



**Using Performance-Based Contracts to
Improve Outcomes in Child Welfare:
Findings from the Cross-Site Evaluation of
QIC-PCW Demonstration Sites**

QIC-PCW Team

Cross-Site Evaluation:

Teri A. Garstka, Ph.D. – University of Kansas

Karl Ensign, MPP & Melissa Neal, Dr.PH – Planning & Learning Technologies, INC

QIC-PCW Project Director:

Crystal Collins-Camargo, Ph.D. - University of Louisville

Jennifer Hall, MSW – University of Kentucky

For more information, contact:

garstka@ku.edu

crystal.collinscamargo@louisville.edu

Presentation Outline

- Brief overview of sites
- Cross-site evaluation approach
- Outcome findings and performance
- Qualitative findings for context/explanation of outcomes
- Lessons learned

Three Demonstration Sites: Florida, Illinois, Missouri

Different PBC/QA Interventions Across Sites

- Case management – FL & MO
- Residential - IL
- Public/Private Structure
- Contract Specifications – Incentive/Penalties
- Quality Assurance Systems
- Organizational or System Supports

Different Designs Across Sites

- Multi-county contractors vs comparison - FL
- 3 Regional private contractors vs public mirror sites vs public agency + random case assignment – MO
- State-wide private contractors - IL

Different Outcomes Across Sites

- Process & Practice outcomes – FL
- CFSR outcomes – MO
- Treatment & Discharge outcomes - IL

Cross-Site Evaluation Research Questions

RQ1: Does an inclusive and comprehensive planning process produce broad scale buy-in to clearly defined PBC/QA?

RQ2: What are the necessary components of PBC/QA systems that promote the greatest improvements in outcomes for children and families?

RQ3: When operating under a PBC/QA system, are the child, family and system outcomes produced by private contractors better than those under the previous contracting system?

RQ4: Are there essential contextual variables that independently appear to promote contract and system performance?

RQ5: Once initially implemented, how do program features and contract monitoring systems evolve over time to ensure continued success?

Cross-Site Approach to Evaluating Different Interventions & Outcomes

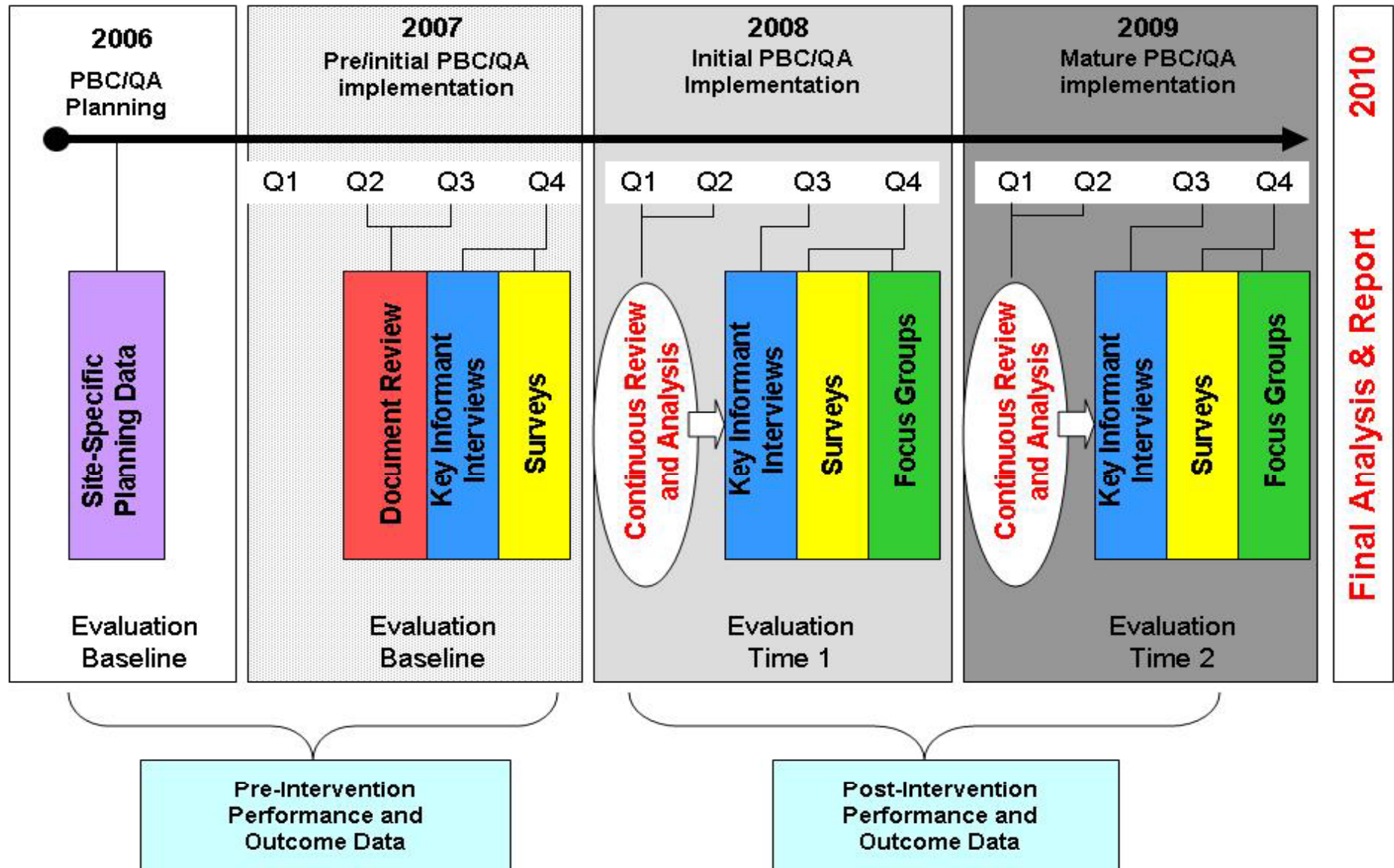
Multi-Method Qualitative Data Collection: Consistent, targeted information collected across sites over time from key stakeholders and front-line staff

Drivers of Change: Collaboration, training, supervision, quality improvement – common measurement and data collection intervals across sites

Appropriate Analyses Within Site Over Time: Examining impact on performance of individual PBC/QA models over time based on design

Appropriate Analyses Across Sites Over Time: Standardizing measurement and utilizing multiple approaches to measure performance on outcomes (% of agencies meeting performance targets; Overall Δ in performance over time)

Cross-Site Evaluation Data Collection Timeline



**Do Performance-Based Contracts in
Public-Private Partnerships
Produce Better Outcomes?**

Measuring Change in Outcomes & Performance

Standardized metrics = Must have a standard metric for different measurement scales; *turning apples into oranges*

