

A Building Bridges Initiative Practice Brief

THE FEASIBILITY OF POST-RESIDENTIAL DISCHARGE MEASUREMENT

Developed by the Building Bridges Initiative Outcomes Workgroup -

In partnership with and support from Chapin Hall, University of Chicago

INTRODUCTION

The Building Bridges Initiative (BBI) is a national effort to facilitate the adoption of best practices in residential interventions in order to generate long-term positive outcomes for youth and families. BBI works to build and coordinate partnerships between residential providers, families, youth, advocates, community partners, and policy makers to ensure that comprehensive and effective services and supports are available to improve the lives of young people and their families. BBI's Core Principles (e.g., Family Driven & Youth Guided Care; Cultural & Linguistic Competence; Clinical Excellence & Quality Standards; Accessibility & Community Involvement; and Transition Planning & Services) guide all of BBI's work.

The BBI Outcomes Workgroup, assembled in 2007, works to develop and implement practices to promote self-assessment and meaningful measurement of the processes and outcomes of residential interventions. Over the years it has developed a Self-Assessment Tool, a matrix of performance indicators, an outcomes tip sheet, and a white paper regarding consensus measurement practices for residential interventions. (www.buildingbridges4youth.org).

While empirical evidence has been cited regarding the effectiveness of specific interventions within residential contexts, the long-term effects of the delivery of intensive interventions *combined with* the effect of the congregate care context remains largely untested. Although there are exceptions, for the most part measurement of outcomes during the residential intervention has not captured enduring change over time among children, youth, and their families.

Many individual organizations implement post-discharge outcome measures, but the efforts nationwide are inconsistent. There is not a robust or reliable body of data that demonstrates the impact of residential interventions. There may be several reasons for the limited evidence of the long-term effects of residential interventions:

- The methodological considerations that should inform a reliable and valid inquiry are substantial and challenging, including: (a) designing measurement strategies that are longitudinal, incorporating baseline, mid-, and post-treatment measurements; (b) identifying measurement tools that can parse the effects of environment from that of specific treatment interventions; and (c) addressing the concerns of providers about how data from research inquiries will be used without creating unequal comparisons that could generate reprisals.
- Providers have struggled with defining what to measure and operationalizing definitions of positive outcomes of residential interventions.
- Providers may not have the resources or are unsure of what resources are required to support a follow-up data collection effort.

Residential interventions represent a component of community systems of care for youth and families. The field recognizes that despite the availability of high-quality community-based services, some youth and their families will need, for a short time, the supports and services provided by residential interventions that use best practices supported by science and evidence. Given the cost of residential interventions and the stress that separation places on youth and families, it is critical to assess the impact of residential interventions. For providers and policymakers, measurement offers an opportunity to identify the mediators of sustained positive outcomes by correlating reliable post-discharge data with evidence-informed process indicators to guide future investments and business strategies. Youth and families would benefit from improved services and enhanced ability to achieve meaningful change.

This paper summarizes the implementation and findings of a pilot project designed to begin to address this compelling need and the perceived and actual issues noted above. Conducted by Chapin Hall in partnership with BBI and a motivated group of residential providers, its purpose was to determine whether collecting post-residential care functional outcomes data is feasible, a foundational step in scaffolding a robust longitudinal study of residential impact. Specifically, the project studied the practicability of identifying youth 6 months post-discharge from residential treatment, contacting the caregivers of these youth, and administering a brief (10-minute) survey inquiring about youth functioning in key domains.

PILOT PROJECT DESIGN

The pilot project assessed potential barriers to data collection, including case identification, survey administration, and data management. A survey tool was developed with a series of questions, organized within five domains (living situation, school/education, risk factors, community engagement and support, and access to services), that could be administered to an adult family member/caregiver within a 10- to 15-minute phone call. The tool was tested with a small sample of adult caregivers to make sure that the questions were understandable and that time expectations were reasonable.

The provider cohort completed a Capacity Assessment and were trained in project design, data requirements, survey administration, and documentation. Chapin Hall researchers tracked data submission, provided support to provider staff, and performed both quantitative and qualitative analysis. Two focus groups offered providers an opportunity to share their experiences in administering the survey and collecting the follow-up data.

