

Outcomes Evaluation in Services for Children & Families: A Model Project

Steven Koch, PhD
Indiana University
School of Medicine

Monique Busch, MSW
IARCCA Institute
for Excellence

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History of the Project

- How it all began



The State of Outcomes Measures in the Nation

American Association of Children's Residential Centers (1995)

- **Patient satisfaction** was the primary outcome measure used
- **Level of functioning** was the second most common
- **Pre/post/follow-up** was the most common design



The State of Outcomes Measures in the Nation

American Association of Children's Residential Centers (1995)

- **Follow-up** was typically done by phone or mail
- **The person** responsible for outcomes in an agency typically spent less than $\frac{1}{4}$ time in this endeavor
- **Response rates** of 20% were common

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History of the Project

- How it all began
- Stakeholder input



7 Stakeholder concerns ...

(April 1996)

1. The **difficulty of the child** must be included in any outcome measure system. Without this, the most difficult youth and families would not be served because positive outcomes would decrease.
2. The decision to measure outcomes must apply to the diverse **array of services** provided by IARCCA member agencies.



7 Stakeholder concerns ...

(April 1996)

3. Outcome measures must **avoid biased judgment** calls as much as possible.
4. Measuring outcomes months **after discharge** will conflict with expert advice to only measure outcomes during the program and at discharge. Some balance is needed when evaluating at follow-up.



7 Stakeholder concerns ...

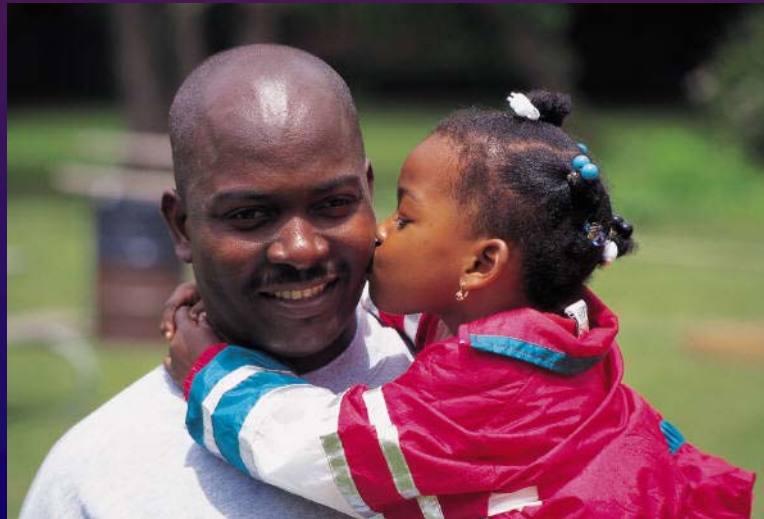
(April 1996)

5. **Attaching payment** (or non-payment) to outcomes, while alluring, is fraught with risk and could encourage cheating.
6. **Personal opinions** from case-workers, probation officers, and judges about the efficacy of a program currently drive the system. This is NOT all bad. A balance between opinion and measurement is needed.

7 Stakeholder concerns ...

(April 1996)

7. Outcomes design **takes time**. Stakeholders must give enough time to design, pilot, and “tweak” the program being developed.





History of the Project

- How it all began
- Stakeholder input
- Task force



IARCCA Outcomes Task Force

- Comprised of volunteers
- Operationally defined:
 - Programs
 - Outcome measures
 - Risk factors
- Identify evaluation / reporting procedures
- Review and refine evaluation process



Outcomes Committee, 2002

- Gina Alexander, MA *The Villages*
- Kembra Brown, MPA *Bashor*
- Monique Busch, MSW *IARCCA*
- Elaine Daniel *IARCCA*
- CL Day, MSW *NOAH, Inc.*
- Jamie Dieterle, MSW *Triple L*
- Anita Dygert-Gearhart, MA *Campagna Academy*
- Cathleen Graham, MSW *IARCCA*
- Joseph Huecker *Regional Youth Services*
- Susan Jackson-Walker, PhD *DuPont Children's Hospital*
- Steven Koch, PhD *Riley Children's Hospital*
- John Link, MS *Crossroad*
- Heike Minnich, PsyD *University of Indianapolis*
- Paula Pelland, PhD *Gibault*
- Jennifer Rolsen *Crossroad*
- Jeff Schumacher, MS *Gateway Woods*
- Steven Wagner, RN *Oaklawn*
- Jacqueline Wall, PhD *University of Indianapolis*



Programs Defined

- Home based
- Day treatment
- Foster care
- Residential
- Crisis stabilization
- Shelter care
- Transitional / independent living





Sample Definition: Residential Programs

- Residential programs provide daily living routines in a more structured, safe setting for children on a long term basis. A major component of residential programs is to address the emotional, behavioral, educational, family, and recreational challenges of the child. Residential programs are licensed as residential by the state of Indiana.
- A goal of residential programs is to teach the child more appropriate strategies for successful community reintegration.



