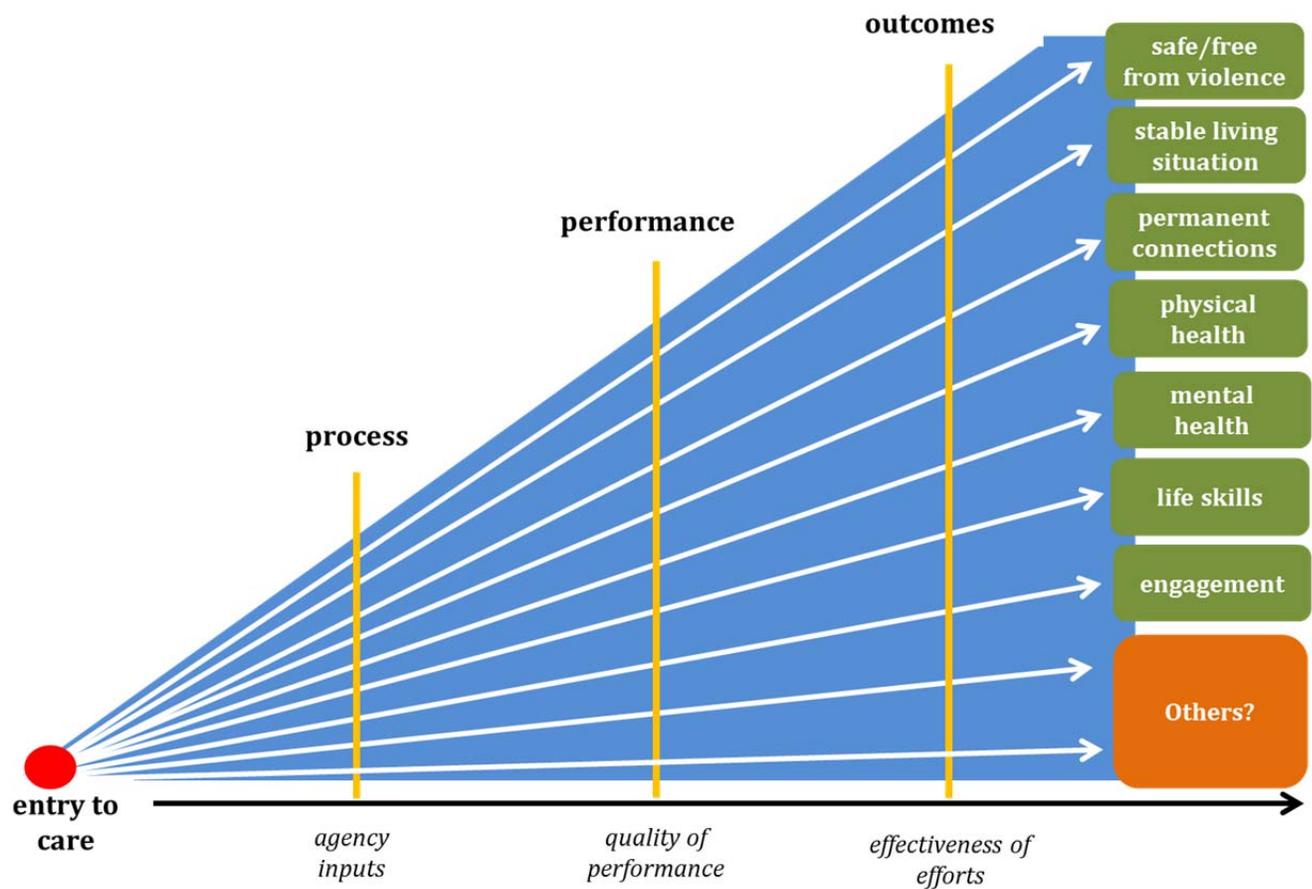


Post-10.18.2012 Workgroup Meeting Activity: Outcome Measures

- We are looking to identify quantifiable indicators which can be used to measure provider productivity/effort (process), quality (performance), and effectiveness (outcomes)
- Depicted below is a preliminary list of those short and long-term domains of “well-being” discussed by the workgroup at the last meeting



Process

- Process measures address agency inputs, are straightforward to understand, and reflect an agreed upon standard of service or care thought to be associated with a desired outcome
Example: Was a Team Decision Making meeting completed? Did birth parents, service providers, and/or community members attend meetings? Did meetings occur prior to placement or immediately after emergency placement?

Performance

- Performance measures are outputs by which to assess the quality of the organization and its work units
Example: Were necessary services identified, arranged, and delivered?

Outcomes

- Outcome measures are the end results of services and reflect organizational/system effectiveness in achieving desired results
Example: Reduced likelihood a child or youth will change placement; increased likelihood for a less restrictive placement.

