Performance Measurement Workgroup: 1/17/13

For most U.S. industries in the private sector, survival is driven by market principles. Producers are forced to compete on cost and quality. Consumers have the freedom to choose a good or service on the basis of its ascribed value – "quality" per measured dollar unit. This competition allows producers of high quality goods to grow, while their less efficient or effective rivals are pushed out of the game.

Yet, despite California's reliance on contracted, non-profit providers to administer group home and other congregate placement services within a continuum of care, the State and Counties have limited information upon which to choose and then assess the quality and success of providers. Additionally, (potentially) misaligned fiscal incentives may actually mean that provider activities are at odds with broader child welfare objectives and principles – at therefore hurting, rather than helping, our children and families.

Attempts to use an enhanced accountability structures with altered fiscal contracts/incentives have been tested both within and outside of California (see attachments for a few reviews of the literature we were able to track down). Although the field is far from having an empirically-based/proven model to draw upon – important lessons have emerged that can (and should) guide our work. Additionally, we have been able to gather a handful of measures used in other jurisdictions to track the success of provider efforts to serve children and families. As discussed in past meetings – many good minds of undertaken this work before us – there is no reason to re-invent the wheel.

Below we have summarized (in some instances, blatantly plagiarized) lessons learned by others. These lessons are then followed by a table of measures currently in use in other states – as well as those proposed by the group.

Summary Notes from Readings/Presentations Arising from Other Jurisdictions

- **Outcome measures should emphasize quality and the achievement of desired results - not what work is performed.**
    - A fundamental aspect of economic (and management) theory is that "it makes more sense to set goals and measure results than to specify methods and try to enforce them" (Porter & Teisberg, 2006, p. 234).
    - In other words, it is better to create agency incentives and accountability structures that focus on results than it is to mandate process compliance by setting standards. If the maintenance or expansion of an agency's contract hinges largely upon process compliance (e.g., day to day or month to month protocols that must be adhered to), the incentive structure is such that agencies will be motivated to improve their compliance, rather than their results.
    - Emphasizing standard-compliance (by paying for its delivery) can thwart advancements in practice. If tight standards are in place, and compliance is the only measure of performance that matters, then creativity is not encouraged, new practices are not advanced, and a lack of innovation weighs down the field as a whole. This is not to say that input/process and quality/performance don't matter or should not be measured. *Rather, it is simply to say that ultimately it is outcomes that capture the intangible aspects of good practices with children and families and if there are fiscal incentives in a contract - these should be tied to outcomes.*
    - Compliance measures were once the only readily available means of tracking child welfare performance. The technology simply did not exist to compile, analyze, or disseminate data capturing more complex outcome measures (Brady, 1990). While certainly holding agencies accountable for something was better than nothing, and it is not unreasonable to assume that compliance with a standard was (and still is) correlated with competence in outcome domains, that doesn't change the fact that it is an outdated method of evaluation. Standards create a level of conformity. Knowing that every child in out-of-home care has been visited by a social worker every month is reassuring; it is comforting to know that each case is reviewed for the achievement of permanency every six months.
    - But meeting standards does not imply that a high level of care has been or is being provided. Different agencies can follow the same guidelines and meet the same standards, but good social work practice is far more nuanced. Process measures capture very narrow bands of service and indicate only that some minimum level of care has been provided. As such, they offer limited information with which to determine provider performance. This manifests in inefficiencies as resources are wasted on ineffective services offered by low-quality providers.

- **The OVERWHELMING message from the literature and from other jurisdictions is that we should limit the number of performance measures we are tracking.**
    - Measuring results or outcomes is much more difficult than measuring process compliance. The additional value a client gains through a specific service provided by a given agency cannot be assessed from a single good outcome at a single point in time.
    - Unfortunately, outcomes are, by necessity, measured discretely. Efforts to create more complicated measures are increasingly common and are useful at some level, but the composite metrics can also be very difficult to understand.
    - While there is a tendency to want to measure outcomes for everything that matters (as well as all the processes we lead to those outcomes - think of the full list of measures our group came up with), one

of the most common themes to emerge from the literature was that we must restrict our work to a small number of formal outcome measures. We should attempt to find (or develop) measures that are concise, but comprehensive and we should limit the number of measures and the degree of complexity such that they can be understood to reflect a meaningful assessment of performance.

