PRI Study Highlights

Office of Program Review and Investigations (PRI)
Connecticut General Assembly

Study Background

Results-Based Accountability (RBA) is a data-driven framework used by managers and policymakers to assess the effectiveness of programs, agencies, and service systems. RBA, which tracks progress toward desired outcomes at population and program levels, can identify ways to improve performance and promote overall community well-being.

Since 2005, Connecticut's Appropriations Committee has been using an RBA approach to strengthen the legislative budget process. To test its usefulness as a tool for legislative oversight work, the Program Review Committee was required by Public Act 09-166 to carry out a pilot project using RBA principles to assess selected human services programs.

The RBA pilot project study focused on Family Preservation and Supports (FPS), an array of programs carried out by the Department of Children and Families (DCF) intended to help keep or reunify children safely with their families. Four individual FPS programs – *Intensive Family Preservation (IFP), Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)*, *Parent Aide*, and *Supportive Housing for Families (SHF)* – and *Flexible Funding*, an agency-wide resource for individualized services, were reviewed in-depth to answer the three main RBA evaluation questions: How much did we do? How well did we do it? Is anyone better off?

PRI's final report on the 2009 pilot project was issued to the Appropriations Committee on January 15, 2010. It contains: an "RBA Framework," which includes a broad, population-level results statement and related key indicators; "RBA report cards" with assessments and recommendations for the state child welfare system, the DCF family preservation and supports program area, and each of the five FPS "focus" programs; a related data development and research agenda; and the results of the committee's evaluation of the RBA pilot project and proposals regarding its continuation.

Click here for copies of the full final report http://www.cga.ct.gov/pri/2009_RBA.asp; for more information contact the staff office

Spring 2010

DCF Family Preservation and Supports Programs: An RBA Pilot Project 2009

Main Findings

As the state's consolidated children's agency, the broad mission of the Department of Children and Families includes: protective services; children's behavioral health; juvenile justice services; and prevention services related to child abuse/neglect, mental illness and substance abuse among those under age 18, and delinquency. DCF has primary responsibility for carrying out a number of Family Preservation and Supports programs, which contribute to the desired quality-of-life result: "Connecticut children grow up safe, healthy, and ready to lead successful lives."

The committee's RBA evaluation of FPS programs found some recent improvements at DCF but overall progress toward improving the well-being of children is mixed. Key outcomes are not tracked across all agencies with major roles in helping children be safe, healthy, and successful. The high-quality data necessary to plan, budget, and manage for results are not readily available for most programs that serve children and families.

Best practices, including use of evidence-based service models and robust quality assurance and improvement processes, are not solidly in place for all FPS programs. DCF management is stronger for its behavioral health than core child welfare (primarily child protection) programs. However, useful cost and outcome data generally are not available, which means cost-effectiveness of services cannot be determined. The PRI study found if FPS programs *do* prevent or reduce the length of out-of-home placement for at-risk children, cost avoidance can be significant and improved client well-being great.

Based on its pilot study, PRI found RBA to be a promising practice for assessing and improving government performance but data availability and quality will remain a challenge.

PRI Committee Recommendations

PRI proposed a number of changes to improve data shortcomings at both the population and program levels as ways of enhancing program management, evaluation capacity, and, ultimately, results for the children served. Specific committee recommendations include: maintain a legislative report card on children and family well-being; mandate an initiative to bring together client-level results data across agencies and service systems; develop a plan for moving all FPS programs to evidence-based models and ensuring their adequate management and oversight; take steps to acquire better cost and long-term client outcome data; streamline accounting for Flexible Funding; and assign strong managers to the IFP and Parent Aide programs.

Also, the PRI pilot project should be continued for at least one more year to test the RBA approach in another agency or budget area and permit a fuller assessment of its impact on program management and policymaking.

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: 3rd Grade Reading Proficiency Rate

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

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
  - o Foster Care
  - o 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
  - o KidCare System (BHP)
  - o 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
  - o Intensive In-home Services/Casework
  - o 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)
  - o CJTS & Parole
- Adolescent Services
  - o Transition to Adulthood

KEY FPS PROGRAM PERFORMANCE MEASURES:

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

QUALITY OF LIFE RESULT:		
"Connecticut children grow up safe, healthy, and ready to lead successful lives."		
HOW ARE WE DOING?		
Key Indicators*	***Progress***	***Most Current Data***
1. Children Free from Abuse	+	• 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	-	• 8.2% overall low birth rate in 2006 – up from 7.4% in 2001 • Worse for Black (12.7%) and Hispanic (8.9%) babies
3. Children Proficient Readers in Third Grade	⇔	• 54.6% in 2009 – no substantial change over last few years • Worse (fewer than 30%) for students who are poor or not White
4. Children Not Living in Poverty	-	• In 2008, 12.5% under 100% federal poverty level and 26.2% under 200%, with increases in both rates since 2003 • Worse for Latino and Black children
5. High CT Social Health Index (SHI) Score	+	• 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

