association of
CHILDREN'S
RESIDENTIAL CENTERS

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Redefining Residential:
Measuring Functional Outcomes
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This is the ninth in a series of papers being issued by the Association of Children's Residential Centers (ACRC) addressing critical issues and opportunities facing the field of residential treatment. The purpose of the papers is to stimulate dialogue and self-examination among and within organizations and practitioners, in the interest of identifying trends, emerging best practices, and improvements in the services and supports offered to children and their families. ACRC is the longest standing national association focused exclusively on the needs of children and youth who require residential treatment, and their families.

As the nation and states face lingering and long-term resource reduction, it is becoming increasingly incumbent upon providers of social services to demonstrate the effectiveness of their work. An earlier paper in this series (#4) urged the field to implement performance measurement systems within their organizations to gauge how well processes are being implemented and the outcomes of residential treatment as an intervention. It identified issues residential treatment programs face in developing performance measurement systems and urged providers to take leadership in doing so.

This paper focuses primarily on the dimensions of comparative effectiveness, e.g. functional outcomes and perception/experience of care. It will: define outcomes and the importance of measuring them; offer tips on how organizations can ready themselves and work in collaboration with community partners to design effective systems; identify general categories of outcomes to measure; address key issues the field faces when engaging in outcomes measurement; and suggest how programs can utilize outcome data. Much of the paper is drawn from AACRC's annual conference in Seattle (2011) and subsequent webinar on outcomes. It is also informed by individuals associated with the national Building Bridges Initiative (BBI). (See the thanks and attribution at the end.)

Outcomes – What are They and Why Measure Them

A framework for performance measurement in residential treatment contains four types of indicators. Two of these – *process indicators and organizational indicators* – focus on the clinical/direct care practices through which care and treatment is provided and the organizational practices in support of the treatment effort. While these are critical metrics that assess the degree to which the organization implements known best practices, they do not reflect the short- or long-term results of the treatment effort; process and organizational indicators are more program-centered.

Functional outcome and perception (experience) of care measures on the other hand are person-centered, reflecting the impact of the treatment program on the child and family. Functional outcomes may be defined as changes in adaptive functioning in meaningful life domains, along with measurable progress in achieving developmental milestones. Meaningful life domains include home, school/education, safety, employment, social, emotional, culture, etc. but are ideally defined from the perspective of each family and culture. Perception/experience of care measures focus on whether or not the youth and family believe they benefitted from treatment and can use the experience and what they learned to improve their lives.

Measuring functional outcomes is a way to begin to ask the questions “did we make a difference?” and “what difference was that?” Answering that question requires some longitudinal analysis, to determine whether the child, young adult, and/or family/caregiver were able to make enduring changes. These outcomes are clearly influenced by factors outside of the direct influence of the residential treatment program, making it difficult to efficiently and reliably measure the child’s level of function after leaving the residential program. Establishing and maintaining contact as well as gathering objectively verifiable data post-discharge is costly and logistically challenging. For these reasons residential programs have tended to rely on anecdotal reports to measure long-term impact.

However this response to the questions has been short-sighted. Generating effective results for the children and families we serve is our responsibility and, in general, the mission of the many organizations providing residential treatment. It is incumbent upon us to collect and use substantive accurate data about how we are doing. Even absent the control over variables, functional outcomes measurement gives us valuable information about how well we are fulfilling our missions, areas in which we can make practice improvements, and opportunities for partnership and collaboration with youth, families, and community partners to improve programs and systems.

While it may be difficult for residential treatment facilities measure some functional outcomes on their own, it is nonetheless quite possible for programs to take leadership locally in beginning to measure their longitudinal results and trying to stimulate collaboration with youth, families, and community partners. The BBI has developed a tip sheet with suggestions about how to develop outcome measurement systems and to galvanize collaborative efforts toward outcome measurement (www.buildingbridges4youth.org). There is much individual residential programs and or groups of programs can do to respond to this challenge.

Designing an Outcome Measurement System

Prior to designing an outcome measurement system it is important to assess organizational readiness. There are key factors that will facilitate successful implementation.

