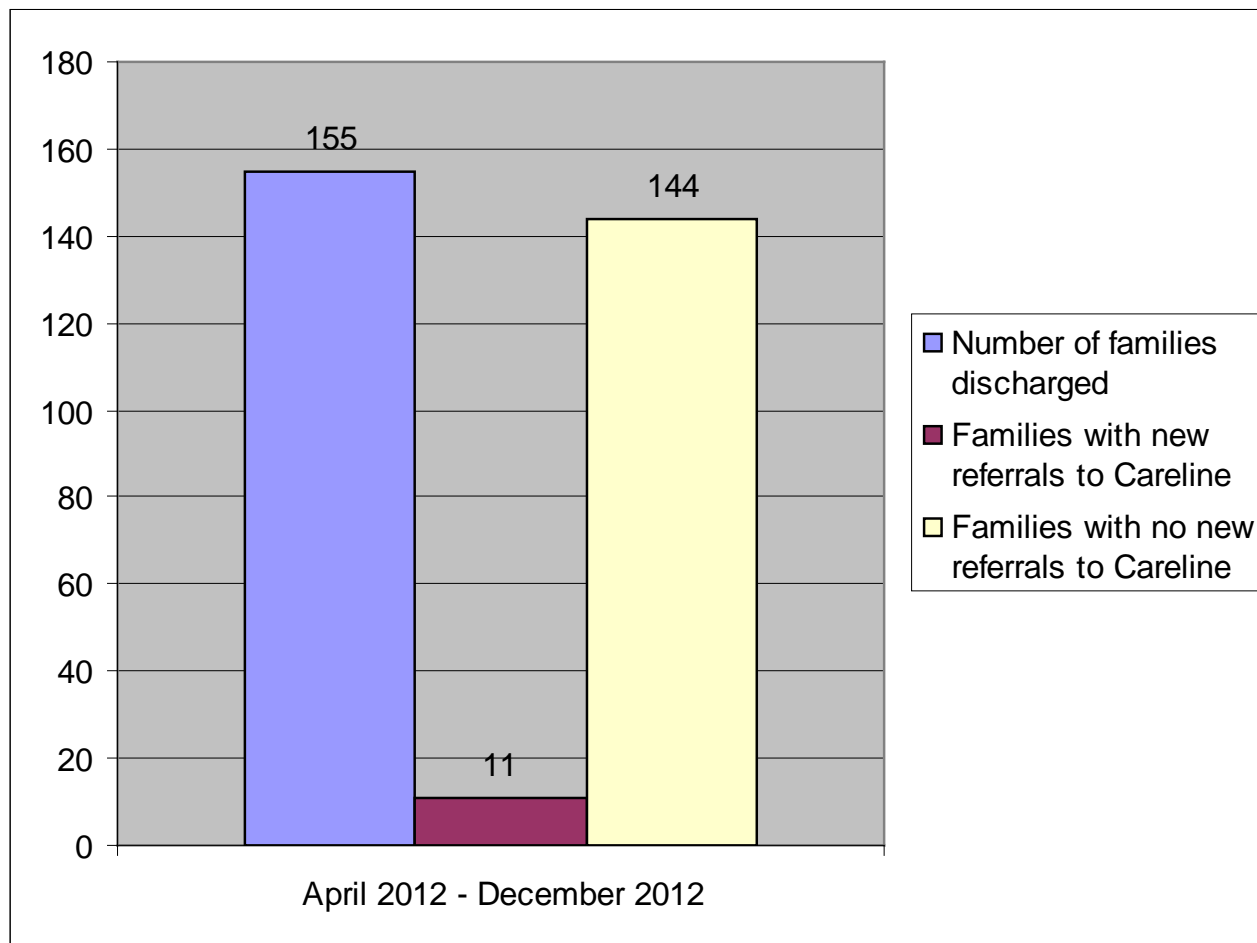
April 2012 through December 2012

Family Needs Identified and Addressed



FAR: Is anyone better off?

April 2012 through December 2012 (Preliminary Data)



DCF Strategic Plan

- **Strategic Plan developed using RBA**
- **Aligned with CTKids Report Card and Cross-Agency Results Statements**
- **Nine Strategies**
 1. Increase investment in prevention and health promotion
 2. Apply strength-based, family-centered policy, practice and supports agency-wide
 3. Develop or expand regional networks of in-home and community services
 4. Congregate rightsizing and redesign
 5. Address the needs of specific populations
 6. Support collaborative partnerships with communities and other state agencies
 7. Support the public and private sector workforce
 8. **Increase the capacity of DCF to manage change *and* ongoing operations**
 9. Improve revenue maximization and develop reinvestment priorities and methods

Community Based Services Outcomes Committee (CBSO)

- Developed to improve system efficiency, accountability and outcomes for children and families
- Develops, enhances, and monitors standard performance measures and client-based outcomes for all purchased services
- Meets regularly to ensure ongoing and systematic progress in developing contract performance measures, and to develop and support the role of DCF program leads

Community Based Services Outcomes Committee (CBSO)

- “Outcomes” catalogued and characterized into approximately 20 categories for all 70 service types
- Analysis of outcomes and categories as RBA performance measures versus
 - Program/model requirements
 - Contract compliance issues
- RBA Performance Measure Pilot Project:
 - 10 program types
 - RBA performance measures developed through contract amendments, re-procurement, re-design

RBA Performance Measure Development

- Creation of performance measure development worksheet
 - Review types of monitoring and performance measures
 - Review RBA performance measure types
 - Categorization of existing contract outcomes
 - Process to develop new RBA performance measures with a focus on client outcomes
 - Proposed RBA performance measures by type
- Meet with program leads for training and TA
- Program leads work with provider groups to develop proposed performance measures
- Meet to review and revise (if necessary)

RBA Performance Measure Development

- Develop proposed performance measures:
 - How much did we do?
 - How well did we do it?
 - Is anyone better off?
- Develop items for exclusion:
 - What can providers stop reporting?
 - Model components or contract compliance items that should not be confused with outcomes
- Identification of data sources
 - Who will collect the data, and how?
 - Who will report the data; how and how often?
 - Who will analyze the data, and how will it be used?

Ongoing workplan to include RBA performance measures in all contracts

- System-Wide Implementation
 - All New Programs
 - All Re-designed Programs
 - All Re-procured Programs
 - All Contracts through prioritized schedule

Lessons Learned

- Know how you will utilize performance measures and outcome data
- Identify data sources and who will collect data
- Use performance measures and outcomes to manage contracts
 - Use data to understand program performance
 - Don't be surprised by your RBA Report Card
- Program Leads
 - The CBSO supports the work of program leads in their oversight and collaboration roles

Jump in!!

***Nothing will ever be
attempted if all
possible objections
must first be overcome***

***Samuel Johnson
1709 – 1784, British Author***