Mixed Methodology = Given variability in type of outcomes being measured, must use multiple methods that are independent of what is being measured to build evidence base

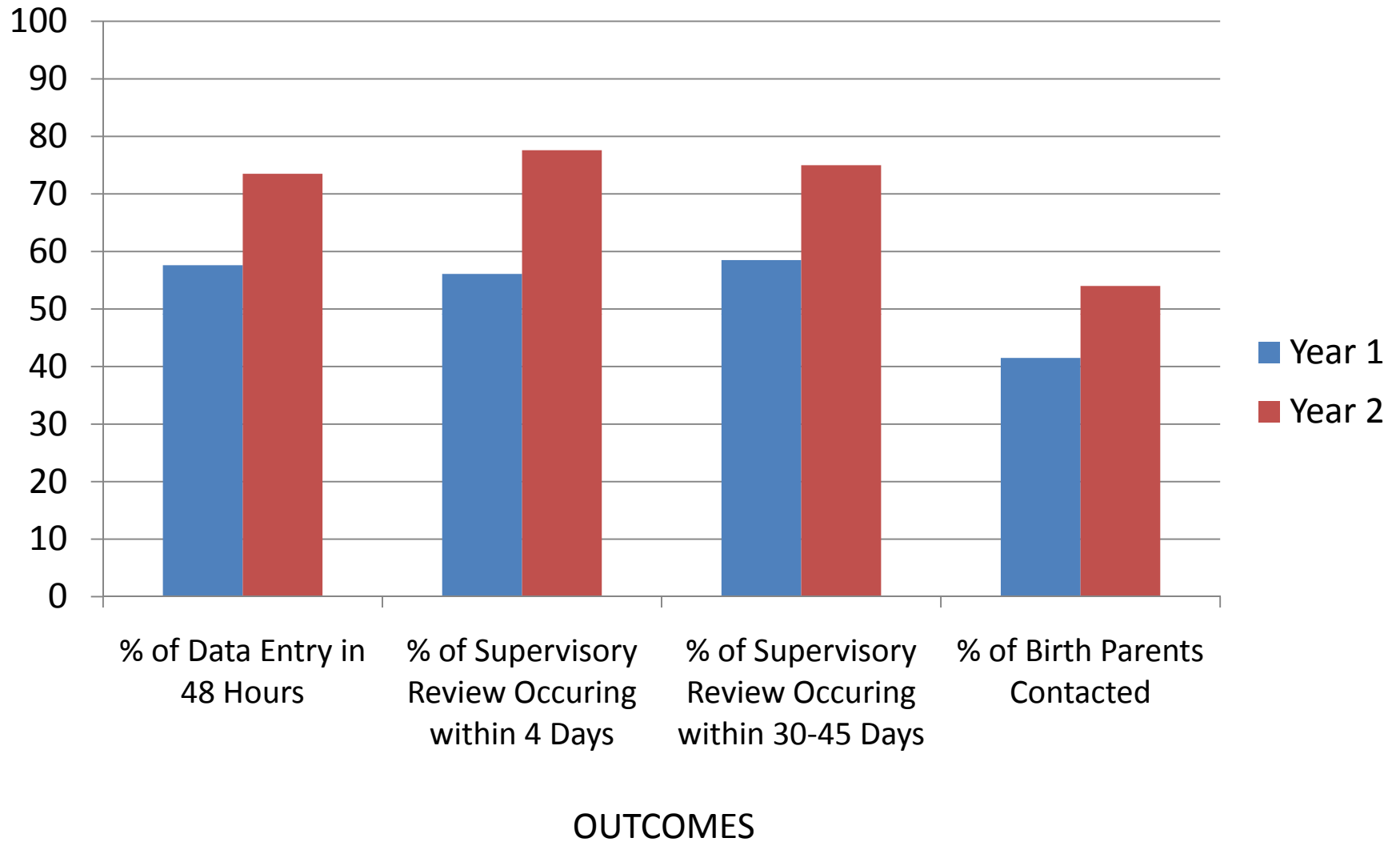
Outcome Performance = Relative change over time in outcome(s); *Does performance on producing outcomes improve or decline?*

Target Achievement = Absolute number of entities that meet contract performance expectation out of total entities; *Does the ability to achieve contracted outcomes improve or decline over time?*

Outcome Performance

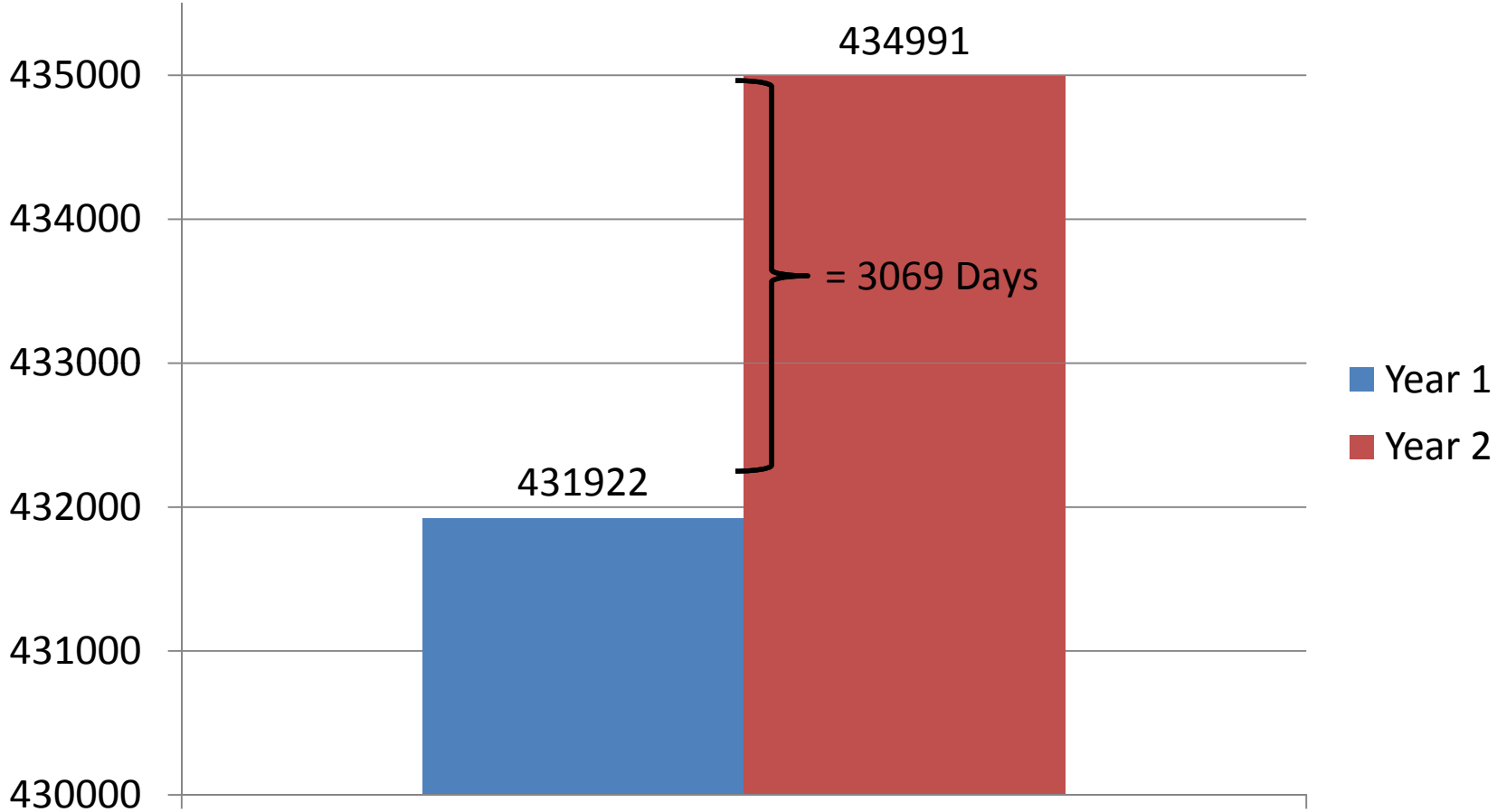
- Two time points of complete data from all sites and referred to as Year 1 (FY2008) and Year 2 (FY2009)
- Contract outcomes include a variety of measures:
 - % of agency staff who complete required tasks in quality manner - FL**
 - % of children who are safe, achieve permanency, or re-enter care - MO**
 - # of treatment days youth remain in agency care - IL**
- Outcome data from all three sites were compiled together and standardized by converting all data into z-scores – this transforms mixed scaling data such as percentages or whole numbers into one common metric
- Can then assess whether performance under PBC across sites showed an overall increase, decrease, or neutral level of improvement over the course of project
- Comparison group data is not available for all sites, thus this analysis focused only on intervention site change over time

