

# MANAGING CARE

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## for Children and Families

A Newsletter of the National Child Welfare Resource Center for Organizational Improvement

### From the Director...

**I**ncreasingly, child welfare leaders and practitioners are aware that they need to measure outcomes for the children and families they serve. They also recognize the importance of using that data to effectively manage the services they provide.

In fact, in your responses to our newsletters, outcome measurement is the topic that has generated the highest number of requests for additional information.

In this issue of *Managing Care for Children and Families*, we will highlight outcome-based management and measurement in child welfare. We will feature our work in this area here at the National Child Welfare Resource Center as well as efforts that are under way in agencies and organizations around the country.

The lead article presents the way that we define terms in this area and describes an approach we use to assist child welfare agencies in moving to outcome-based measurement.

The Practice Forum looks at efforts to measure outcomes within child welfare agencies and highlights community-wide efforts to take responsibility for child and family outcomes.

We also provide an overview of developments on the federal level which will require that states move in the direction of outcome-based assessments of their programs. And, as in our previous issues, we have tried to highlight resources that we believe will be useful to you.

If you would like more information on technical assistance on outcome-based management, contact the Resource Center at 1-800-HELP-KID or by e-mail at [patn@usm.maine.edu](mailto:patn@usm.maine.edu)

As always, we also welcome comments on this newsletter. We look forward to hearing from you.

—Kris Sahonchik

### Outcome-based Management and Measurement in Child Welfare

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## New Strategies:

# Outcome-Based Management and Measurement: An introduction to concepts, terms and applications

**C**hild welfare systems have traditionally focused on tracking inputs (*how much* we are doing) and process (*how well* we are doing it). But driven by a commitment to quality improvement and heightened accountability, many states have recently begun working towards producing data that reflect *outcomes*—that is, data that examines *what happens* as a result of our work.

The underlying concept of outcome-based management and measurement—that agencies should be accountable for what happens as a result of their efforts—isn't a hard one to grasp. Yet around the country agencies struggle with realistic, practical ways to apply this concept to day-to-day work with children and families.

### Getting started...

What must an agency consider when trying to implement an outcome-based model? The first step is to arrive at a shared understanding of the vocabulary. The terms most commonly used are *goals*, *outcomes*, *measures* and *data sources*.

A *goal* is a statement of direction or priority: to keep children safe; to provide a stable, permanent home for every child; to assure every child's physical, emotional and intellectual well-being.

These terms express what we might, ultimately, hope to achieve in an ideal world. However, they resist precise measurement. Honest people can honestly disagree about whether we are making progress

toward accomplishing them or not. But goal statements are important because they spell out the territory in which we hope to achieve change. They set the stage for selecting *outcomes*.

*Outcomes* and *measures* are closely linked. Outcome statements express specific, verifiable changes

that we expect to accomplish as the products of the work we do: to reduce confirmed abuse and neglect of children from families at risk; to increase the percentage of children unable to return to their birth parents who are

adopted; to increase the percentage of children in care who attend school regularly.

Outcome statements specify the populations we have targeted (e.g., children in families at risk, children in care unable to return home, school-age children in care) and clearly state how their lives will change for the better as the result of the work we do.

*Measures* identify the information we will use to determine whether and to what degree we are achieving selected outcomes during a given span of time. For example, if the outcome is to reduce incidence of abuse of children at risk, then its measure might be a specific percentage reduction of children who are living with families with at least one substantiated abuse report for whom subsequent reports are substantiated during the 12-month period following the last event.

Similarly, the measure for increased adoptions might be expressed as a specific percentage increase in the number of children with a case plan of adoption who are adopted in fiscal year 1998 over fiscal year 1997. A measure of a school attendance outcome for children in care might be expressed either as a percentage reduction in truancy for a fiscal year from the year previous or as a percentage increase in attendance for the same target group from one year to the next.

Sometimes outcome statements target systems or processes rather than people. To achieve outcomes for targeted populations, it may first be necessary to alter a system by adding new services, by expanding the number of people using existing services, by increasing the resources available to serve families, or by reducing costs so that services can be delivered more efficiently.

