Outcomes Measurement and Outcome Management for Children and Youth Services

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June 27, 2012
Closing Hot Topics

• Residential Reduction
• Introducing Evidence Based Treatment (Trauma) and Monitoring for Outcomes
• Psychotropic Medication – Monitoring and Reduction
Importance of Child Well-Being

Child Well – Being

Safety  ↔  Permanency

Source: Children’s Bureau, Issuance Date 4/17/2012
Rationale for Addressing Child Well-Being in Foster Care

Evidence:
• Children have challenges in social, emotional, behavioral **functioning**
• Needs exist before entering foster care

Benefits:
• Improving functioning can improve permanency outcomes

Source: Children’s Bureau, Issuance Date 4/17/2012
Improving Child Well-Being in Foster Care

Resources available:

• Effective practices to promote well-being

• Evidence-based measures of child functioning to assess outcome
  – Meaningful to child’s life
  – Measureable
Call to Action

• Anticipate potential challenges for each child entering child welfare (assess)
• Match needs to services delivered
• Measure outcomes at level of the child
• Enables system change:
  – De-scale ineffective practices
  – Increase effective practices

M mandate: Measure well-being outcomes
Outcome Measurement and Outcomes Management

Performance Measurement System
Various indicators of organizational performance

Outcomes Management
Interpretation and use of outcome data

Outcome Measurement
• Measure Outcomes
• Collect Data

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What’s the Impetus for an Outcomes Management System?

- Demand for Increased Accountability
- Demand to Use Available Empirical Knowledge Base
- Increased Expectations about Using Data to Guide Service Change
Outcomes Management System (OMS) – The Essentials

Child-Level Functioning & Outcome Data are Critical
Performance Measurement System

Organizational Structure

Services/Interventions

Records/Accounting

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Performance Measurement System with Client Level Functioning and Outcome Data

- Organizational Structure
- Functioning & Outcomes Data
- Billing/Costs
- Records/Accounting
- Services/Interventions
Performance Measurement System with Client Level Functioning and Outcome Data

IN REAL TIME

Organizational Structure

Services/Interventions

Records/Accounting

IN REAL TIME

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Driving Towards a Satisfactory Outcome: “Outcome-ometer”

Start with best array of services based on data.

- **Beginning of service**
  - Impaired functioning
  - Check Progress - OK
  - Check Progress – Setback!
  - Change service array as needed

- **Midway**

- **End of service**
  - Improved functioning
  - End result outcomes – Good!

Being Accountable and Transparent

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Changing the Quality of Data

Data as Usual  ➔  Useful Data

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Levels of Data

**Hierarchy of Usefulness and Benefits of Data**

- **Effort**
  
  - Example: *Basic data on services* offered (#, type, hours; dates)
  
  - Benefits: *Providers* (with billing) & *Oversight entities* (with determining if services were provided)

- **Effect**
  
  - Example: *Outcome data for each child*
  
  - Benefits: *Providers* (can help with case decision making) & *Children* served

- **IMPACT**
  
  - Example: Aggregated data across children served
    
    - Effectiveness – Do children and youth get better?
    
    - Efficiency – Are outcomes accomplished with the most efficient use of resources?
  
  - Benefits: *Management* (to inform practice policy, or training initiatives) & *Children* (benefits if quality of care improves)
IMPACT Level: Data collapsed across children is Aggregated Data

Child1
Child2
Child3

Aggregated Data to Inform Policy and Practice
Meaningful and Useful Data that Dramatically Influenced the Course of Mental Health Services in Michigan

An Example with Accelerated Lessons Learned
Video

- Please turn on your computer speakers to hear the video audio
<table>
<thead>
<tr>
<th></th>
<th>Lessons Learned: Updated &amp; Accelerated</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Client-Specific Outcomes</td>
</tr>
<tr>
<td>2</td>
<td>Synergy with Evidence-Based Treatments (EBTs)</td>
</tr>
<tr>
<td>3</td>
<td>Outcome Indicators</td>
</tr>
<tr>
<td>4</td>
<td>Embedding Use of Data at all Levels</td>
</tr>
</tbody>
</table>
Collecting Client-Specific Well-Being Outcome Data
Clinically Meaningful, Client-Specific Assessment
Tips: Client-Specific Outcomes

“Data” report card

Collecting data: A-
Examining data: A
Internal discussion to improve policy & practice: A+

- Staff involvement

- Organizational “learning culture”
  - Grow appreciation of data-based feedback (CQI-Continuous Quality Improvement)

- Embedding use of outcomes data throughout the organization
Synergy: Outcome Management System (OMS) with Implementation of Evidence-based Treatments (EBT)
System Level Data: Who Do We Serve? An Example from Michigan Mental Health

Percentage of Youths in CAFAS® Client Type

50% of youth have behavior problems

Mild Behavior/Mood

Thinking

Substance Use

Self-Harm

Delinquency

EBT

Behavior with Mood

Behavior

2002 outcomes: 50% remain severely or moderately impaired after 11 months of treatment.

