Governor's Cabinet for Non-Profit Health and Human Services Population Results Workgroup Recommendations September 27, 2013

Contents

Introduction

The Governor's Cabinet for Non-Profit Health and Human Services Population Results Workgroup was given the charge of building on the work of last year's group and providing recommendations to the Governor on incorporation of performance measures that demonstrate the contribution of the program to population results into Purchase of Services Contracts for health and human services. The workgroup members are:

Yvette Bello, Latino Community Services, Co-Chair
Ajit Gopalakrishnan, SDE, Co-Chair

Anne McIntyre-Lahner, DCF
Bennett Pudlin, Charter Oak Group
Cynthia McKenna, Catholic Charities
Karin Haberlin, DMHAS
Karl Lewis, DOC
Susan Keane, Appropriations Committee
Rhonda Evans, CT Assoc. for Community Action
Rick Porth, United Way
Nancy Roberts, CT Council of Philanthropy

Summary of Objectives and Recommendations

Objective	Work Completed	Recommendations
Explore and document existing process and practices within government, nonprofit, and philanthropic entities for connecting population results to outcome measures within service contracts.	Presentations to workgroup by Departments of Children and Families (DCF) and Mental Health and Addiction Services (DMHAS), Court Support Services Division (CSSD) and United Way on how their agencies have incorporated population indicators and performance measures into purchase of service (POS)contracts	**Recommendation 1**: Performance measures within purchase of service (POS) contracts for health and human services should demonstrate a program's contribution to population indicators and results. To ensure the consistent incorporation of such performance measures into POS contracts across all state agencies and branches of state government and to avoid subjecting providers to differing requirements, it is recommended that the Executive Branch, in consultation with the Legislative Branch and Judicial Branch, lead and coordinate this effort. **Recommendation 2**: Any state agency that awards health and human services POS contracts is strongly encouraged to establish an intra-agency team (that includes staff from data, operations, and contracts divisions) to support the inclusion of appropriate performance measures into POS contracts. **Recommendation 3**: State agencies, funders and providers need adequate support to develop, implement and use appropriate performance measures as outlined in Recommendations 1 and 2. Therefore, it is recommended that the coordinating entity within the Executive Branch arrange for the provision of adequate support from experts in this area. It is further recommended that the document created by the Population Results workgroup entitled *Lessons Learned: A Guide for Connecting Population Results and Performance Measures in Purchase of Service Contracts* (Appendix A) be used to guide this work.
Refine the list of population indicators and finalize for adoption by Cabinet	Building on last year's work, the Workgroup on Population Results began to vet the population indicators in the various domains and determined that indicators need to be populated with data for additional vetting. Support from OPM was offered and accepted and a list of state	**Recommendation 4**: The preliminary population indicators selected by the 2011-12 workgroup (see Appendix B) should be refined by the workgroup referenced in Recommendation 6 using actual data, and this process of refinement should be an ongoing one.