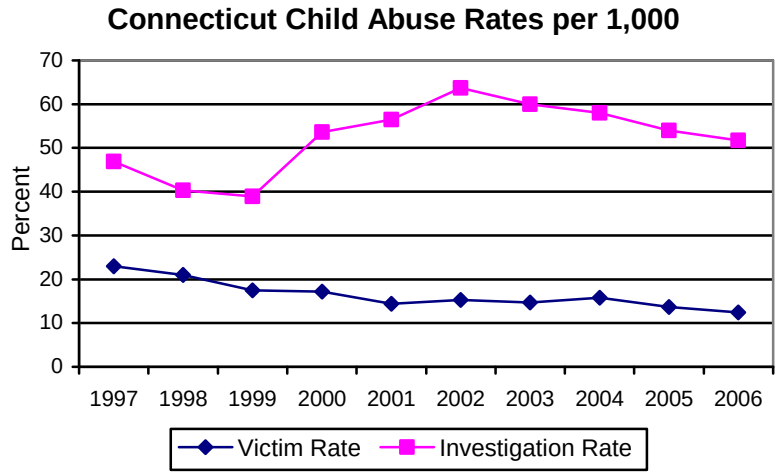
c) review, at least annually, the adequacy of primary and secondary indicators and related data resources and determine whether there may be more appropriate alternatives for monitoring how well the state is doing in achieving these desired results.

QUALITY OF LIFE RESULT:

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

Indicator 1: Connecticut Child Abuse Rates (Safety)

The incidence of child abuse and neglect within a population is a widely used measure of the safety and well-being of children and families. For many federal research and evaluation purposes, child abuse rates are based on numbers of children who are the subject of maltreatment reports received and investigated, or substantiated (confirmed as abuse/neglect victim), by state child protection agencies. Rates often are calculated per 1,000 children under age 18.



Source: Child Welfare League of America, NDAS

Trend: Decline in both rates since 2002 (better)

Story Behind the Baseline: Child abuse and neglect rates are affected by many factors far beyond the control of any single state agency. The economy and social conditions, in particular, have a strong influence on the numbers of alleged maltreatment reports that are made to child welfare agencies. Child abuse reports tend to increase during economic downturns, when families are under more stress and have fewer resources to meet basic needs.

Investigated reports of alleged abuse and neglect can be viewed as a broad indicator of how well public and private efforts at the state level are addressing the needs of at-risk children and families. A recognized high risk factor for child abuse and neglect cases is a history of previous reports, regardless of whether they were substantiated. In general, numbers based on substantiated reports (child victim rates) are considered a more reliable indication of the extent of maltreatment as they: a) represent cases determined to meet set legal and practice criteria; and b) are less influenced by negative events (e.g., publicity about an abused child's death) that can trigger spikes in reports to protective services agencies.

In Connecticut like the rest of the nation, child abuse rates worsened over time from the 1970s into the early 2000s. (It is unclear whether these changes reflected more abuse and neglect, or heightened awareness and the advent of mandated reporting.) More recent trends suggest that while child abuse and neglect remains a serious problem, rates are on the decline. Connecticut's investigated abuse rate peaked at 63.7 per 1,000 children in 2003; since then, it has decreased each year, dropping to 51.7 reports per 1,000 children in 2006. Similarly, the rate of children determined to be victims of abuse or neglect reached its lowest level over a recent 10-year period – 12.4 per 1,000 children under age 18 – in 2006. (Child abuse rates validated by the federal government lag the raw data reported by states by two years; DCF does not issue rate information other than validated federal numbers.)

Current Efforts Turn the Curve: Experts point out that child abuse is preventable through effective intervention and education efforts, as well as strong child protective services. According to a recent agency RBA report to the legislature, DCF has been considering ways to enhance its array of primary prevention and early intervention services by continuing to shift resources to this relatively small program area. The agency is also planning to undertake a major initiative called Differential Response System (DRS) as a way to decrease its abuse and neglect caseload and better support at-risk families. Implementation of DRS will likely occur on a pilot basis at some point in the upcoming calendar year.