Florida Outcome Performance



Note: Florida collected monthly data which was aggregated into 12 month time periods for this analysis; all outcomes were incentivized in contracts

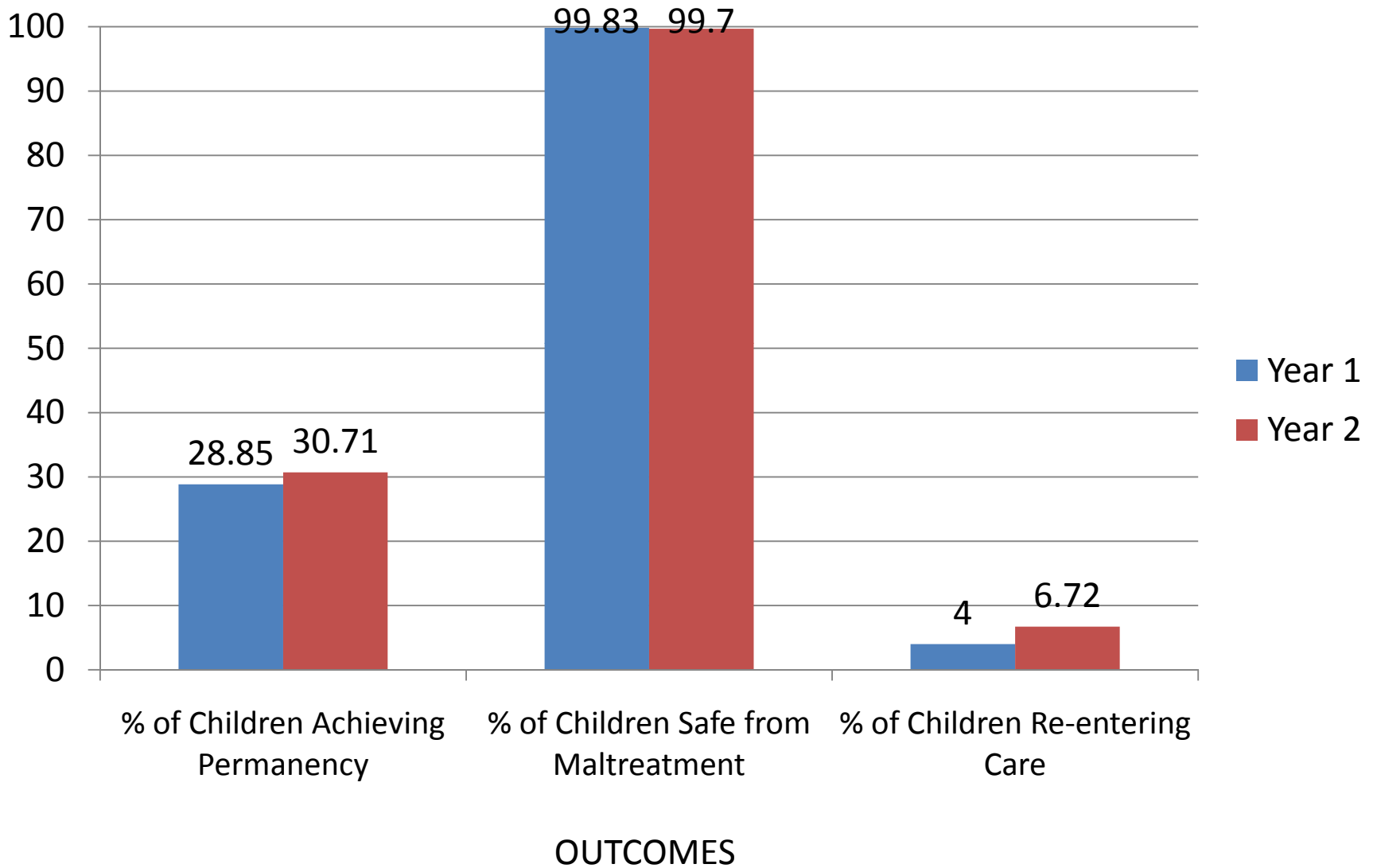
Illinois Outcome Performance



Number of Days Youth Remained in Residential Facilities Across State to Receive Appropriate Care

Note: Illinois held contractors harmless in Year 1, contractors were penalized if they did not meet the required number of treatment opportunity days in their contracts; there was not sufficient data available to analyze performance over time on IL's incentivized measure of sustained favorable discharge.