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System Level Data: Which EBTs Could Help the Most Youths?

- Mild Behavior/Mood
- Thinking
- Substance Use
- Self-Harm
- Cognitive Behavior Therapy for Depression (CBT) or Trauma (TFCBT)
- Parent Management Training (PMT)
- Behavior with Mood
- Delinquency
Parent Management Training
Improved Functioning in Children

- Outcome study demonstrated improvement in children with behavioral problems
- Approximately 1/3 of youth could benefit from PMT as initial treatment.

Cases Meeting PMT Selection Criteria

PMTO*

Treatment as Usual

*PMT- Oregon Model, Forgatch
Ways in which OMS Facilitates EBT Implementation and Maintenance

- Decide EBTs that are needed
- Data used to gain support for funding
- Which kids to enroll in specific EBTs
- Evaluate local effectiveness of EBT
- Helps sustain – via continuing data
- Study the data to learn more about what works for whom

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Tips: Synergy OMS with EBTs

- OMS data paves the way for EBT
- Very effective strategy: Sharing OMS data with decision makers and stakeholders
- Builds cohesion before implementation
- OMS data enables EBTs to be more enduring

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Performance Outcome Indicators for Child Functioning
Providers Agreed on Dashboard Outcome Indicators

<table>
<thead>
<tr>
<th>Outcome Indicators</th>
<th>Individual Data for Each Child</th>
<th>Aggregated Data for Agency/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaningful &amp; Reliable Improvement in overall functioning (Total reduced by 20 points)</td>
<td>![Green Check]</td>
<td>_____ %</td>
</tr>
<tr>
<td>No severe impairments at exit on CAFAS</td>
<td>![Green Check]</td>
<td>_____ %</td>
</tr>
<tr>
<td>Not pervasively behaviorally impaired (across settings) at exit</td>
<td>![Red X]</td>
<td>_____ %</td>
</tr>
</tbody>
</table>

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Compared Provider Data to Statewide Averages

<table>
<thead>
<tr>
<th>Statewide Data</th>
<th>Specific Provider Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaningful &amp; Reliable Improvement (Total reduced by 20 points)</td>
<td>Meaningful &amp; Reliable Improvement (Total reduced by 20 points)</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>No severe impairments at exit on CAFAS</td>
<td>No severe impairments at exit on CAFAS</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Not pervasively behaviorally impaired (across settings) at exit</td>
<td>Not pervasively behaviorally impaired (across settings) at exit</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>
Surprise Effects

✓ Providers like having target goals

✓ Providers like comparison to state averages

✓ Led to eagerness toward CQI

✓ Now- Each provider is self-sufficient and has “real-time” data

WEB-HOSTED VERSION
Real Time Data for Practitioner

- As soon as an assessment is done, Practitioner has interpretive data to help decide service array.
- Organization can generate “Care Paths” which can guide service selection and intensity.
- EBTs are tracked
Real Time Dashboard for Each Child

<table>
<thead>
<tr>
<th>Total Score</th>
<th>High Risk Behavior</th>
<th>Severe Impairments</th>
<th>Pervasive Impairment</th>
<th>CAFAS Tier</th>
<th>Child Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>Red</td>
<td>Green</td>
<td>Red</td>
<td>Behavior problems (without moderate mood)</td>
<td>Consider</td>
</tr>
</tbody>
</table>

CAFAS® Profile - Impairment Level for Each Subscale on Current Assessment

- School / Work: 20
- Home: 20
- Community: 0
- Behavior Toward Others: 20
- Moods / Emotions: 10
- Self-Harmful Behavior: 0
- Substance Use: 10
- Thinking: 10

