HB 1451 Collaborative Management Program
Year 1 Statewide Evaluation Findings

OCTOBER 2010

FOR FURTHER INFORMATION, PLEASE CONTACT

LAURA LANDRY
303-839-9422, EXT. 170
llandry@omni.org

ERIN INGOLDSBY
303-839-9422, EXT. 116
eingoldsby@omni.org

Revised 12-7-10

Table of Contents

The Collaborative Management Program (CMP) initiative **3**
The state CMP initiative 5
CMP statewide program evaluation 7
Evaluation goals 8
Evaluation methods 9
Legislative Goal I **12**
Mandated components of CMPs 12
Local adaptation 14
Inclusion of the input, expertise, and active participation of parent or family advocacy organizations 24
Legislative Goal II **29**
Legislative Goal III **34**
Legislative Goal IV **39**
Cost-sharing approaches 40
Cost reductions and potential cost savings 41
Legislative Goal V **46**
Defining CMP target populations 46
Defining CMP outcomes 48
An assessment of local performance 52
Summary and Recommendations **59**
Endnotes **66**
Appendices **68**
Appendix A. Timeline of CMP statewide evaluation activities. 69
Appendix B. Cost reductions in select areas targeted by the CMP 70
Appendix C. Performance outcomes assessed by CMPs in 2009-2010. 71

The Collaborative Management Program (CMP) initiative

In 2004, the Colorado General Assembly passed House Bill 04-1451 (referred to as HB 1451) to establish collaborative management programs that would improve outcomes for children and families involved with multiple agencies at the county level. The General Assembly determined that the "development of a uniform system of collaborative management is necessary for agencies at the state and county levels to effectively and efficiently collaborate to share resources or to manage and integrate the treatment and services provided to children and families who benefit from multi-agency services."[i] The legislative intent of HB 1451 was to address the increasing number of families served by more than one agency or system (e.g., juvenile justice, child welfare, mental health, education), which can account for large portions of agencies' resources.[ii]

The Collaborative Management Program (CMP) aims to improve both quality and cost-effectiveness of interventions for Colorado children and families facing involvement with multiple governmental programs and community agencies as a result of health, education, child welfare, and juvenile justice system contact. The legislation calls for county agencies and partners to voluntarily develop a collaborative management structure and process that brings together agencies and services that provide diverse yet sometimes overlapping services for at-risk, high systems-use children and families. Participating partners in local CMPs have included county departments of human/social services, local judicial districts, health departments, school districts, community mental health centers and Behavioral Health Organizations, parent or family advocacy groups, and community agencies. Specifically, the goals of the legislation are to create CMPs that seek to accomplish the following:

Legislative Goals of the Collaborative Management Program (CMP) Initiative

1. Develop a more uniform system of collaborative management that includes the input, expertise, and active participation of parent advocacy or family advocacy organizations
2. Reduce duplication and eliminate fragmentation of services provided to children or families who would benefit from integrated multi-agency services
3. Increase the quality, appropriateness, and effectiveness of services delivered to children or families who would benefit from integrated multi-agency services
4. Encourage cost sharing among service providers
5. Lead to better outcomes and cost-reduction for the services provided to children and families in the child welfare system, including the foster care system, in the State of Colorado

Colorado Revised Statute, Title 24, Article 1.9 (2010)

1. Develop a more uniform system of collaborative management that includes the input, expertise, and active participation of parent advocacy or family advocacy organizations
2. Reduce duplication and eliminate fragmentation of services provided to children or families who would benefit from integrated multi-agency services
3. Increase the quality, appropriateness, and effectiveness of services delivered to children or families who would benefit from integrated multi-agency services
4. Encourage cost sharing among service providers
5. Lead to better outcomes and cost-reduction for the services provided to children and families in the child welfare system, including the foster care system, in the state of Colorado.

Centrally, the legislation charges the state and counties to reform social service systems through the introduction of systemic changes that require collaboration between governmental agencies, namely the development of interagency oversight and management groups and the establishment of interagency policies and practices that target the duplication and fragmentation of services and the effectiveness of services for families. The goal is to improve outcomes for multi-system involved youth and families by creating a highly coordinated network of services, which have numerous documented benefits including:

- Increased probability of improvement in child and family outcomes
- Maximization of available resources for the provision of services
- Increased coordination within and among service delivery systems
- Shared responsibilities across systems and service providers[iii]

Further, the legislation reflects the Systems of Care philosophy which has been a significant influence on social service systems reform in Colorado. In the social service arena, core elements of the Systems of Care philosophy, including community collaboration, family involvement in service planning and delivery, and culturally competent services tailored to the unique needs of different populations,[iv] have broadened interagency collaborative efforts and decision-making processes to include community representatives.

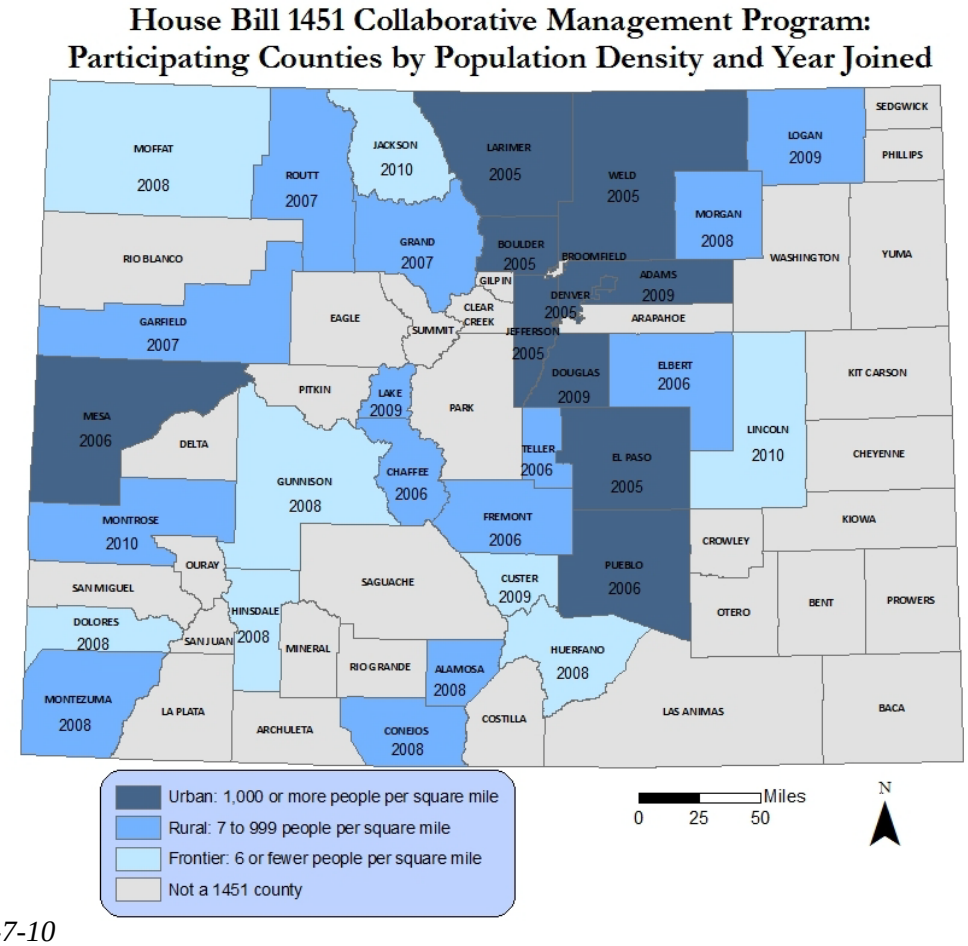
> *"**Community collaboratives**...can reduce duplication of services, build community capacity, create synergy, and most importantly, engage multiple disciplines in dealing with issues that have multiple causes and solutions."*
>
> Emshoff et al., 2007, *American Journal of Community Psychology*

Community collaboration, family involvement and the emphasis on cultural competence, has engaged stakeholders outside of state government in consensus-oriented efforts to manage public resources and solve problems through collective processes of public policy and procedure development and implementation. In part, community collaboration has become a hallmark of social services reform in Colorado due to research that has indicated that it can be an effective method for addressing complex social and health problems that arise from interrelated causes.[v]

The state CMP initiative

The CMP initiative was first implemented in six counties in 2005-2006. Over time, additional counties have joined the state initiative: a total of 10 counties participated in 2006-2007, 17 counties in 2007-2008, and 22 counties in 2008-2009. In 2009-2010, 29 counties participated in 27 CMPs (two CMPs reflect county partnerships), and three additional counties plan to join the initiative in 2010-2011. Currently, the counties participating in the CMP initiative vary significantly in size and collaborative structure; population density, denoted as urban, rural, or frontier; models for service delivery; and stated outcomes.

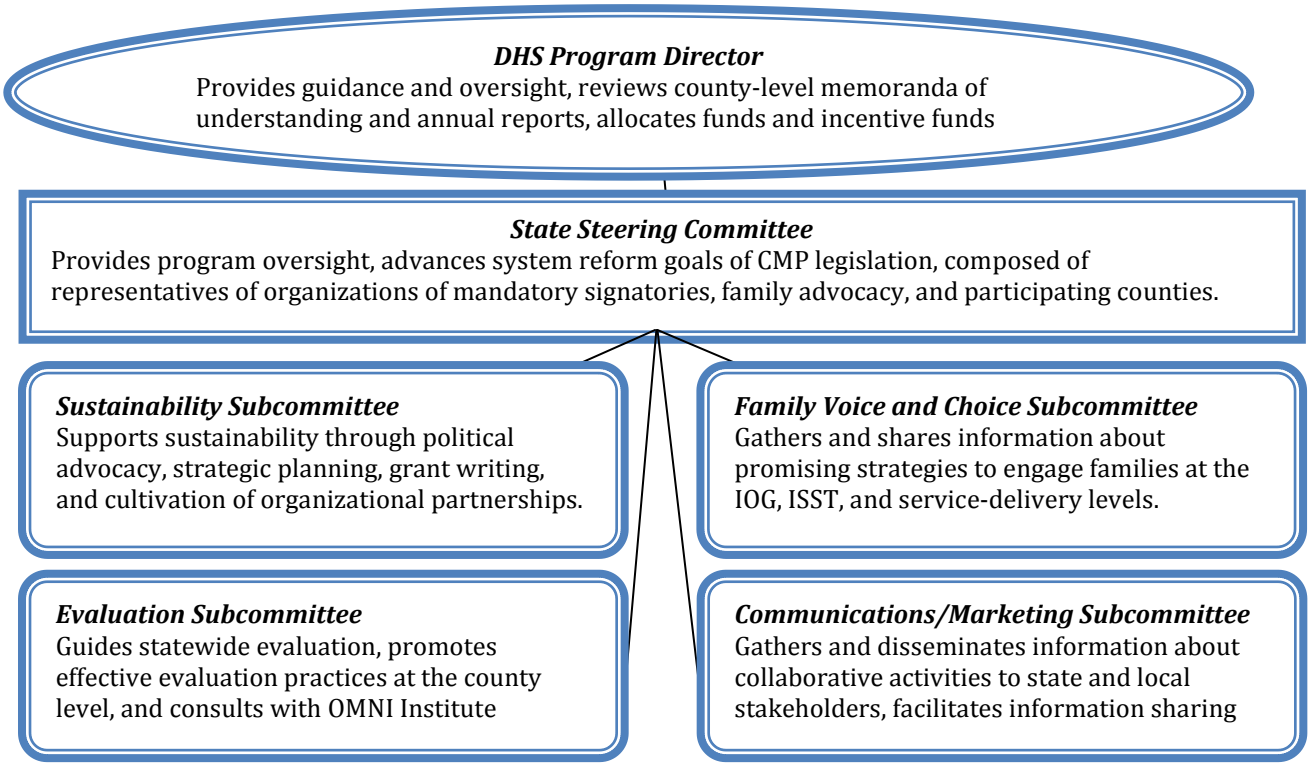
Figure 1.



Revised 12-7-10

The CMP initiative is directed by the Colorado Department of Human Services, the agency appointed to administer the initiative, a non-legislated State Steering Committee (SSC), and a set of subcommittees that forward the objectives of the initiative. Figure 2 below displays the structure of the oversight and activities of the committees. Committee members include CMP coordinators, state agency representatives, and other key stakeholders and partners.

Figure 2. Structure of state management of the CMP



The State Steering Committee determined that in order to assess accomplishments in legislative goals, performance based measures should be developed by a County Interagency Oversight Group (IOG) in four areas:

- Child welfare
- Juvenile justice system
- Education
- Health/mental health/other health services (e.g., substance abuse)

Performance based earned incentive money is made available based on impacts to and substantiated incomes in these areas and in accordance with a formula approved by the State Board of Human Services. CMPs are required to set specific targets in all four outcome areas and to describe how they plan to meet these targets. Incentive funding is to be used for a variety of purposes including: facilitation of collaborative processes (including hiring trained facilitators and family support staff); project coordination; filling gaps in services that are not available through other sources; and start-up funds for new programs identified by the IOG as needed in the community.

CMPs may request waivers of rules, can receive earned incentive money for meeting identified outcomes, and opt to reinvest any general fund savings into additional services to children and families that would benefit from multi-agency services.

CMP statewide program evaluation

As the initiative has grown, there has been increasing recognition within the state management structure regarding the need for a statewide evaluation to measure the initiative's progress on legislative goals and to learn more about the role of collaborative management programs in systems change. Despite existing research on the benefits of interagency and community collaboration, research demonstrating definitive impacts of collaboration management programs is limited—although studies have demonstrated intermediate effects thought to lead to positive child and family outcomes.

In 2008, House Bill 08-1005 authorized an annual external evaluation of the Collaborative Management Program initiative. Colorado Revised Statute (24-1.9-102.5) states that the Department of Human Services, with input from the counties, involved state agencies, participating stakeholders, and participating parent or family advocacy organizations will develop the criteria and components of the external evaluation. The Colorado Department of Human Services (CDHS), in collaboration with these identified partners participating on the State Steering Committee, determined the following criteria for the statewide evaluation: CMPs must report on the number of children and families served through the individualized service and support teams and the outcomes of the services provided; estimated costs as well as cost-shifting or cost-saving related to implementing the CMP approach; and information relevant to improving the delivery of services to persons who would benefit from multi-agency services.

In July of 2009, CDHS hired OMNI Institute (OMNI) to lead a statewide evaluation of the CMP initiative for FY2009-10. OMNI Institute is a non-profit, social science research,

evaluation and technical assistance firm based in Denver, Colorado that was established in 1976 (formerly OMNI Research and Training, Inc.). In October, OMNI began working in partnership with the CMP State Steering Committee (SSC) to develop the structure and design of the evaluation.

The SSC formed an Evaluation Subcommittee (EC) to guide the development of an evaluation research design and ensure that research questions, methods, and other aspects of the design met the needs of local CMPs as well as CDHS. EC members have included IOG coordinators from three counties; the Program Director from the Department of Human Services; representatives from the Department of Justice; Division of Behavioral Health; State Judicial Branch; OMNI research staff; and Drs. Larson and Hicks, collaboration researchers from the University of Denver. The evaluation approach undertaken by the EC is highly collaborative and participatory, and it has charged OMNI to ensure that evaluation findings are capable of being used to improve program efforts and, ultimately, the conditions and circumstances that they are intended to impact.

Evaluation goals

The overarching goal of the ongoing evaluation has been to improve the overall effectiveness of the CMP initiative by identifying collaborative structures and processes that achieve the goals of HB 1451 legislation (e.g., increased family involvement; reduced duplication and fragmentation; increased quality, effectiveness and appropriateness of services; greater cost and resource sharing across agencies; and improved child and family outcomes). To this end, during this first year of the evaluation, efforts have focused on:

- Identifying common and unique components of CMP service and systems delivery models and implementation
- Measuring the quality of collaborative structures, relationships, and processes as well as the perceived effectiveness of the collaborative approach
- Building infrastructure and processes to assess progress on legislative goals in a standard way across CMPs
- Identifying how CMPs are locally measuring program impacts by identifying each CMP's targeted populations and child/family outcomes, data indicators, and performance goals
- Evaluating the capacity to assess cross-CMP impacts on key population-level outcomes and providing recommendations and guidance in establishing infrastructure to move towards statewide outcome analyses.

