

Nuts and Bolts: Part 2

Best Practices for Answering Performance Questions

Jennifer Miller Haight

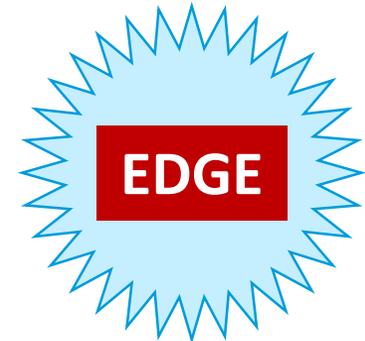
Lily Alpert

CQI Statewide Conference for Child Welfare and Probation

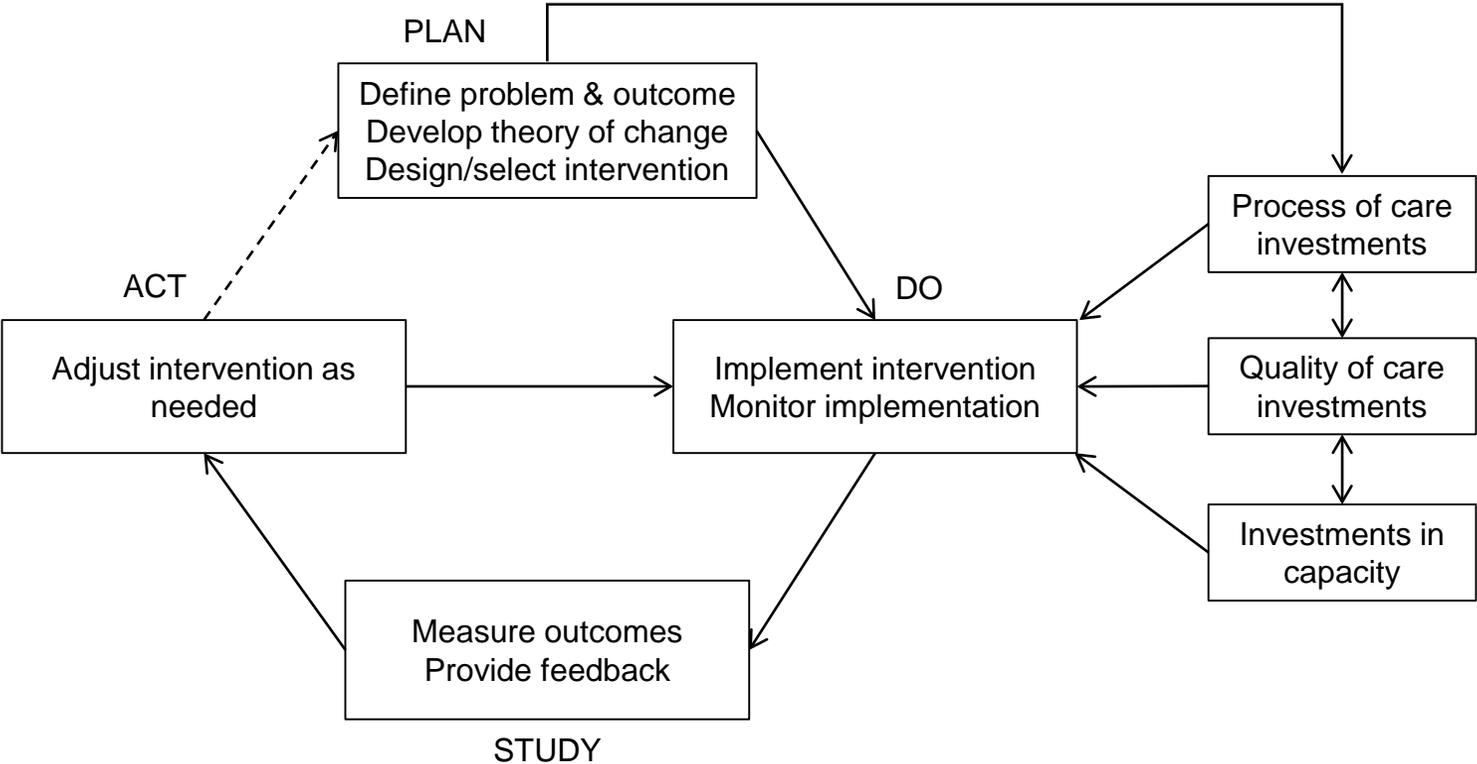
March 29, 2018

Today's session

- Today's materials are taken from *EDGE: Evidence-Driven Growth and Excellence*
- Eight month, cohort-based evidence use training program for child welfare managers.
- Now in its 3rd year with Tennessee Department of Children's Services
- Coming soon in other areas.