Detailed information about the study is available in an article accepted for publication by the Journal of Residential Treatment for Children and Youth (Weiner, Lieberman, Huefner, Thompson, McCrae & Blau,

2018). This brief summarizes the findings, both successes and challenges, followed by strategy recommendations.

SPECIFIC FINDINGS

Successes reported by the providers included: 1) providers could reliably pull necessary youth and family/caregiver contact information from their existing administrative records; 2) contact information for youth and families was fairly up to date; 3) there were very few active refusals among caregivers contacted; 4) caregivers seemed to be comfortable answering questions; 5) caregivers provided positive feedback on survey content; and 6) flexibility in the timing of calls allowed providers to reach more caregivers.

Challenges and caveats included: 1) some caregivers were difficult to reach; 2) youth living independently or those with Spanish-speaking caregivers could not be interviewed using the tools developed for this study; 3) providers who participated in this study may not be representative of all residential providers, as they were selected for their willingness and their track record on collaboration and openness to innovation; and 4) participation rates varied among providers

The challenges notwithstanding, results from this Feasibility Study demonstrated that it is possible for residential providers to reach and engage caregivers and obtain credible and complete information. The study showed that contact information was readily accessible to providers through existing administrative records and that most caregivers of the youth at the time of the follow-up were willing participants in the survey. It yielded important information that can be used in planning for an expanded study. The focus groups and follow up review by parents offered valuable suggestions for addressing challenges.

STRATEGY RECOMMENDATIONS

Based on the results and findings of this feasibility trial, as well as input from the participating providers and family members who reviewed and vetted the study, the following recommendations are offered to residential programs about conducting post discharge interviews.

While getting prepared:

- obtain informed consent at the time of admission and inform families of when they should expect to receive follow-up contact after discharge;
- develop a culturally and linguistically competent process for contacting youth, family, and/or collateral contacts for data collection;
- provide sufficient internal staff supports to yield optimum response rates;
- involve family members and youth in designing the survey process;
- consider using stratification strategies to potentially yield greater participation rates among certain subgroups;
- determine the frequency of call intervals (e.g. 3months, 6 months);
- provide training to agency staff, ensuring cultural and linguistic competence, in survey administration;
- consider incentivizing caregivers and youth for completing interviews; and
- provide staff with time and resources to make the calls.

While conducting follow-up interviews:

- interviewers should introduce themselves, making it personable and conversational rather than reading a script, and compassionately inquire about how the youth and family are doing before asking specific questions;
- include introductory questions clarifying how recent the caregiver's information is;
- ask interview questions verbatim, including open-ended questions;
- leave a voicemail message with a specific time that a return call would be made; and
- it may be necessary to speak directly to older youth; and
- train staff to recognize youth and family needs in order to make referrals to relevant service agencies, to report unsafe situations if necessary to Child Protective Services, and to appropriately remind the respondent of their status as mandatory reporter.

In using the information obtained from follow-up interviews:

- use the information for quality improvement initiatives, program development, and research; and
- perform post-hoc tests for differences between caregivers who completed and did not complete an interview.

CONCLUSION

Youth and families, referral sources, and government agencies increasingly expect that providers demonstrate the outcomes and impact of their interventions; it is incumbent upon residential providers, and a solid business strategy, to study and use post discharge follow up data. This study demonstrated that it is feasible to collect post-discharge information. Follow-up interview data are one indicator of the level of functioning of youth after they receive residential interventions. However, follow-up data of the type collected by the survey used are incomplete; they only reflect the reported status of the youth at the

time of the survey, independent of youth and family contextual information, such as an assessment of level of risk at intake, services and supports provided, and benefits of the residential intervention.

Nonetheless, follow-up data can be correlated with information regarding the services provided and generate opportunities for organizations to work with family and youth to identify potential improvements that will yield long-term positive outcomes. This creates opportunities for robust enhancement in residential intervention practices and greater positive impact for youth and families who have sought services and supports.

The BBI Outcomes Workgroup is developing a Readiness Assessment for organizations preparing to measure post-discharge outcomes, as well as a youth survey and a Spanish translation. The Outcomes Workgroup plans to work on a design for a long-term rigorous study that can yield longitudinal contextualized data demonstrating the impact of residential interventions.

A copy of the survey and more information about the Outcomes Workgroup and BBI may be found at www.buildingbridges4youth.org.