The evaluation design is formative; that is, evaluation methods are designed to inform program improvements throughout the implementation process rather than waiting until the program ends to assess effectiveness. Thus, the evaluation also explores areas such as observed and reported successes and barriers to local implementation to provide a contextualized understanding of the findings and to develop feasible and effective recommendations to guide the larger initiative.

Evaluation methods

Data presented in this report were obtained from multiple sources and evaluation methods. With a focus on participatory and formative evaluation techniques involving stakeholders throughout the process, the evaluation employed a multi-case, non-comparative design and mixed methodology, collecting both quantitative and qualitative data through survey and interview methods. The specific methods are enumerated below by evaluation goal and a timeline of evaluation activities is provided in Appendix A.

Identify common and local components of CMP implementation

- Document review. Evaluators reviewed all MOUs and prior years' reports to identify common approaches and service models across local CMPs and conducted a brief review of on-line resources and publications pertaining to the CMP.
- Site visits to all participating CMPs. Evaluators interviewed each designated IOG coordinator and conducted a focus group with members of each IOG to identify the ways in which families move through the service delivery system.
- Literature review. Evaluators reviewed extant research literature to identify key learnings and evidence supporting the collaborative management approach.

Measure collaborative processes and effectiveness

- Key informant interviews. Dr. Larson and Dr. Hicks interviewed nine IOG coordinators and other key stakeholders about the collaborative climate, relationships, processes, and perceived successes in order to identify effective practices.
- Two surveys to all IOG members. On-line surveys assessed IOG members' perceptions of the quality and effectiveness of collaborative practices within their CMPs. Evaluators provided local results to CMPs to guide quality improvement efforts within IOGs.

Create infrastructure to evaluate and share progress on legislative goals

- Online quarterly and annual reporting system. Evaluators developed and implemented the Quarterly Reporting System (QRS), in which CMPs record changes including new or retiring partnerships, structural modifications, new programs and/or services,

successes, challenges, and ongoing goals. Evaluators provided technical assistance and training to local CMPs on the data system, as well as local evaluation and measurement issues.

- Qualitative coding of CMP-reported approaches to impact legislative goals. Evaluators systematically reviewed data gathered from CMPs through annual reports and identified reported strategies to impact legislative goals.
- Creation of a more streamlined communication system via a web-based "portal". The Portal is a web-based system designed to assist CMPs in working in a collaborative environment, by allowing access to common documents, calendars, and resources in a centralized location. CMPs can improve efficiencies by using the portal to communicate, network, and share resources and promising practices.

Evaluate local and cross-CMP outcome measurement

- Compilation of common outcomes. Evaluators compiled and coded outcomes listed in MOUs, identified the ten most frequently targeted outcomes, and requested CMPs report on two for statewide evaluation purposes.
- Synthesis of annual performance outcomes. Evaluators systematically reviewed CMP-reported performance information to report on local and cross-site target populations and achieved outcomes.
- Review of available cross-site data sources. Evaluators reviewed existing publicly-available county-level datasets to determine feasibility of a cross-site comparison of the ten common outcomes. The review identified challenges inherent in the data sources.
- Pilot of a new database system "Efforts to Outcomes" (ETO) for tracking client-level service data and outcomes. The Gunnison/Hinsdale CMP piloted a database tracking system for the clients that move through their ISST process. The system is continuing to be refined and reviewed for feasibility for offering it for investment in other CMPs.

In large part, evaluation methods to date have necessarily relied upon collecting and analyzing IOG members' and coordinators' perceptions and self-reported data due to the lack of standardized data collection mechanisms as well as considerable variation in performance measures at the local level. Thus, findings must be interpreted with caution as there may be stakeholder biases, including social desirability effects, which may have impacted data quality. Additionally, collected data was largely qualitative. In many areas, CMP coordinators and IOG members were asked to provide detailed descriptions of their processes and achievements. The evaluation team coded their responses for important themes that were aggregated to explore patterns across CMPs. Despite requests to provide detailed information, there may have been some instances in which CMPs did not report on

some of their activities and outcomes and thus the quantitative results (e.g., number of CMPs reporting any particular strategy) may be underestimated. In subsequent years of the evaluation, quantitative data methods will be more frequently employed and integrated into the data collection systems.

This evaluation report describes local and state-level CMP efforts to target the legislative goals of HB 1451 and summarizes findings from the first year of the statewide evaluation. Findings presented in this report are not exhaustive; additional reports and deliverables have been produced as the various methods identified above were implemented. The report focuses on the primary orientation of evaluation activities during the first evaluation year as well as comprehensive information regarding CMP structures and processes at the local- and state-level of the initiative. To date, the evaluation has revealed the substantial variation and complexity in how the local Interagency Oversight Groups implement the CMP and the diversity of locally-defined performance measures. Moreover, the variation that has been revealed has led to the identification of a number of evaluation challenges that influence the extent to which statewide impact of the CMP initiative can be definitively demonstrated. The specific nature of these challenges and recommendations to address them are discussed in the concluding section of the report.

Legislative Goal I: Develop a more uniform system of collaborative management that includes the input, expertise, and active participation of parent advocacy or family advocacy organizations.

The first legislative goal of the Collaborative Management Program set several expectations regarding local implementation of a collaborative management system. The legislation mandated that the multiple agencies addressing the needs of Colorado families, youth and children develop a more uniform, interagency system of service management. Further, the legislation mandated that collaborative management systems engage parent or family advocacy groups, in order to ensure the system's responsiveness to the families it serves. The evaluation has examined whether the establishment of local CMPs has contributed to greater uniformity in the county systems that address the needs of families, youth and children, more effective working relationships between involved agencies, and stronger involvement of organizations that advocate on behalf of families in contact with these agencies.

Uniformity of public systems serving Colorado families

There are a number of common features of CMPs that are mandated through legislation or the terms of CMP funding. These include IOGs, ISSTs, a CMP coordinator, and family involvement. Legislation requires that IOGs are comprised of voting members from child welfare, juvenile justice, education, and health/mental health agencies. In addition, it requires that ISSTs include the necessary representatives from IOG member agencies to integrate services for families that are engaged with multiple agencies. One of OMNI's first major evaluation efforts was to conduct face-to-face group interviews or focus groups with each IOG to learn about the local CMP structure and the collaborative interagency processes established. OMNI supplemented focus group data with information from CMP quarterly reports and survey data. The following describes what was learned about local CMP implementation and progress towards greater uniformity.

Mandated components of CMPs

As noted in the introduction, the legislation calls for county agencies and partners to develop a collaborative management system that connects agencies and coordinates services provided to at-risk, high systems-use youth and families. The legislation mandates CMP partnerships with county departments of human/social services; local health departments; local judicial districts, including probation; school districts; community mental health centers and Behavioral Health Organizations. The legislation and DHS have strongly encouraged CMPs to also involve parent or family advocacy groups and other

community agencies with related missions and service populations. Together these agencies and organizations serve at-risk and high systems-use children and families and thus establishing collaborative partnerships amongst these entities is essential to target the legislative goals of HB 1451.

The legislation also required agencies and systems to develop new organizational structures and processes to facilitate the collaboration it required among multiple agencies, systems of service, and families served. The legislation required that all CMPs implement two organizational structures to create forums for interagency collaboration, an Interagency Oversight Group (IOG) to facilitate communication and resource sharing across agencies, and an Individualized Service and Support Team (ISST), to plan and coordinate the delivery of services for multi-agency involved families. Additionally, CMP implementation required the establishment of new processes that would facilitate effective teamwork. These new processes would involve methods for sharing perspectives on important issues, making collective decisions, and implementing procedural change across agencies.

To establish multi-agency commitment to the CMP, CDHS requires counties to submit a Memorandum of Understanding (MOU) with participating partners that addresses the following areas:

- Definition of the population to be served
- Services and funding sources
- Creation of an Interagency Oversight Group (IOG)
- Development of collaborative management processes
- Development of Individualized Service and Support Teams (ISST)
- Clear authorization to contribute resources and funding
- Description of the process to reinvest monies saved
- Performance based measures
- Confidentiality protections and requirements.

Legislative and grant requirements have supported the development of several shared characteristics across CMPs. These include not only the IOG and ISST collaborative structures, but also key issues to be addressed through collaborative processes, such as resource allocation and reinvestment and the identification of shared measures of performance. These legislative requirements, however, have left considerable room for local adaptation.

Local adaptation

The evaluation identified several key areas where CMP structures and processes were typically adapted by local CMPs: 1) the relationship between and respective roles of IOGs and ISSTs; 2) IOG approaches to improving and coordinating direct services; 3) ISST models of service delivery; and 4) family engagement practices. Local adaptation has allowed CMPs to build upon existing collaborative infrastructure. At the same time, local adaptation also has set limits regarding the extent to which uniform systems of collaborative management are established through the state initiative. As the discussion below suggests, the state initiative may be making important advancements in terms of a more unified and uniform system within individual counties, with relatively little uniformity in systems across the state.

CMPs differed in terms of the relative authority and scope of responsibilities defined for IOGs and ISSTs. While legislation clearly charged IOGs with oversight of the local CMP, counties have defined this oversight role differently, from ground-level service coordination to broad systems and policy level change. Focus groups indicated that one of the main factors in determining the scope and authority of IOG oversight was the structural relationship that the local CMP established between the IOG and the ISST.

For example, in some counties, the IOG served as the management body, directly supervising ISST functions. In these counties, the IOG might:

- Hire and manage an ISST coordinator
- Establish ISST policies and processes, including meeting frequency, location, family involvement
- Approve ISST referrals (i.e., ISST referrals might be approved by the IOG before families are assigned for service coordination)
- Approve funding for specific families (i.e., ISSTs might be required to request funding from the IOG to fill a gap in services for a particular family).

In other counties, an intermediary body might serve to manage one or more ISSTs and report to the IOG membership. In some of these cases, an agency-based ISST and other collaborative service structures predated the development of the CMP. In these cases, the CMP built upon existing structures and utilized these pre-existing bodies to manage the ISST. The role of the IOG focused on the enhancement, expansion and/or coordination of existing ISSTs and other collaborative bodies.

Whether the role of the IOG reflects pre-existing collaborative structures and processes or the philosophical approach (e.g., policy versus direct service management) of the CMP, IOGs that were less involved in the day-to-day management of ISST service integration tended to be more policy-focused, as well as more focused on general management of broader system needs. For example, these IOGs reported being involved in:

- Developing new policies to improve information management
- Encouraging/facilitating membership from community members outside of IOG agencies
- Identifying appropriate direct support staff to delegate to ISSTs.

Local highlight: A policy-focused IOG
One CMP recognized that many at-risk families change schools frequently and thus their IOG worked on improving communication between the schools, including the transfer of school records and relevant information in a timely way. They also educated mental health therapists and other professionals working with youth not to set therapy appointments for youth during the school day since this practice leads to an increase in truancy rates.

IOGs varied in their approaches to improving and coordinating direct services. As described above, the structural relationship that the CMP defined between the IOG and ISST had implications for their respective domains of authority and scopes of responsibility. The authority and responsibility that the CMP defined for the IOG, in turn, had implications for the approaches that IOGs pursued in improving and coordinating direct services. On the one hand, IOGs might address direct service improvements and coordination through program development and implementation, designed to fill service gaps and meet community-defined needs. Related IOG activities might include developing joint funding proposals, identifying existing funds within agency budgets to be diverted to the new program, or developing a home-grown coordinated response to the problem. On the other hand, IOGs might focus on policy and system changes designed to streamline existing services or amend existing local, state, and federal policies to address system-related barriers for families.

*ISST models of service delivery varied significantly across CMPs***.** ISST service delivery models also often varied across CMPs. An ISST might provide ongoing service integration through weekly meetings with the family over the course of several months. Or, ISSTs might meet with a family only once to plan services and ensure coordination among providers. The

ISST structure is most commonly explained as the presence of multiple service providers in communication with one another and the family, therefore leading to a more cohesive, coordinated treatment plan without conflicting treatment demands or duplication of services. CMPs reported 3 different types of ISST structures: a general ISST that serves all families, a specialized ISST within one broad service arena (e.g., Juvenile Justice) that serves only families receiving related services, and an ISST specific to an outcome area (e.g. truancy ISST) that serves only families targeting the specific outcome.

Family engagement practices varied among CMPs. A key component of the HB 1451 legislation is that CMPs should strive to include the input, expertise, and active participation of parent or family advocacy organizations as part of the collaborative management process. Although the legislative language focuses on involvement of family representatives at the IOG level, the CMP State Steering Committee has encouraged CMPs to also incorporate family advocates and family members at the ISST level. Family representatives contribute unique perspectives not only to policy but also to the content and delivery of family services. For example, family representatives may identify potential challenges for families in service plans or policies. One CMP noted that the family representative involved in their IOG has helped shape the way they engage families in services planning.

However, CMPs have approached family engagement in collaborative management differently. Some have focused on the legislative goal of family involvement at the IOG level, while others have involved families at the ISST level of service integration. Eight of the twenty-two CMPs that submitted data regarding family engagement reported that family representatives regularly attended IOG meetings. Moreover, five CMPs reported that family representatives had voting rights. In addition, six CMPs reported that family representatives attended ISST meetings regularly as advocates or volunteers. Altogether, eight CMPs indicated that family representatives participated at either the IOG or ISST levels. The 14 CMPs that reported no family involvement indicated that they planned to address this in the upcoming year.

In summary, HB 1451 has promoted greater uniformity in the systems serving Colorado families, children and youth, and has specified organizational structures, such as IOGs and ISSTs, necessary to implement a system of collaborative management. Legislation also has set some common standards for CMPs, such as involvement of parent or family advocacy organizations in collaborative management processes. There has been considerable leeway for counties to adapt the CMP model based on existing collaborative structures, for

example. This makes the CMP model highly transferable and difficult to evaluate. Within the local county, systems may increase in uniformity but be difficult to measure, due to the lack of uniformity across CMPs.

Effectiveness of the interagency collaboration established by CMPs

Assessing the effectiveness of CMP collaboration has represented an important evaluation opportunity to examine the outcomes of complex and highly varied CMP processes and structures. OMNI worked with Larson and Hicks to develop the *Collaboration Survey* and the *Overall Success Survey* for this purpose and administered the surveys with IOG members in 22 CMPs statewide. The *Collaboration Survey* measured several dimensions of effective collaboration, including: processes for decision-making are fair and transparent; decisions are respected and are upheld by those in positions of authority; members are committed to collective goals; information and resources are shared among members, and leadership of the collaborative is perceived as strong. This instrument not only has been found to be a reliable measure of collaboration effectiveness, but also to have predictive validity; that is, it has been found to be predictive of the positive outcomes that collaborations are formed to achieve.

The *Overall Success Survey* was designed specifically for the HB 1451 CMP evaluation to assess IOG members' perceptions of success in specific targeted areas of the legislation as well as the overall success of the collaborative effort.

In addition to the survey administration, Larson and Hicks conducted interviews with IOG coordinators at a sample of CMPs (9), with evaluation subcommittee members and with key state department officials. These "key informant" or stakeholder interviews were designed to yield more in-depth information about the CMP collaborative process and perceived barriers and facilitators of the local collaborative process. Interviews with stakeholders examined the climate of the IOG, processes used to establish and implement the CMP, reflections on the practices of inclusion and decision-making, and lessons about achieving successes through collaborative structures and processes.

