

Keep Your Eyes on the Prize: Defining and Tracking What's Important in Residential Care

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The Building Bridges Initiative (BBI) is a national effort to identify and promote practice and policy that creates strong and closely coordinated partnerships and collaborations between families, youth, community and residential treatment and service providers, advocates and policy makers. Central to the work of BBI is ensuring that comprehensive family-driven, youth-guided and culturally competent services and supports are available that improve the lives of young people and their families.

BBI provides a framework for achieving positive outcomes for youth and families who are involved with both community and residential interventions. This framework, based on a set of principles that are outlined in the Joint Resolution and other BBI products, offers guidance on how families, youth, providers, policymakers, advocates, and others can collaborate to achieve positive outcomes.

Outcomes and continuous quality improvement have been a strong foci of BBI since inception. The BBI Outcomes Workgroup has developed several products to support the field which are described briefly in the table below and can be downloaded at www.buildingbridges4youth.org. A number of other tools to support the field in achieving positive outcomes are also available on the BBI website.

BBI Outcomes-Related Products	
Document	Purpose
Performance Guidelines & Indicators Matrix	Describes what to expect if services/supports are provided in a manner that is consistent with the Joint Resolution
Self-Assessment Tool & Glossary (including specific versions for providers/advocates & families/youth)	Provides organizations and communities a framework to evaluate themselves against the performance guidelines and indicators identified in the Matrix

Table 1

This paper seeks to advance this outcomes focus by making the case for a more assertive focus on measurement and outcomes as a part of residential and other 24-hour, out of home services. To accomplish this, the paper offers a couple of high level illustrations and an in-depth look at organizations advancing BBI in their settings.

Illustrations from the Field

Across the country, BBI initiatives provide examples that illustrate the role of outcomes in these efforts. Damar Services, Inc., a residential provider based in Indianapolis, IN used BBI to transform their services. Damar focuses on outcomes such as recidivism, residential diversion and integration of community-based services for young people enrolled in their residential programming. Hathaway-Sycamores in Pasadena, CA has begun to emphasize Family Finding activities and tracks outcomes related to discovering, connecting and engaging families as well as those related to recidivism, family contacts and connection to natural supports. These organizations represent a growing number of residential providers who are focusing their attention on what happens in the community and after discharge.

An In-Depth Look: The Children's Village

At The Children's Village, based in Harlem New York, the path to transformation began at the residential campus located 20 minutes north of Harlem in Dobbs Ferry. With over 350 beds and a 160 year history as a residential provider, The Children's Village faced a unique challenge: staying true to the residential mission that was core to the organization's charitable founding in 1848, while concurrently embracing the values exemplified in the BBI principles. The Children's Village found success by focusing on three priorities:

1. Redefining the residential mission;
2. Committing to measure what is really important; and
3. Creating an organizational culture where children and families are key partners in decision making.

Redefining the residential mission was the easiest to accomplish. The data on post discharge outcomes for teens leaving long-term residential treatment were irrefutable. Homelessness, multiple hospitalizations, crime, drugs, prison, unemployment and social isolation was unacceptably high among all cohorts reviewed. Clearly, the belief that long-term residential treatment was a far better and sometimes safer option than a child's community and family was fundamentally flawed. Children should go home to their families and communities; and this expectation must serve as the foundation for service and discharge planning. Compounding this thinking further was a medical model where the common descriptor for all children in residential care was "mentally ill." While some children in residential care are experiencing mental health challenges, the label can be unfair at best; at worst it becomes a self-fulfilling prophecy when imposed on children who are overwhelmingly poor and of color. It contributes to a sense of hopelessness and the impossibility of recovery. It was obvious to the organization that residential treatment could not be a destination. The Children's Village's strong residential capacity enables the organization to effectively stabilize, socialize, medically/clinically treat children whose behavior placed them at high-risk to themselves and others. However, children need families and unconditional belonging. These were not part of The Children's Village's residential continuum in 2004. As a result, the organization redefined their residential mission to be a highly effective

“emergency room” committed to treatment, triage and discharge in the shortest and most appropriate timeframe possible. This mission offers a sense of hope to families who can now view residential services as a stabilization intervention and not as a reflection on their ability to effectively parent their child.

As part of this change in approach, measuring what’s really important was difficult. The problem was that, like staff at many organizations, those at The Children’s Village wanted to measure everything. In the end, The Children’s Village found a way forward by agreeing that the “most important” measurement of a successful residential intervention was the post-discharge outcome. What happens to children and families after they leave the campus? The organization agreed to “own” this very difficult to predict and difficult to control outcome. The outcome strategy is straightforward and while some have called it simplistic, it works. To succeed in this, every child and family leaving The Children’s Village is offered 12 months of aftercare. In some cases, the time frames can be extended up to 5 years.

The Children’s Village tracks four variables believing that these four variables provides adequate information to predict long-term prognosis: (1) Stability at home, (2) Progress at school, (3) Work (for those 17 and older), and (4) Recidivism. This is borne out by the longitudinal dataset on outcomes for all youth discharged from The Children’s Village campus-based programs 12 months post-discharge:

Outcomes/Year	06-07	07-08	08-09	09-10	10-11
School		82%	81%	83%	80%
Work		25%	41%	46%	42%
Recidivism	7%	5%	19%	17%	11%
Stability at Home				86%	86%

Table 2

The transition to this approach for data collection was a gradual process. The organization began with recidivism and learned how to track recidivism well. In the years that followed they added variables and drilled-down into the individual components that impacted that variable. Their interest is not simply in the outcome of the variable; rather in understanding the factors that impact the variable. When these more subtle and delicate factors are understood it allows organizations to better align continuous quality improvement activities and customize interventions.