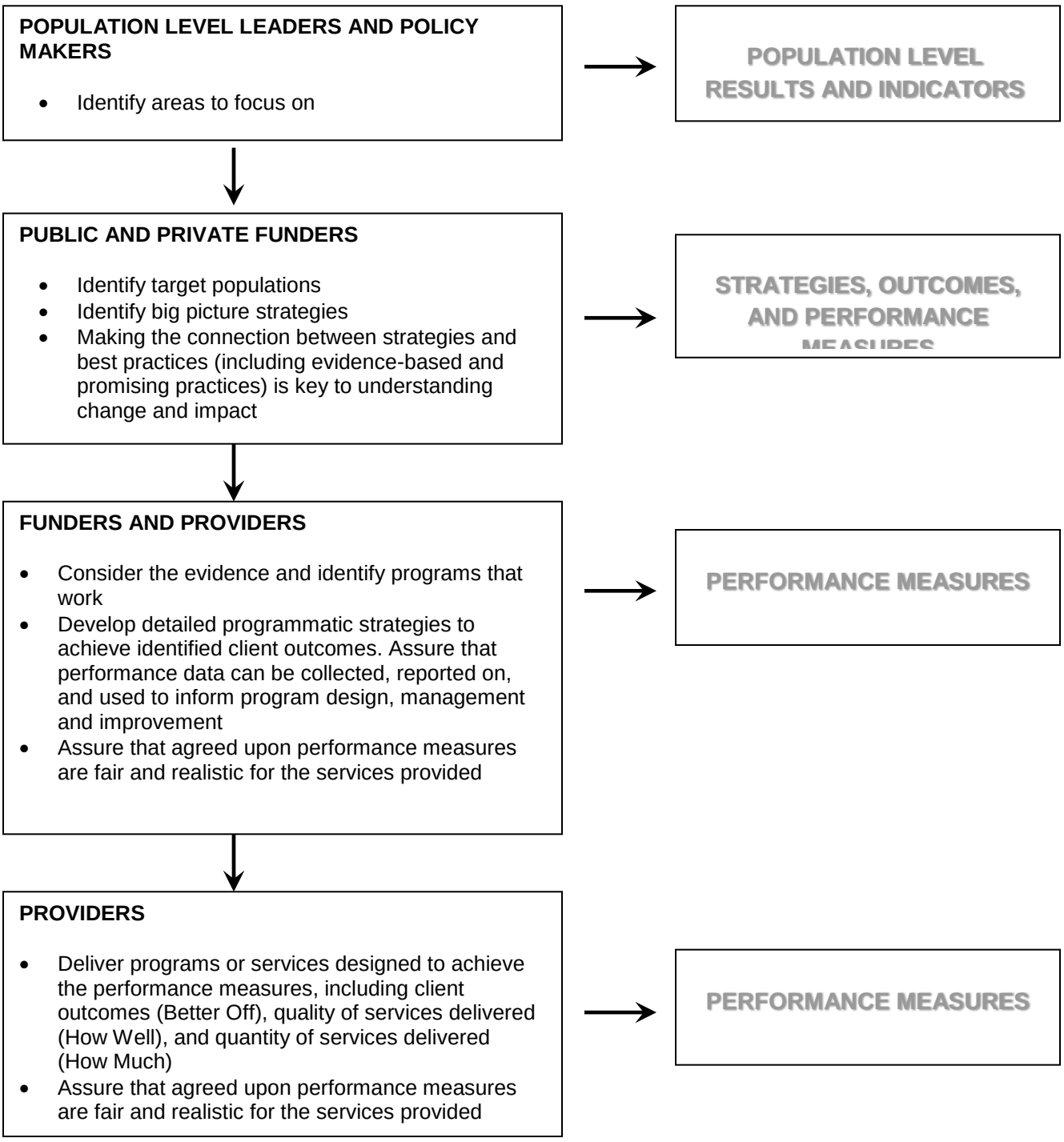
Objective	Work Completed	Recommendations
	agency contacts with access to the data has been developed. In addition, the indicators from the CTKIDS Report Card of the CT General Assembly, Committee on Children, that were adopted last year by the Cabinet, are included. Appendix B represents the entire list of indicators.	
Recommend a structure for organizing and maintaining population indicators and support for application of framework	Presentations by CTdata.org Weave platform and the CT State Data Center	**Recommendation 5**: CTdata.org, managed by the CT Data Collaborative, is the recommended structure for acquire, maintain and make accessible the population indicators.
		Recommendation 6: A workgroup similar in composition to the current Population Results Workgroup of the Cabinet that is broadly representative of all stakeholders including all branches of government, funders and providers, should be established to advise the coordinating entity on the work encompassed in Recommendations 1 through 5.

Appendix A. Lessons Learned: A Guide for Connecting Population Results and Performance Measures in Point of Service Contracts

Contents

I. FLOWCHART FOR CONNECTING POPULATION RESULTS AND PERFORMANCE MEASURES

This Guide is offered as a way to tie program performance measures (performance accountability), particularly client outcomes, to population level results (population accountability) by selecting and using measures that are most meaningful for program management and improvement and that help illustrate the program's contribution to the result, while at the same time making clear the program's appropriate level of accountability.