To establish outcomes and select measures for systems and processes, we use the same approach as we do for people. Here, the outcome is a concrete expression of change in the system or process itself—an outcome may be expansion of

the range of mental health services in a given community and its measure, a specific number of new service slots to be created during the next 12-month period.

*Data sources* are the physical locations and organization of the information needed to make the measures. This information may be available in SACWIS or AFCARS or from other statistical sources, such as Kids Count

**The first step is to arrive at a shared understanding of the vocabulary.**

**Logic models help in designing and managing programs and evaluating performance.**

reports. Or we may need to create the source from scratch. We may sometimes want to conduct interviews and surveys or conduct focus groups or roundtables.

Measures are feasible only if the data are available and trustworthy, and we can get to them. If no measure is available then the outcomes must either be modified or discarded. You can't set targets if you can't ever know whether or not you've hit them.

## Building work plans...

Settling on outcomes is a pointless exercise if it never affects the work we do. But organizing work to achieve selected outcomes is difficult, since child welfare agencies generally struggle to think past the crises and events affecting children and families on any given day.

The traditional emphasis of professional education on *processes* (the work itself) rather than *outcomes* (the results to be accomplished) further hinders the effective use of outcome-based management techniques. The bias is further reinforced by court orders and consent decrees that mandate that agencies carry out certain activities without saying what outcomes are supposed to result.

In our sessions we use *logic models*—graphic depictions of the relationship between goals, outcomes and work—to help child welfare professionals design and manage programs and evaluate their performance.

A hypothetical (and somewhat simplified) example of a child welfare logic model is presented below. It depicts the linkages between:

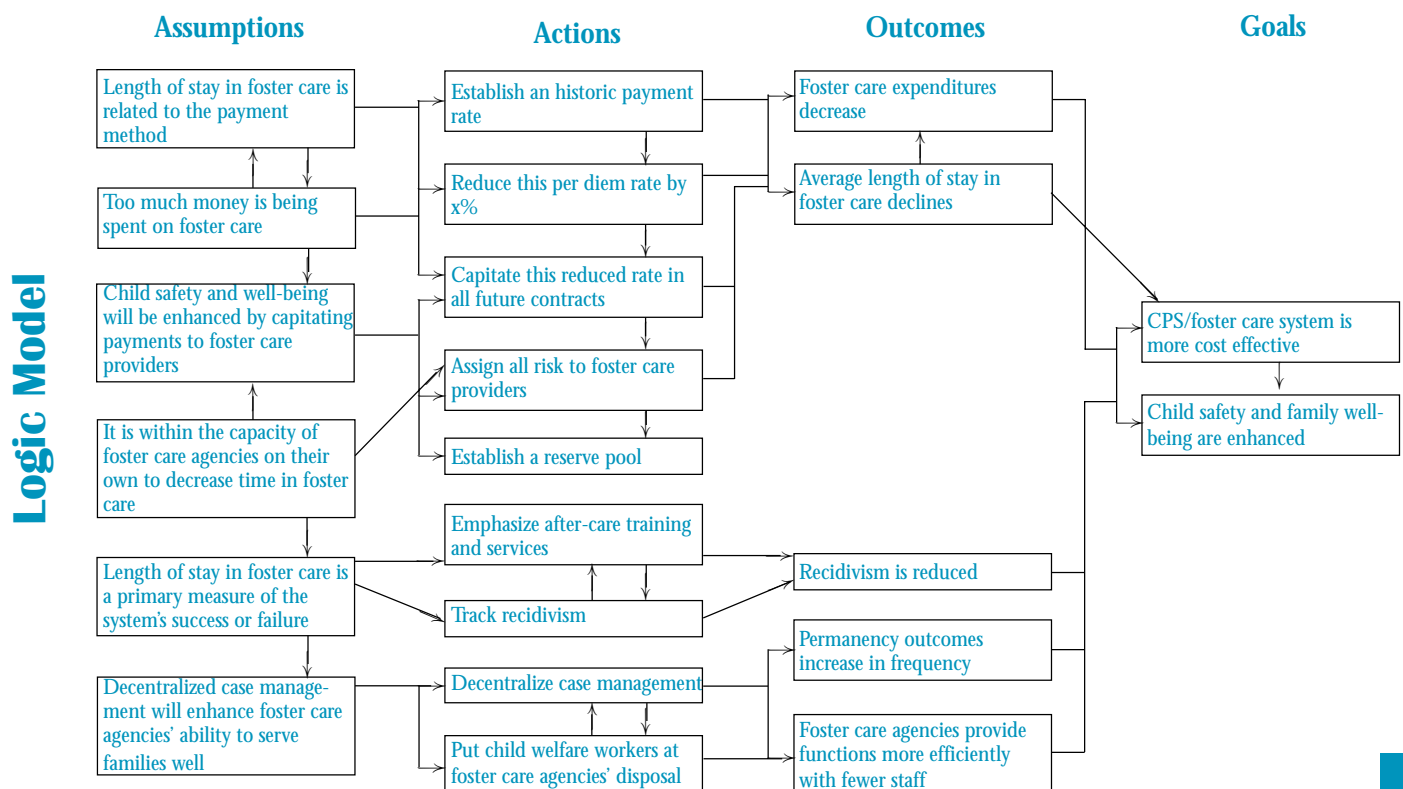
- assumptions—what we know (or we think we know) about a target population or the systems that serve them,
- actions—the work we do to address the critical assumptions we've made,
- outcomes—the changes we expect to result from the work (sometimes we divide these into immediate and longer-term outcomes),
- our goal—in this case, keeping children safe and making the system more cost effective.