Children's Village began their data collection efforts with recidivism since over the past decade this concept has taken center-stage as the primary indicator measured across the human services spectrum. The authors agree. However, while we applaud this attention on the recidivism variable, we also wish to make the unequivocal statement that recidivism *informs* us of intervention efficacy. It is an important indicator, but does not *confirm* intervention efficacy. The reasons for readmission are many and some lay well beyond the control of the provider or the funder. Recidivism rates will not likely be zero, but with a focus on this important variable, honest collaboration between the residential and community partners can keep these rates as low as possible. There are times when recidivism simply provides the opportunity to be there when "failure" happens; to be ready, willing and able to help the family recover and move forward again. For children and families who have previously experienced these "failures", demonstrating that the system is still there for them can make them feel safe. This is often the first step to recovery. It is the willingness to measure recidivism and the capacity to respond pragmatically when recidivism occurs that becomes a key to this success. It should be noted that recidivism is only one critical outcome. Poor results and terrible life outcomes can still occur even when recidivism is low.

At the Children's Village, embracing the notion that post-discharge outcomes were most important was easier than preparing the donors, staff and Trustees for their findings. The organization's first data set in 2005 was embarrassing. Fifty percent (50%) of the teens leaving the Campus were not in-school 30 days after discharge. Some in this group were out of school for 3-4 months following discharge. The schools were reluctant to admit them and they were using a legally permissible option to provide 2 hours of home-tutoring. Knowing the data allowed the organization to target the problem and within 90-days, 90% of those discharged were in school by the discharge date or within two weeks. That success continues to this day.

Finally, creating an organizational culture where children and families are key partners in decision making is a journey that Children's Village continues to make. They have made great progress thanks to their Parent Leaders and Parent Advocates, and they still have a long road ahead.

Challenges for the Field

Based on the experiences of The Children's Village as well as Damar Services, Hathaway-Sycamores, and others across the country, it is clear that success must be mutually defined and that definitions of positive outcomes must reflect the perspectives of families, youth, providers, funders and policy-makers. These same groups must work together to keep the measurement simple. Without this synergy, providers are left collecting far too much information that has little predictive identifiable value. Unfortunately this occurs far too often.

Post-discharge results have value for all. BBI has strongly advanced the premise that stability after the residential intervention is essential and has incorporated this into the Performance Guidelines and Indicators Matrix. By identifying indicators that focus on the time before and after residential placement, in addition to those that may be seen during a residential stay, BBI has advocated a focus that includes outcomes within the residential unit as only one of the important markers of success. From the family and youth's perspective, stability after discharge is the ultimate measure of success. It demonstrates that the residential intervention was effective and that the community-based system is sufficient to support their ongoing needs. For funders and policymakers, it sends a clear message that an investment at the correct level of service, including higher-end interventions like residential provides an efficacious outcome and is cost effective. For the providers, monitoring post-discharge results provides a gauge for residential leaders about the collaboration with the family and the community resources available. It also offers the provider the opportunity to adjust programmatic interventions to enhance desired outcomes.

Once common outcomes are agreed to there must be adequate resources (time, people, money) dedicated to making the information meaningful, useful and actionable. If providers work transparently and collaboratively with funders to define outcomes of importance, they must also commit to developing a process where information is reviewed and acted upon. Using critical indicators to make improvements in quality is the goal; collecting piles of information for meaningless reports may feel like accountability but does little to improve care. Fear, when data do not reflect the "success" that was expected or are contracted to deliver, can hamper continuous quality improvement (CQI) activities. As a field we must be willing to take risks – to be transparent with our data and to adapt our measures and/or our practice based on what we learn. Providers that are attempting to adhere to BBI principles have learned to embrace the fear and the risk that is necessary to transform services.

Call to Action

Promoting positive outcomes for young people and their families is our collective responsibility. The Building Bridges Initiative exemplifies this commitment through our simultaneous focus on outcomes and policy. BBI supports residential and community to work more effectively and is actively working to identify the policy and financing structures that make achieving positive outcomes more likely. Advancing this work at both the local and national levels will be a focus for BBI over the coming years.

Providers can and must commit to defining their most important outcome. During these difficult economic times, funders and our communities have a right to ask us what the return on investment (ROI) is. Through intentional attention to outcomes providers can demonstrate their value beyond the altruistic and ensure that clearly defined and measurable results substantiate the value of the investment.

Funders can and must be transparent and pragmatic in their requests. Asking for outcomes that make no sense, imposing unfunded mandates, making dramatic statements about doing more-with-less and imposing complicated and expensive reporting requirements exhausts those on the front lines and breeds skepticism. The truth is that providers cannot always do more with fewer resources. Funders have a responsibility to ensure that funding and expectations are clear, reasonable, adequate and achievable. Simplicity and achievability are terms that we need to advance within the funding vocabulary.

Families and Youth can advance practices that involve them in residential as advocates, peer supports, and “evaluators “. They can help ensure that youth guided and family driven care are part of the organization’s culture. They can also advocate for funding for values-based interventions that are aligned with BBI principles. Discharge planning must begin prior to a residential intervention being recommended and sought. With an emphasis on return to community in the shortest time possible, there must be a clear sense of the purpose and intent for the residential intervention and this must frequently be reviewed, evaluated and modified throughout the residential stay.

The Building Bridges Initiative seeks to advance partnerships that ultimately improve lives and communities. By supporting the evolution of the field, those involved in BBI offer models for best practice in human service delivery. A deliberate focus on outcomes and the collection of data that is right-sized and informative is a priority for BBI partners and for us all.