Collaborative effectiveness measurement

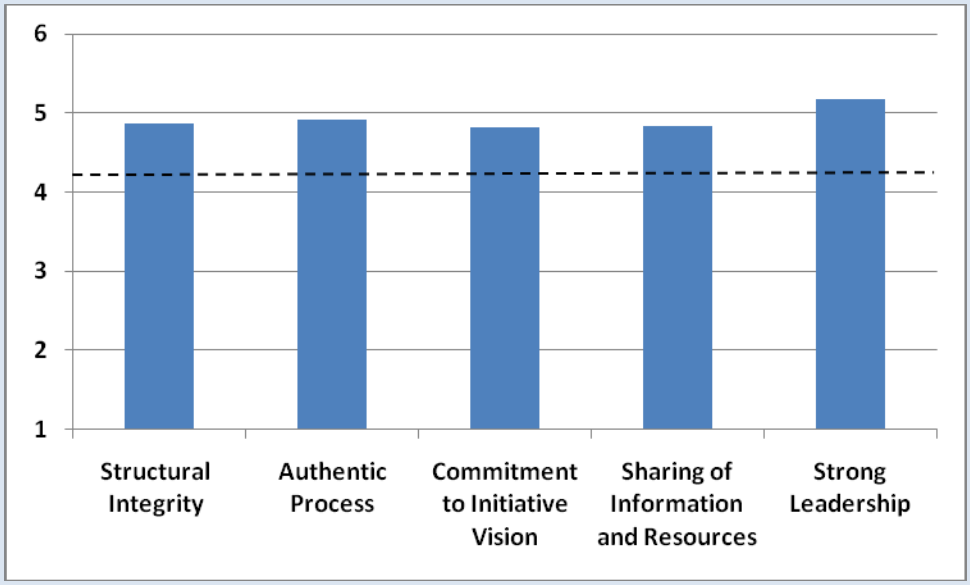
The Collaboration Survey measures several dimensions of collaboration effectiveness, including:

- Structural integrity, which occurs when the process allows for sufficient opportunity for stakeholders to challenge and revise decisions, but in a context in which all partners feel equally heard and respected

- Authentic process, which results when collaborative partners perceive the decision-making process as "open and credible," because they see themselves as having real power to both formulate and make binding decisions[vi]
- Commitment to initiative vision, which emerges when collaborative partners view each other as equally committed to shared goals
- Sharing information and resources, which occurs when partners openly distribute information and allocate resources among the collective partners and across the initiative
- Strong leadership, which reflects the perception that efforts of collaborative partners are led by dedicated and effective coordinators.

A total of 235 IOG members completed the survey (61% response rate; range of 43% – 100% within CMPs). On average, IOG survey respondents indicated nearly a score of five on a six-point scale of agreement on each of these dimensions of collaboration effectiveness. These results are displayed in Figure 3 below.

Figure 3. Dimensions of collaboration effectiveness, as measured by the Collaboration Survey



Note: Items are rated on a 6 point scale (1 = strongly disagree, 2 = disagree, 3 = disagree more than agree, 4 = agree more than disagree, 5 = agree, 6 = strongly agree). The dotted line represents the score of 4.25, used to set a base standard for establishing an effective collaboration.

Previous work of Hicks and Larson (2008)[vii] suggested that average scores of 4.25 on subscales are indicative of the effectiveness of that dimension. This average score is represented in the figure above by the dotted line. As the figure above illustrates, IOGs statewide scored above this dotted line, indicating that the dimensions exceed the minimum standard for establishing an effective collaboration.

CMP characteristics associated with collaboration effectiveness

Stakeholder interviews indicated that the collaborative structure and other characteristics of CMPs might be related to collaboration effectiveness. Interviews identified the following CMP characteristics as potential moderators of collaboration effectiveness outcomes:

- Designation and funding source of the CMP coordinator position (part-time coordinator supported by CMP funds, full-time coordinator supported by CMP funds, part-time "volunteer" coordinator that leads CMP in addition to other paid role within a partner agency)
- County designation as frontier, rural or urban
- Length of time that collaborative work has been underway in the county.

Based on this feedback, OMNI examined associations among these variables and CMP effectiveness, as measured by the *Collaboration Survey*.

These analyses indicated that with the exception of the length of time, these variables do have moderating effects on collaboration effectiveness. IOG members perceived collaborative processes more positively when the CMP financially supported the coordinator position, as compared to those from CMPs that utilized a coordinator in an existing paid position within a partner agency to meet CMP objectives. In addition, CMPs from frontier and rural CMPs, with CMP-supported coordinators, were rated the highest in terms of collaboration effectiveness, relative to urban counterparts and CMPs that did not financially support a coordinator position.

Other evidence of effectiveness

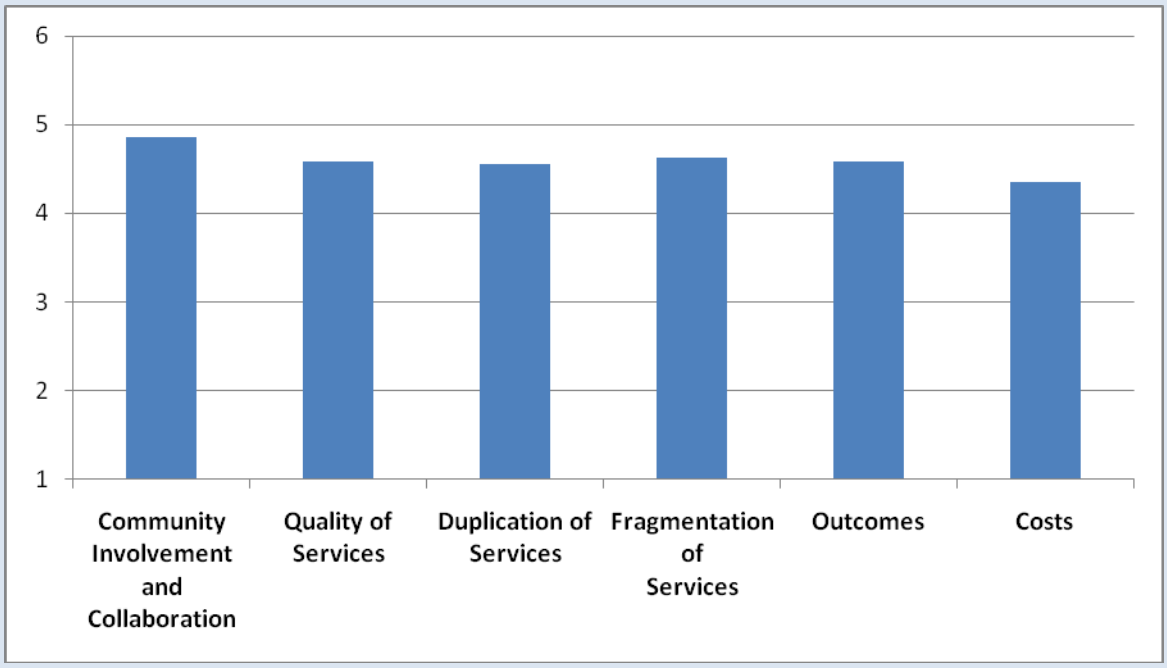
In addition to the administration of the *Collaboration Survey*, the evaluation team also administered the *Overall Success Survey* with IOGs in order to examine further the evidence regarding the effectiveness of collaborative structures established through the CMP process. Evaluators also analyzed stakeholder interview data to determine what more might be learned about effectiveness evidence, as well as the common practices associated with effective collaboration and common challenges encountered by CMPs.

The *Overall Success Survey* measures perceptions of success on key legislative goals, including:

- Community involvement & collaboration, which refers to the extent to which the IOG has engaged a wider or more diverse set of partners, or has stimulated greater commitment to collaboration among members of the community, to help at-risk youth and families
- Quality of services, which assesses perceptions regarding the level of improvement in the quality of services for youth and families
- Duplication of services, which refers to two qualities of duplication: a reduction in the duplication of services; and a reduction in the number of professionals providing overlapping care, for families and youth served by the CMP
- Fragmentation of services, which assesses perceptions of reduction in the fragmentation of services for youth and families
- Outcomes, which assesses beliefs that the CMP has had an impact on outcomes
- Costs, which assesses perceptions of cost sharing and cost reductions as a result of CMP implementation.

A total of 182 IOG members responded to the survey (46% response rate; range of 23% – 80% within CMPs). As the figure below illustrates, IOG survey respondents perceived that collaborative efforts were effectively involving the community, increasing the quality of services, reducing the duplication and fragmentation of services, improving outcomes for families served and reducing overall costs. On a scale ranging from one to six, on average, IOG members rated CMP success on these legislative goals and key dimensions above a rating of four, indicating a high level of perceived success. These data suggested that CMPs have experienced success in targeting these legislative goals including establishing common goals and identifying shared outcomes. Moreover, mid-year quarterly reports, annual reports, and stakeholder interviews suggested that five sites have engaged in strategic planning processes for the purpose of establishing greater clarity about the mission, direction, and roles of the CMP.

Figure 4. Perceived effectiveness in meeting CMP legislative goals, as measured by the Overall Success Survey



Note: Items are rated on a 6 point scale (1 = strongly disagree, 2 = disagree, 3 = disagree more than agree, 4 = agree more than disagree, 5 = agree, 6 = strongly agree).

A number of additional indicators of collaboration effectiveness emerged from the evaluation's review of CMP mid-year quarterly reports, annual reports, and stakeholder interviews. These indicators included perceived increases in interagency communication, information and resource sharing, and family-focused services.

Interagency communication

IOG members and stakeholders reported that the most immediate effect of the CMP was a marked increase in the amount of communication that occurred amongst agencies responsible for addressing the needs of youth and families. According to stakeholders, establishment of CMPs led to increased contact among these agencies. This was accomplished through holding frequent meetings of the IOG and ISST that help to establish regular channels of communication. One stakeholder reported, "our collaborative has increased effectiveness by regularly meeting together to stay informed on issues and brainstorm and support each other." Stakeholders and IOG members also reported that improved communication has fostered conditions for improved collaboration, including greater trust and understanding of different agency perspectives.

Information and resource sharing

IOG members perceived that their collaboration established a forum for networking and information sharing. The sharing of information helped CMPs identify areas of service duplication as well as gaps in services offered system-wide. Both formal and informal needs assessments were conducted by many CMPs, and this process helped build shared strategies for resource allocation to both eliminate duplication and service gaps for families.

Local highlight: Results of collaboration

One stakeholder stated that the culture of competition that had previously derailed efforts to integrate services has been transformed, in part, by the CMP. There are now *"contact persons to talk about how and what we might need to provide from our agency. Instead of duplicating or creating we are able to determine from these contacts what is available, to work together to create programs for utilization that are effective, and to monitor programs that are already in place. It is an absolute night and day difference compared to the fighting for territory and money that occurred previously."*

Stakeholders perceived improved processes to integrate and most efficiently target service delivery as a result of new forums for collaboration and greater awareness of other agency needs and resources. Stakeholders attributed increased willingness to pool resources and pursue cost sharing agreements to improved interagency collaboration. This had led to innovation; as one stakeholder reports, "when funding is blended, it often opens the door to more creative options for the youth and families. It allows folks not to feel tied down to do the same old thing over and over again." The effects of cost sharing and braiding funding streams are going beyond collaboration to embrace "genuine integration" of services. According to one stakeholder, "when I speak of integration, I mean that in a way partners share risk, partners pool dollars, and partners really focus on what's truly in the best interest of the community and the people they are charged to serve."

Family-focused services

Overall, data indicated that IOG members perceived that services had become more family-focused or –centered as a result of establishing the CMP. Moreover, stakeholders tended to report that a shift was underway locally towards a more family-focused, strength-based paradigm of care. Stakeholders tended to report that this shift was the most important result of CMP efforts to date. They explained that the shift was needed to support the active

inclusion of voices of families in deliberations about services. Goal performance regarding family involvement and inclusion in the local collaborative management system is examined in greater detail in this section.

Promotion and barriers of effective collaboration

Stakeholders described practices that they perceived as effectively promoting high-quality collaborative relationships and improving the effectiveness of their CMP efforts. As noted above, these included establishing processes to increase interagency communication and information and resource sharing, through frequent meetings with diverse stakeholders. CMPs reported that having stakeholders with decision-making authority at the table was particularly important; by ensuring that representatives from each agency are able to negotiate and commit resources in the moment, the process is seen as authentic and fair as partners share responsibility and accountability for services and family outcomes. Stakeholders also emphasized the critical importance of having a strong leader to manage the collaborative process, to develop strategies for securing resources, and to foster community recognition and support.

The data analysis discussed above shows that in general, CMPs perceive their IOGs to have established high-quality and effective collaborative partnerships. Despite these accomplishments, CMPs still struggled with some common issues. In focus groups and annual reports, CMPs reflected on challenges or barriers encountered in their efforts to build collaboration capacity among IOG partners.

One frequently mentioned barrier was obtaining needed stakeholder buy-in and participation. CMPs mentioned struggles with engaging key stakeholders in their efforts; most notably, families/parents, schools, and law enforcement officials. IOG staff capacity was a concern for some CMPs, who reported that IOG partner agency staff did not always have adequate available time for CMP meetings and schedules were difficult to accommodate. Seven CMPs reported the lack of a full-time CMP coordinator as a significant barrier. Rural and frontier CMPs described geographical challenges as limiting the extent to which CMP partner agencies could participate in collaborative meetings.

Approximately two-thirds of the CMPs (19) described that their IOG had at times experienced tensions in regard to the CMP mission or approach, roles and responsibilities of IOG members, processes by which agencies collaborate, and ways in which services are provided to families. For some CMPs, the collaborative approach was described as a significant “paradigm” or “culture” shift from the established practices of some IOG member agencies, and “growing pains” related to integrating and reconciling differing agendas of member agencies were noted.

Inclusion of the input, expertise, and active participation of parent or family advocacy organizations

In addition to developing a more uniform, collaborative management system for multi-agency involved families, legislation also strongly encouraged that CMPs engage parent or family advocacy groups in order to ensure the system's responsiveness to the families it serves. Earlier in this section of the report, progress on legislative goals of greater uniformity in systems addressing the needs of families, youth and children and the effectiveness of working relationships between involved agencies were examined. Although there was evidence of more unified approaches at the local level, family engagement practices across CMP were not uniform. Further, although a number of CMPs reported significant changes in the orientation of services due to family involvement, the majority of CMPs reported no family involvement at the IOG or ISST level during the first year of the evaluation.

This part of the report reviews evaluation data on the involvement of organizations that advocate on behalf of families in contact with these agencies in greater depth. Evaluation data was drawn from multiple sources, including CMP mid-year quarterly reports, annual reports, site visits and interviews with stakeholders. Findings focus on the strategies that CMPs are employing to engage families, as well as local evidence regarding the effectiveness of these strategies and common barriers encountered.

Strategies to increase involvement

There were three primary strategies that CMPs employed to meet the legislative goal regarding involvement of parent or family advocacy organizations. The first strategy involved participation in meetings of the CMP; this might include participation in IOG meetings or specific working groups. A second strategy was to engage families or family representatives in providing feedback on service delivery. While this strategy did not necessarily engage family representatives directly in CMP processes, it did create a venue for gathering input, and this appeared an easier place for many CMPs to begin in regards to family engagement, compared to direct involvement in CMP meetings. A third commonly mentioned strategy was the engagement of families and/or family representatives in service planning. How CMPs employed each of these strategies is further elaborated below.

Strategies to attract and increase involvement of family representatives in CMP meetings

There were a number of strategies that CMPs employed to engage family representatives in IOG meetings, or that they planned to implement in the upcoming year. Nine CMPs compensated or had plans to compensate family representatives for meeting participation.

Of note, five of these CMPs also arranged or planned to arrange compensation for youth representatives to participate (e.g., scholarships). In contrast, three CMPs reported relying on partner agency recommendations and invitations of family representatives to obtain meeting participation, and three other CMPs reported inviting or planning to invite family members served successfully by the CMP to participate. In addition, five CMPs described the formation of dedicated committees (e.g., youth councils, family workgroups) charged with addressing family and youth participation in the CMP.

Strategies to improve CMP processes and services through direct efforts with family representatives. Three CMPs indicated that they collect feedback on service delivery from family representatives. CMPs reported that they collected this feedback in informal or episodic assessments. Data also indicated that CMPs have used this feedback to adjust their processes to improve the functioning of the CMP and better meet the needs of the families.