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Instructions: Below is a list of suggested practice elements that were discussed in the workgroup (as depicted above), as well as some additional elements identified in statewide initiatives and reforms. The list is *not comprehensive*, and is intended to facilitate initial discussions around domains that should be considered during development of an improved Performance Measurement System. Please review the suggested list and add others you think may be missing from the list. For as many elements as you can, please describe what the ideal of that element looks like to you.

Suggested Next Steps: As a group: 1) evaluate whether the list is comprehensive, 2) agreement around the ideal, 3) examine and discuss the consequences to including or not including these elements as a part the revised system, 4) recommend elements for inclusion, and 5) operationalize it: describe what is and is not a part of that element

Step 1: Suggested domains for a new Continuum of Care model	Step 2: Describe your ideal
<i>Review the suggested list, and add others that may be missing</i>	<i>What does it look like to you?</i>
Safety/free from violence	<ul style="list-style-type: none"> • no reports of violent incidents in the home (fights, assaults, etc.) • no incidents in which the foster/group home calls the police to intervene or arrest the child • no abuse/neglect reports involving the child in the placement/home • no police reports indicating that the child has been the victim of the crime • child/youth does not run away • child is not suspended/expelled from school due to fights, etc. • foster parents and staff all have criminal background checks • no bullying, fighting, harassment
Stable living situations	<ul style="list-style-type: none"> • child/youth has a foster care placement in which the family/staff provide a healthy and caring environment • child/youth are moved upon their request • home does not give 7-day notice and require the child to leave • child does not run away from the home and if there are AWOL incidents, they are resolved by the child's return home (see also safety/free from violence above) • changes in placement are planned moves in the child's best interest • changes in placement reflect movements to lower levels of care/less restrictive placements whenever possible (i.e., increased likelihood for a less restrictive placement) • changes in placements are reduced (i.e., reduced likelihood a child/youth will need to change placements) • reasons for changes in placement are measured/tracked • complaints against the provider are measured/tracked • school location is the same as the home from which the child was removed • provider has the resources to implement the approved case plan • home/group home "feels like a home" and provides the necessities of "good living" • caregivers/staff "show love and concern"

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Permanent Connections	<ul style="list-style-type: none"> • youth can identify someone in their life who they feel is reliable, consistent, supportive, and trustworthy • child/youth visits regularly with family members, including siblings • child/youth is provided with transportation vouchers if needed to have contact with relatives • youth has opportunities to interact with supportive adults (e.g., coaches, clergy, mentoring programs) • youth has a role model who they look up to • youth has someone they can confide in • youth has family/friends to visit over holidays and vacations • youth has a stable caseworker/social worker • agency staff turnover is minimal
Physical Health	<ul style="list-style-type: none"> • initial health screens are completed upon placement • child/youth receives physical/preventive care exams on the recommended schedule given their health and age • child/youth receives dental exams and preventive care on the recommended schedule given their health and age • child/youth receives regular eye and hearing exams and is provided with the appropriate corrective devices as needed • all medical issues are dealt with immediately (i.e., prompt follow-up on illnesses or injuries) • Health & Education Passport and records reflect that youth has received regular check-ups, immunizations, and preventive care • evidence of appropriate management of chronic health issues (e.g., asthma, allergies, weight management) • home provides healthy foods and nutrition information • home provides opportunities for sports, exercise, and other healthy physical activities • implementation of public health nurse plan • enrollment in sports activities
Mental Health	<ul style="list-style-type: none"> • the mental health of the child/youth is assessed when entering the system using some standardized tool and this is used to find appropriate placement and to address any therapeutic needs • child/youth is treated by a qualified medical professional and is provided whatever care is necessary • initial screening and regular follow-up mental health screens to ensure that the appropriate services are in place • no psychiatric hospitalizations • child/youth receives age-appropriate and effective therapy if needed, and foster/group home coordinates child's care and behavior management with therapist • child/youth's attendance at mental health appointments are being tracked/monitored and attendance is good • use of psychotropic medications is tracked for each child/youth

Post-10.18.2012 Workgroup Meeting Activity: Outcome Measures

	<p>and justified in records</p> <ul style="list-style-type: none"> • evidence that medications are being filled on a timely basis and administered appropriately • if child is on any psychotropic medications, a psychiatrist or other qualified doctor is monitoring dosage, effectiveness, and mitigation of side effects, and foster/group home staff works with doctor to monitor medication and adjust/change medication if necessary • home ensures that child has access to and is encouraged to engage in activities that help manage depression, anxiety and other mental health issues, such as music, art, creative writing, sports/exercise, religious activities, etc. • home environment supports good mental health (e.g., no bullying, caring staff) • family mental health history is available to better understand child/youth mental health • child's mental health history (including medications, services, therapists) is kept in a single record that follows that child over time • confidentiality around child/youth's mental health is maintained
Education	<ul style="list-style-type: none"> • child/youth is not moved from school to school • home provides a staff liaison for each child who is responsible for attending parent/teacher conference, monitoring grades, etc. • child/youth is provided with remedial help as needed to maintain appropriate grade-level progression in school • the culture in the home promotes the value of education, including praising/rewarding academic performance • child/youth is provided with information about college level programs for foster youth (e.g., Guardian Scholars programs) • home tracks child/youth's attendance at school and provides transportation to the appropriate school (rather than insisting that the child attend on-site or local schools) • home assists child with homework, communicates with teachers and school staff to monitor child's progress in school • home works with social worker, parent, or education rights holder to make school placement decisions, address any needs for special education, resolve school discipline, etc. • home works with social worker to address any developmental delays and obtain appropriate developmental services from the Regional Center • child/youth makes age-appropriate progress in school while placed in a particular home/under the supervision of a particular agency • graduation from high school • preparation for college (i.e., all youth who are on schedule to graduate have met with school counselors regarding college, taken PSAT and SAT, etc.)