CAFAS Subscales
Use of Well-Being Assessment

• Determine strengths and challenges
  – Assess across multiple areas of functioning
• Consider in case-decision making
• Match child’s services to needs
  – Be more specific about goals of treatment
• Provide useful guidance to all professionals
• Determine need for collaborative services
• Share with caregivers (older youth)
  – Anticipate child’s behavior and responses
• Set a baseline for determining improvement
Dashboard Tracks Change Over Time

Can track progress during treatment; modify plan as needed

Impairment by Subscale: Initial and Most Recent Assessments

- Initial - 04/13/2009 - (90)
- Most Recent - 07/27/2009 - (40)

Subscale Scores

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Initial</th>
<th>Most Recent</th>
</tr>
</thead>
<tbody>
<tr>
<td>School / Work</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Home</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Community</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Behavior Toward Others</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Moods / Emotions</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Self-Harmful Behavior</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Substance Use</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Thinking</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Why Track Change?

- Are services and treatment helping improve child’s day-to-day functioning?
  - 3 months?, 6 months?
- If not, re-assess plan of care (e.g., context, services) and make mid-course corrections.
  - Continue to track progress
- If improving, set target for ending a service or transitioning to next goal
- Better functioning youth are more likely to have stable placement & better life outcomes.
Supervisors Can Identify Cases Making No Progress – Support!

<table>
<thead>
<tr>
<th>Meaningful and Reliable Change Indicator</th>
<th>Pervasive Behavioral Impairment Change Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved</strong></td>
<td><strong>Improved</strong></td>
</tr>
<tr>
<td>10 (83%)</td>
<td>7 (58%)</td>
</tr>
<tr>
<td><strong>Not Improved</strong></td>
<td><strong>Not Improved</strong></td>
</tr>
<tr>
<td>2 (17%)</td>
<td>1 (8%)</td>
</tr>
<tr>
<td><strong>Excluded ( Total score ≤ 20 )</strong></td>
<td><strong>Excluded ( Not pervasively impaired at intake)</strong></td>
</tr>
<tr>
<td>0 (0%)</td>
<td>4 (33%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Severe Impairments Change Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Improved</strong></td>
</tr>
<tr>
<td>5 (42%)</td>
</tr>
<tr>
<td><strong>Not Improved</strong></td>
</tr>
<tr>
<td>1 (8%)</td>
</tr>
<tr>
<td><strong>Excluded ( No severe impairment at intake)</strong></td>
</tr>
<tr>
<td>6 (50%)</td>
</tr>
</tbody>
</table>

Supervisor can identify cases deteriorating or staying the same.

Can drill down to see specific cases.
Tips: Outcome Indicators

Outcome indicators serve as:
- Target goals (motivational)
- Measure of success
- Direction for improvement
- Measure of gains after improvement

Instantaneous access is critical to impact:
- Practitioner → guides case-decision making
- Consumers → engages
- Supervisors → shapes proactive, problem-solving approach
- Management → informs program development

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Integrating Data into the Day-to-day Functioning of the Organization
Integration of Data at All Levels of the Organization

Data-Informed Practice/Supervision

Data-Informed Management

Organizational Structure

Functioning & Outcomes

Ongoing Support for Processes

Source: Hodges & Wotring, Outcomes Management, J of Behavioral Health Services & Research, 2011)
Data-Informed Case-Specific Supervision

• Supports staff and child’s well-being!
• Supervisors with “real time” information on child’s well-being help
  – Help guide decision-making at onset of care
  – Prevent anticipate negative outcomes
  – Problem solve the reasons for lack of progress
• Monitor progress of all children for whom they are responsible
Data-Informed Management: Aggregated Data Used at All Levels

End Result: Evaluation Data Informs Practices and Procedures

Practitioners, Children
Supervisors
Program managers
Agency
Organization, System
Benefits of Achieving Data Integration and Use

★ Improving child outcomes
→ Effectiveness

★ Using optimal approach
→ Efficiency

Accountable, flexible organization

Viability
KVC Health Systems, Inc.

• Private, 501(c)3, **nonprofit**
• **40+ year** history providing child welfare and behavioral healthcare services
Hybrid CW/MH

- 1000+ licensed foster homes
- 430 relative/kin homes
- Outpatient Behavioral Healthcare services (mostly in-home)
- Intensive Family Preservation Services
- 67 beds at two acute inpatient children’s psychiatric hospitals
- 54 psychiatric residential treatment facility beds
- Lead KS child welfare contractor (public/private partnership)
• 68 locations

(KVC Corporate office includes a training center)

• 800+ employees

• 4500 children served daily plus their families, extended families, placement families bringing the total to over 15,000 served daily.
With Privilege Comes Responsibility
What Would You Want for Your Child...Your Family?

