



CONNECTICUT



Department of Children and Families

Special Act 24-24

DCF Program Utilization

Special Act 24-24 - H.B. 5428 - AN ACT REQUIRING THE DEPARTMENT OF CHILDREN AND FAMILIES TO REPORT ON PROGRAM UTILIZATION

The act requires DCF to submit a report to the legislature on program utilization for FY 2023 and FY 2024 by February 1, 2025. The report must include the following:

1. Participation in each department program, quality controls in place and expenditures in relation to utilization;
2. Department funding and expenditures by account;
3. The percentage of contracted utilization and whether utilization is increasing or decreasing and the reasons for any decline in utilization or utilization that falls below eighty-five per cent, including an evaluation of whether the trend reflects decreased need for the service or workforce limitations;
4. The number of referrals to each contract and the reasons that referrals go unserved;
5. For each contracted service, whether (a) procurement rates include costs for staff training, data collection or quality assurance expectations or (b) a child or family was required to be in the department's care or custody as a criteria for referral or admission,
6. For each contract, whether the service is billable under Medicaid and the geographic scope for delivery; and
7. For each service, information concerning achievement of contracted service expectations regarding attainment of treatment goals based on initial assessment.

EFFECTIVE DATE: Upon passage

Children and Families “Service Needs”

How many children and families throughout Connecticut need DCF services?

In 2024 DCF received 67,795 reports to our Careline accepting 31,911. In the year we served 4,052 families in their home and 4,155 children in out of home care. Child protection staff assess each child and family’s service needs individually to match with the appropriate interventions and supports.

Overview of DCF Child and Family Services Continuum Quality Controls

DCF monitors the existing service array primarily through the assignment of a managerial-level staff (often Program Supervisor but occasionally Program Director or Behavioral Health Program Manager depending on the type and scope of the contract) with a role of “Program Lead”. Program Leads are directly responsible for development, implementation, and monitoring of contracted services. Contracted services, and their respective Program Leads, are assigned to Bureaus/Divisions responsible for a portion of the service array aimed at serving a particular population or set of related populations

(i.e. Transitioning Age Youth or Behavioral Health). The Bureau Chief or Division manager is responsible for assessing the needs of their relevant population(s), gaps in the service array and development, implementation and monitoring of the programs that serve them.

Program Leads primarily utilize The Provider Information Exchange (PIE) which is DCF's data and reporting system for behavioral health, prevention, child welfare and adolescent substance use disorder contracted community-based programs. There are 65 contracts that meet the PIE data model. We have 37 (57%) fully built and active programs reporting data into PIE, and another 17 (26%) program data models built but are not currently in use, for a total of 54 (83%) program data models that are built into PIE. The request for data from Special Act 24-24 is timely as DCF is committing \$500,000 to continue to build and strengthen our PIE system. The data collected through Special Act 24-24 will set the baseline as the DCF continues to implement and refines its data collection and oversight processes through SOAC and SARA. More detail on PIE and other data collection methods are further explained below.

DCF's service array is also informed routinely through various consumer groups, including the Statewide Advisory Council (SAC), Regional Advisory Council (RAC), Citizen Review Panel (CRP), Youth Advisory Board (YAB), Systems of Care (SOC), and the Children's Behavioral Health Advisory Council (CBHAC).

The **Service Outcome Advisory Committee (SOAC)** is responsible for assessing the entire service array, set policy and guidelines to ensure consistency in contract oversight, and to identify and understand disparities in services and outcomes with a focus on determining which families are most impacted. This includes assessing how well the existing service array is serving families who have been historically underserved and marginalized in the child welfare system may include families of color, non-English speaking families, tribal families, immigrant families, LGBTQIA+ youth/young adults and parents, families and children with disabilities and families living in rural areas.

The Service Array Review and Assessment Committee (SARA) includes DCF Leadership. SARA assessments and recommendations are presented to the DCF Commissioner's Executive Team so that all decisions about significant service array changes are aligned with the agency's mission, vision, and strategic directions and actions. The Goals, Objectives and Actions outlined in our five-year Child and Family Service Plans (CFSP) drive future decision making regarding the services DCF must continue to procure, selecting the providers to deliver services, and the funding to be allocated. DCF will continue to contract with a wide array of community providers to deliver services across the state that are available to families living in every town and jurisdiction.

SARA provides priorities Contracts and Fiscal Division re-procurements, and new procurements and sometimes budget option proposals in efforts to meet client needs and right-size the available continuum of services to meet emerging needs and trends.

Data Systems and Data Exchanges

DCF has responsibilities for the coordination of services with federal or federally assisted programs as well. DCF currently has data exchanges/interfaces with other federally assisted programs/agencies to better coordinate services for shared clients. Continued improvements in coordinating with federal and other services are being enabled through the development of the CT-KIND (Kid's Information Network Database) system which will include data exchanges/interfaces and automated processes to better serve the families

and children in Connecticut with state and federal programs. The new system will promote collaboration, consistency and accuracy amongst community partners serving the same families inclusive of features for reporting metrics and receiving feedback from providers as well as families served. CT-KIND is expected to launch in August of 2025.