Strategies to increase involvement of families in their own service planning. Nineteen CMPs reported they involved family members in service planning meetings. A number indicated that they utilized trained family facilitators to engage families directly and effectively in these planning meetings, while others reported easing tension or burden on the family by involving only necessary agency representatives during these planning meetings and demonstrating respect for family culture, values and interests when developing intervention plans.

Stakeholders observed that family involvement in service planning had several benefits. One benefit that some stakeholders identified was clearer, targeted service outcomes. Stakeholders also indicated that there was a shared sense of investment in families and their well being and that agencies were more likely to engage with families earlier as a preventative measure. As one stakeholder explained, the CMP process is "…[T]aking ownership of a family and plan, bringing in the family earlier to do preventative services rather than waiting until the family is already somewhere in the system."

Other strategies to increase family engagement in the collaborative management system. Less frequently mentioned strategies included partnering with family advocacy organizations (8), hiring or soliciting volunteer family facilitators or consultants with family advocacy expertise to improve services and family engagement (6), and providing leadership training to family representatives (4).

Local highlight: Increasing family input

"The wrap coordinator has been able to create more individualized youth and family plans due to the time she takes prior to team meetings to meet with the family and identify their goals and strengths. This is the first step in building parent advocates who feel heard and start to believe in this process. We are working on growing family advocates who have gone through multi-system involvement. We have hired a Family Advocate (JAG funds) who attends the initial family interview with the Wrap Coordinator as well as other family meetings. We will be looking to attend FSP (Family Support Partner) training as soon as we identify the appropriate Family Support Partners who have gone through wrap."

Effectiveness of family engagement strategies

Evaluation data indicated that IOG members perceived significant changes as a result of the CMP. These included families having greater access to services, satisfaction with services, and respect for the care families receive. The perceived positive impact of the CMP on increasing family involvement was also evidenced by the high ratings on the Family Involvement survey scale (average score was 4.39 on a 6-point scale).

CMPs were asked to reflect on indicators that their strategies are effectively increasing family input and engagement. Eleven CMPs indicated that the presence of families in their own family treatment planning meetings or at the IOG and ISST-levels was the strongest indicator of success, and five others offered anecdotal evidence of their successes. Seven CMPs indicated that meeting their CMP's performance goals for child and family outcomes supported their successes in involving families. A few (4) provided participant satisfaction information that reflected that families perceived their own involvement to be a success.

Local highlights: Select reported indicators of success in improving family involvement

"We are seeing success in reunification of families involved in the wrap process. Families are showing up for meetings; parents and youth are wanting to find ways to stay together, and youth struggling with probation and legal issues are being successfully engaged…because parent voices have been heard alongside the youth voices."

"Our coordination of team meetings has been tailored to meet family needs resulting in 100% parent participation in services review team meetings."

"The results from the Family Satisfaction survey show our efforts in this area were successful. We scored the highest in the area of convenience for the family and second highest in the area of encouraging the family to be a part of the ISST team."

"The data collected…showed that parental involvement increased for truancy students. A total of 125 parents attended conferences over the course of the year, which equates to representation of 58% of all families served. Further, the number of parents attending parent-teacher conferences increased by 22% from 103 parents in the first block to 125 in the fourth block."

While CMPs reported perceived successes in involving families and suggested that family participation has improved services and child and family outcomes, there were a number of barriers that stakeholders identified to family involvement in the collaborative management system. Seventeen CMPs described challenges specific to including family partners in the IOG (see Table 1). A common concern involved the difficulties in identifying appropriate families and youth for participation in the IOG.

Other concerns were the limited knowledge base among family representatives, lack of commitment on the part of family representatives, lack of funding, and difficulties in scheduling meetings at a time convenient for family representatives. Notably, however, 8 CMPs did not report any barriers.

Table 1. Barriers to inclusion of family and youth representatives on the IOG

	CMPs	% of CMPs*
Commitment of family representatives to participate on IOG	5	20%
Time constraints/scheduling	4	16%
Issues identifying appropriate families for IOG participation	2	8%
Funding to compensate representative for IOG participation	2	8%
Lack of knowledge/experience of family or youth recruited	2	8%
Other barriers identified	2	8%
No barriers reported	8	32%
Total	**25**	**100%**

**% of total CMPs responding*

A few unique barriers also were reported. Some CMPs reported that their counties do not have family advocacy organizations and that while direct involvement of families was possible there were concerns regarding confidentiality. In addition, one CMP reported that IOG members had not reached consensus on the importance of family involvement and that the coordinator had struggled to garner support for the recruitment of family representatives.

Altogether, eleven of the twenty-five CMPs that reported on family involvement indicated that they would benefit from technical assistance in this area. Three types of technical assistance were mentioned by at least two CMPs each: 1) training for family representatives to clarify roles and improve integration with the IOG; 2) guidance on methods to retain family representatives; and 3) information on best practices for engaging families at all levels of CMP practices.

Legislative Goal II: Reduce duplication and eliminate fragmentation of services provided to children or families who would benefit from integrated multi-agency services.

The second legislative goal of the Collaborative Management Program is to integrate multi-agency services for family and children, such that the duplication and fragmentation of services provided to these families is reduced or eliminated. Service duplication refers to individual families receiving the same services from local justice, welfare, health and human services agencies. Theoretically, if agencies collaborate to integrate family services, services will not be unnecessarily duplicated and cost efficiencies will be realized.

Service fragmentation also can be addressed through interagency efforts to integrate services for multi-system involved families. Fragmentation describes the uncoordinated, conflicting, and unrelated service goals and stipulations that multi-agency families may find themselves navigating when multiple agencies serving the family do not coordinate or integrate services.

This section describes the strategies that CMPs are utilizing to integrate services and reduce service duplication and fragmentation for multi-agency involved families, as well as the evidence that the evaluation has collected to date regarding the effectiveness of these strategies.

CMP strategies to reduce duplication and eliminate fragmentation

Through annual and quarterly reports, CMPs reported a number of structured approaches, strategies, and activities implemented to address this legislative goal. These included the establishment of common processes and policies across agencies, common methods of service monitoring, the formation of interagency workgroups, and the use of CMP structures, specifically the ISST and the CMP coordinator position, to target efforts regarding the reduction of service duplication and elimination of service fragmentation. These strategies and their implementation by CMPs are described further below.

Establishing shared processes and policies across agencies

Among CMPs, a common strategy for addressing service duplication and fragmentation was the establishment of interagency processes and policies that would promote the integration of services across agencies. These interagency processes and policies tended to focus on the clarification of agency roles within the CMP, information sharing about

families and services, and restructuring of service delivery to permit interagency participation and decision making. Examples of procedural and policy changes implemented by CMPs and illustrative of these different strategies follow:

Clarification of agency roles within the CMP

- Interagency referral systems across collaborative partner programs
- Define the agencies responsible for offering given categories of services
- Compose and share procedural documents (e.g., collaborative "service matrix," resource directories, member handbook)

Information sharing about families and services

- Use multi-agency release of information form and standardized HIPAA release of information
- Use information sharing system/record management system (e.g., Mesa County Base Camp, Gunnison/Hinsdale pilot Efforts To Outcomes software program, development of online provider network for referral process)
- Develop protocols to use email to share information

Restructuring of service delivery to permit interagency participation and decision making

- Implement assessment tools that can assess a range of family needs, not just those that can be addressed by an individual agency
- Development of a unified treatment plan that addresses the continuity of services over time and the division of treatment responsibilities for involved agencies
- Schedule single appointments for multiple providers meeting with families
- Develop standardized procedures for handling financial and reimbursement processing
- Create protocols to streamline and guide follow-up with families

For example, one CMP addressed duplication by developing a detailed flow chart for assessment and treatment planning steps that focus on clear and standardized processes for service delivery; the process is outlined for all agencies so that responsibilities are clear for all involved providers, and youth/families have a thorough understanding of the process. Other CMPs standardized processes to address fragmentation with required use of a particular assessment tool among partnering agencies, developed data collection forms for consistent use by all providers, or assigned a common definition of a target population across all service providers to ensure appropriate referrals. These various strategies to clarify agency roles, share information, and restructure service delivery advance the

integration of services across agencies, addressing the overall legislative goal of reducing duplication and eliminating fragmentation.

Monitoring services provided to multi-agency involved families

As described above, sharing information about the individual families served by multiple agencies within the CMP was a critical step towards the integration and streamlining of services. A few CMPs (3) interested in institutionalizing information sharing as a routine, efficient, and systematic practice to target duplication and fragmentation focused on implementing shared data systems. This work typically began with a modest attempt to develop common data collection processes that would permit individuals and families to be tracked across agencies and services. Despite interest by CMPs, movement towards shared data systems appeared to be limited by the resource intensiveness of development and implementation costs, and the difficulties in merging existing databases across agencies.

Using interagency workgroups to resolve duplication and fragmentation

Another common strategy was the use of IOG meetings, or forming subcommittees or community workgroups to explicitly focus on issues of duplication (13 CMPs) and fragmentation (9 CMPs). This was reported as some form of a resource assessment whereby existing services were examined and instances of duplication and fragmentation were identified. These CMPs then put processes in place to make improvements in this area, such as facilitating meetings between specific partner agencies that have had difficulties reducing service overlaps or communicating about family services in the past, or reviewing identified issues with their IOGs to solve problems in these areas. Other CMPs reported that the examination of specific cases was most effective for this purpose.

Utilizing the CMP structure

Most CMPs reported that existing CMP structures (e.g., the ISST process or the role of the HB1451 Coordinator) have been key contributors in their progress toward reducing duplication and fragmentation.

ISST structure

The most frequently reported strategy across CMPs to address both duplication and fragmentation was the effective use of the ISST process with a total of 22 of 27 CMPs citing

Local Highlight: CMP structural components used to reduce service duplication and fragmentation

"Our ISST is bridging the gap between the different juvenile justice departments to make sure that accurate information is collected and presented regarding the youth/families that are being staffed at the ISST. Having our Coordinator in place has helped reduce fragmentation amongst departments because of her continual communication amongst the departments about 1451 youth/families."

this. As described earlier, ISSTs are structured meetings in which multiple providers and family representatives are brought together to develop cohesive, coordinated, and comprehensive intervention plans that effectively eliminate duplication and fragmentation of services.

CMPs reported that the structure of ISSTs, with multiple providers and families collaborating on service plans, has closed prior gaps between agencies and attracted participation of other important providers who are often not present in planning and execution of services, such as schools, courts, and public health agencies. One stakeholder noted that "every agency is on the same page with the same plan of care – this insures that patients get all of the care they deserve with no holes in care or [receive] duplicate care that is not needed."

The CMP coordinator position

Six CMPs highlighted the benefit of streamlining all service coordination through their IOG Coordinator or another key service coordinator. They described this as designating one key individual who serves as a liaison or conduit between groups and increases the dissemination of vital communications such as documentation of decision-making processes, referrals, treatment plans, and follow-up on individual cases.

This section has described many strategies CMPs developed and implemented to integrate services and reduce service duplication and fragmentation for multi-agency involved families. Information regarding effectiveness of these strategies is provided below.

Effectiveness of CMPs in reducing duplication and eliminating fragmentation

Evaluation findings indicated that IOG members believed CMPs had made progress on the legislative goal to reduce duplication and eliminate fragmentation. As shown in Figure 4 in the Legislative Goal I section above, on a scale of agreement ranging from one to six, IOG members rated CMP success on the goals of reducing duplication of services and eliminating fragmentation of services above a rating of four, indicating high perceived success.

In terms of more objective indicators of effectiveness, a few CMPs worked with external consultants to evaluate CMP strategies. One CMP stated that "our CMP has recently initiated a local level evaluation to help us identify the areas that are working and those which need improvement, based upon the families' perspective....Our focus in this process has been to implement a family satisfaction survey and conduct an updated needs

assessment. The results from this evaluation have driven the development of a new strategic plan at the IOG level."

One way that CMPs assessed effectiveness in reducing service duplication and fragmentation was to monitor the fidelity of their implementation of evidence-based models of ISSTs shown to successfully reduce duplication and fragmentation. CMP implementation of evidence-based models is examined further under Legislative Goal III. Related to this section, however, it is relevant to note that several CMPs monitored the fidelity of model implementation as a means of promoting effectiveness in this area. The evaluation has not examined the quality of these fidelity measures or explored how fidelity is effectively reducing duplication and eliminating fragmentation. Notwithstanding, the evaluation team noted that locally in some CMPs this work is ongoing.

Objective evidence of progress on this goal is currently limited; many CMPs reported anecdotal evidence, while a handful reported measuring process indicators (e.g., reductions in the number of conflicting treatment plan requirements). Some CMPs are measuring progress towards the legislative goal using a variety of tools and benchmarks, such as:

- decreases in the number of appointments for families
- consistent attendance of interagency provider representatives at "case conferences"
- decrease in the number of agencies providing the same service
- family satisfaction surveys
- assessment of individual services, including informal feedback.

Other CMPs report success through anecdotal positive feedback from both partnering agencies and involved families.

Many CMPs perceived that achieving their performance goals on key child and family outcomes suggests that their efforts in reducing duplication and eliminating fragmentation were successful.

Legislative Goal III: Increase the quality, appropriateness, and effectiveness of services delivered to children or families who would benefit from integrated multi-agency services.

The third legislative goal of the Collaborative Management Program is to improve the services provided to families engaged with multiple agencies. The CMP model promised to align and integrate interagency services provided to families, such that services reflected the highest quality available, were responsive to the specific circumstances of individual families, and were most likely to improve family and child outcomes. This section examines the evidence that the evaluation has compiled to date regarding performance on this goal.

Enhancing the quality, appropriateness and effectiveness of services

Overall, those involved in local CMPs reported that they perceived progress on this legislative goal and that CMPs had positively impacted the quality, appropriateness and effectiveness of services. CMPs have developed and implemented a number of approaches to impact service quality, appropriateness and effectiveness, particularly for those services delivered to multi-system families. Strategies reported by CMPs are described below.

Service quality

Evaluation findings indicated that stakeholders, by and large, believed that local CMPs had improved local service delivery, including the quality of services provided. As shown in Figure 3 in the Legislative Goal I section above, IOG survey respondents generally agreed that CMP implementation was having a positive effect on the quality of services provided to families. Reducing fragmentation and duplication of services was an important way in which CMPs addressed service quality. In addition, CMPs addressed service quality through the implementation of evidence-based, or evidence-informed (i.e., a federal agency is reviewing the evidence to determine if the program can be designated as evidence-based) ISST models, including High Fidelity Wraparound[viii] and Team/Family Decision Making[ix]. Of the 22 CMPs that answered these questions on the annual report:

- 11 reported utilizing Wraparound, 4 of which reported utilized High Fidelity Wraparound, which integrates service delivery through a single service plan, developed with family guidance[x]

- 12 indicated that they currently use or are in the process of implementing Team/Family Decision Making, a structured approach to treatment planning for providers and families working within the child welfare system.[xi]

These models have been shown to be effective in integrating service delivery. Through the implementation of evidence-based ISST models, many communities have helped ensure that service integration will meet standards of high quality.

CMPs also reported implementing or financially supporting evidence-based or evidence-informed programs as part of the array of services offered through their ISSTs. These CMPs (15) noted that these programs were selected specifically to ensure high quality and effective services for their populations. These programs may be offered through one of the IOG partner agencies, or depending upon the nature of the program, serve as a central referral source for their ISSTs. A few CMPs highlighted nationally recognized juvenile justice preventive interventions such as Multi-Systemic Therapy[xii] or Functional Family Therapy[xiii], while others implemented prevention-focused programs such as Life Skills Training[xiv] or the Incredible Years curriculum.[xv] One IOG developed their own program to address truancy that is now recognized by the Office of Juvenile Justice and Delinquency Prevention as a best practices model. Because these models have strong evidence supporting impacts on outcomes, CMPs that implement them can be assured of both the quality and effectiveness of their service approaches.