II. Introduction

Funders are increasingly embracing performance measurement as a way to ensure that taxpayer and donor dollars are well spent and to improve program quality. However, the best run program is only of actual value when the program contributes to a desired result. Programs are means to an end, and funders and policy makers should be interested in programs primarily based on how they contribute to a population level, quality of life result.

This Guide is offered as a way to tie program performance measures (performance accountability), particularly client outcomes, to population level results (population accountability) by selecting and using measures that are most meaningful for program management and improvement and that help illustrate the program's contribution to the result, while at the same time making clear the program's appropriate level of accountability.

To ensure that we keep the distinction between population accountability and performance accountability, we need clarity about the language we use. The Appropriations Committee of Connecticut General Assembly has adopted the following language for use by Connecticut state agencies:

- *Results are conditions of well-being for entire populations -- children, adults, families or communities* -- stated in plain English, or any other language. They are things that voters and taxpayers can understand. They are not about programs or agencies or government jargon.
- *Indicators are measures that help quantify the achievement of a population result.* They answer the question "How would we recognize these results in measurable terms if we fell over them?"
- *Performance Measures are measures of how well public and private programs and agencies are working.* The most important performance measures tell us whether the clients or customers of the program's service are better off. Measures that track the quality of the program, including the extent to which it reaches the intended beneficiaries, are also important.
- *Story Behind the Baseline is the diagnostic phase of this work.* It identifies the causes and forces at work behind the current level of performance for an indicator or performance measure. Without a clear understanding of what is causing the performance to be the way it is, any strategies or actions are likely to be just random good ideas.[1]

This Guide is based on the following principles:

- No one program or agency can be held responsible for population results or large systems change.
- Accountability is important, and because of that, funders have the responsibility to require performance measures. This is where the alignment between program performance and population results is most important. From the program's perspective, this is a way in which providers get to show the contribution of the program and its alignment with critical agency/funder strategies.

[1] Connecticut RBA Glossary, based on the work of Mark Friedman, found online at: http://www.cga.ct.gov/app/rba/2013/CT%20RBA%20Glossary%20Rev%20%201%20(12%2031%2011).pdf

- Funders and providers are partners in this work and hold complementary and interdependent roles in contributing to population level results (and the client outcomes that contribute to those results). The process for developing and implementing performance measures should be reflective of this relationship between and among the various partners.
- Lack of desired outcomes does not necessarily mean that a program, a provider, or a service design has failed; rather, the story behind the data must be understood in order to inform next steps. Less than optimal performance, especially on client outcomes, will signal the partners to first understand the story behind the data and to identify areas for improvement.
- State agencies need both support from the state budget office and control agencies, and a degree of autonomy in working out performance contracts with their providers; the old approach to contracting that keeps providers at arm's length until a contract is signed is not conducive to the kinds of partnership that are required for achieving population results.

III. DEVELOPING RESULTS, INDICATORS AND PERFORMANCE MEASURES

A. Overlapping Roles and Responsibilities

Population level leaders and policy makers:
Responsible for identifying population level result statements and indicators; assigning responsibility for populating and maintaining the indicators; using the analysis of the data and the relevant research to specify areas of strategic focus and high level strategies.

State budget office and control agencies:
Responsible for building a foundation for state agency contracting processes; providing a common framework for performance measure development; and providing support to state agencies and nonprofits in the development and use of performance measures.

State agencies and funders:
Responsible for convening work groups to analyze the data, examine the research and evidence base, determine best practices, and develop high-level/big picture strategies to achieve desired outcomes for the entire population or identified portions of the population/targeted client groups.

Contracting units, program leads, program developers
Responsible for convening agency and provider teams to jointly develop detailed agency and programmatic strategies with performance measures, including client outcomes.

Program operators and community providers:
Responsible for developing and delivering programs, initiatives, and services that are designed to achieve client outcomes and for reporting performance measures that have been jointly developed by providers, public agencies, and private funders.