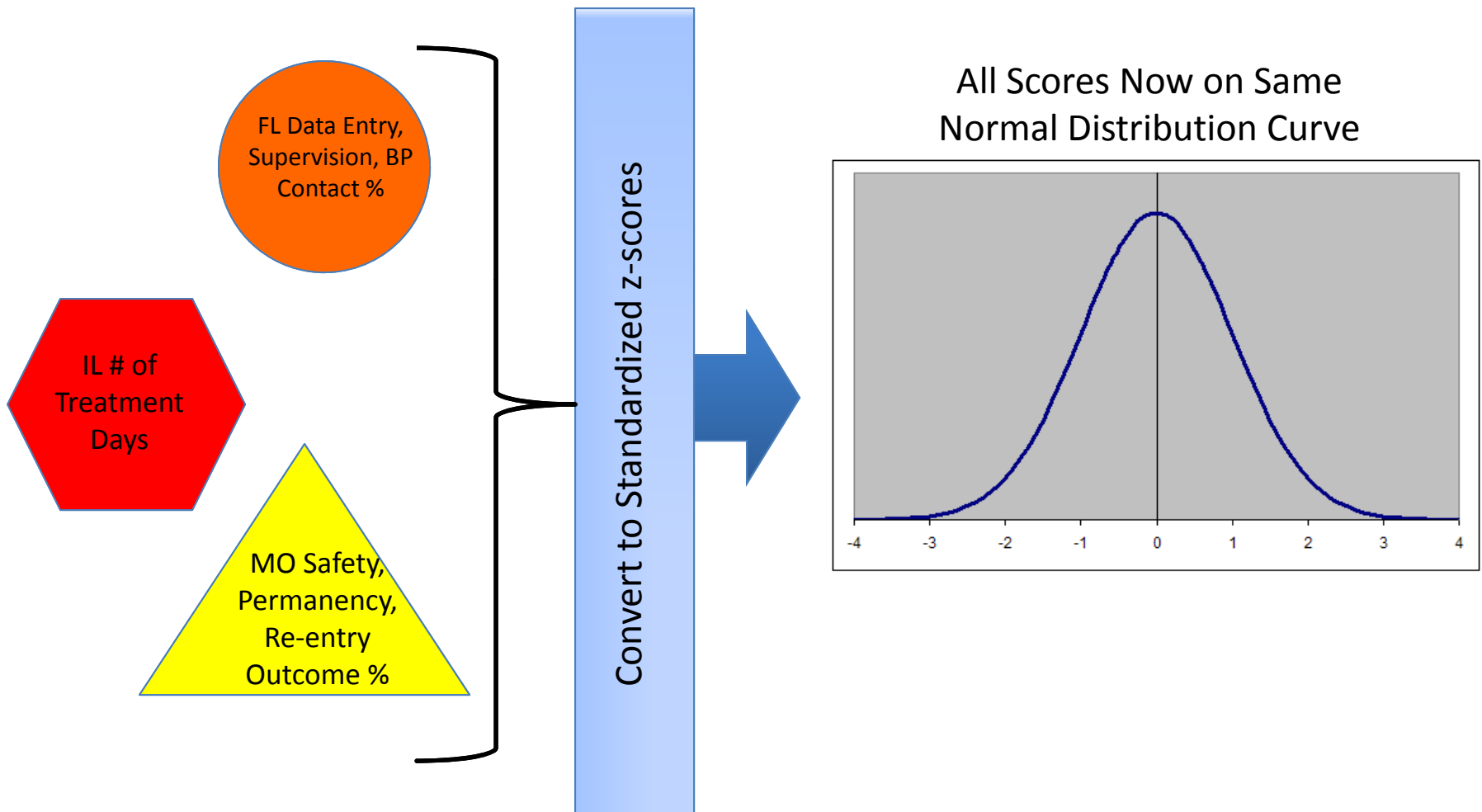
Missouri Outcome Performance



Note: Analyses include only private contractors and do not include public mirror site data; total number of children Y1 = 3249; Y2 = 3228

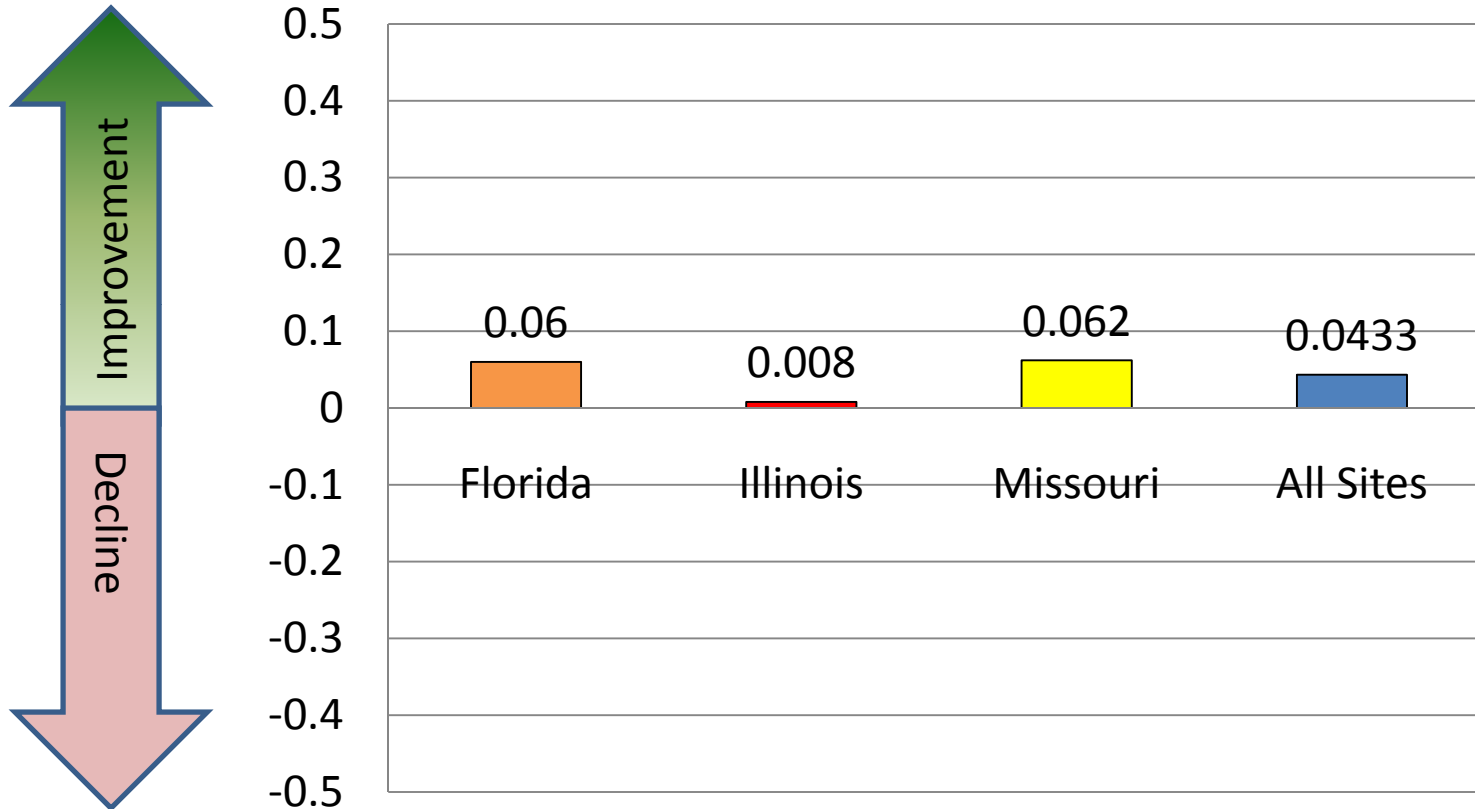
Across all outcomes and sites, does performance improve or decline?