- As an example to prove this point: Tennessee uses a total of THREE outcomes in its Performance Based Contracts (per conversation with someone from Chapin Hall – this has not been verified). These measures include:
    1. Reduce the number of care days.
    2. Increase the number of permanent exits (reunification, adoption, guardianship).
    3. Reduce the number of reentries.
- Again, this is not to say that we should not propose input/process or quality/performance measures – but our primary focus should be on measurable outcomes when the group can come to a consensus that it is a reasonable outcome to hold providers accountable for, where we have the data to measure it, and where we want to incentivize agencies to improve practice in order to achieve the outcome.
- One possible approach may be for us to recommend a small number of very clear outcome measures, but a more comprehensive list of process (input) and performance (quality) measures that we would recommend for inclusion as other items that are tracked and or outlined in contracts – yet without standards or fiscal incentives attached. Additionally, the outcomes may vary somewhat based on the service objectives outlined for different providers (per email exchange with someone from Iowa – who will send us a list of their congregate care outcome measures, but indicated there are different performance based outcomes for different provider types).

- **We MUST take into consideration the availability and reliability of the data. As well as the real burdens of paper data collection/analysis and qualitative indicators.**
    - Another theme that emerged in the gray literature is that it will be completely meaningless for us to establish outcomes based on data we hope to have in 5 or 10 years.
    - We cannot hold providers accountable for what we do not have the capacity to measure/track. If we establish measures we cannot track, this reform effort will fall short of the meaningful, on the ground changes that are hoped for.
    - Additionally, although qualitative measures provide useful input and performance information, they are unlikely to yield the outcomes we have been charged to develop. Given how labor-intensive qualitative data collection efforts generally are, we should be mindful of the costs and benefits of these types of measures.

Performance –Based Contracting Measures:
EXAMPLES OF MEASURES CURRENTLY USED IN OTHER STATES

Performance Domain	Measure	Measure Type / Basis	Measure Source / Method of Monitoring
Safe / Free From Violence			
Safety.1	No substantiated cases of abuse or neglect involving the Contractor **or** other children in foster group care	Outcome (effectiveness of provider efforts to care for children in a safe environment, free from violence)	Iowa: Foster Group Care Services Contracts for 2012 CA Data Source: CWS/CMS
Stable Living Situation			
Stability. 1	The percentage of time a child spends in treatment during a residential placement stay (i.e., called "treatment opportunity days rate")	Outcome (effectiveness of provider efforts to create a stable environment in which children/youth can be provided with treatments that improve well-being and allows for a transition into a lower-level of care – assumption is that this outcome is tied to all sorts of good inputs and tied to other good outcomes (e.g., school performance, permanency)	Illinois: Performance Based Contracting to Improve Outcomes for Children and Youth in Residential Care 2012; calculated as active days in care / (active days + interruption days) CA Data Source: ?
Stability.2	Percentage of total residential spells resulting in **sustained**, **favorable** discharges "Favorable" = positive step-down to less restrictive setting or a neutral discharge in a chronic setting (e.g., mental health or DD) "Sustained" = child remains stable in discharge placement for 180 days	Outcome (effectiveness of provider efforts to provide services that improve child health and functioning such that they can be successfully transitioned to a lower level of care)	Illinois: Performance Based Contracting to Improve Outcomes for Children and Youth in Residential Care 2012 CA Data Source: Should be possible with CWS/CMS…although will take some work

Performance Domain	Measure	Measure Type / Basis	Measure Source / Method of Monitoring
	"Unfavorable" = negative step-up to a more restrictive setting, disrupted placement, or lateral move to another residential facility or group home		
Health (mental & physical)			
Health.1	The number of emotion-related and behavior-related critical incidents including: hospitalizations, police calls, placement into juvenile detention, the use of seclusion and other restraints allowed by licensure level	Outcome (effectiveness of efforts to provide appropriate mental health and behavioral interventions – again – this is a measure thought to capture an outcome tied to all sorts of good inputs from providers)	Iowa: Foster Group Care Services Contracts for 2012; monitoring based on web-based application for recording and monitoring Critical Incidents (which must be recorded within 48 hours) CA Data Source: ??
Permanent Connections			
Permanency.1	Increase the number of children exiting to reunification, adoption, and guardianship; reduce the number of care days; reduce the number of re-entries	Three inter-related Outcomes (effectiveness of efforts to provide appropriate services that enable a child to move quickly out of care to permanency - this is again a measure thought to capture outcomes tied to all sorts of good inputs from providers …)	Tennessee (per Chapin Hall) – more details needed – although a "casemix" adjustment is employed to control for the non-random distribution of children to providers CA Data Source: CWS/CMS (with investments in measuring care days and identifying individual providers in the data)
Educational Achievement			
Education.1	Children ages 5-17 are enrolled and attending school	Process/Performance (this is an example of an indicator intended to ensure that agencies are documenting school enrollment and attendance as a first step toward a more comprehensive measure of a child's educational outcomes)	Florida Community-Based Care Lead Agency Scorecard Methodology 2012-2013; Florida excludes children in care less than 30 days and focuses on enrollment only CA Data Source: CWS/CMS and ???