Appropriateness of services

Appropriateness of services refers to the fit between the services provided and the individual family being served. Services can fail to be appropriate when they do not take the full range of family circumstances into consideration, such as interactions with other agencies and potentially competing demands. The adoption of ISSTs is one central strategy that promotes the appropriateness of service delivery within CMP, particularly when the ISST successfully engages families in their own intervention planning and services. In wraparound models of service delivery, the individual family's needs and strengths are identified and they are matched to the most appropriate services that have high likelihood of success given the family's particular context. One IOG described their process of tailoring services: "When the youth/family attend the ISST staffing they are able to discuss with the ISST members their struggles and strengths as a family and what they see as being beneficial to their success as an entire family. This discussion helps the ISST members and youth/family members ask questions that would help determine appropriate services based upon their identified needs and goals. The family will provide feedback about their

perspective of the appropriateness of the recommended services and resources before a final plan is agreed upon." This level of family engagement, and treatment matching and coordination among all partners to ensure appropriate services, has been shown in research to increase rates of treatment completion and improve outcomes.[xvi]

Culturally appropriate services

Addressing the cultural appropriateness of services is another strategy that some CMPs are utilizing to ensure a good fit between services provided and the families served. Four CMPs reported prioritizing the implementation or enhancement of culturally-appropriate services over the last year. Culturally appropriate services seek to make service goals, the context of service delivery and the content of services culturally meaningful and acceptable. Making services more culturally appropriate typically involves both the removal of cultural or related barriers to services and the use of culturally meaningful symbols or norms to guide appropriate service utilization. Specific strategies that CMPs reported included hiring a bi-lingual therapist to better address the service needs of Latino/Hispanic families involved in youth and parenting groups, developing a culturally-competent provider referral source in order to improve the connections and decrease potential cultural barriers between family members and service providers, and creating partnerships with minority youth advocacy groups to develop and implement intervention and prevention supports for minority youth.

Local highlight: Interagency summit held to identify service gaps and facilitate planning for service integration

One rural/frontier county "*held an 'Adolescent Summit' where community members heard from each of the four domains [Child Welfare, Juvenile Justice, Education, Health/Mental Health] and then identified gaps in service. After the Summit, those who are interested in juvenile justice came together to review the gaps in this domain and identify priority areas. The following areas were identified: lack of knowledge for providers about services, accountability (for parents, youth, and providers), define success (sic), parental involvement (at crime, at transition, and support for them), family engagement, one-stop center, data for the needs, 17 year-olds housing, transition services (parole). These priorities were then matched with the other domains and a number of community priorities were identified for upcoming work.* "

A number of CMPs (14) engaged in strategic planning processes with their IOGs or conducted needs assessments to identify local service needs, assess the appropriateness of defined services, and develop or enhance programs to ensure appropriate services were available in their community. CMPs described using a needs assessment process to specify a clear and defined target population and desired outcomes, and gather data and review potential programs that match the population and outcomes in order to ensure the appropriateness of service or program implementation. For example, two CMPs described administering broad community surveys that were intended to assess community needs and gaps in services in specific areas (e.g., truancy, behavioral health, prevention, higher education). One rural CMP identified reductions in juvenile delinquency and pre-delinquent high risk behaviors as a target goal, applied for and received a grant to implement an ISST specifically to address these issues, and implemented new innovative service programs that are matched to the needs of this population (e.g., behavioral coaches).

Effectiveness of services

The majority of CMPs reported perceived increases in the effectiveness of delivered services. One strategy targeted to increase the effectiveness of services implemented by twelve CMPs was to enhance staff resources. CMPs worked to increase resources by hiring more staff or providing additional training for staff, for example, in order to promote effective service delivery through increased capacity.

Enhancing data systems and data tracking is another strategy that some CMPs are utilizing to ensure services are effective through use of relevant collected data. Four CMPs reported working to improve existing data systems in order to better track the effectiveness of services as well as their progress on targeted goals.

However, many CMPs do not measure service effectiveness directly. Ten CMPs reported collecting family satisfaction data to inform efforts to improve effectiveness. These CMPs reported administering satisfaction surveys to

Local highlight: Enhancing data systems

The CMP "*has improved our quarterly data reporting forms that are used to monitor outcomes across each of our programs. We also purchased a new data collection/outcomes tracking system that will enable us to provide much more information about each program's impact on the desired outcomes. These new systems and processes will support the continued development of a best practices services continuum*."

families who have gone through ISST planning processes and completed service plans in order to gather data on families' perceptions of and satisfaction with the process. CMPs reviewed these data with their IOGs and ISSTs to improve their processes and identify ways to increase their effectiveness in their work with families. Most CMPs pointed to their successes on meeting performance goals on child and family outcomes as evidence that they are improving service effectiveness. In a subsequent section of the report, CMPs' reported performance on targeted outcomes is examined. However, as discussed in that section, given the variation in CMP service approaches and measurement limitations, caution is urged in attributing improvements in outcomes as direct evidence of CMP effectiveness.

Legislative Goal IV: Encourage cost sharing among service providers that leads to cost-reduction for the services provided to children and families in the child welfare system, including the foster care system, in the state of Colorado.

The fourth legislative goal of the HB 1451 CMP initiative is to foster service integration and the realization of cost efficiencies by encouraging agency partners to share resources and service-related expenses. Research demonstrates that social service resources are disproportionately spent on families with multiple needs (e.g., delinquency, mental health issues, child abuse and neglect, substance use), and costs are driven higher by poorly coordinated delivery efforts.[xvii] This frequently leads to service duplication and/or fragmented service delivery, both of which impact overall cost and effectiveness of family services. A frequent aim of collaborative initiatives such as the Collaborative Management Program is to develop interagency processes that successfully coordinate and integrate service delivery, thus reducing the need for, and the costs of, duplicated care.

A focus of the evaluation in its first year was to determine how CMPs are currently sharing resources and costs and, separately, to document how cost-savings efforts were being measured at the local level. This exploratory approach was necessary given the diversity of CMP models and service approaches employed by sites and, therefore, the difficulty of prescribing a standard measurement approach for CMPs. It was hoped that understanding the range of practices implemented by CMPs would support the specification of a more standardized measure to be adopted more broadly across CMPs, as well as the subsequent development of cost-models for assessing the cost and benefits of CMP efforts – a larger goal of the cross-site evaluation.

To collect data for this legislative goal, each CMP was asked to provide information about implemented strategies, and perceptions of success regarding their efforts to share resources and share or reduce costs. In addition, CMPs were asked to report cost information in a variety of areas including annual operating budgets, costs associated with implementing the CMP, and any carryover funding for the next fiscal year. Finally, if sites achieved cost savings, they were asked to describe from which domains these were realized and how funds were re-invested. This section of the report describes reported cost-sharing approaches and reported costs savings. The section concludes with a discussion of how best to move this area forward to better utilize cost-based information.

Cost-sharing approaches

The sharing of costs between local partners is a core collaboration strategy of the CMP Initiative. This comes in the form of changing the use of existing resources, providing donated or in-kind services or personnel, and pooling or braiding dollars supplied by multiple agencies. Because cost-sharing is required by the initiative, local agencies outline their financial and in-kind commitments within the CMP's MOU template. The following discussion outlines some examples of cost-sharing efforts reported by 22 CMP sites who have been implementing CMP more than one year.

CMPs emphasized that cost- and resource-sharing is an integral part of the ISST process. CMPs (18) described how agency leaders, service providers, and at times, families, jointly decide who will pay for services proposed in the intervention plan during ISST meetings. For example, one CMP talked about how each agency has "pots" of money that can be allocated for services (e.g., probation services, Senate Bill 94 program, CMP incentive funds). As families are "staffed" during the ISST, specific agencies jointly agree to pay costs according to the presenting problem and the treatment needs. Agencies may agree to share the cost of an expensive service, or negotiate to have each agency pay for separate services.

Twelve CMPs reported that partner agencies shared funding in order to develop new programs over the last year, thus expanding service capacity. This activity reflects agreement on the part of provider agencies to purchase services that are identified as needed but for which no single agency has sufficient resources. CMPs also reported efforts to jointly fund staff positions, such as hiring IOG coordinators or program personnel with shared funding (7 CMPs), and contributed in-kind staffing-related resources such as office space and trainings (6 CMPs).

Local CMPs also reported joint efforts to fill in smaller gaps in services or service-related activities. For example, nine CMPs discussed the importance of having a source of funding that could be drawn upon by partnering agencies to fill in gaps where traditional resources had been cut or eliminated. This was reflected in the development of processes by which IOG partner agencies jointly paid for individual or family needs, such as transportation, food, and housing.

Seven CMPs reported that their IOGs made it a primary goal to design methods to more effectively share costs and identify new braided funding or blended funding opportunities over the past year. For example, two neighboring CMPs that share a coordinator convened a "joint budget committee" to examine ways to reduce costs and partner effectively.

Another CMP reported that their IOG reviewed all partner agencies' overhead costs, contributions to the collaboration, and program costs in order to best target efforts. These efforts have led to the establishment of new joint funding streams that blend CMP incentive dollars with funds from local Senate Bill 94 (SB-94) programs, Departments of Human Services, probation, TANF, and community coalitions and foundations.

Local highlight: Blending funds for new services
"Our local CMP has a financial process in place to review all incoming requests to ensure that all other funding options have been exhausted prior to using 1451 incentive dollars. This allows for us to share costs among service providers on a regular basis. Blending the local offender treatment funds, SB 94 funds, child welfare, along with HB 1451 incentive dollars has allowed us to purchase and meet the treatment needs specific to the family's service plan."

Some CMPs (5) also established processes by which involved partners can apply to the IOG for funds to support the development of grant proposals, which in turn provides additional resources for the collaborative. Three CMPs also described their outcome data sharing practices as a cost- and resource-sharing activity; for example, one CMP indicated that their IOG led the development of a county-wide records management system that was supported in part by CMP funds. Finally, a few CMPs (3) share client assessment data collection responsibilities (e.g., CMP coordinators conduct family assessments that are provided to service partners).

In summary, CMPs employ a variety of cost-sharing practices which have been developed and implemented as a direct result of CMP efforts. These include sharing costs of existing programs and developing new programs, pooling resources to address individual families' needs and services; and contributing funding and in-kind donations to support staffing needs. CMPs also share funds in the service of planning for sustainability and long-term growth.

Cost reductions and potential cost savings
An underlying assumption of the CMP initiative is that collaborative efforts on behalf of children and families will lead to cost reductions as service duplication and fragmentation decreases and more efficient and longer lasting outcomes are realized. This is a difficult area to assess as it requires a hypothetical estimate of the potential costs for a given individual or family had CMP efforts not been provided (i.e., as a result of multi-agency planning, service provision, and coordination through and ISST). While outcomes may be

improved, it is more difficult to determine whether these were achieved at lower cost. Moreover, the difficulty of quantifying costs with so many different service approaches creates problems for estimating cost savings both within and across sites. The following discussion outlines some of the areas where local CMPs reported cost savings. It should be noted that these are based on the perceptions of CMPs and are not validated through actual cost figures.

CMPs outlined a number of outcome areas for which they perceived costs reductions due to their collaborative efforts. These include:

- **Child welfare**
  - Fewer out-of-home placements
  - Fewer families entering or spending time in the child welfare system
- **Juvenile justice**
  - Reductions in the juvenile recidivism, detention and commitment rates
  - Reductions in truancy rates (leading to presumed lower costs in education, child welfare, and juvenile justice programs, and increased revenues for schools)
- **Education**
  - Prevention of students being placed in out-of-home school districts
  - Reductions in the need to pay for additional school professionals by addressing children's behavior problems through ISST services
  - Implementation of prevention and early intervention programming that theoretically should reduce systems costs over the long term
- **Health and mental health**
  - Reductions in the length of mental health treatment and inpatient stays
  - Improvements in coordination and access to needed care and funding sources such as Medicaid and CHP+
  - Successful prevention of costly services through targeted programs, including pregnancy prevention

More specifically, seven CMPs pointed to their success in meeting child and family level performance goals as the strongest indicator of their success in cost- and resource-sharing. That is, these sites hypothesize that outcomes for children and families were realized more efficiently and therefore, came at a lower cost. CMPs also noted perceived increases in buy-in and participation in resource sharing by IOG partners (5 CMPs). For example, one CMP described how three of their partner agencies expressed willingness to provide office space and resources to a newly hired family facilitator. Other CMPs reported an increase in the

number of clients where service costs were shared across partners. Four CMPs mentioned indicators related to sustainability (e.g., serving more families on fewer funds, achieving carryover funds to support existing services). For example, one CMP reported that they now completely support one of their programs formerly financed with CMP incentive funds with carryover funds and contributions from partners.

Approximately seven to eleven of the CMPs that joined the initiative prior to 2009-2010 (22) described some of the ways in which they perceive they reduced costs in each of the four domains. Thus, this information is not presented in the body of this report as it does not accurately represent cost savings that can be attributed to CMP efforts (see Appendix B for additional details).

Reinvestment of funds

Ten of the 22 CMPs with more than one year of participation in the HB 1451 initiative reported areas in which they have reinvested their funds achieved through cost reductions. The most frequently reported reinvestment activities were developing new services, providing additional support to existing services, developing "emergency" accounts to assist families in paying for direct services or immediate needs, and paying for an external formal evaluation agency to assess key outcomes. Six CMPs stated that they have not yet reinvested funds, but have plans to do so in the upcoming year.

Local highlight: Reinvesting in services

One CMP in a rural/frontier county reported that *"lower TRCCF numbers have allowed for more funding to be allocated to services and supports that help youth on probation and their families. With more availability for services, youth and families are more likely to get the support they need to successfully complete probation."*

Challenges related to the measurement of costs and benefits

A primary goal of the CMP initiative is to improve individual and family outcomes through an effective and efficient mobilization of multi-agency efforts. In addition, it is hypothesized that these outcomes will result in net cost-savings due to decreases in service duplication and through efforts that prevent deeper and more costly involvement in various social service systems. Testing this cost-savings hypothesis, however, is complicated by a number of factors. The following discussion outlines some of the difficulties of establishing costs and benefits for CMP efforts and what would need to be put in place within the initiative in order to move toward the specification of one or more cost models.

In its simplest form, cost-benefit analysis adds up the value of the benefits accruing from a set of actions and then subtracts from this, the sum of the costs associated with the actions. Thus, in order to conduct a cost-benefit analysis, it is necessary to assign monetary figures to both sides of this basic equation: costs and benefits. This is challenging for the CMP initiative for a variety of reasons. First it is difficult to assign monetary values on the cost side of the equation as most CMP efforts do not have sufficiently clear program models and/or lack the required level of precision needed to specify costs. That is, models have not become standard enough or implemented with sufficient fidelity to enable cost assignment to efforts. Because it is also critical to assign a standard cost regimen across multiple sites, this variability problem is compounded when several CMPs are considered for analysis. Thus, there is a problem with identifying what should or can be specified on the cost side of the equation.

The benefits side is more complicated. It is assumed that CMP efforts result in outcomes that are less expensive because without them, services provided over some time horizon would have been more expensive due to service duplication, fragmentation and a non-conclusive solution to a given set of problems which, taken together, result in the use of more costly system services. In order to assign monetary values to these benefits, it would be necessary to hypothesize what would have happened without CMP services: that is, what the likely trajectory of negative outcomes for a given set of problems might have been over a specified time horizon without CMP intervention and what this equates to in terms of cost. If this estimated cost is greater than the aggregate cost of CMP collaborative processes plus provided services, then the CMP would be assumed to have had a net benefit from a financial standpoint. Specification of these hypothetical costs, however, is rather difficult.

Based on this summary, the development of a cost-benefit model for the CMP program is dependent on greater adoption of a precise and standard program model, increased implementation fidelity, and agreement on corresponding outcomes. However, before moving in this direction, it is important to consider the effects these changes might have on the overall initiative and whether this might result in unintended consequences for participating CMPs and the larger initiative. The CMP effort places a high value on local decision making, and the diversity of approaches is one of its strengths. While the promise of a rigorous cost-benefit approach may seem like the ideal evaluation model, implementing required changes may come at the expense of local investment and support for the CMP.

At the same time, conducting even a basic outcome evaluation of the initiative is challenged by the amount of diversity, and the lack of standardization in program implementation and outcome measurement. Based on the first year evaluation, it is recommended that efforts be made to support communities in the development and implementation of stronger program models and to encourage greater standardization of these models across communities. Along with these will necessarily follow greater agreement on outcomes and measurement. In this way, evaluation efforts will be strengthened, outcomes should be improved and perhaps, overtime, there will emerge the opportunity to conduct a cost-benefit analysis of program areas.