The CQI cycle: Plan-Do-Study-Act



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Nuts and Bolts Part 2

Plan-Do-Study-Act: Evidence supports your PLAN.

I observe [**some outcome that I want to improve**].

How do you know?

Evidence.

The discipline of converting data into evidence:

- Ask a question about something you can change.
- How do you answer a question about likelihood?
 - e.g., What percent of children entering foster care exit to permanency?
- How do you answer a question about speed?
 - e.g., How long do children typically spend in foster care?

Priority concepts for analytics

- Know your **question**. Write it down. Measurement starts with a question.
- **Stock** and **flow**: The only way to change the characteristics of the children you have in care now is to change how children enter and exit.
- Know the **population** from which you are measuring. The choice of population depends on the question.
- Almost always, use an **entry cohort** to answer questions about outcomes about typical performance.
- **Likelihood** (or Probability): Examining the past to predict the future.

Choosing the population

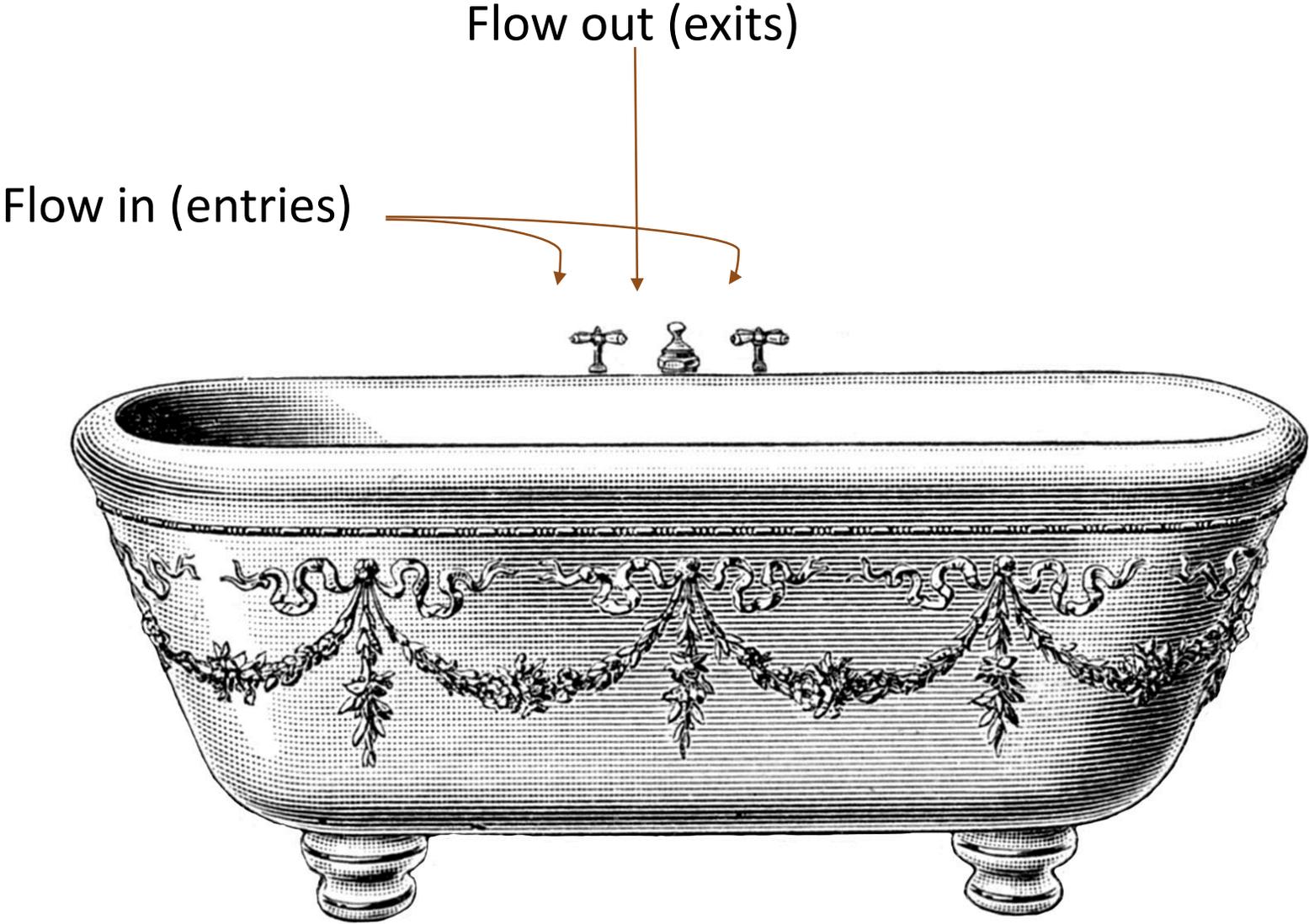
The process of improvement starts with a question.