- ✓ The organization has made a commitment to the System of Care Principles (www.tapartnership.org)– such a commitment would connote that the agency’s approach is based on the needs and strengths of the youth and family, that its services are responsive to cultural values and characteristics, and that is has strong emphasis on family and community partnerships. This commitment is key in eliciting stakeholder participation in measurement efforts.
- ✓ The organization has a logic model (or similar conceptualization of its work) that describes it population(s) of focus, its short and long-term intended outcomes, its theory of change, its program components and activities, and its role in the context of the overall system. Having a model for the work provides a starting point for the organization to work with families, youth, and partners to define its desired outcomes.
- ✓ The organization takes a transformational approach of actively engaging youth and families in quality improvement and in using data to understand its effectiveness.
- ✓ The organization has built -or is building- strategic community partnerships that can assist in a variety of ways in the outcome measurement effort.
- ✓ The organization has an infrastructure with which to conduct internal evaluation activities (ideally with a dedicated staff person responsible for overseeing program evaluation as part of continuous quality improvement), a process for staff for identifying improvement priorities and the ability to conduct systematic analysis of routinely gathered data.
- ✓ The organization remains abreast of the latest research, and evidence-informed and culturally responsive practices, and works to create a culture of continuous learning.
- ✓ The organization has established internal communication systems with which it can convey, review, and give meaning to the information generated by measurement activities to leadership and staff as well as families, youth, and community partners.

Achieving readiness positions the organization to take the two key steps in the initial design of its outcomes measurement system: convening a stakeholder group and defining the measures.

Convening a Stakeholder Group – It is critical that the outcome measurement system reflects a shared vision inclusive of youth, families, and community partners (allied agencies, payers, etc.). Youth and families bring the most important perspective – the results that are important to them and to their peers. Youth in treatment as well as those who have discharged will provide varying perspectives on the question. Engaging community partners from the onset sets the stage for sharing responsibility across the system for outcomes that in actuality are the results of the efforts of many, and can eventually lead to collaboration in the measurement effort. Convening a stakeholder group for this purpose can create the synergy that leads to long-term engagement.

Defining the Measures – It is essential, although challenging, to identify outcomes that are most important across the stakeholder groups. When the organization has an internal evaluation system in place, its existing data will shed light on critical issues. Some organizations have found it useful to start simple, even to the point of identifying the *one* most important outcome for measurement. Should that effort be successful, it sets the stage for further development of the measurement system.

In defining the measures it may be helpful to consider the general outcomes of interest that are identified by payers as well as youth and family members. These categories offer a useful framework for the initial exercises in identifying functional outcomes for measurement.

- Safety and risk reduction
- Permanency/stability of living situation
- Behavioral symptom improvement
- Education, employment, and life-skill status
- Supportive and healthy peer relationships
- Involvement with developmentally appropriate community activities

Once the stakeholder group is convened and the measures are defined the task is to decide on the details for executing the system. Staff and or committee members can be assigned to research applicable instruments for the selected measurement(s) or to build survey instruments targeting the desired outcome. Determining how the data will be gathered and necessary resources, who will perform the analysis and how the process will be evaluated and monitored are other key aspects of implementation.

Issues and Concerns

There are several issues and concerns that deserve attention and careful thought when designing and implementing an outcome measurement system.

Gathering Data It is difficult to access information regarding youth who have exited the treatment facility. One strategy that has proven successful for several organizations is to assign the therapist of the child and family to make follow-up contact. This builds on the relationship that has been established and is more likely to generate a conversation and a response. The therapist can schedule follow-up calls at intervals determined as part of the measurement design. Organizations can also request data from community partners. This is expedited if partners are part of the planning committee. Organizations have also had success at sending pencil and paper surveys with a promise to reimburse the child and/or family for completing and returning the documents (consider $5.00 to $20.00 depending on length of instrument).

Resource Concerns The cost of a measurement effort can be a barrier, particularly if a residential organization bears the cost on its own. Nonetheless, organizations that have established readiness can build upon existing capacity without necessarily incurring a significant increase in resource allocation. Having electronic data collection capacity is very helpful in this regard. Ideally, convening partners in the effort to evaluate the effectiveness of services can create the synergy and shared responsibility that will result in resources of one form or another becoming available from various sources, for example caseworkers who can access information post-discharge or individuals who might have access to grants or other funding sources.