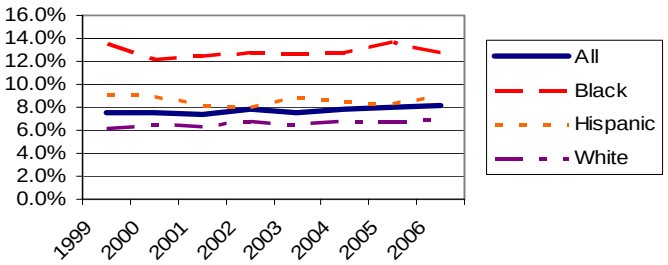
The Commission on Children proposed several strategies for reducing the state's child abuse rates in its 2009 RBA report. They included: expanding a proven, research-based model of home visitation ("Child First") that helps the state's most vulnerable families stay out of the DCF protective services system; increasing fatherhood policies and programs to reduce single-parenting stressors; and increasing research-based interventions that promote family stability and improve family functioning within the community.

Primary prevention of child abuse is the sole mission of the Children's Trust Fund (CTF), which provides resources for prevention programs that support and strengthen high-risk families. During the past fiscal year, CTF initiated several pilot projects to expand the work of its statewide home visitation program, Nurturing Family Network.

Indicator 2: Low Birth Weight Babies Rate (Health)

Low birth weight is commonly used as measure of maternal and child health, and research has shown low birth weight is associated with a variety of negative health and developmental characteristics. In Connecticut, low birth weight is monitored as an indicator by the Women's Health Subcommittee of the Medicaid Managed Care Council, the Connecticut Early Childhood Education Cabinet, and the HUSKY insurance program, according to DPH.

Percent of Low Birth Weight Babies in Connecticut



Source: DPH

Trends: Recently, slight increase overall (worse); Small increases for Whites (worse); Small decline for Hispanics (better)

Story Behind the Baseline: Connecticut's low birth weight rate (the percent of babies weighing less than about 5.5 pounds) increased to 8.2% in 2006, from a recent low of 7.4% in 2001. The state's 2006 rate is slightly lower than the U.S. rate (8.4%). However, there are persistent and wide ethnic differences.

Minority population babies had a low birth weight much more often than White infants – double for Black infants, and one-third more for Hispanic babies (1999-2006). These gaps began larger than at present; they have narrowed over time, due to slight increases in the White low birth weight rate. (Over the longer-term – since 1990 – there have been small declines in the rate of low birth weight among Blacks and Hispanics.)

Low birth weight is influenced by a variety of factors, including: mother's health and behaviors, preconception and prenatal care, multiple gestation, and environment. There is a growing body of research associating low birth weight with later cognitive disabilities, Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, motor difficulties, Type II diabetes, coronary heart disease, stroke, and hypertension. One research project, presented at a national conference and being considered for publication, studied a large group of siblings and found low birth weight has negative effects on adult health, education, labor force participation, and earnings.

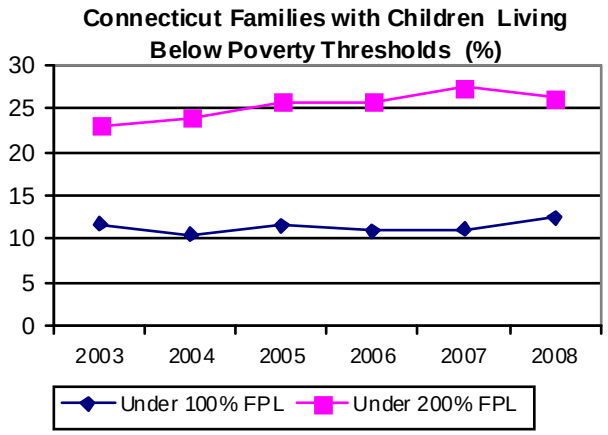
Low birth weight has immediate fiscal consequences for the state. The Connecticut Public Health Department (DPH) noted, "On average, each low birth weight event among HUSKY A enrollees added $52,217 in [birth-related] hospitalization charges."

Current Efforts to Turn the Curve: DPH recognizes that the increasing low birth weight rate and the differences among ethnicities are problems. The department released a report in 2008 that recommends several steps to take to eliminate the disparities, including: improving women's access to quality care; promoting a certain model of prenatal care; boosting WIC and Medicaid enrollment among women; addressing violence and environment; partnering with the medical community to address low birth weight; increasing activities to promote male involvement; conducting more

research regarding the
disparities; and launching collaborations with other state agencies. The report also notes two initiatives DPH was beginning to implement: a smoking cessation program for pregnant women at several local health centers and a Sexual Violence Prevention Plan.