Legislative Goal V: Lead to better outcomes and cost-reduction for the services provided to children and families in the child welfare system, including the foster care system, in the state of Colorado.

The fifth goal of the CMP initiative is to improve outcomes for children and families who require services from multiple agencies. Interagency system improvements should result in more efficient and effective service delivery with corresponding decreases in duplication and fragmentation and reductions in cost (see Legislative Goal IV section for discussion of cost reductions). However, these system improvements also should result in more successful and permanent outcomes for children and families in relation to child welfare, justice, education and health and mental health needs.

This section describes the complex nature of CMP service population and outcome definitions. These have evolved over the past five years, during the CMP initiative's implementation and expansion. Outcome findings related to local CMPs efforts during the first year of the evaluation are discussed, followed by ways to improve outcome evaluation in future years to ensure greater quality, accuracy and interpretability of outcome data. Due to the number and diversity of selected outcomes and local measurement strategies, the evaluation has had to rely on self-reported data by local CMPs to date.

Defining CMP target populations

According to 24-1.9-102 (2)(c) CRS, each Memorandum of Understanding shall include a functional definition of "children and families who would benefit from integrated multi-agency services." There is no standard definition at the state level regarding individual or family eligibility for CMP service efforts. Eligibility is largely determined at the local level in relation to need within one of the four identified domain areas and, more specifically, those in need of multi-systems intervention. As a result, referral sources and criteria for who participates in CMP services vary. Many CMPs (15) define their served population as families who are referred to and assessed by their ISST. ISST referral criteria may be specific (e.g., youth adjudicated by the juvenile justice system who are truant) or general (e.g., youth perceived to be at-risk for poor outcomes). In contrast, some CMPs (8) define their population as families who are served by any of their partner programs from their MOU (e.g., all youth in a specific school district or participating in one mental health program). While this approach supports a philosophy of local determination, it creates

difficulty for evaluation efforts that are dependent on the integration of population-level data across sites.

The problem of client definition is further complicated by variability in the methods used to identify, count and manage information about served population groups. For example, 16 CMPs maintain collaborative management-specific spreadsheets that track served individuals and families while eight rely on county-, district-, or state-level databases to obtain counts and another eight obtain counts from partner agencies. Digging deeper into the data, one finds that some CMPs count individuals, others count families and some count both as their units of measurement. In addition, these counts may be unduplicated (each individual/family counted once) or duplicated (represented more than once in the total) making it difficult to obtain an accurate figure of the served population.

The table below illustrates what the data look from communities that count individuals and families differently:

Table 2. A sample of CMPs reported numbers of individuals and families who were eligible and those who were served through HB 1451 CMPs, 2009-10

	Eligible		Served	
	Individuals	**Families**	**Individuals**	**Families**
Community A	19,937	4,324	467*	281*
Community B	3,493*	2,867*	1,768	1,768*
Community C	250	100	88	22
Community D	50		50	

* duplicated counts.

The communities represented in this table define eligibility in varying ways:

- Community A counts any individual or family with an open case or assessment with their local Department of Human Services as eligible
- Community B counts any child in multiple systems of care as eligible
- Community C counts any child with open services in two partner agencies, open case with DHS, or at risk of out-of-home placement as eligible
- Community D counts any child in multiple systems of care who are referred to the ISST as eligible

Similarly, served populations are differentially defined. Community D served their eligible population (those referred to ISST). Other communities served subsets of youth who met eligibility criteria and participated in the ISST process (Communities B and C) or participated in programs implemented by their collaborative partners (Community A).

Finally, few CMPs have data management systems specifically used for the purposes of serving, counting and evaluating individuals or families as they move through CMP related processes or receive services. This, again, makes it difficult to determine the actual numbers of individuals and families served within and across programs.

The evaluators worked to develop an overall estimate of the total population served across CMP sites by combining reported totals of unduplicated individuals served (4797 individuals reported by 11 CMPs) and, if not available, duplicated individuals, unduplicated families, duplicated families, in that order. During the 2009-1010 fiscal year, it is estimated that approximately 18,911 individuals or families were served; some numbers are duplicated.

Defining CMP outcomes

At the beginning of the CMP initiative in July 2005, the State Steering Committee developed a list of approximately twenty outcomes across the four domains of the initiative. Funded programs were instructed to choose at least one outcome within each domain, and to specify one or more performance goals for each outcome; a given outcome may be reflected in changes on multiple indicators. In addition to outcomes related to child and family changes, sites were also allowed to select additional outcomes (i.e., those related to procedural activities). Over the past five years, however, the number and variety of outcomes and related performance indicators has expanded greatly as the CMP has evolved within the participating counties.

A preliminary step in the first year of the state level evaluation was to identify all outcomes and performance indicators in order to explore the extent of standardization across CMPs as well as similarities in measurement and data sources. This is important as the evaluation design is based on a cross-site approach that requires the integration of common data elements across CMPs to assess overall effects.

A review of local outcomes and indicators as reflected in MOUs revealed the following:

- A total of thirty-one outcomes in which at least one performance measure was identified across the four domains, ranging from six in Health/Mental Health/Other Health to ten in Juvenile Justice.
- 125 different population-level performance measures and 30 process-oriented performance measures (see Appendix C for more details).
- Little overlap in actual performance measures across CMPs. Only nine population-level measures and two process-oriented performance measures were proposed by more than one CMP.

CMPs also indicated the source of their data for measuring performance goals in their MOUs. Table 3 describes the most frequently identified data sources within each domain. The review revealed that while some CMPs access statewide data systems to measure performance, many CMPs utilize small, localized datasets gathered by partner programs or individual agencies to assess progress on their indicators of child and family outcomes.

Table 3. Frequently used data sources to measure CMP performance goals

	Data Source	Description
Child Welfare	Trails	Trails is a statewide automated case management system detailing client information across youth corrections and child welfare populations. Trails is currently used by various divisions of the Colorado Department of Human Services.
Juvenile Justice	Eclipse/ICON	ICON/Eclipse is a statewide automated case management system for the district and county courts, and is used by trial courts and probation. ICON/Eclipse links to the Colorado Integrated Criminal Justice Information System (CICJIS) which is used by the Division of Youth Corrections and other law enforcement agencies to track offenses.
	Trails	See above
Education	Local school district records	Districts maintain local databases that track absences, tardiness, and other student-level data
	Web-based records management programs (PROSTAR, GoEdu.com and InfiniteCampus)	Online data tracking systems to record attendance, grades, student information; with school, teacher, parent, and youth level access
	NWEA District Testing	Standardized measures of academic progress (MAP) tests implemented in district-wide testing
Health and Mental Health	CCAR/DMH	CDHS's Colorado Client Assessment Records (CCAR) is a multi-dimensional checklist and level of functioning measure that is consistently collected at intake and discharge in several mental health settings across the state, including inpatient and substance use programs.
	DACODS/DBH	DACODS is a client level data collection instrument used by the Division of Behavioral Health (DBH) to track substance use treatment and program implementation variables
	CHIPS/CMHC program	Centennial Mental Health Center's information system tracking client-level mental health service related data

After this review, the evaluators recommended to the Evaluation Subcommittee of the State Steering Committee that a smaller set of 10 common outcomes be used across all CMPs. The selection of these outcomes was based on those that had greatest overlap across sites,

relevancy to the initiative, and the degree to which data were available to assess local performance. It was further recommended that all CMPs be required to measure at least two of these for statewide evaluation purposes. Note the diversity of the data sources complicates the measurement of outcomes.

It was suggested that local selection be based on whether an outcome was a primary focus of the local services, processes, and structures in place; that the CMP perceives that they are reducing fragmentation and duplication in relation to a given outcome; and that the outcome area is important to their community.

Below, selected outcomes are listed, organized by domain, and the number of sites that measure a given outcome.

Standard outcomes in the CMP

The ten standard outcomes and the number of CMPs that measure each are listed below (many CMPs are assessing more than two outcomes).

Child Welfare Outcomes

1. Enhance stability of out of home placements for children (6)
2. Prevent out of home placements/increase reunification (13)

Juvenile Justice Outcomes

3. Successful completion or termination of probation (17)
4. Low or reduced usage of commitment/detention facilities (5)
5. Reduce or maintain low rates of re-offense/recidivism (6)

Education Outcomes

6. Increase attendance/reduce truancy (18)
7. Increase or improve student achievement (7)

Health Outcomes

8. Improved level of functioning and decrease in problem severity (12)
9. Increase prevention and treatment for substance use/abuse (5)
10. Decrease or maintain low rates of hospitalization/inpatient services (3)

CMPs were instructed to continue to report on all of their proposed outcomes across the four domains (as required by the CMP state management office). However, for statewide evaluation purposes, additional data were collected in relation to the ten standard outcomes.

An assessment of local performance

To support the collection of local performance information, CMPs entered data into a web-based quarterly reporting system developed by the evaluators. For each outcome, CMPs were instructed to provide the following information:

- A definition of the indicator and their performance goal
- A description of the target population
- The data source and method of calculating performance
- Performance in the '08-'09 and '09-'10 fiscal years (e.g., success rates)

CMPs also voluntarily reported on their progress on process outcomes. General findings that emerged include the following:

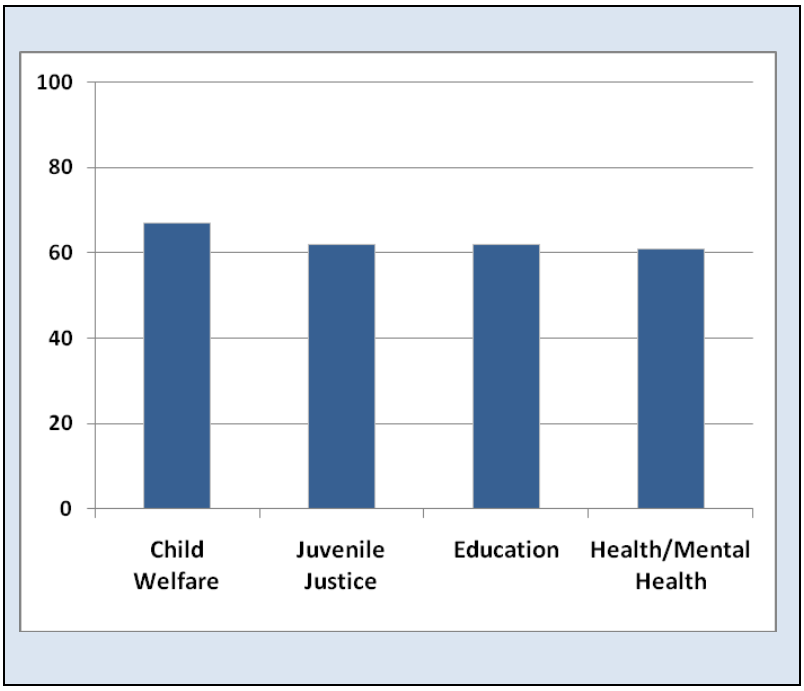
- In total, CMPs proposed 144 performance goals, distributed almost evenly in child welfare (39), juvenile justice (40), education (38), and health domains (27).
- On average, each CMP assessed 5 goals, although a few CMPs proposed up to 15.
- The majority of goals (88%) had a clearly defined and measurable benchmark.
- Target benchmarks were most often designated by reviewing prior years' data and discussing appropriate targets among collaborative partners.
- Performance was measured at different population levels (i.e., rate for entire county versus rate for youth served through the ISST), and this varied across outcomes.

The evaluators also analyzed this information to determine whether each performance goal was successfully achieved and to examine achievements across CMPs. These findings are summarized below.

1. Overall success

As seen in Figure 5, CMPs met approximately two-thirds of the total performance goals across all outcome areas.

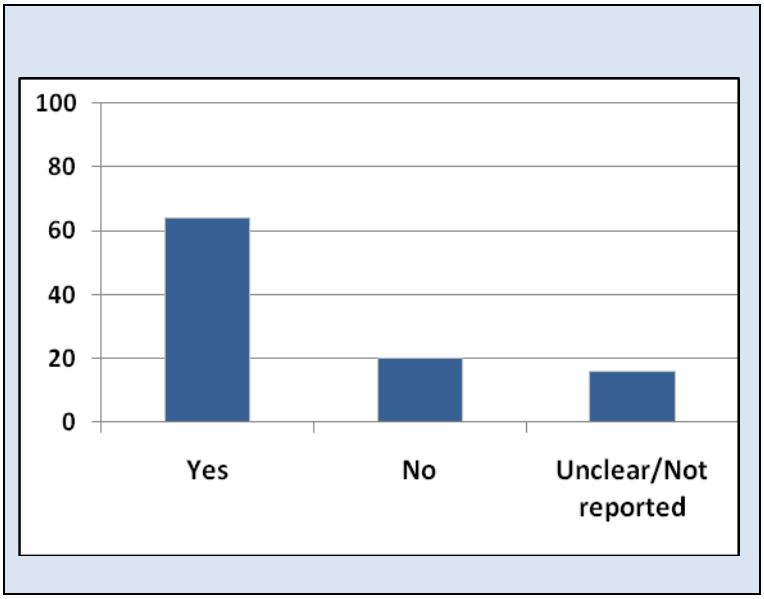
Figure 5. Percentage of total performance goals met, by domain



Given the statewide evaluation's focus, the following sections detail local performance information on the ten standard outcomes, among 22 CMPs that reported at least one full year of data.

Figure 6 demonstrates that 64% of standard outcome performance goals were achieved, 20% were not achieved, and 18% were unclear due to insufficient reporting, lack of available data, or measurement changes from the previous year.

Figure 6. Percentage of all standard outcome performance goals met



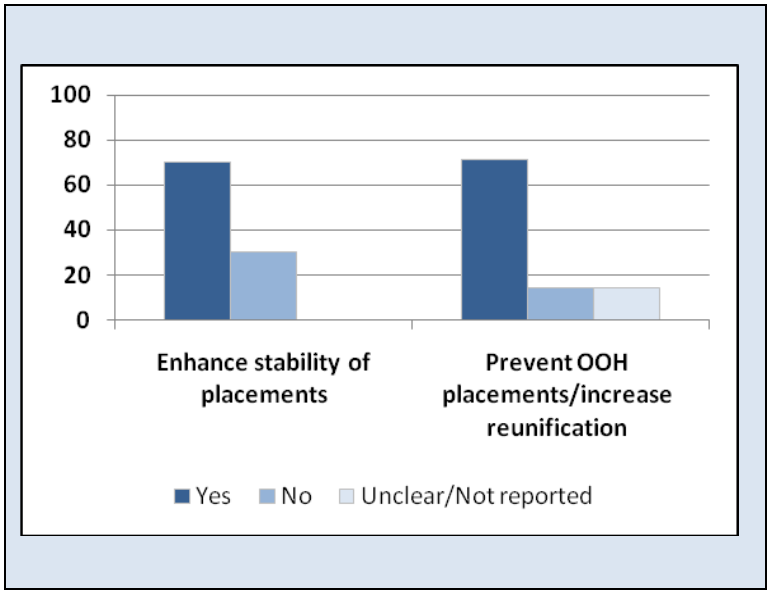
2. Performance on standard child welfare outcomes

Figure 7 shows that over two-thirds of the performance goals targeting the two standard child welfare outcomes were successfully met.

Enhance stability of placements

- 6 CMPs reported on 10 performance goals
- Performance goals included reductions in the number of moves and length of time that children in out-of-home care settings experience
- 70% of goals were achieved

Figure 7. Percentage of child welfare performance goals met



Prevent out-of-home placements/increase reunification

- 13 CMPs reported on 15 goals
- Performance goals included reductions in the rate of out-of-home (OOH) placement, number of children served through the CMP who successfully remain in their homes, reductions in the average length of stay in foster care
- 71% of the goals were met

Between 50 to 70% of these child welfare outcomes were measured at the county level, with 30-45% targeting rates among children served through the CMP's ISST or another partner program. The majority of CMPs utilized Trails data to track their performance on these indicators.