The display enables us to test the feasibility of the program with regard to the outcomes we hope to achieve. Often we start by identifying our assumptions and then asking a critical series of questions:

- Do our activities address of the critical assumptions we've made to guide the design of the program?
- If activities are carried out as planned, would the outcomes we hope to achieve actually be produced?
- Would achieving the outcomes get us to the goal?

Logic models make it possible for managers to track the progress of programs and to make mid-course corrections as required. They also enable evaluators to relate the work being done to the outcomes that define success.

(For information regarding technical support for Outcomes-Based Management, see page 7)



## Practice Forum:

### Tracking Outcomes in Child Welfare

#### Developing consensus and collaboration

**A**cross the country, political officials, budget staff and administrative leaders are pushing to expand outcome-based performance measurement systems. Two steps emerge as critical in developing effective outcome-based systems.

First, the key players involved—usually state and county staff—must *build consensus around what outcomes and indicators should be examined.*

**“...the key players must build consensus around...outcomes and indicators...”**

Minnesota has taken important steps to accomplish this consensus-building. Initially, the state provided guidance to counties on establishing and measuring client-focused outcomes. Currently, a joint state/county task force is negotiating a set of outcomes and indicators. These outcomes and indicators will be used to track statewide child welfare performance.

Second, *program and data staff need to work together* to generate data on the indicators. Sustained collaboration is necessary to develop draft reports, to circulate them for comment and to revise them as necessary.

The way that data is entered into systems and the methods for analyzing that data often need to be refined to build credible reports. One state, for example, reported that initial data runs to track the number of placements for children in custody identified one child with 99 facility placements! Investigation revealed that the child was in a stable placement that was inter-

rupted by regular respite care services.

#### Selecting measures

Most efforts to develop outcome-based systems begin by pairing crucial measures on safety and permanence. To measure how well they are doing in keeping children safe, agencies often look at measures of re-abuse among children who had a substantiated incident of child abuse or neglect.

In one pilot region, for example, Oklahoma is measuring the number of subsequent referrals and the number of children removed from the home while the family is receiving services.

On permanence, localities are using a variety of measures to track the length of time from entry into out-of-home care to permanent placement. For example:

- The Texas budget reports on the percent of children in state conservatorship for whom permanency was achieved within 24 months.