How close can we come?
Residential Reduction

• 1997
  – 23% of children placed out of home in ANY type of **congregate care**

• Today
  – 4% of children placed out of home in ANY type of **congregate care**
  – 58% in **family foster care**
  – 38% in **kin placements**
Role of Data In Residential Reduction

- Review of data daily
- CEO focus groups
- Staff for system barriers
- Staff for ind. child barriers

Formulate plans to remove barriers
<table>
<thead>
<tr>
<th></th>
<th>IN RESD. 5/31/2012</th>
<th>IN RESD. 06/14/12</th>
<th>AS % OF OOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>M. LaRue</td>
<td>5</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>K. Dougherty</td>
<td>6</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>A. Ryan</td>
<td>3 4</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>J. Neal</td>
<td>3 5</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>KC OTHER</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>KANSAS CITY</strong></td>
<td><strong>17</strong></td>
<td><strong>20</strong></td>
<td><strong>5%</strong></td>
</tr>
<tr>
<td><strong>LEAVENWORTH</strong></td>
<td><strong>3</strong></td>
<td><strong>3</strong></td>
<td><strong>3%</strong></td>
</tr>
<tr>
<td><strong>KC / LEAV</strong></td>
<td><strong>20</strong></td>
<td><strong>23</strong></td>
<td><strong>4%</strong></td>
</tr>
<tr>
<td><strong>LAWRENCE</strong></td>
<td><strong>5</strong></td>
<td><strong>5</strong></td>
<td><strong>5%</strong></td>
</tr>
<tr>
<td>B. Sharp</td>
<td>11 10</td>
<td>11</td>
<td>10%</td>
</tr>
<tr>
<td>T. Maholland</td>
<td>6 4</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
<td>L. Stephenson</td>
<td>2 1</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>LENEXA OTHER</td>
<td>4 2</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td><strong>LENEXA</strong></td>
<td><strong>23</strong></td>
<td><strong>20</strong></td>
<td><strong>4%</strong></td>
</tr>
<tr>
<td><strong>OTTAWA</strong></td>
<td><strong>4</strong></td>
<td><strong>4</strong></td>
<td><strong>8%</strong></td>
</tr>
<tr>
<td><strong>PAOLA</strong></td>
<td><strong>1</strong></td>
<td><strong>1</strong></td>
<td><strong>2%</strong></td>
</tr>
<tr>
<td><strong>LAWR/LENEXA/OTT/PAOLA</strong></td>
<td><strong>33</strong></td>
<td><strong>30</strong></td>
<td><strong>4%</strong></td>
</tr>
<tr>
<td><strong>TOTAL REGION 2</strong></td>
<td><strong>53</strong></td>
<td><strong>53</strong></td>
<td><strong>4%</strong></td>
</tr>
</tbody>
</table>
Data yielded Barriers

• Barriers were removed through
  – Training staff
  – Advocacy (DD, MH)
  – Resource development (relative placements, foster homes, services)
  – Policy changes
  – Creating a sense of urgency

• Data was daily reviewed, progress was noted, barrier removal meetings
KVC KS Operates Under Outcome Based Contracting

We track daily, down to the case manager level, to see if we are hitting the targets.
Placement Stability
Family Like Setting
90% Placement in a Family Like Setting

Case Man: CREIGER, ROBIN
Supervisor: RYAN, ANGELA
KVC Office: KANSAS CITY
KVC Dept: 40
Company: KVC Behavioral Healthcare
Introducing EBP (Trauma) and Monitoring for Outcomes

What would we want for our child...to know they are getting better!
Result of CAFAS Scores Pre and Post Admission
Psychotropic Medication – Monitoring and Reduction
Child’s Brain is Still Developing
Psychotropic Medication – Monitoring and Reduction

• Are dosages appropriate? Are labs being done?
• How many and what type of medications are prescribed per child?
• Are all children/families actively involved in therapy to address their behavioral/emotional issues?
• Are the therapists and prescribers communicating and working towards medication reduction and
• Are the child and caregiver are fully informed
Data in KVC systems is tied together and each piece of the data puzzle interrelates to form the big picture.

Safety, Permanency, and Well-Being!

But we can’t ever lose sight of each individual child.
Contact Information

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