Sample Definition: Foster Care Programs

- Foster care programs provide community-based services to a child in a family or mentor setting other than his/her own family on a long or short term basis. A major component of more intensive foster care programs includes case management support, school advocacy, supervised family visitations, and counseling.
- A goal of foster care programs is to meet permanency goals: family reunification, emancipation, adoption, long-term foster care, and/or community reintegration from residential or institutional settings.

Outcomes Defined

- Clinical
 - Difficulty of child, family
- Functional
 - Education, employment
- Program Effectiveness
 - Met permanency goal, ROLES
- Satisfaction
 - Child, parent, referral source





Risk Factors Defined

- Characteristics which may identify client severity
- Items are research-based
- Includes demographic and historical information
- May allow for understanding of differences in population when comparing programs





Pilot Study

- Multi-agency participation
- Volunteer agencies
- Focus on process – NOT on outcomes
- Training
- Addressing questions raised





Pilot Study

- Paper vs. computers
- Data submitted anonymously for compilation / review
- Results shared with all agencies



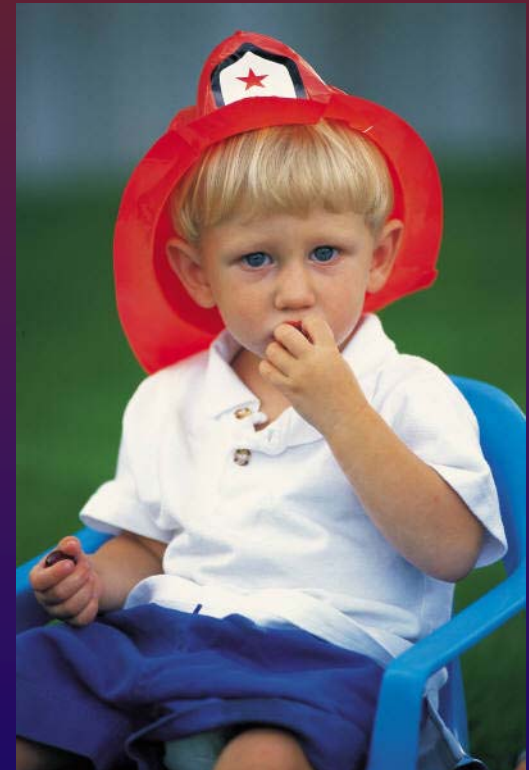
History of the Project

- How it all began
- Stakeholder input
- Task force
- Full Project



Data Collection

- Implemented statewide in 1998
- Ongoing data collection
- Participation rate – 75% of member agencies
- Train, train, train
- HIPAA compliant
- Nearly 5,000 forms completed annually





Using the data

- Develop benchmarks
- Compare agency data with:
 - Aggregate
 - Other agencies
- Identify program strengths and weaknesses
- Use risk factors to help identify program effectiveness



Developing Benchmarks

- Multi-agency data
- Aggregate data to determine current standard of care in state
- Reporting benchmarks to funding sources