- Reports being developed in North Carolina track the median number of days children spend in custody, broken down by those in placement authority (often kinship settings) and those in licensed facilities (foster care and group homes).

- Many sites have developed measures for adoption, tracking the number and percentage of children with a plan for adoption who become legally free for adoption and who had adoptions finalized.

- Several sites also use measures of the number of placement settings that children experience. Kansas, for example, tracks the average number of out-of-home placements for children in custody.

No standard approaches exist for measuring other aspects of well-being, such as child or family functioning or client satisfaction. Many states want to measure educational progress and health status of clients. On these measures, small local programs that track data on all of their clients and develop their own information systems demonstrate what can be done.

For example, Project Redirect, a multi-agency project serving high risk adolescents in El Paso County, Colorado, tracks and reports on a broad range of specific indicators. Around the goal of “school performance at expectancy level,” the project tracks school attendance,



grade point average of students, and referrals from schools for disciplinary problems.

### Using information

Outcome management systems are only as good as the information systems that support them. Working with data staff and modifying existing information systems often takes time, patience and persistence.

To conduct outcome analyses, sites have found that it is important to formulate existing data into longitudinal records that track the experience over time of each child coming into the child welfare system. Oklahoma has been able to generate such outcome data from its SACWIS system, the first operational system in the country.

Other states have been aided by research and reform efforts. Researchers with Chapin Hall's Multi-State Foster Care data archive have reformulated data from a number of large states to obtain a better understanding of the experience of children in custody. Similarly, the Annie E. Casey Foundation's Family to Family Initiative has assisted grantee sites in developing the capacity to generate useful outcome data.

### Incorporating quality assurance

For outcome data to have the maximum effect on improving services, it should be analyzed as part of a broader quality assurance system. In these systems, outcome data is supplemented by case reviews and interviews with staff. A structured process is used to analyze and develop improvement plans based on this information. For example:

- Oregon conducts comprehensive branch reviews of local offices every two years. These reviews

begin with performance data; they then examine the reasons for the numbers and specify actions that can be taken to improve performance.

- In the Oklahoma pilot, outcome data was supplemented with case reviews and interviews. Staff in the pilot area identified 20 children who had been in care the longest and carried out action plans that involved regular case staffings and plan reviews. The goal of this activity was to reduce the percentage of children without permanent placements after 18 months.

Before establishing a target for performance on an indicator (for example, to reduce by 2% the number of children in care longer than 24 months), sites have found that it makes sense to develop baseline data on the indicator over time. Another powerful approach is to present data for one area in comparison to similar areas of the state (grouping urban areas together, for example) or to a state-wide average.

**...it makes sense to develop baseline data on the indicators over time**

All of these efforts are aimed at developing information systems that are accessible and useful at the worker and supervisor level. Hamilton County, Ohio, for example, has

produced reports for caseworkers that show the number of placements in each custody episode for each child in the current caseload.

Making meaningful data available at this level can have a very powerful and positive effect on practice. In this way, it becomes clear that outcomes management is not just about indicators and data, but about changing the culture of the agency so that workers, supervisors, and administrators are continually striving to improve services.

### Increasing community responsibility

Child welfare administrators are often wary of taking responsibility for outcomes over which they have limited control. And for good reason—while child welfare services can contribute greatly to preserving and strengthening families, a constellation of other services may also be needed to achieve these outcomes.

**“...promote responsibility for...outcomes across agencies and within communities.”**

As agencies try to measure the impact of family preservation programs or the well-being of families, it becomes necessary to

promote responsibility for child and family outcomes *across agencies* and *within communities*.

Several states have engaged in vigorous efforts to define broad goals and gather data on specific indicators to promote and track the well-being of their citizens. Under the *Minnesota Milestones* initiative, the *Oregon Benchmarks* program and the collaborative effort to measure the *Social Well-Being of Vermonters*, these states are tracking outcomes for their citizens in the areas of social support, economic security, health, disabilities, the environment and public safety.