Indicator 3: Connecticut Child Poverty Rates (Future Success)

Research shows living in poverty is associated with many negative outcomes for children. A standard definition of poverty is 100% of the Federal Poverty Level (FPL), which currently is an annual income of about $22,000 for a two-parent, two-child family. The Connecticut Child Poverty and Prevention Council (CPPC) uses the percent of families with children under 18 who fall below the 100% threshold as the state child poverty rate. CPPC also tracks families below 200% FPL rate because Connecticut has a high cost of living and that amount more closely corresponds to the state's self-sufficiency standard.



Source: CPPC

Trends: Slight fluctuation with recent rise in 100% Federal Poverty Level rate (worse); Increase in 200% FPL rate is greater than accounted for by improved 100% FPL rate (worse)

Story Behind the Baseline: More than one-quarter of all Connecticut families with children under 18 meet the federal definitions of poor (under 100% of FPL) or low-income (under 200% of FPL). Except for 2008, the portion of families with children living in poverty increased every year since 2003; the aggregate change (over 2003-2008) was nearly 20%.

The growth through 2007 in portion of 200% poverty families (4.5 percentage points) appears mostly due to movement of some new Connecticut families into this low-income range (either previously living in the state, or not) – and not to the slight decline in poor category (100% poverty) over the same period (0.7 percentage points). The impact of the current recession is reflected in sharp 1.4% increase in poor (100% poverty) families with children between 2007 and 2008.

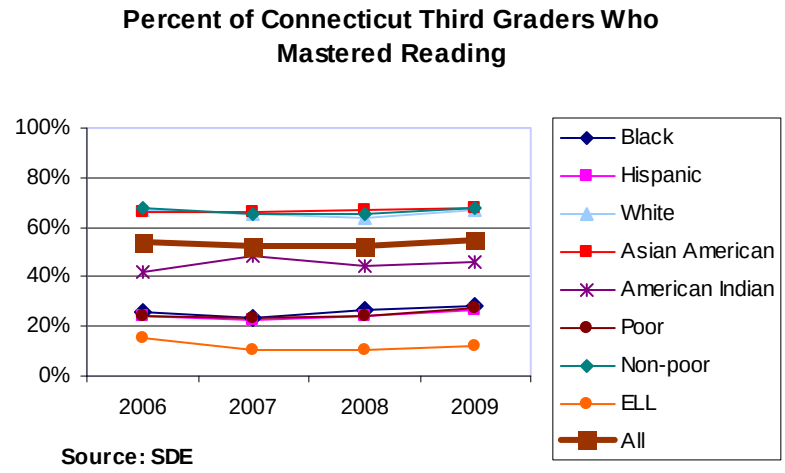
Connecticut's rates of low-income and poor families with children are significantly lower than the national rates, which are 39% and 18%, respectively, at present. However, child poverty varies tremendously across the state. In 2000, seven towns had child poverty rates (100% of FPL) above 23% - including Hartford at 47% - while 38 towns had less than 2%. More than six in ten Latino children and nearly half of Black children are in low-income families, compared to 15% of White children. Most low-income parents (76%) are working.

There is a strong body of research associating poverty with impaired child development (cognitive, behavioral, social, and emotional) and poor health, both of which have negative effects lasting into adulthood. Child poverty also is associated with unfavorable educational and employment outcomes later in life.

Current Efforts to Turn the Curve: In 2008, the CPPC adopted 12 recommendations to help meet its goal of reducing child poverty by 50% over ten years. The recommendations address income, education, and social safety net matters, as well as family structure and support. The CPPC hired consultants to conduct economic modeling that can show which recommendations would have the greatest effects on reducing child poverty. That analysis was presented to the CPPC in June 2009 and is under review.

Indicator 4: Third Grade Reading (CMT) Proficiency (Future Success)

Connecticut's Early Childhood Cabinet uses the same indicator for its RBA efforts because early student performance is thought to be strongly associated with future educational success. The term "proficiency" refers to meeting at least the state goal level, not the "proficient" level.



Trends: Stable overall (neutral); Small increases across all ethnic groups (better) except whites (worse); Small increase for poor children (better); Small declines for ELLs (worse)

Story Behind the Baseline: Reading performance improved for every student subgroup in 2009, in some cases reversing slight downward trends. However, performance continued to vary dramatically among subgroups: Fewer than 30% of