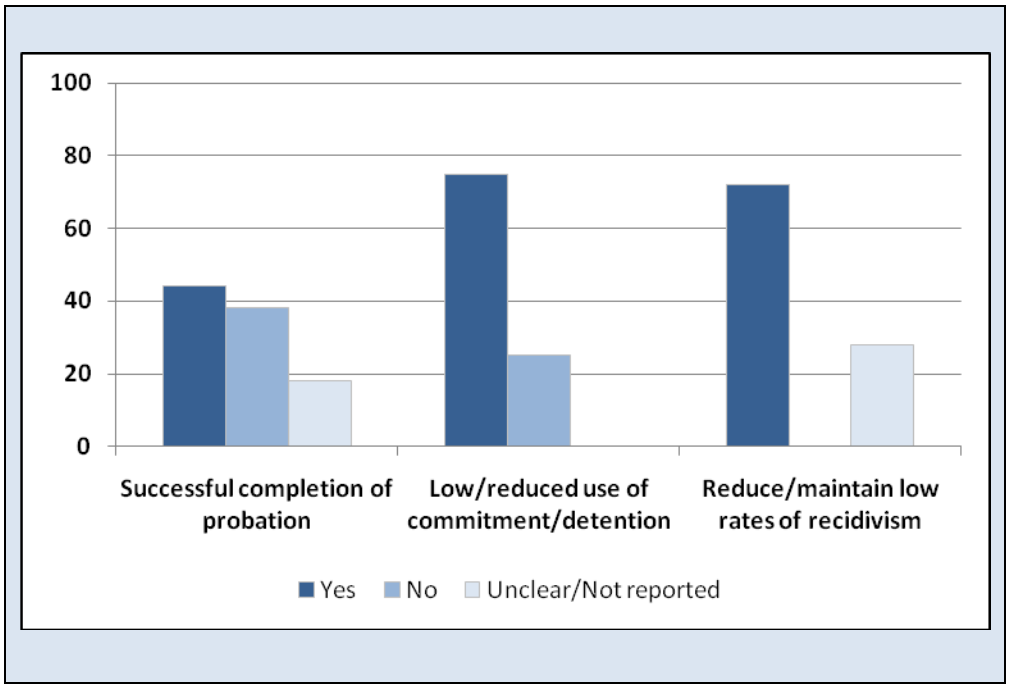
3. Performance on standard juvenile justice outcomes

Performance on the three standard outcomes in the juvenile justice domain is shown in Figure 8.

Successful completion or termination of probation

- 17 CMPs reported on 18 goals
- Performance goals included increasing positive discharges, decreasing probation revocations, and increasing the number of youth not violating court orders
- 44% of the goals were met
- The success rate was somewhat low relative to other outcomes

Figure 8. Percentage of juvenile justice performance goals met



Low or reduced usage of commitment/detention facilities

- 5 CMPs reported on 5 goals
- Performance goals included maintaining a low rate of Average Daily Placement (ADP) in detention and low rates of long-term placement
- 75% of the goals were met

Reduce or maintain low rates of re-offense/recidivism

- 6 CMPs reported on 7 goals
- Performance goals included reducing the number of youth that reoffend or are adjudicated delinquent, or increasing the number of youth not incurring new charges while receiving CMP services
- 71% of goals were met

CMPs reported county-level rates for about half of these juvenile justice performance indicators, with half at the level of the CMP ISST or a partner program. CMPs measured juvenile justice outcomes using the judicial district's ICON/Eclipse database, Trails, or local program databases.

4. Performance on standard education outcomes

Performance on the two standard education outcomes is displayed in Figure 9.

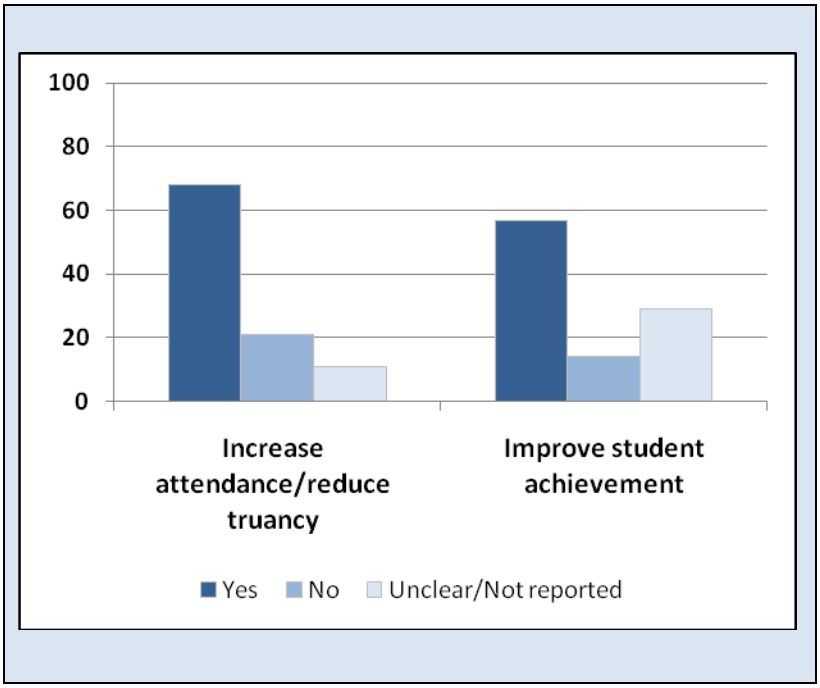
<u>Increase attendance/reduce truancy</u>

- 18 CMPs reported on 21 goals
- Performance goals included increasing youth attendance and decreasing truancy rates
- 68% of the goals were met

<u>Improve student achievement</u>

- 7 CMPs reported on 7 goals
- Performance goals included improvements in reading scores, grades, and standard achievement scores
- 57% of the goals were met

Figure 9. Percentage of education performance goals met



Most of the attendance/truancy performance goals were assessed with local school district data (57%) or the Trails database (25%). About 60% of performance goals were reported at the ISST- or program level (e.g., schools or school districts), with 40% at the county level. Student achievement rates derived from Colorado Department of Education publications and were reported at the county level.

5. Performance on standard health and mental health outcomes

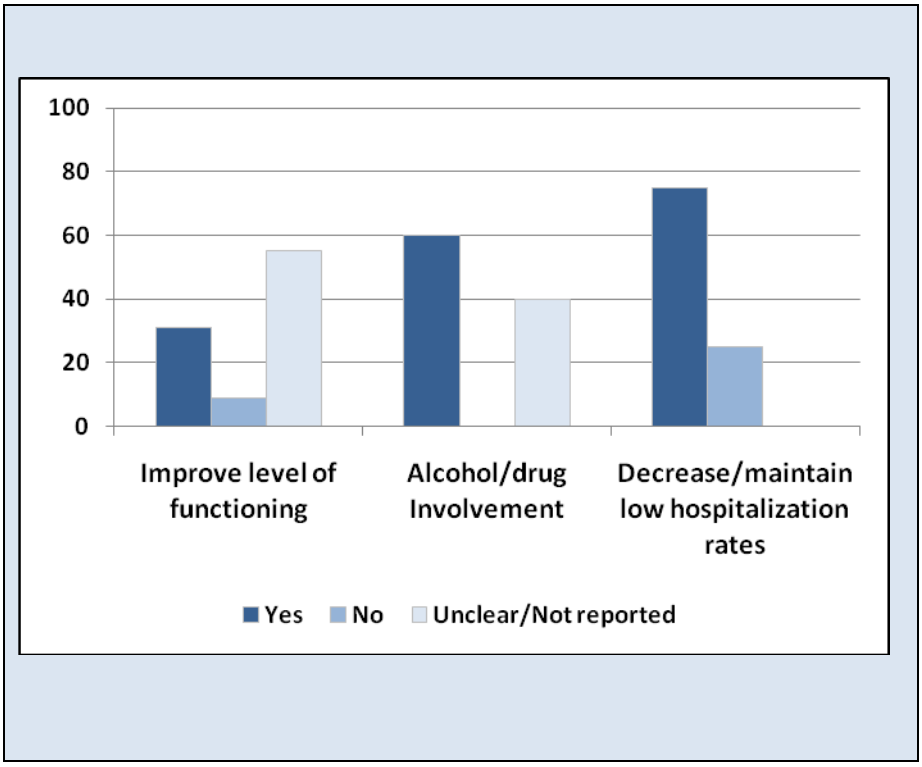
Figure 10 displays performance in the three standard health and mental health outcomes.

Improve level of functioning and decrease problem severity

- 12 CMPs reported on 6 goals
- Performance goals included improvements in the level of functioning or problem severity of individuals receiving mental health services
- 31% of the goals were met
- This represents a relatively low rate of success; however, success was unable to be determined for more than half of the goals due to problems with the data.

.

Figure 10. Percentage of health/mental health goals met



Increase prevention and treatment for substance use/abuse

- 5 CMPs reported on 6 goals
- Performance goals included reductions in the rates of substance use among youth served in specific programs, number of youth remaining in treatment programs for a specific period of time, and rates of sobriety for youth exiting programs
- 60% of the goals were met

Decrease or maintain low rates of hospitalization or inpatient services

- 3 CMPs reported on 4 goals
- Performance goals included lower rates of inpatient care and therapeutic residential child care foster placements and fewer cases of admitting youth into higher levels of care
- 75% of the goals were met

The majority of the performance measures for health and mental health outcomes were reported for youth served through the CMP's ISSTs. Data were retrieved from Trails, CHIP, and local program databases.

In summary, on average CMP efforts resulted in reported improvements in locally-defined population-level outcomes during 2009-2010. CMPs indicated that they met approximately 60-65% of their proposed targets, although success rates varied somewhat by specific outcome. More than two-thirds of performance targets assessing child welfare placement and reunification, youth re-offense and recidivism and commitment/detention, and inpatient hospitalization goals were achieved. Successful completion or termination of probation and improvements in student achievement and mental health functioning proved to be more elusive, with only one-third to one-half of goals successfully met.

Although each CMP reported data on at least two of ten standard outcomes, target populations and performance indicators for these outcomes are defined and measured differently across CMPs. This makes it difficult to integrate and examine outcome data across sites because there is no clear way to compare "apples to apples."

To ensure greater quality, accuracy, and interpretability of outcome data across CMPs, it will be important to identify a smaller set of outcome indicators that can be defined, measured, and reported in the same way by all sites. With some standardized data collection across CMPs, the ability to assess overall effects of the CMP initiative will be improved.

Summary and Recommendations

The first year of the HB 1451 CMP initiative evaluation focused on learning about local implementation of collaborative management systems, stakeholder perceptions of the implementation process, and the effectiveness of interagency and community collaboration efforts. The evaluation also assessed the effectiveness of the collaborative IOG structure which provided data to local CMPs that could be used to improve local processes and supported the assessment of longer term outcomes at the local level.

This work helped to illuminate the performance of the initiative in terms of its five legislative goals. Specifically, the evaluation examined:

- Local program models and what these suggest about the achievement of greater uniformity within local systems of care
- Collaboration effectiveness and what this suggests about future achievement of local CMP objectives
- Strategies and barriers to the involvement of family representatives or members in CMP processes
- Efforts to reduce duplication and fragmentation and evidence collected to date regarding the effectiveness of these strategies
- Strategies to improve the quality, appropriateness and effectiveness of services and evidence collected to date regarding their effectiveness
- Strategies of cost-sharing and cost reduction
- Achievement of locally-defined performance goals on targeted outcomes.

The evaluation revealed a number of useful findings in these areas. Some highlights include:

<u>CMP structures varied significantly in terms of IOG scope of responsibilities and approaches to coordinating services, ISST structure, and CMP coordinator roles.</u> Variations reflected local adaptation of required CMP components, including not only the IOG and ISST, but also the coordinator position and role. To date, the only variation that the evaluation found correlated with success was the coordinator role and the use of CMP funds to support the work of this position.

In general, stakeholders reported that local county systems have increased in uniformity. However, variation in local CMP structures presents a number of challenges to measuring progress on this legislative goal both within counties and across CMPs.

There is evidence that CMP implementation has been supported by effective local collaboration between agencies and other key stakeholders. The results of the *Collaboration Survey* indicated that IOGs had, almost uniformly, established effective collaboration efforts. Aggregate results for local CMPs were above the cut point on all dimensions of collaboration. In addition, results of the *Overall Success* survey and stakeholder interview findings were very positive.

While approximately a third of CMPs reported family engagement as a significant area of success, the majority have struggled to involve families in the IOG or ISSTs. CMPs reported implementing numerous strategies to engage families in CMP processes; however, many CMPs reported still being in planning processes, and some identified barriers or concerns regarding the involvement of family representatives or members. In general, family engagement was an area in which many CMPs expressed interest and/or a need for technical assistance.

CMPs reported they were effectively addressing service duplication and fragmentation. CMPs reported many strategies underway locally to reduce service duplication and eliminate the fragmentation of services including establishing common processes and policies across agencies, common methods of service monitoring, forming interagency workgroups to address this goal, and through their CMP key structures - specifically the ISST (streamlining services through one team and treatment plan) and the CMP coordinator position (streamlining services through one person). Other than stakeholder perceptions, evidence of effectiveness was limited -- although a few CMPs reported utilizing benchmarks to track progress (e.g., decreases in the number of appointments for families).

CMPs indicated that the ISST collaborative structure and process, evidence-based program implementation, and other strategies were improving the quality, appropriateness and effectiveness of services for multi-system engaged families. In addition, some CMPs reported employing local evaluators in order to collect information regarding the effectiveness of these strategies.

CMPs reported significant cost- and resource-sharing among collaborative partners. Resource- and cost-sharing was most often realized through jointly allocating funds to support existing programs and staffing needs, identifying opportunities for braided or blended funding to develop new services, and to mutually pay for family-level intervention

services and family resource needs. Stakeholders emphasized how having members with decision-making authority at the table greatly facilitates cost- and resource-sharing activities.

Although the ability to demonstrate actual cost savings due to CMP local and statewide efforts is limited, CMPs perceived that they are realizing cost reductions across the four targeted outcome areas. CMPs indicated that cost savings are likely achieved when key child and family performance goals are met; however, currently, the CMP initiative does not have needed systems in place that would allow for accurate cost analysis.

There is wide variation in how CMPs define their target populations, service efforts, and performance indicators. A review indicated that there were 125 different indicators and 30 process-oriented measures assessed across the CMP initiative, with little overlap. The lack of uniformly measured indicators across sites led the evaluation team to begin the process of developing methods to introduce greater standardization in measurement across the initiative. This is important as the evaluation design is based on a cross-site approach which requires the integration of common data elements across CMPs to assess overall effects.

Approximately two-thirds of the proposed performance goals across CMPs were successfully met. CMPs generally reported improvements on their locally-defined child and family performance measures over the past year (60-65% of goals achieved). In general, CMPs perceived that they are effectively addressing key goals of the legislation as suggested by local successes on outcomes for multi-system involved children and families, although more rigorous and standard measurement is needed to confirm this.

Taken together, this summary suggests early positive findings for the initiative including improvements in intermediate outcomes and those relating to child and family needs. At the same time, the evaluation helped to illuminate opportunities for strengthening the initiative in ways that might lead to stronger program performance at the local level while helping to improve the efficacy of evaluation efforts to measure successes. These areas are presented below as a series of recommendations which are divided along four different dimensions: *CMP processes*, *measurement and evaluation*, *family involvement* and, finally *training and technical assistance*. Each of these recommendations holds a number of implications for the future direction of the initiative and, therefore, it will be important to explore these in greater depth before charting a course of action.

Recommendations related to CMP processes

- *Disseminate information on local CMP structures to help sites implement efficient processes and effective IOG, ISST, and collaborative practices efforts*

    - The evaluation revealed an array of approaches to organizing the structure and functioning of CMP efforts. Some CMPs function as stand-alone entities, others as part of larger system of integrated services, and still others that serve to connect local governmental and service systems. These structural approaches have various pros and cons in relation to fulfilling the goals of the HB 1451 legislation. It is recommended that efforts be expended to learn from these structural options and to explore how different structures may result in effective processes to help refine CMP efforts over time. One important structural finding is that having a dedicated CMP coordinator facilitated greater collaboration; this is a recommended component for all CMPs.