Post-10.18.2012 Workgroup Meeting Activity: Outcome Measures

	<ul style="list-style-type: none"> • child/youth has been provided with information concerning vocational school/occupation options • school counselor is aware that the child is in the foster care system and therefore may require additional educational support and counselor involvement • home works with school counselor to map out appropriate college preparatory high school coursework, financial aid options, etc. (see, for example: http://www.edsource.org/today/2012/elk-grove-sharply-reduces-suspensions-of-foster-youth/21846#.UJKJ8GeC0wT)
Life Skills	<ul style="list-style-type: none"> • youth are provided with the opportunities to develop necessary skills one would learn in a family <ul style="list-style-type: none"> ○ cooking/food preparation, doing laundry, time management, life chores, banking/money management, cleaning, shopping, use of public transportation ○ age appropriate self care skills, including personal hygiene/grooming standards, the ability to advocate for oneself, internet use, interpersonal communication skills, self-esteem, tolerance and cooperation with others, golden rule • youth is aware of public benefits available to them
Engagement	<ul style="list-style-type: none"> • home encourages child to engage in extracurricular activities at school, sports/recreation, and other hobbies or interests, community activities such as religious practice, volunteer work, scouting, etc. • youth is supported in religious engagements, attending church services/functions • agency compiles a listing of local youth related activities and makes the necessary arrangements with the city such that youth can participate in sports, etc. <ul style="list-style-type: none"> ○ For example: City of Roseville Police dept. has a youth program that allows youth to play in their gym during summer months so youth are not roaming the streets getting in trouble when school is not in session. Those same youth that attended the summer program were given the option to attend dance classes that were provided by a local dance studio free of charge. (Police dept. contracted with dance studio or may have been a tax write off for the studio?)
After Care	<ul style="list-style-type: none"> • home works with social worker to assist in child's transition (reunification with parents or move to adoptive, guardianship or other permanent placement, transitional housing, etc.) • wrap-around services are provided to families that are reunified to ensure that the child/youth does not re-enter care • agency provides follow-up to see how child/youth is doing upon

Post-10.18.2012 Workgroup Meeting Activity: Outcome Measures

	exit
Community Services and Supports	<ul style="list-style-type: none"> child/youth is provided with information of resources available in the community home/agency organizes organized opportunities for children/youth to volunteer in the community and be involved in leadership activities
Intensive Treatment	<p>(AGAIN, THIS SEEMS TO HAVE BEEN LIFTED FROM KATIE A. BUT PROBABLY FALLS UNDER MENTAL HEALTH ABOVE)</p> <ul style="list-style-type: none"> if child needs intensive treatment, the services of a local professional are engaged and access is facilitated through regular visit schedules on the premises
Family Finding and Engagement	<ul style="list-style-type: none"> agency/home assists in locating family agency/home creates organized opportunities for children/youth to engage in family activities (i.e., around the holidays, on weekends) agency/home facilitates and encourages family visitations and overnights on the weekend consistent with the case service plan (including transportation)
Teaming	<p>(NOTE THAT NO ONE SEEMED TO KNOW WHAT THIS MEANT - INCLUDING ME! I THINK THIS WAS LANGUAGE LIFTED FROM THE KATIE A. SETTLEMENT?)</p> <ul style="list-style-type: none"> Teach team spirit Get along with people/room mates Get along with staff/management
Youth and Family Voice and Choice	<ul style="list-style-type: none"> decisions about the child/youth are made jointly in conversation with families and the youths themselves child and family are included and invited to participate in decisions regarding education, health and mental health care, activities, sibling/relative visits, etc.
Youth Satisfaction/Happiness	<ul style="list-style-type: none"> child/youth adjusts to placement and makes appropriate progress – child/youth can articulate a sense of satisfaction. child reports being interested in and enjoying school, sports/recreational activities, hobbies and/or other interests. child reports having friends, and having positive relationships with at least some relatives and/or supportive adults survey administered to allow for satisfaction data to be collected agency has an “opinion box” as a way of soliciting program evaluation feedback and input/suggestions