Measures Proposed by the Group for Discussion
(Combination of process, performance, and outcomes)

Performance Domain	Measure	Measure Type / Basis	Measure Source / Method of Monitoring
Safe / Free From Violence			
Safety.1	Absence of violence reports at home or school		
Safety.2	No indicated maltreatment report during a specific timeframe while in care of specific provider		
Safety.3	Absence of restraint reports involving subject youth		
Safety.4	Foster parents and staff have cleared criminal background checks		
Safety.5	Ongoing assessments of risk and safety conducted while in placement (address safety related concerns from assessment)		
Safety.6	Absence of complaints against caregiver/staff (documented in the case record and for a period under review?)		
Stable Living Situation			
Stability. 1	Remains in a stable placement for a minimum of 3 months		
Stability.2	No AWOL reports from home or facility (6 months before and after review)		
Health (mental & physical)			
Health.1	Initial health screening completed before or upon		

Performance Domain	Measure	Measure Type / Basis	Measure Source / Method of Monitoring
	placement		
Health.2	Baseline MH screening/assessment provided and documented before or upon placement		
Health.3	MH appropriate services provided or offered		
Health.4	Necessary Well-Child Visits completed timely with a primary care provider and documented in HEP CWS/CMS		
Health.5	Timely dental exams on recommended schedule based on age and needs documented in case plan and HEP CWS/CMS		
Health.6	Current HEP records reflect identification and ongoing management of chronic health issues		
Health.7	Psychotropic medication is tracked/timely; Case record shows justifications and proper authorization for medication changes		
Permanent Connections			
Permanency.1	Provider has an array of services that can also be individualized to meet the needs of the child in successfully achieving permanency		
Permanency.2	Placement changes experienced were in the child's best interest and were intended to further achieve the child's permanency goal or		

Performance Domain	Measure	Measure Type / Basis	Measure Source / Method of Monitoring
	to provide specialized services to the child.		
Permanency.3	Case record shows child/youth has identified an important stable adult/caregiver		
Permanency.4	Case record shows child/youth has identified an important stable adult/caregiver		
Permanency.5	Child/youth visits with related or nonrelated family members and visits are sufficient in frequency and quality		
Permanency.6	Case record shows transportation options explored/adopted to facilitate visits		
Educational Achievement			
Education.1	Education rights holder is identified, and oriented to education goals outlined in case plan		
Education.2	If/when child changes schools, provider requests and follows-up on transcripts to ensure they are transferred within timeframe prescribed by statute as documented in the case		
Education.3	Caregiver tracks school attendance, and ensures child attends 95% of scheduled school sessions		
Education.4	Benchmarks detailed in IEP (where appropriate) are negotiated and identified with		

Performance Domain	Measure	Measure Type / Basis	Measure Source / Method of Monitoring
	social worker, school officials, caregiver, educational rights holder, and child, if age appropriate		
Life Skills Preparation			
Preparation.1	Case record documents engagement with ILP or other preparatory services within 60 days of 14th birthday as documented in CWS/CMS		
Preparation.2	Youth is screened for SSI eligibility and other appropriate services after age 16		
Preparation.3	Case plan reflects instruction provided in: *Household management *Time and money management *Transportation, Secondary Education *Job Readiness		
Satisfaction			
Satisfaction.1	Youth reports satisfactory adjustment to placement; articulates an age-appropriate sense of satisfaction to social worker		
Satisfaction.2	Child/youth reports interest in/enjoyment for school, recreational activities		
Satisfaction.3	Positive responses to youth satisfaction survey(s)		

Performance Domain	Measure	Measure Type / Basis	Measure Source / Method of Monitoring
Other			
Other.1	Foster youth bill of rights given/ILP explained to child/youth at placement (documented in CWS/CMS as ILP services)		
Other.2	Participatory case planning utilized for decisions regarding education, health/MH, IEP, visits, extracurricular activities, etc.		
Other.3	Provider engages with child and demonstrates quality engagement (discusses case planning/service delivery and goal attainment)		