B. Lessons Learned from Early Implementer Agencies and Funders

1. **Institutionalizing performance accountability** within the state/funding agency **and building organizational and staff capacity** before measuring provider performance will help to ensure a successful rollout of performance measures in POS contracts.
   - The Judicial Branch – Court Support Services Division (CSSD) developed a reporting system and performance measures for internal use and trained its staff before including these measures in POS contracts. Performance measures were developed and utilized to manage state employee (e.g. probation officer) performance at least three years prior to inclusion in POS contracts.
   - DCF developed its strategic plan using Results-Based Accountability (RBA), and sent a team of staff members to advanced RBA training to assist with strategic planning and performance measure development across the agency.
   - DMHAS has based many key performance measures on the National Outcome Measures developed and required by the Substance Abuse and Mental Health Services Administration (SAMHSA). These measures, as well as other system measures developed by DMHAS, have been incorporated into provider quality reports. DMHAS plans to begin publishing these provider quality reports on its public website starting in December 2013.
   - United Way identified a set of national strategic priorities based on population-level indicators and an understanding of what works to impact client outcomes. The United Way priorities will be used to develop outcome-based grants and contracts that are aligned to these indicators.

2. When developing performance measures, state/funding agencies should **start with the ends they are seeking** and then ensure that the means are appropriate. Can the service in question reasonably and realistically be expected to achieve these ends? Specifically, ask the following questions:
   - What is the population result to which this service makes the greatest contribution?
   - What is the purpose of this program? Why is this service being funded; what do we hope to achieve by implementing this service?
   - Through what services and activities does this program actually contribute to the result?
   - What performance measures do we need in order to understand the quality of the program and its impact on its clients?
     - HOW MUCH: How can we measure how many clients we are serving and services we are delivering?
     - HOW WELL: How will we know if we are doing a good job of reaching the target population and delivering services well?
     - BETTER OFF: How will we know that clients/customers are better off for having participating in this program?

3. State/funding agencies need to **involve providers** at the earliest possible stage of performance measure development and selection.
    - CSSD engaged Connecticut Community Providers Association and Connecticut Association of Nonprofits to convene performance measure development meetings between CSSD and provider agencies. The purpose of these meetings was to clarify the desired population result, achieve consensus on program performance measures, and agree to an implementation plan and timeline. These groups meet regularly to monitor the process.
    - DCF program leads met with providers to jointly develop performance measures across program types. DCF has learned that it is important to involve providers on at least three different levels: provider agency staff from multiple levels within individual agencies; provider agency staff, across multiple agencies, by program type; and provider trade groups.
    - DMHAS convenes regular bi-monthly conference calls with its funded providers to discuss data quality and performance measures. Additionally, after each new quarterly provider quality report release, DMHAS holds provider forums to review results and receive feedback. This process has been ongoing since 2009.
    - Several United Way organizations in Connecticut request that grantees initially identify performance measures in their proposals for funding and explain how the proposed program will contribute to the results United Way has identified. Upon an award, grantees are then required to engage in the development of common performance measures with other grantees working on programs that contribute to the same result.

4. Before committing to a set of performance measure for POS contracts, the state/funding agency and provider partners need to **develop measures that are meaningful, reliable, and valid** and that, ideally, have been tested, tweaked over time, and piloted. Identifying data sources is an important step in this process. Good performance measures cannot be developed without good data. The involvement of the providers does not stop with the selection of the measures but must include the "operationalization" of the measures, the process by which technical aspects of the measure are refined and data are collected and reported.
    - CSSD worked for years to build its data system and capacity before embarking on this project. In 2003 and 2005, CSSD launched a completely redesigned Case Management Information System that would serve as the foundation for performance measurement of its internal programs. In 2007, it launched the Contractor Data Collection System, which would become the hub of data for contractor performance measurement.
    - DCF piloted training and a set of tools to help program leads and providers develop performance measures that measure the quantity and quality of contracted work and anticipated client outcomes. The pilot helped DCF learn the importance of also identifying data availability and sources as a key part of the process.
    - DMHAS maintains a continuous quality improvement process wherein providers and other key stakeholders review and give feedback with each quarterly provider report. Provider review of the DMHAS quality reports is essential, not only so that they may benefit from the data, but also to identify potential problems with

data quality or current operationalization. However, many of DMHAS' performance measures are federally required and are not able to be modified.
    - A number of United Ways consult with grantees to jointly determine the most appropriate performance measures based on grantee experience and United Way goals.