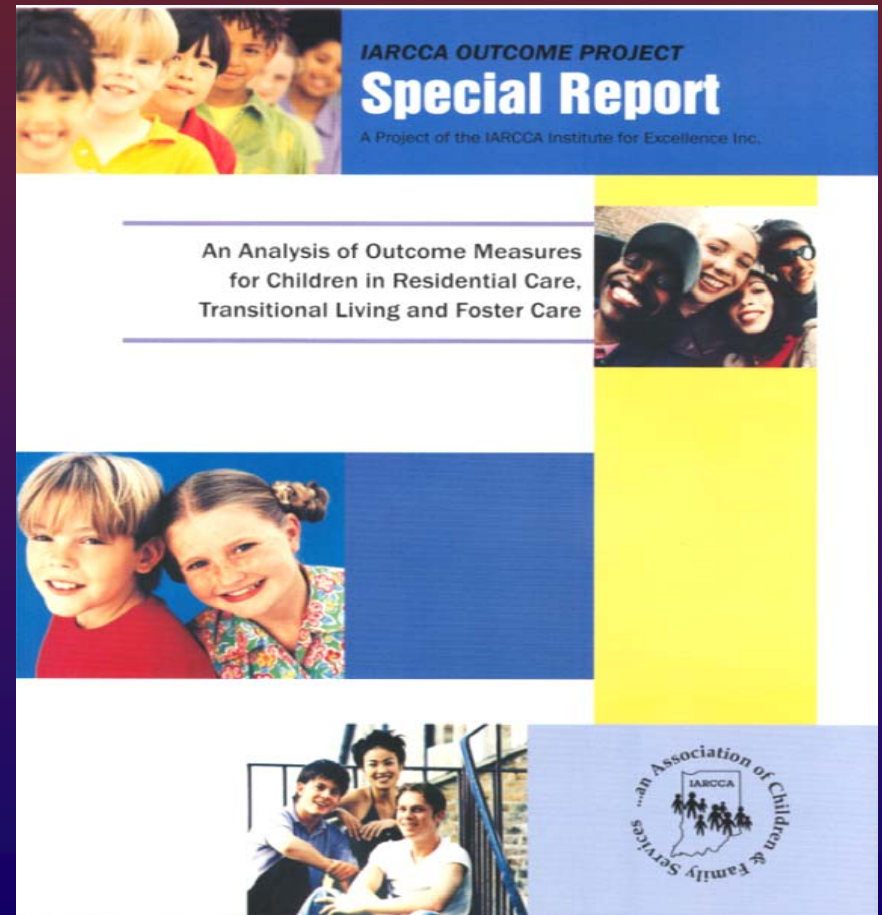
Using Risk & Protective Factors

- Identify clients that do well in program
- Identify differences between successful and unsuccessful discharges
- Requires more complex analysis of data



IARCCA Special Report (2003)

- An analysis of outcome measures for children in residential care, transitional living, and foster care
- Funding provided by the Lilly Endowment, Inc.





Special Report

Suggestions for Foster Care

Focus services on helping youth and families work through issues associated with **physical and sexual abuse** to address potentially negative placement outcome (restrictiveness of environment).





Special Report

Suggestions for Residential Care

- 1) Focus services on primary risk factors associated with negative outcomes
- 2) Understand that youth who are prescribed **medication** are at higher risk for negative outcomes
- 3) Focus services to provide equal experiences for **Minority and Caucasian** youth.





Special Report

Suggestions for Transitional Living

- 1) **Education** should be a key component of programs;
- 2) **Delinquent youth** may require a slower transition to independence (non-CHINS); and
- 3) Be aware of “**transition**” **time** needed. For some youth, independence may be too much, too fast.





History of the Project

- How it all began
- Stakeholder input
- Task force
- Full Project
- Project Expansion

Project expansion

- External researchers
- Annual Reports each Spring (1999-2003)
- Computerized data entry
- Grant funding
 - Project coordinator
 - Special Report (2003)





History of the Project

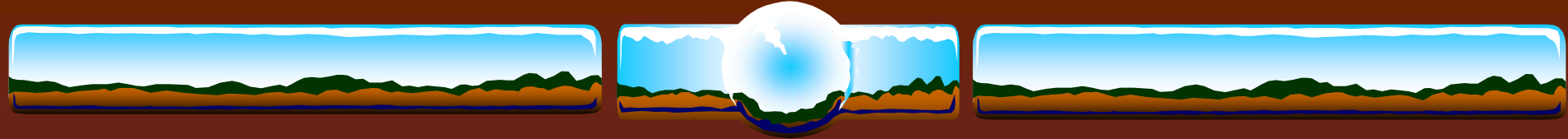
- How it all began
- Stakeholder input
- Task force
- Full Project
- Project Expansion
- Next steps



Where Do We Go From Here?

- Grant funding
 - Instrument standardization
 - Individual agency consultation
 - Future Special Reports
- Marketing





This presentation will be made available online at:

www.cwla.org





For more information...

Monique Busch, MSW

IARCCA Institute for Excellence, Inc.

317-849-8497

MBuschIARCCA@aol.com

Steven Koch, PhD

Riley Child Development Center

IU School of Medicine, Dept. of Pediatrics

317-274-8167

smkoch@iupui.edu