The indicators tracked include measures relevant to strengthening families, such as child support payments, employment levels, poverty levels, levels of drug abuse, and the extent to which health and disability needs are being met.

They also track measures of child well-being, including levels of prenatal care, number of low birthweight babies, the extent to which health needs are met, readiness for school, success in school and transitions to employment.

These efforts have all developed baseline data that show perfor-

mance on the indicators over time. In addition, Vermont compares state performance on each measure with the national average.

All of these efforts track and widely disseminate the data on these indicators. Vermont publishes a statewide annual report and community profiles on a school district level. Oregon and Minnesota publicize their results through regular reports and community report cards.

In addition, public agencies in Oregon and Minnesota have been encouraged to align their goals with the *Milestones* and *Benchmarks* and to develop client-focused outcome measures related to these goals. For example, the Minnesota Department of Human Services is using the Milestone of improving family functioning to guide its efforts to reduce out-of-home placements.

These efforts to build accountability for outcomes in communities and across agencies complement individual agency efforts to define the "slice" of outcomes for which they can be accountable.

For more information....

...Minnesota's goals and *Milestones* are available from Minnesota Planning at (612) 296-3985 or on the Internet at <http://www.mnplan.state.mn.us>

...Oregon's *Benchmarks* are available through the Oregon Progress Board at (503) 986-0039 or on the Internet at <http://www.econ.state.or.us/OPB>

...*The Social Health Status of Vermonters, 1998* or specific community profiles can be obtained from the Agency of Human Services, Planning Division, (802)241-2227 or the Internet at: <http://www.dsw.state.vt.us/ahs>

## Federal Outcome-Based Reviews

**P**assage of the Government Performance and Results Act in 1993 required federal agencies to set program goals and measure progress towards those goals. Since that time, there has been interest on the federal level in measuring outcomes.

Two recent developments are leading to an increased emphasis on outcomes from the Department of Health and Human Services (DHHS). During FY 95-97, the Department conducted ten pilot reviews, using a revised review procedure for federally-assisted child and family service programs. The new child and family service reviews were developed in response to the Social Security Amendments of 1994 and Congressional concerns about the effectiveness of current review procedures.

After extensive consultation, the Department developed a review process that moves the focus of reviews from compliance with procedural requirements (as in the old Section 427 reviews) to assessing how well programs are meeting key outcomes under the broad areas of safety, permanency and well-being.

The reviews are intended to shift the focus away from financial penalties and toward program improvements. They are designed to promote partnerships between federal and state staff and between states and communities. They are also intended to be comprehensive, looking at not just foster care and adoption but at the full range of child and family services.

The pilot reviews included two stages: a state self-assessment and an on-site review. The state self-assessment was completed by the state in conjunction with federal Regional Offices.



In the on-site reviews, a joint team of federal, state and community reviewers examined a sample of cases by reviewing case records and interviewing stakeholders involved in the case. These reviews focused on assessing a specific group of outcomes and indicators.

The review teams also interviewed a broader range of stakeholders to examine systemic issues that affect performance and worked to develop program improvement plans. The Department expects to release a notice of proposed rule-making in late 1998 on this new review process.

In addition, the Adoption and Safe Families Act of 1997 gives the Department a broad mandate to move in the direction of outcome-based assessments of state child welfare programs. The law requires DHHS to develop a set of outcome measures to be used to assess the performance of states in operating child protection and child welfare programs. The law specifically mentions length of stay in foster care and the number of foster placement adoptions.

The Department's first annual report is due in May, 1999. The law also requires the Department to develop and recommend a performance-based incentive system for providing payments under Title IV-B and IV-E by February, 1999.

## Resources and More....

...From the American Humane Association, (303) 792-9900...The annual *Roundtables on Outcome Measures in Child Welfare Services* have produced a comprehensive list of outcomes and indicators. For the list of outcomes and indicators, contact Nancy McDaniel. For the Summary of Proceedings (\$25), contact the Order Department.