The Family and Community Services Division within DCF oversees and ensures the provision of adequate, accessible and effective services to families and children served by DCF. The Family and Community Services Division is comprised of a team of system-focused professionals who connect and support DCF staff, service providers and the community. The Family and Community Services Division partners with other divisions in the development of, and adherence to, mandates and guidelines essential to the overall quality of the DCF-funded service array and delivery system. The Family and Community Services Division staff maintains significant working relationships with both internal and external partners and holds the responsibility to triage and remove systems issues related to service delivery. Additionally, the Family and Community Services Division plays an integral role in multiple statewide initiatives spanning service system, fiscal, racial justice, learning and development, and technology spaces at DCF. The Family and Community Services Division plays a key leadership role including statewide and regional advisory councils under the leadership of a Family and Community Administrator.

The Systems Program Directors (SPDs) report to the Family and Community Administrator. The SPDs act as regional partners to broker positive working relationships between DCF, service providers and the community. They assist in managing the service array and delivery system for DCF-involved children and families as well as support internal service coordination. The SPDs serve as liaisons between the DCF administration, central office, area offices and the community to help triage issues, maximize service provision for all children and families, and ensure support service matches are aligned with presenting needs.

Enhanced Service Coordinators (ESC), report to SPDs and the Family and Community Administrator. ESCs are subject matter experts who oversee the statewide enhanced service coordination model. They are accountable for consultation, coordination, and delivery of this model in their respective regions. ESC's responsibilities include the collection, tracking and analyzing of data related to service utilization, provider performance, monitoring of barriers/troubleshooting and issue resolution to help improve matching of services to better meet the needs of clients.



Department of Children and Families – Provider Information Exchange (PIE Data)

The Provider Information Exchange (PIE) is DCF's data and reporting system for behavioral health, prevention, child welfare and adolescent substance use disorder contracted community-based programs. For some of the community-based evidence-based programs and the Emergency Crisis Services (ECS), DCF contracts with CHDI to operate several Performance Improvement Centers (PIC) that perform quality improvement and evidence-based practice assessments and support. DCF also contracts with CHDI to support and manage Evidence-Based Practice Tracker (EBP Tracker) functions and data both within PIE (for Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and the Modular Approach to Therapy for Children (MATCH) EBPs), and for a separate version of the EBP Tracker they operate separately for the school-based EBPs (including Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Bounce-back).

Populations included: The populations included in PIE are any child or caregiver who has been a recipient of one of the community-based service types contracted by DCF and has a data model

implemented in the system. Data is managed at the individual level and is identifiable to authorized users. It also includes the capacity to report regarding children served, caregivers (including parents), and for some programs linked dyads of children and caregivers. As of July 2024, PIE also includes data entered by Carelon Behavioral Health for the Voluntary Care Management (VCM) and Integrated Family Care and Support (IFCS) contracted services as part of their Prevention Care Management Entity (PCME) program.

Type of data: The PIE system includes data on types of referrals made, populations served, services provided within an episode of care, some model fidelity metrics, service outcomes, service satisfaction, program completions, results of standardized screening and assessment tools, etc. It can track the time between a referral was received and/or entered into the system and when various treatment components (assessment, treatment episode start, discharge, etc.) are completed. There are also records of referrals and services that were needed but unavailable. Service providers enter data into PIE directly through a web-based application or by submitting batch files from their electronic health record (EHR) or other data systems. The use of web services for automated data integration is also being tested for one service (FFT-FC) and for feasibility for other services in the future.

Primary purposes: The primary purpose of PIE is to collect and manage data on populations served by DCF programs, including service utilization, fidelity, and outcomes. This data is used for performance monitoring and management purposes. Additional purposes for PIE data include efficient development of both aggregate and detail-level datasets required for annual reporting by the Mental Health Block Grant (MHBG), detail-level datasets required for reporting and reimbursement claiming under the Temporary Aid to Needy Families (TANF) and Families First Prevention Services Act grants, and aggregate reporting required by C.G.S. section 17a-6e concerning Racial Justice Data, Activities and Strategies. Program data is also used by the DCF SOAC to assess the efficacy of our contracted service array in meeting the needs of the populations served by the Department.

Advantages: PIE data is beneficial for understanding service needs and assessing the effectiveness of services by service type, provider, and site, and tracking the individual progress of service recipients. It also includes the capacity to report regarding children served, caregivers (including parents), and other related parties. It is one of the few data systems to contain family relationship data that can support a two-generational approach to analysis.

Limitations: PIE does not currently track program capacity, staffing or waiting lists, nor is there closed-loop referral capacity. While there is some capacity to obtain reports in real-time within the system once data is entered into PIE for most built-in reports (there is a 3-hour delay until data extracts are updated after data entry), the timeliness of that data depends on when the data has been entered in relation to when the service event occurred (e.g., referral, admission, completed evaluation, etc.). There are no public-facing reports based on PIE data, although ad hoc reports can be generated to report to the legislature, OPM or other stakeholders, and service providers and DCF staff can run reports at the level of program, provider, and site. Until recently, DCF has had limited staffing to support data management and analysis, but they now have a Data Scientist and two Research Analysts on staff that can spend part of their time focused on analysis of PIE data. DCF has been constrained in visualizing data or creating dashboards but is also developing the capacity to improve reporting through these means.