- *Define and promote successful practice models that correspond with specific outcome areas to encourage broader adoption of effective practices*

    - While local CMPs share broad structural components (e.g., IOG, ISST), a variety of service delivery models are currently implemented to achieve CMP outcomes. These include highly structured and well defined wraparound models, loosely defined service-based models and varying approaches to implementing ISSTs. It is recommended that the CMP initiative examine and refine these models so that local efforts are able to more efficiently and effectively impact specific outcome areas.

Recommendations related to measurement and evaluation

- *Focus outcome measurement on a small set of well defined, uniformly measured outcome areas across CMPs*

    - As revealed in the evaluation, CMP efforts at the local level resulted in the selection of a great number of outcome variables which are differentially measured. The ability to draw summary conclusions about the initiative's effects is dependent on the ability to integrate and analyze a manageable number of carefully measured variables across multiple sites, which currently is not possible. It is recommended that the CMP initiative work to select a smaller set

of outcomes with standard measurement criteria and to require sites to select up to two of these in addition to their locally-defined measures.

- *Develop mechanisms to collect data that are proximally connected to served population groups*

    - Currently, many programs lack the ability to connect CMP service delivery to targeted population groups and to track these individuals and families over time. This is a complicated process as it requires sites to identify specific CMP targeted population groups and monitor these populations over time as they receive services from multiple agencies. In addition, at present, data sharing across agency systems can be challenging. However, a key assumption of the CMP initiative is that it will result in better, less costly outcomes. Unfortunately, this cannot be tested without tracking families who participate in the CMP process and observing impacts over time. It is recommended that the initiative explore opportunities to more carefully track CMP population groups at the local level in ways that do not overburden staff with data collection requirements.

- *Define intermediate process measures and measurement approaches to support improved data collection and analysis*

    - HB 1451 legislation identifies a number of intermediate process measures which should reflect early indicators of longer term success. These include measures of decreased duplication, fragmentation, perceptions of quality, family engagement, etc. However, measure definition is not standard across sites which prevents the evaluators from concretely assessing achievements in these areas. It is recommended well-defined intermediate process measures reflecting reductions in service duplication and fragmentation, quality, effectiveness, and appropriateness, and family engagement be developed and assessed so that specific strategies can be developed that target these efforts.

- *Explore opportunities to collect cost data and the implications of assessing costs and benefits*

    - As discussed in the report, cost-benefit evaluation models require a level of precision in program definition and implementation that is not currently in place for the CMP initiative. Moreover, getting to this required level of standardization could create tensions in the larger initiative given the value placed on local

control and ownership. Notwithstanding, the CMP initiative could benefit from the development of some standardized measures of costs that might begin a process of assigning costs to CMP efforts. It is recommended that the OMNI evaluation team, the EC, and the SSC work together to identify key common CMP components for which costs can be assigned and that these be used to explore the feasibility of moving toward a cost-benefit analysis.

Recommendations related to family involvement

- *Define the nature and range of family involvement at the IOG and ISST levels and provide CMPs information on how to facilitate and/or enhance family roles*
    - Currently, there is no standard role that family members play at either the IOG or ISST level. CMPs can elect to have family members participate at either of these levels, both or neither. At the same time, family representation and involvement is a core value of the initiative, and there is an underlying belief that family participation should lead to better outcomes. It is recommended that a clear decision be made about the expected role of family members on either or both of these groups, and that CMPs collaborate with other family stakeholders to facilitate and guide methods to meet these expectations.

- *Improve and implement measurement designed to assess the effects of family involvement at the IOG and ISST levels*
    - Given the core value that family representatives and family members comprise an integral component of the CMP initiative, it is important to work toward some assessment of their impact on the process. Indeed, family participation is one of the more unique components of the initiative and evidence suggesting family involvement leads to better outcomes could help advance the field of practice in this area. If the initiative decides to prescribe a more deliberate role for families, it is recommended that this become an area of focused measurement and that OMNI evaluators work with the Evaluation Subcommittee to design measurement tools to assess this impact.

Recommendations related to training and technical assistance

- *Continue to utilize the portal and regional training opportunities to disseminate best practice information*

    - The CMP initiative has been an early adopter of the SharePoint portal platform to help disseminate information to CMPs while creating a sense of community across sites. The portal can also serve as a tool to help provide direction to sites on emerging best practices so that more CMPs integrate these efforts into their work. There also may be opportunities to conduct regional trainings with groups of sites that emphasize emerging best practices and which help CMPs to incrementally improve their efforts. It is recommended that the Evaluation Sub-committee explore opportunities to use the portal and regional trainings to help disseminate best practices.

- *Develop a guidance document on best CMP practices and processes in order to support new local CMP participation and incremental refinements of existing CMPs*

    - Because the CMP initiative is evolving as a program model, it may be beneficial to develop a guidance document that articulates the core components and processes of the CMP. The guide would help make inherent assumptions of the model and its structure more explicit so that new sites could implement with greater efficiency and deliberateness. Moreover, such a document could evolve over time to incorporate lessons learned through CMP feedback and evaluation findings, which in turn lends greater clarity and strength to the model. It is recommended that the SSC develop a working committee to begin the development of this guidance document with support of the CMP Administrator and the OMNI evaluators.

Endnotes

[i]Colorado Revised Statute, Title 24, Article 1.9. (2010). Retrieved from http://www.michie.com/colorado/lpext.dll?f=templates&fn=main-h.htm&cp.

[ii] Goerge, R. M., Smithgall, C., Seshadri, R. & Ballard, P. (2010). Illinois families and their use of multiple service systems. *Chapin Hall Issue Brief.*

[iii] California Department of Education. (2007). Handbook on developing and evaluating interagency collaboration in early childhood special education programs. Retrieved June 1st, 2010 from http://www.cde.ca.gov/sp/se/fp/documents/eciacolbrtn.pdf.

[iv] U.S. Department of Health and Human Services. (2010). Guiding principles of systems of care. Retrieved June 1st, 2010 from http://www.childwelfare.gov/pubs/soc/socc.cfm.

[v] Emshoff, J. G., Darnell, A. J., Darnell, D. A., Erickson, S. W., Schneider, S. & Hudgins, R. (2007). Systems change as an outcome and a process in the work of community collaboratives for health. *American Journal of Community Psychology*, 39, 255-267.

[vi] Hicks, D., Larson, C., Nelson, C., Olds, D., & Johnston, E. (2008). The influence of collaboration on program outcomes: The Colorado Nurse Family Partnership. *Evaluation Review, 32*, 453-477.

[vii] Hicks et al. (2008).

[viii] Bruns EJ, Sather A, Stambaugh L. (2008). National trends in implementing wraparound: Results from the State Wraparound Survey, 2007. In: Bruns, E.J. & Walker, J.S., (Eds.), *Resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.

[ix] Annie E. Casey Foundation. (2002). Team decisionmaking: Involving the family and community in child welfare decisions. *Family to Family Tools for Rebuilding Foster Care.* Retrieved November 1st, 2009 from http://www.aecf.org/upload/pdffiles/familytofamily/f2f_tdm_sept_02.pdf.

[x] National Wraparound Initiative, Research and Training Center. (2010). History of the Wraparound Process. *Focal Point*. Retrieved November 1st, 2009 from http://www.nwi.pdx.edu/pdf/fpF0302.pdf

[xi] Annie E. Casey Foundation. (2002).

[xii] Henggeler, S.W., Schoenwald, S.K., Borduin, C.M., Rowland, M.D., & Cunningham, P.B. (2009). *Multi-systemic therapy for antisocial behavior in children and adolescents*. New York: Guildford.

[xiii] Alexander, J., Pugh, C., Parsons, B., & Sexton, T. (2000). Functional Family Therapy. In D. S. Elliott (Ed.), *Blueprints for Violence Prevention* (Vol. 3). Boulder, CO: Venture Publishing.

[xiv] Botvin, G. J., Griffin, K. W., Paul, E., & Macaulay, A. P. (2003**).** Preventing tobacco and alcohol use among elementary school students through Life Skills Training. *Journal of Child & Adolescent Substance Abuse, 12, 1-18.*

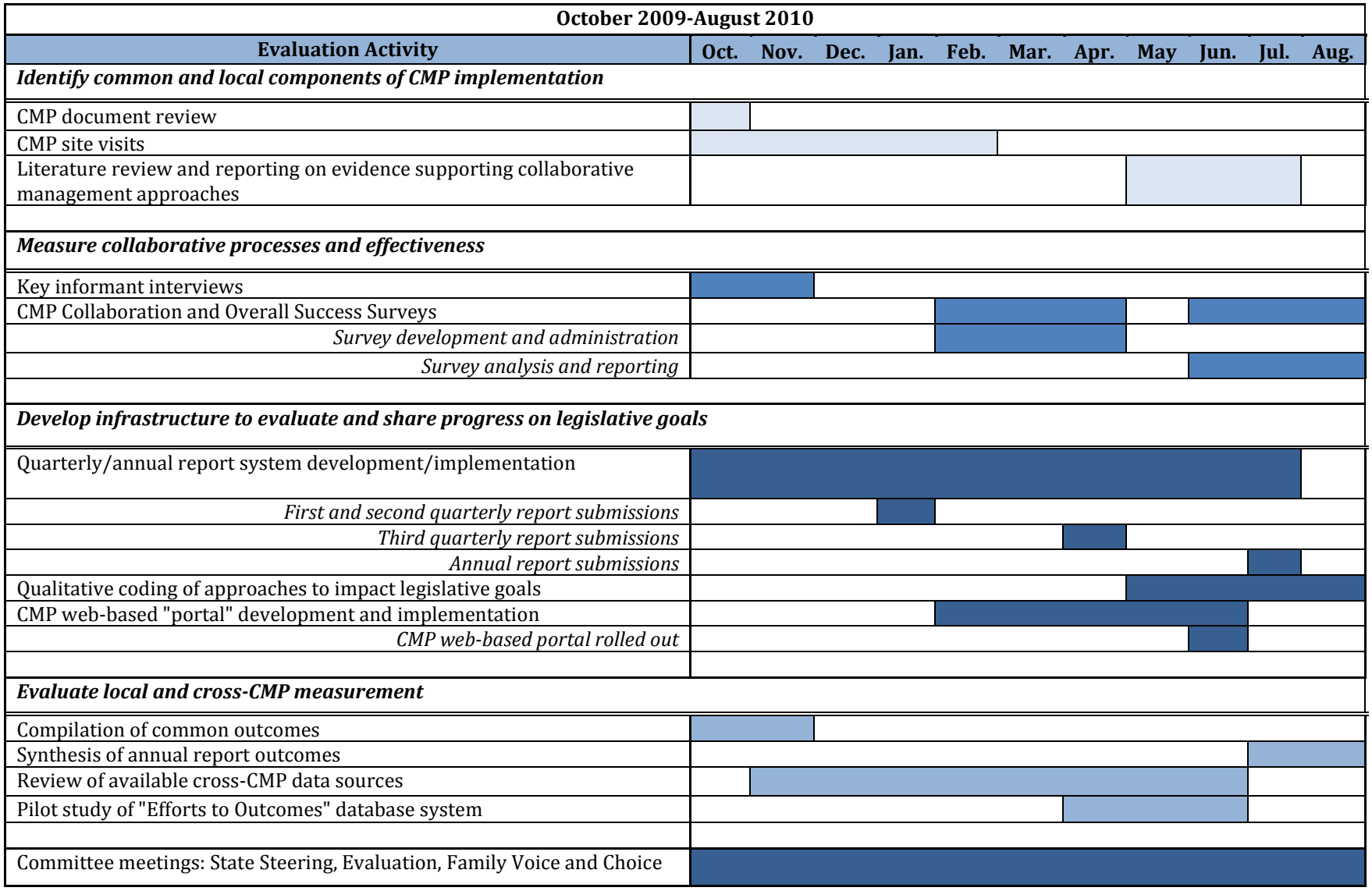
[xv] Webster-Stratton, C. & Reid, J. (2010). *The Incredible Years: Evidence-based parenting and child programs for families involved in the child welfare system*. New York: John Wiley & Sons.

[xvi] Altman, J. C. (2005). Engagement in children, youth, and family services: Current research and best practices. In G. Mallon & P. Hess (Eds.), *Child Welfare for the twenty-first century: A handbook of practices, policies and programs* (pp. 72-86). New York: Columbia.

[xvii] Goerge et al. (2010).

Appendices

Appendix A. Timeline of CMP statewide evaluation activities.



Appendix B. Cost reductions in select areas targeted by the CMP.

CMPs with available data reported reductions in costs in three areas that typically result in a majority of the costs of serving multi-systems involved children and families. CMPs reported either the number of children, or the average number of days service was provided in specific settings, and the associated costs for the past and present fiscal year. Total costs associated with these data points were compared.

Note: There are a number of reasons that these data should not be interpreted as demonstrating actual cost savings attributable to the CMP approach. Currently, it is impossible to attribute any reductions as a direct result of the CMP given variations in program approaches and targeted populations, and measurement limitations. These calculations are the result of reducing need for services for approximately 1-10 children over a one-year period and may be a result of normal fluctuations or contextual factors other than the CMP.

Child Welfare

Reductions in **out-of-home placements** (e.g., foster care, kinship care, other settings excluding institutional settings) from 2008-2009 to 2009-2010 fiscal year:

	Total Savings	Average CMP savings	# of CMPs with data
Reduced # of children in out-of-home placements:	$1,208,833	$134,314	9

Juvenile Justice

Reductions in youth placed in institutional settings (e.g., DYC commitments, group home settings, institutions excluding hospitalizations and substance abuse treatment centers):

Reduced # of children placed:	$1,358,622	$194,088	7
Reduced # of days children are placed:	$208,231	$69,410	3

Health/Mental Health

Reduction in inpatient health care/hospitalizations (e.g., inpatient mental health treatment, substance use treatment, other health-related institutional care):

Reduced # of children in inpatient care:	$176,000	$88,000	2
Reduced # of days children in care:	$49,050	$24,525	2

Appendix C. Performance outcomes assessed by CMPs in 2009-2010.

	Number of Indicators	
	Population-level	**Process**
Child Welfare Domain		
Physical/Mental/Dental Health	1	2
Abuse/Abuse in Out of Home Placement	3	
Enhance Stability of Out of Home Placements for Children	6	
Prevent Out of Home Placements/Increase Reunification	11	
Reduce the # of Children/Adolescents in PRTF/TRCCF/RCCF	4	
Set/Follow Case Management Expectations		5
Reduce Length of Stay in Foster Care	2	
Other/Misc.	1	1
Total:	28	8
Juvenile Justice Domain		
Successful Completion or Termination of Probation*	16	
Successful Completion or Termination of parole*	2	
Low/Reduced Usage of Commitment/Detention Facilities	4	1
JISP Success Rates	1	
Use of Community Transition Plans		2
Reduce or Maintain Low Rates of Re-offense/Recidivism	7	
Prevent or Maintain Low Rates of New Offenses	2	
Screen and Assess all Youth on Probation		2
Improved Life Skills for Juvenile Offenders	1	1
Other/Misc.		2
Total:	33	8
Education Domain		
Increase Attendance/Reduce Truancy	19	1
Increase or Improve Student Achievement	7	
Decreased/Reduced Dropout Rates	4	1
Reduced Violations of Codes of Conduct	6	
Suspensions	1	
Expulsions	1	
Other/Misc.	2	3
Total:	40	5
Health/Mental Health Domain		
Improved Level of Functioning and Decrease in Problem Severity	10	
Increase Prevention and Treatment for Substance Use/Abuse	5	2
Decrease or Maintain Low Use of Inpatient Services/Hospitalizations	6	
Family Involvement in Services		1
Physical Health/Dental/Immunizations	2	5
Other/Misc.	1	1
Total:	24	9
TOTALS:	**125**	**30**

Note: Highlighted rows represent the 10 standard outcomes