Recidivism Data There is legitimate concern that recidivism (readmission) may not be the best indication of effectiveness of a residential stay. Low recidivism into residential or other out-of-home placements can occur in the presence of negative outcomes, and returning to placement can be an indicated intervention for some children at particular moments of their trajectory. Nonetheless recidivism is an important indicator to the child, family, and community. Utilizing recidivism data to inform the program and the community regarding the effectiveness of residential intervention, but *not* to confirm or disconfirm effectiveness, will lead to further examination of the various aspects of the treatment process. Correlating this data with process, outcome, and perception/experience indicators, as well as with demographic/disparity data can generate improvements in the program and the community system.

Managing Collaborative Tensions Determining collaborative outcomes in the complicated community systems in which children and families live will yield tensions emanating from the differing perspectives of the youth, families, and individuals who may be representing differing systems with differing missions (e.g. child welfare, education, juvenile justice, etc.) Establishing the shared vision of child and family well-being and of the desired outcomes, and then reinforcing that vision in language and activities in a coordinated community effort provides a recurring touchpoint as disagreements arise It is important to remember that managing and addressing tensions openly is key to creating effective systems.

Other Mandated Measurements Many if not most residential programs are mandated to measure aspects of their work. Often this data does not reflect functional outcomes: e.g. “Were the child and family able to make changes they thought were important?” Length of stay, cost, staffing patterns, transition between service levels, and the variety of process indicators are important and help organizations manage their efforts, but do not give functional outcome information. However, such mandates can- and ideally should- spur organizations to develop the initial internal measurement capacity that they can build upon for functional outcomes measurements.

Funder Relationships Payers are becoming increasingly interested in the actual outcomes of the work. While this is cost-driven to some degree it also reflects the general missions of the paying organizations- to generate health and well-being. Residential organizations that take leadership in developing functional outcome measurement systems may be able to leverage payers to re-evaluate the information they are requesting or requiring. This may help them reassess whether or not the complicated (and often expensive) reporting requirements are helpful and productive. Asserting the importance of simplicity and achievability in conversations with payers, and offering to work collaboratively to evaluate data and reporting requirements can generate change in local and state systems.

Control over Variables residential providers have expressed concern that they could be “blamed” for negative outcomes when they didn’t have control over variables. The truth is that most providers don’t mind taking credit when a child or family reports back that, “You saved my life”, even though there were also many other variables in that outcome as well. Measuring long-term effectiveness in an environment in which it is known that one provider doesn’t have control over succeeding variables still provides useful information.

<u>Use of Data</u>

Residential providers can use data generated through outcomes measurement in many advantageous ways for their organization. Consider:

- Compare your data to other benchmarks. For which outcomes is your agency out-performing the benchmark? For which is your agency under-performing against the benchmark? Utilize this information to continue to strengthen areas of high performance. “Drill down” further on the areas of under-performance to examine factors that might be associated and strive for improvement in those areas.
- Educate your Board of Directors on agency outcome measures and have a semi-annual or annual review of the agency’s measures as both a resource-allocation method and a strategic planning effort.

- Use areas of under-performance as documentation of need for grants and private fundraising efforts. "We know that here is an area in which we can improve, and here is how we plan to address this, with your support."
- Prepare for performance-based contracting and achieve accreditation compliance using your outcomes measurement system.
- Utilize data to inform your legislators about the characteristics of children/families served and the outcomes that are achieved when treatment is provided at the right time for the right duration.
- Evaluate systemic changes over time, e.g. length of stay as it relates to positive or negative outcomes over the years.

These suggested of outcome data can generate return on investment for implementing an outcome measurement system and leverage strategic positioning and growth for residential treatment providers.

Conclusion

Generating and understanding the meaning of data is not separate from doing good work- it is the core of knowing how good our work really is! Embracing the challenge of adapting our practices based on the data to make improvements increases our credibility. Having data that reflects well on our work and shows effectiveness can convince others and policy makers of the criticality of our role. Shifting to outcomes based practice in the field will build trust between us, those we serve, those who pay for the services, and community stakeholders. Doing this in partnership with youth, families, and community partners will increase the likelihood of shared understanding, shared responsibility, and shared success.

ACRC is committed to the work involved in advancing these partnerships. It urges its members and providers in the field continue to adapt and change, and specifically to take steps to work with their partners to implement outcomes measurement systems. The children, youth and families we serve deserve no less. . In a time of shrinking resources the urgency is high.

For further questions, please contact ACRC at www.togetherthevoice.org

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