5. **Separate contract compliance and fiscal accountability** from the provider performance system; they are very important but will dilute the focus on performance measures if not addressed separately. If compliance issues are included, acknowledge them as relating to the quality of service delivery (How Well), not client outcomes (Better Off).
    - CSSD only includes program performance measures in its performance based contracting initiative at this point. Contract compliance and fiscal accountability data collection and quality are currently being assessed. Inclusion of these two areas as performance measures in the contracting initiative will be at the "How Well" level of performance measurement only.
    - DCF developed a contract compliance section for POS contracts to measure and account for important service components like staffing levels, hours of operation, and certain requirements for evidence-based services, which are very important but are not necessarily performance measures.
    - DMHAS is exploring ways to incorporate program performance measures, standardized by level of care, into provider contracts; however, benchmarks are still being piloted as of early FY14.

IV. USING RESULTS, INDICATORS AND PERFORMANCE MEASURES TO TURN THE CURVE

A. Using Performance Measures to Manage Performance

- Ideally, funders and providers **jointly analyze the data** to determine what is working well (and might be a best practice) and what requires improvement. This partnership is essential for program management and improvement and requires a degree of trust among the partners.

- It is important to **develop a solid baseline of performance data** so that funders and provider partners understand the performance history in order to thoroughly investigate external factors that could be affecting individual provider performance, e.g., case load mix, regional economic conditions, demographics, local policies or systems; where appropriate, these factors need to be accounted for in the measurement approach or in any targets.

- **Do not introduce targets** for performance measures **until** you have a **strong comfort level with the measures** and enough of a baseline to have a defensible basis for the targets. Providers need to be involved in this process for it to have credibility.

B. Supporting Strong Performance

- State/funding agencies should **develop both financial and less tangible incentives** that can be provided for good performance. It is important to make sure that incentives do not create unintended consequences. For example, performance measures for an employment and training program that include employment outcomes (Better Off) could lead the program to enroll participants who were most likely to get a job even without the program. Counter-balancing the employment outcome measures with "How Well" measures that count the percent of participants who are hardest to serve eliminates the incentive to cream.

  CSSD has developed the following incentives for its contracted programs:
  - Letter of recognition from Judicial/CSSD
  - Reduction in contract monitoring level
  - Small tokens of recognition
  - Staff Development / Appreciation Day (program closes for one day during Judge's Institute)

C. Addressing Under-Performing Efforts

- State/funding agencies should **develop a graduated response to weak performance**. The graduated response should include a series of steps starting with funders and providers working together to first understand performance measure data and the context in which programs are operating. CSSD has developed the following steps when accountability for performance, in fact, sits with providers:
  - Increase in contract monitoring
  - Comprehensive program review by CSSD contracts staff
  - Conditional contract
  - 90-day notice of contract termination

The fourth and final step in the graduated response is only to be undertaken after all previous steps have been thoroughly pursued. However, all graduated responses focus on program improvement.

D. Learning From Past Performance

- Use provider past performance as part of evaluation criteria for new RFPs
- Work with vendor community to agree on what aspects of past performance are scored, how much weight each measure gets, and what percent of total score past performance accounts for

Appendix B. Headline Indicators by Result and Data Source

Result 1 – Economic Security: All Connecticut residents are economically secure.

Result 2 – Health: All Connecticut residents are developmentally, physically, and mentally healthy across the life span.

Result 3 – Education: All Connecticut residents succeed in education and are prepared for careers, citizenship and life.

Result 4 - Safety: All Connecticut residents live in safe families and communities.