Standardize Measurement to Assess Relative Change in Outcome Performance



Note: z-scores are calculated based on population mean and standard deviation, distribution has a mean of 0 and SD of 1. Positive scores are interpreted as being above the mean, negative are below

Relative Change in Performance (Standardized) From Project Year 1 to Project Year 2



Note: Scores represent the standardized difference between Y1 and Y2; 0 represents no change from Y1 to Y2

Summary: Outcome Performance

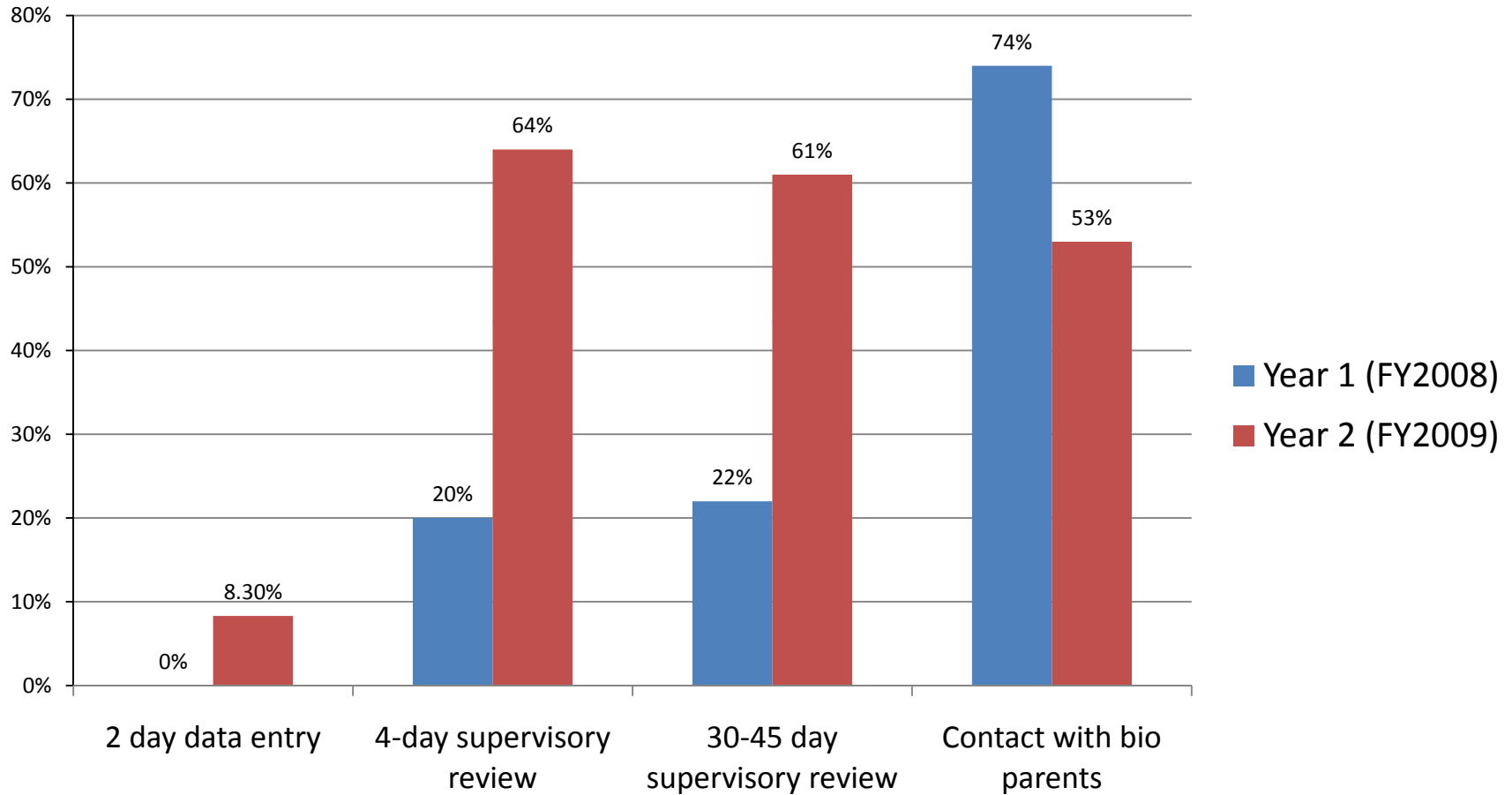
- Raw data from each site shows that for the majority of outcomes, outcome performance by contractors improved from Y1 to Y2 under PBC
- Standardized data across sites and outcomes shows that the relative change or difference in performance from Y1 to Y2 was positive (+.0433)
- Translated: This represents a 4% improvement in overall outcomes

Are agencies able to achieve and sustain performance over time by consistently meeting their targets on outcomes?

Performance on Achieving Contract Specified Targets for Outcomes

- Analyzed the extent to which the contractors within a site were able to meet the performance targets set for each outcome in their performance-based contracts
- Calculated based on the # of agencies or collection of agencies within a site meeting established target as a percentage of total possible opportunities to meet target
- This analysis measures performance by showing how effective agencies are at achieving specific levels of outcomes over time.