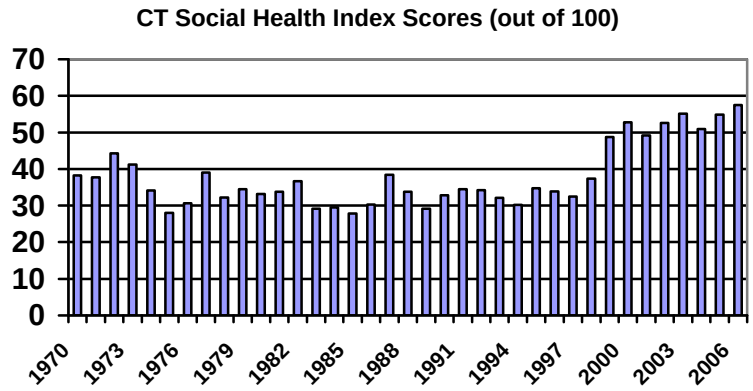
Black, Hispanic, poor, and English Language Learner students met the state goal, while more than 55% of Asian American, White, and non-poor students were at that level. (A student belongs to several subgroups, based on ethnicity, free lunch receipt as a proxy for family poverty, and whether a student is an English Language Learner.) Overall, 54.6% of Connecticut third-graders are meeting the state's reading goal level.

A student's educational progress and achievement is influenced by many factors. Research has shown strong links between achievement and: the child's prior development; family factors including stress, family physical and learning environment, income, parent occupation, and parent education level; and school factors, most notably teacher quality.

Current Efforts to Turn the Curve: The Early Childhood Cabinet's RBA report cards note that SDE is aware of the differences in student performance and the need to continue to improve. The department is addressing the achievement gap by focusing on assisting Priority School Districts, requiring new teachers meet a certain standard on a pre-service reading test, and including literacy as a part of district and school improvement plans, among other efforts. The Early Childhood Cabinet has led efforts to improve pre-primary school preparation by: expanding school readiness program capacity in Priority School Districts; improving preschool facilities; moving toward an early childhood education quality monitoring and improvement plan; and developing an effort to understand and improve the early childhood education workforce.

Overall Indicator (Well-Being): Connecticut Social Health Index (SHI)

The Social Health Index is a composite calculation of 11 quality of life indicators designed to represent the well-being of Connecticut residents. A joint effort of the General Assembly, the Commission on Children, and a nonprofit foundation, the SHI was developed in 1994 to monitor state-level performance and track trends in social, economic, and health conditions that impact children, youth, and adults.



Source: The Social State of Connecticut 2008

Trends: Sustained, significant improvement after 1999 (better)

Story Behind the Baseline:
The state's Social Health Index is at its highest level since its beginning data year (1970). Scores consistently have been very close to or above 50 since 1999. In all prior years, the highest value was 44.3 (1972), 11% lower than the 50 mark. The lowest score was 27.8 in 1985, 44% lower than 50.

Despite the substantial increases over prior decades, SHI scores for the 2000s are still far below 100, the best possible value. Specific areas in need of improvement, as well as areas where progress is being made, can be identified by analyzing the performance of each component indicator of the index. These are: infant mortality; child abuse; youth suicide; high school dropouts; teenage births; unemployment; average weekly wages; no health insurance; violent crime; affordable housing; and income variation.

Since the index began, there have been significant reductions in the areas of infant mortality, teen births, high school dropouts, and unemployment. Average weekly wages also improved, but child abuse, no health insurance, violent crime, and income variation worsened. Youth suicides and affordable housing showed no clear positive or negative longer-term trends. Five-year trends for violent crime and average weekly wages, as well as income variation, reveal declining performance and no health insurance in the short term has not changed.

Current Efforts to Turn the Curve: With the exception of the Commission on Children, neither the legislature nor state agencies appear to be routinely using the SHI to assess areas of problem social performance and develop strategies for addressing them. COC included several proposals in its latest RBA report (March 2009) for addressing the lack of progress in reducing income variation and increasing affordable housing (e.g., maximizing federal stimulus dollars to ensure basic needs are met). To improve the well-being of children, the commission proposed support for strategies that address low birth weight, which has shown an increased prevalence recently.

While not specifically citing Social Health Index findings, several legislative and executive initiatives aimed at improving progress in problems areas highlighted by the index have been undertaken in recent years. These include: the Child Poverty and Prevention Council, which is working on a statewide agenda to reduce the number of children living in poverty in Connecticut by 50 percent over 10 years; and the Early Childhood Education Cabinet, which has set goals and is developing an action plan concerning age-appropriate development, health and school readiness, and academic success for the state's young children (ages birth to nine).

Most recently, a legislative task force on the recession and children was created in June 2009 to review trends in programs and services that support basic needs of children and families (e.g., housing, child care, and employment). The task force, which is bipartisan and broadly representative of stakeholders, also will issue recommendations on appropriate budget and policy actions to streamline services and improve access to programs.