Result 5 – CTKIDS: - All children grow up in a stable environment, safe, healthy and ready to succeed.

Result 6 – Elderly or Disabled: All Connecticut residents who are elderly (65 +) or have disabilities live engaged lives in supportive environments of their choosing. (Indicators are included within the other results).

#	Result	Topic Description	Specific indicator(s) specified by Cross-Agency Population Results Subcommittee	Department
1	Economic Security	Unemployment Rate	Unemployed for >6 & >12 mos	CTDOL
2		Low Income Population	<200% FPL by age	Census/DSS
3		Public Assistance Recipients	Food stamp recipients	DSS
4		Employment Rate for Elderly and Disabled	% elderly or disabled who are employed	Census, DSS,
5		Housing Cost Burden	% Owners/Renters paying 30/50% income to housing	DECD/DOH
6		Skilled Workforce	% Adults with some college or above or w HS diploma (Economic Security)	Census/SDE
7	Education	Ready for Kindergarten	% entering K needing instructional support (SDE)	SDE
8		3rd or 4th Grade CMT Scores	% at or above goal on CMT Reading & Math	SDE
9		High School Graduation Rate	Cohort Graduation Rate overall & Grad rate for disabled (Support for Elderly/Disabled)	SDE
10		Disconnected Youth	% 16-24 employed, in school, or in military	SDE
11		Educational Attainment	% population age 25-34 with college degree (Educational Success)	Census, Board of Regents/Higher Ed
12		College Graduation Rate	Graduation rate for HS & CT colleges \ for disabled (Support for Elderly/Disabled)	Board of Regents/Higher Ed

#	Result	Topic Description	Specific indicator(s) specified by Cross-Agency Population Results Subcommittee	Department
13	Health	Access to Care	% residents without health insurance	Census, DOI
14		Premature Mortality	Premature mortality (all causes <75) or % living to 75	DPH
15		Mental Health	% adults and children reporting mental health less than good in past 30 days	DMHAS
16		Birth Outcomes	Low and very low birthweight	DPH
17		Obesity Rate	% residents who are obese by age	DPH
18		Care facilities for elderly & disabled	% elderly or disabled who receive care in home based vs institutional setting	DSS has at least partial data on this
19	Safety	Crime Rate	Crime Rate, Juvenile, violent and property	DESPP
20		Family and Domestic Violence	Arrests for DV	Judicial
21		Child Welfare	Substantiated abuse & neglect	DCF
22		Abuse and Neglect of elderly & disabled	Substantiated abuse & neglect	OPA, Department on Aging
23		Traffic Crashes	Traffic crash injury or death per capita	DOT
24		School Safety	YRBS Survey on school safety	DPH
Indicators from the CTKIDS Report Card of the CT General Assembly, Committee on Children Adopted by the Cabinet in 2012				
25	Stable		Children chronically absent from school (%)	CT Dept.of Education
26			Families spend over 30% of income for rent (%)	ACS/KidsCount - CTData
27			No parent has full-time employment (%)	ACS - CTData
28			Families without enough money to buy food (%)	FRAC/End Hunger CT
29	Safe		Child abuse and neglect cases (per 1,000)	CT Dept. of Children and Families
30			Unexpected deaths all causes ages 0-18 (#)	CT Office of Child Advocate
31			Referrals to Juvenile Court for delinquency (#)	CT Judicial Branch, Court Operations
32			ER visits for injuries all causes ages 0-19 (per 100,000)	"CT Dept. of Public Health
33	Healthy		Babies born at low birth weight (per 100 births)	CT Dept of Public Health
34			Children with health insurance (%)	CT Dept of Public Health
35			Children who are obese (%)	CT Dept of Public Health
36			High school students who seriously considered suicide (%)	CT Dept of Public Health, CSHS
37	Future Success		3rd graders reading at or above state goal	CT Dept of Education
38			Kindergartners needing substantial instructional support (%)	CT Dept of Education
39			On-time high school graduation (%)	CT Dept of Education
40			Children living in poverty/households below 100% of the Federal Poverty Line (%)	ACS - CTData