Provider Support/Inquiry

DCF forwarded a request to all providers to gather information required by the special act. DCF presently has 89 service types and 345 unique contracts. Some organizations hold multiple unique contracts, providing different service types. The attached spreadsheet is broken down by service type per tab and individual provider/organization responses. The attached spreadsheet includes initial response from 56 organizations, there are presently 23 pending responses. The Department will file a supplemental report in the coming months.

Below is a sample of some information requested, the full spreadsheet comprises the report.

- Geographic Location
- [Cases] eligible for treatment
- [Cases] receiving initial assessment
- [Cases] achieving treatment goal
- Percent achieving contracted treatment expectation: Actual
- Percent achieving contracted treatment expectation: Contract
- Total Program allocations
- Total Program expenditures
- Total Clients Served
- Expenses
 - Salaries
 - Benefits
 - Overhead
 - Training
- Are Factors below included in procurement rate?
 - Staff training
 - Data Collection
 - Quality Assurance Expectations

DCF, in concert with our providers, is routinely engaging in efforts to improve the quality of our data. To that end DCF is exploring budgeting to improve our existing data systems including the new build of CT-KIND and PIE data. The Special Act 24-24 request included some data DCF didn't have. We appreciate the collaboration from our contracted organizations and the work that was required to submit data, aligned with specific service types, listed below.

[Appendix A includes all the submissions - Excel spreadsheets.]

Organizations Reporting	
Access Agency	
Adelbrook	
(The) Alliance	
BH Care	
Boys & Girls Village (BGV)	
Bridgeport Hospital - Child First	

Bridge Family Center
Bridges Healthcare
CT Alliance of Foster and Adoptive Families (CAFAF)
Carelon
Catalyst
Children and Family Agency (CTCFA)
Childrens Community Programs of CT (CCP)
Community Child Guidance Clinic (CCGC)
Community Guidance Clinic of Central CT (CGCCC)
Community Health Resources (CHR)
Community Mental Health Associates (CMHA)
CJR
CLICC, Inc.
Clifford Beers
Clifford Beers - Youth Continuum
Clifford Beers-Mid-Fairfield Child Guidance
CommuniCare
Community Resources for Justice - Family ReEntry (CRJ)
Family Centered Services (FCS)
Family and Children's Agency (FCA)
Family and Children's Aid (FCAid)
Generations Family Health Center, Inc.
Gilead Community Services
Human Services Council
Justice Resource Institute (JRI)
Klingberg Family Centers
Love-146
Marrakech
Middlesex Health
NAFI, Inc.
Optimus Health Care
Our Piece of the Pie
Rape Crisis Center of Milford
Sexual Abuse Crisis Center of Eastern CT
St. Francis
The Children's Center of Hamden
The Connection
Urban Community Alliance
United Community and Family Services (UCFS)
United Services (USI)
The Village
Waterford Country School
Wellmore

Wheeler Clinic
Yale New Haven
Service Types Included in Report
CAFAF
Care Mgmt Entity - ICC
Care Coordination
Caregiver Support Team
Child Outpatient Services
C-KIN
Community Support for Families
Crossroads - YAS
Early Childhood Services - Child First
Extended Day Treatment
Family Based Recovery
Fatherhood Engagement Services
Fatherhood Engagement Services (DOC)
First Episode Psychosis
Foster Care Support Groups
Functional Family Therapy
Functional Family Therapy-Foster Care
HYPE
Integrated Family Care & Support
IPV-FAIR
Intensive Family Preservation
Intensive Transition Care Management Coordination
Juvenile Review Board
Mobile Crisis Intervention Services
Multidimensional Family Therapy (MDFT)
Multidimensional Family Therapy-R (MDFTR)
Multidisciplinary Exam Team (MDE)
Multidisciplinary Teams (MDT)
Multisystemic Therapy (MST)
Multisystemic Therapy Building Stronger Families (BSF)
Multisystemic Therapy-BSF-IPV
Multisystemic Therapy Emerging Adults (EA)
Multisystemic Therapy-Problem Sexual Behavior (PSB)
Outpatient Psychiatric Clinic for Children
Parenting Support Services
Prevention Care Management Entity (PCME)
Permanency & Placement Services Planning (PPSP)
Quality Parenting Centers
Reunification & Therapeutic Family Time

Residential Treatment Center
SAFE-FR
Start Program
STTAR
SubAcute Stabilization Center
Supporting Housing for Families
Survivor Care
SSTRY
Therapeutic Group Home
TLCC
Transitional Peer Support
Transitional Services Emerging Adults
Urban Trauma Center
Urgent Crisis Center
Voluntary Care Management
Wendy's Wonderful Kids
Work to Learn / Launch
Youth Link Mentoring