...From the Annie E. Casey Foundation, (410) 547-6600 ...*Using Data to Guide Policy and Practice: The Self-Evaluation Process in Family to Family* describes steps that project sites took to obtain and format useful data as well as analytical tools that are helpful in tracking outcomes. *Measuring Outcomes in Child Welfare: Lessons From Family to Family* describes the initial outcomes generated by the longitudinal databases created at sites. Contact: John Mattingly

...From the Child Welfare League of America, (800) 407-6273 ... *Quality Improvement and Evaluation in Child and Family Services: Managing Into the Next Century*, edited by P. Pecora, W. Seelig, F. Zirps, and S. Davis, 1996 (\$26.95). While this book is geared towards administrators of provider agencies, it can be applied to building a quality improvement culture within public agencies. It discusses an outcome-oriented approach to case planning, outcome effectiveness studies and information systems.

...From the Center for the Study of Social Policy, (202) 371-1565...*A Core List of Outcomes with Annotations*, 1995 (\$7.50), produced jointly with the Improved Outcomes for Children Project. This publication describes existing data sources and provides information about how to locate these sources for a core list of child and youth outcome measures.

## Technical assistance on outcome-based management and measurement...

Over the past several months, the National Child Welfare Resource Center has responded to numerous requests for technical assistance on outcomes-based management and measurement. Our training sessions generally consist of three parts:

- an introduction to the vocabulary and basic concepts of outcomes management and measurement;
  - a presentation of the use of graphic displays, or logic models, to create work plans designed to achieve selected outcomes; and
  - practice periods during which participants apply the techniques to selected outcomes and develop detailed work plans for themselves.
- Recent technical assistance activities include:
- assisting Family Preservation and Family Support (FPFS) service providers in Hawaii to incorporate outcomes management into their operations;
  - working with FPFS providers and state officials in New Mexico to develop a system of outcome-based measures;
  - helping the California Adoptions Bureau to introduce outcomes management techniques to achieve expanded adoption targets;
  - conducting a strategic planning session for program administrators, evaluators, and quality assurance specialists with the Illinois Department of Children and Family Services and similar sessions for public agencies in Colorado and New Hampshire; and
  - assisting staff of the U.S. Department of Health and Human Services Regional Offices in Atlanta (Region IV), Chicago (Region V) and Dallas (Region VI) prepare to implement outcomes management within their own operations and deliver technical assistance to their states.

## for Children and Families

National Child Welfare Resource Center  
for Organizational Improvement  
University of Southern Maine  
2980 N. Campbell Ave., Suite 190  
Tucson, AZ 85719



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Telephone: 207-780-5810  
Toll Free: 1-800-HELP-KID  
Fax: 207-780-5817  
TDD: 207-780-5646  
E-mail: [patn@usm.maine.edu](mailto:patn@usm.maine.edu)

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Kris Sahonchik, Executive Director

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## We'd Like to Hear From You!

This is our third issue of *Managing Care for Children and Families*—and we'd like to know what you think. Are there topics that you'd like us to address in future issues? Want to find out more about how agencies are tackling the challenges that you face? Let us know, and we'll do our best to help.

Just fill out the form below and mail it to:

Pat Nocera  
National Child Welfare Resource Center for Organizational Improvement  
PO Box 15010  
Portland, ME 04112  
or fax it to us at 207-780-5817. Thanks!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

In future issues of *Managing Care*, please address the following topic(s): \_\_\_\_\_  
\_\_\_\_\_

☐ I'd like more information about the National Child Welfare Resource Center for Organizational Improvement.

My particular area(s) of interest are:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> outcome measures           | <input type="checkbox"/> licensing                 | <input type="checkbox"/> kinship care      |
| <input type="checkbox"/> strategic planning         | <input type="checkbox"/> information systems       | <input type="checkbox"/> court improvement |
| <input type="checkbox"/> program evaluation         | <input type="checkbox"/> interagency collaboration | <input type="checkbox"/> other:            |
| <input type="checkbox"/> human resource development | <input type="checkbox"/> risk assessment           |  |