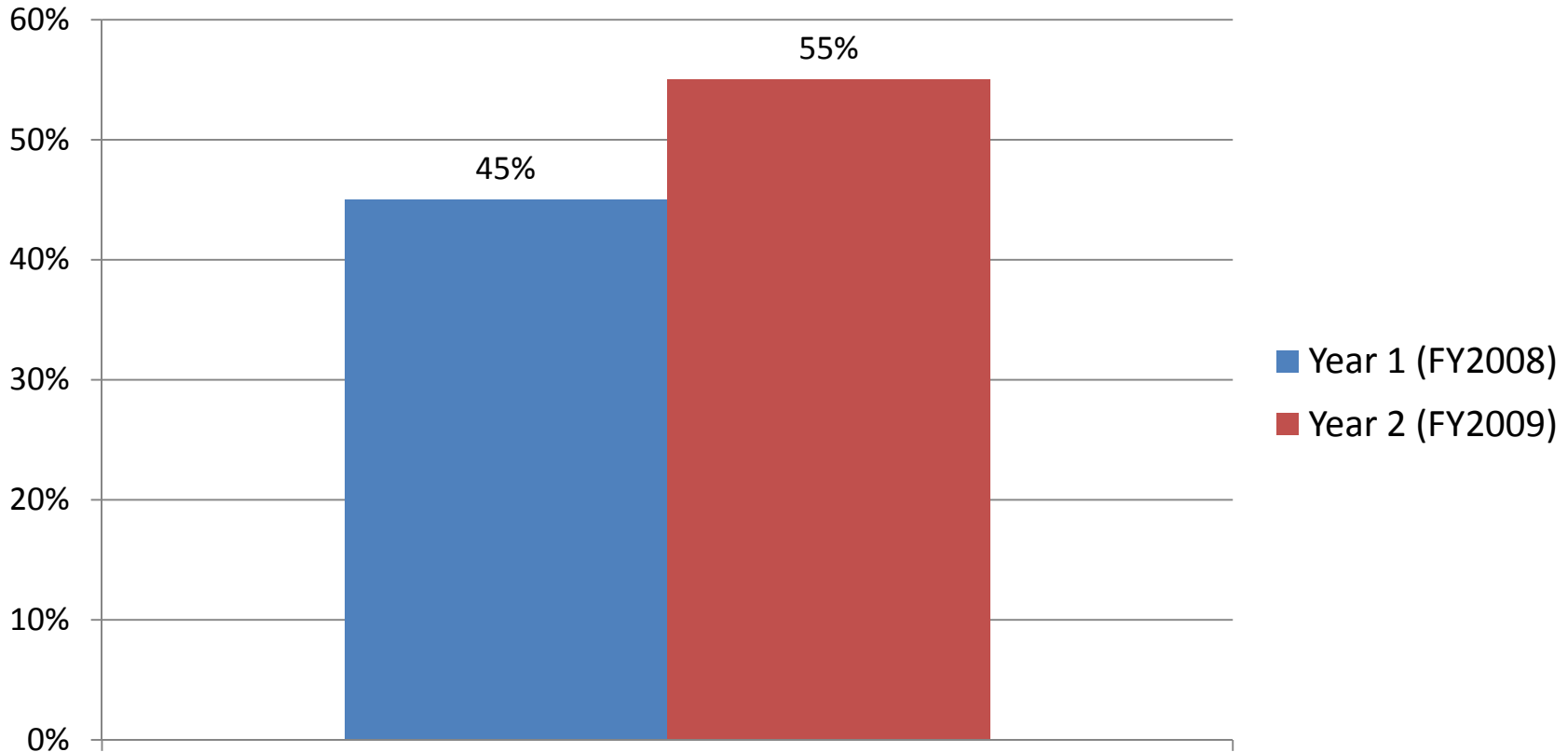
Florida Performance on Achieving Contract Targets



Percent of Agencies Meeting Monthly Target on Each Outcome

Note: 6 contracts (among 4 agencies) with 12 monthly targets in a year = 72 opportunities (6 contracts X 12 months) to achieve 100% performance

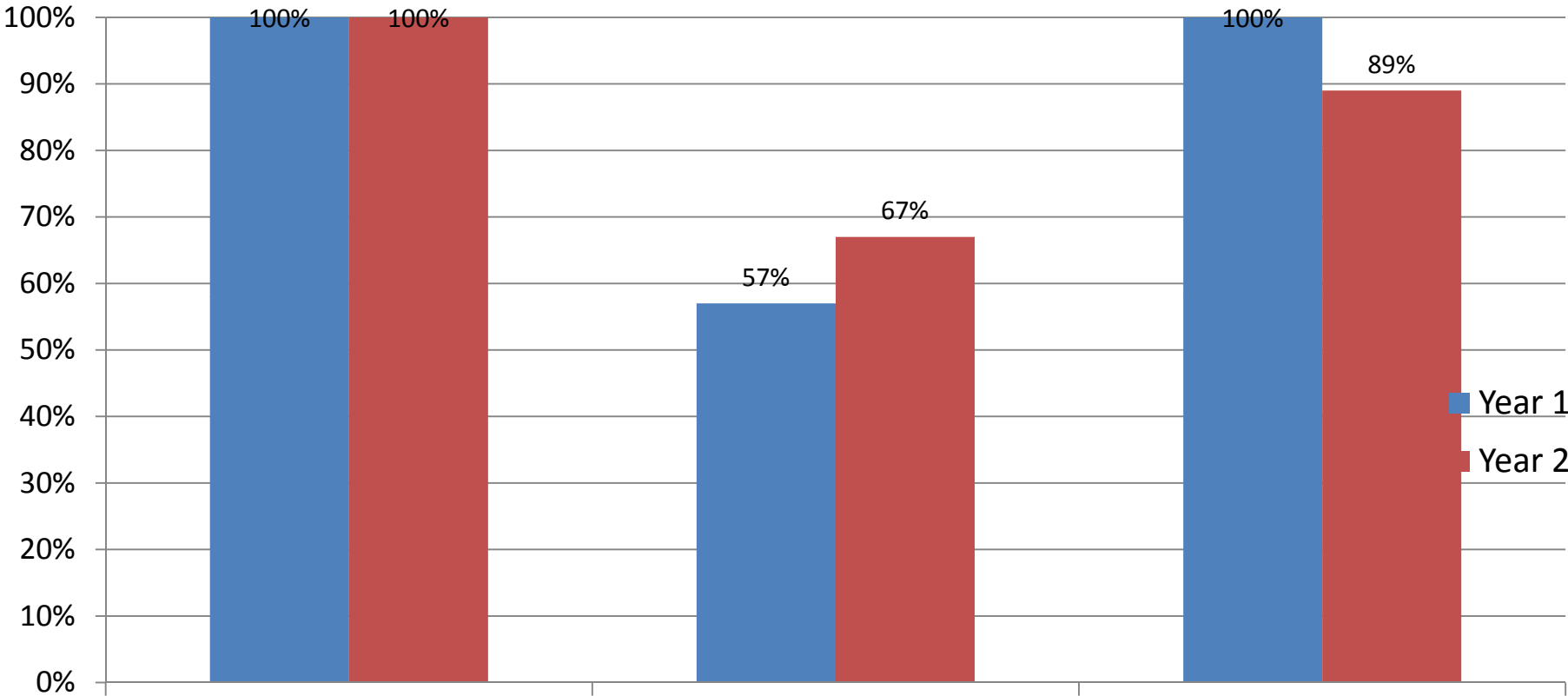
Illinois Performance on Achieving Contract Targets



Percent of Contracts with Agencies Meeting Annual Target on Treatment Opportunity Days

*Note: 76 contracts (among 45 agencies) and 1 outcome in Year 1 = **76** total target opportunities; 79 contracts and 1 outcome in Year 2 = **79** target opportunities*

Missouri Performance on Achieving Contract Targets

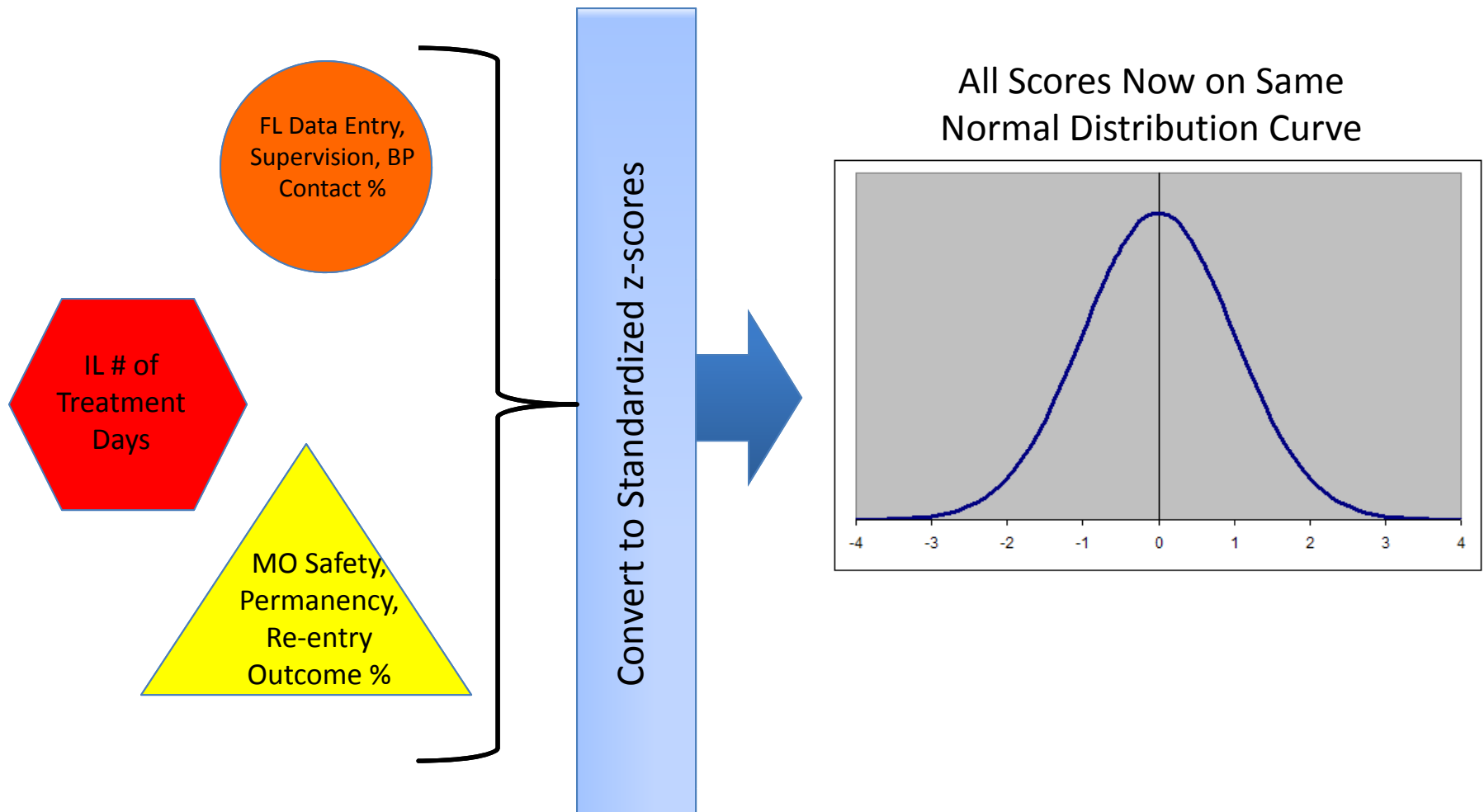


Percent of Consortiums Meeting Annual Targets on Each Outcome

Note: 6 private consortiums with 4 outcomes in Year 1 = 24 total target opportunities; 7 private consortiums with 4 outcomes in Year 2 = 28 total target opportunities; Y1 = FY2008; Y2 = FY2009

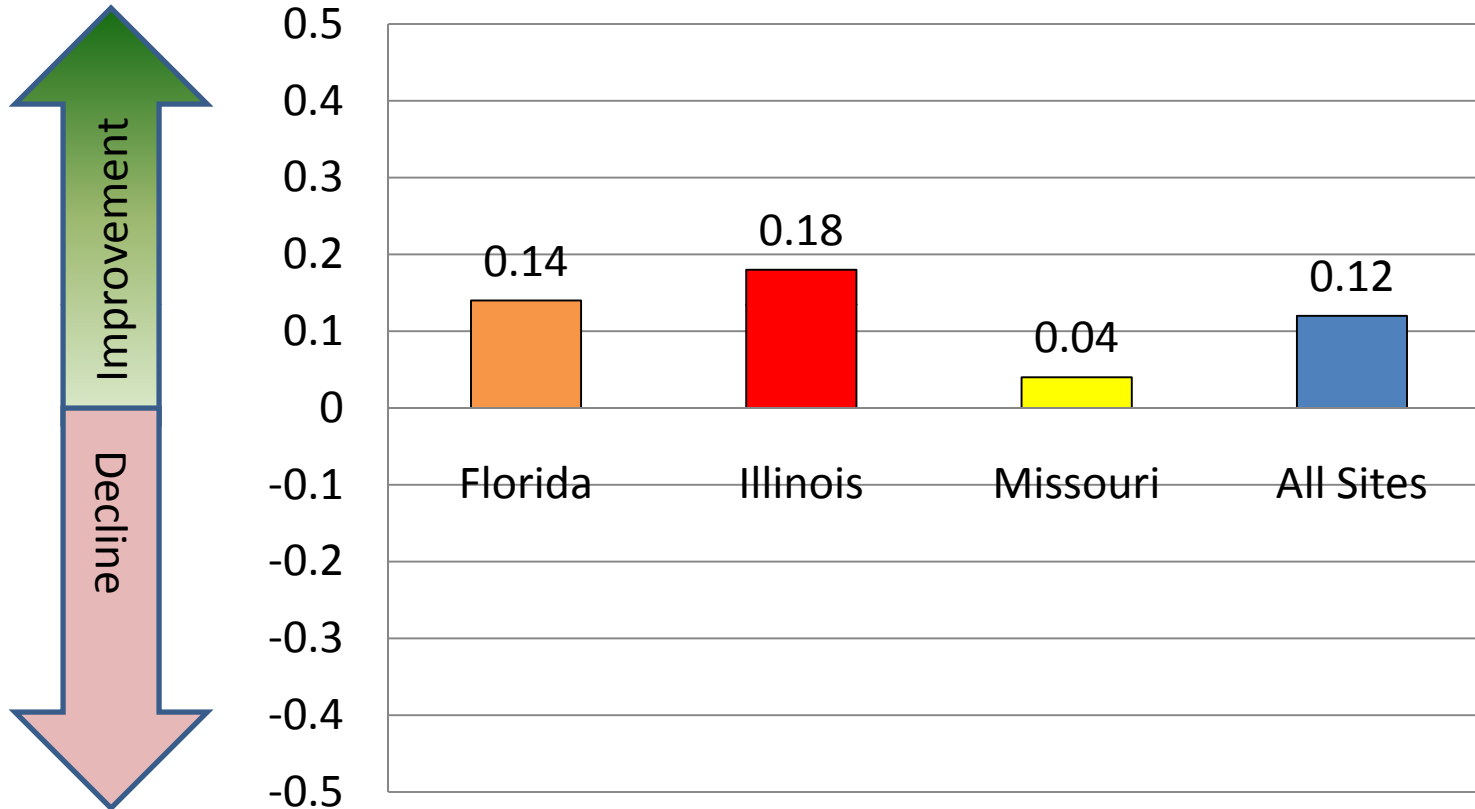
Across all outcomes and sites, does performance improve or decline?

Standardize Measurement to Assess Relative Change in Outcome Performance



Note: z-scores are calculated based on population mean and standard deviation, distribution has a mean of 0 and SD of 1. Positive scores are interpreted as being above the mean, negative are below

Relative Change in Performance (Standardized) From Project Year 1 to Project Year 2



Note: Scores represent the standardized difference between Y1 and Y2; 0 represents no change from Y1 to Y2

Summary: Performance on Achieving Contract Targets

- Raw data from each site shows that for most outcomes, agencies improved their ability to meet outcome targets from Y1 to Y2 under PBC
- Standardized data across sites and outcomes shows that the relative change or difference in target achievement performance from Y1 to Y2 was positive (+.12)
- Translated: This represents a 12% improvement in overall agency performance in fulfilling contractual outcome specifications

Outcome and Performance Summary

- Taken together, data shows that as agencies improved their ability to meet targets specified in their performance-based contract, outcomes also improved.
 - In **Florida**, this meant that front-line workers improved practice by receiving quality supervision and increasing the number and quality of contacts with birth parents of children in care.
 - In **Illinois**, this meant that more youth remained in the care of residential agencies receiving the appropriate level of care and were less likely to be hospitalized or on the run.
 - In **Missouri**, this meant that more children achieved the permanency goal established in their case plans.
-

How did public/private partnerships work together to achieve these outcomes using performance-based contracts?

Qualitative Data Collection

Site Visits	Document Review	Focus Group	Key Informant Interviews
<ul style="list-style-type: none"> • 2 visits per year • 2007-2010 • Focused discussion on implementation, evaluation, outcomes, process 	<ul style="list-style-type: none"> • Continuously gathered and reviewed • Meeting minutes • Planning documents • Evaluation findings • Site reports • Contracts and modifications 	<ul style="list-style-type: none"> • Two sets of focus groups (2009 & 2010) • First with key stakeholders focused on PBC implementation & process • Second with front-line staff and supervisors focused on communication about PBC, practice changes, use of data, supports for outcomes 	<ul style="list-style-type: none"> • Conducted at end of project (late 2009 & early 2010) • One-on-one interviews with key leadership and staff • Reflection on planning process, communication & collaboration, practice change, use of data, PBC/QA structure & system, impact, lessons learned

Common Elements for Success

Political

Right Time and Support for Change

Leadership

Right Leaders Driving Change & Staying Involved

Collaboration

Inclusive Planning Process Between Public & Private

Planning

Sufficient Time to Plan

Communication

Formalized, Transparent Communication Structure

Meaningful Feedback to All Levels

Practice

Support for Practice Change

Data

Having and Using Reliable Data

QA/QI

Restructuring QA/QI Process to Support PBC

Outcomes

Selecting Right Outcomes and Building a Contract Around Them

Site-Specific Supports for Achieving Success

	FLORIDA	ILLINOIS	MISSOURI
Collaboration Support	<ul style="list-style-type: none"> •Neutral Facilitator •Supervisory Roundtable 	<ul style="list-style-type: none"> •Provider Forums & Info Dissemination •Issue-Specific Workgroups 	<ul style="list-style-type: none"> •Program Manager Meetings •Issue-Specific Workgroups
Outcome Support	<ul style="list-style-type: none"> •Supervisory Review Tool •Family Finders 	<ul style="list-style-type: none"> •Discharge & Transition Protocol •Child Youth Investment Teams (CAYIT) & Centralized Matching 	
Practice Support			<ul style="list-style-type: none"> •Statewide Practice Summits
Decision Making Support		<ul style="list-style-type: none"> •Child Welfare Advisory Committee (CWAC) 	<ul style="list-style-type: none"> •CEO Meetings
Organizational/System Support		<ul style="list-style-type: none"> •University Research Partnerships 	
Data Support		<ul style="list-style-type: none"> •Residential Treatment Outcome System (RTOS) •Data Test Workgroup 	<ul style="list-style-type: none"> •Random Case Assignment
Quality Assurance Support	<ul style="list-style-type: none"> •Detailed Agency & Worker-Specific QA Reports 	<ul style="list-style-type: none"> •Monitoring Shift to Quality vs Compliance 	<ul style="list-style-type: none"> •Joint Public/Private QA/QI Alignment

Lessons Learned Across Sites

Process

- Planned collaboration and communication process structures are critical
- Performance-based contracting is an evolutionary process that takes time
- If phasing in, need structured plan for new sites using lessons learned from experienced
- Use a fidelity checklist for implementation

Public/Private Partnerships

- Put equal emphasis on reform in both the public and private sectors
- All providers are different entities - they don't operate the same.
- May need to be more direct and prescriptive with the private sector

Contracts

- Collaboratively choose right outcomes to match overall system goals
- Develop a longer term plan than the current contract
- Marry finance to outcome development at the start
- Need fluid peer record review across sectors
- Don't have dual case management system
- Be flexible in contracts and allow innovation

Data

- Develop or modify data collection/tracking system that is robust
- Must have reliable and accurate data to measure outcomes/performance

Conclusions

- Formal public/private partnerships via performance-based contracts and aligned quality assurance systems can lead to improved system and child/family outcomes
- This is a data-driven process that requires a robust data system infrastructure and commitment to using outcome evaluation to monitor performance
- Additional organizational or system supports can help ensure practice change and outcome attainment
- Developing and sustaining collaborative relationship is key to successful planning, implementation, progress, adaptation