Questions about **typical** performance, **change over time**, and the **effectiveness of interventions** are the questions that fuel the process of improvement.

Why does it matter which population you choose?

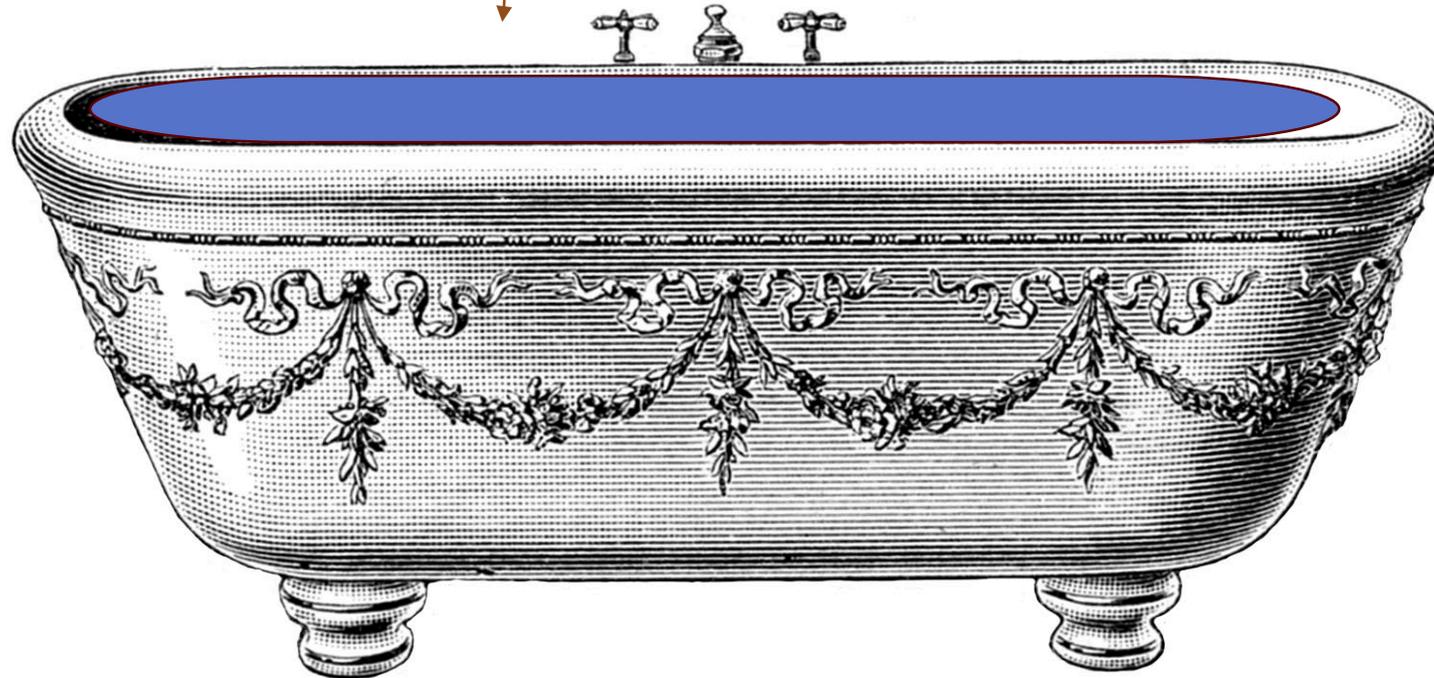
- When some children are systematically excluded from the population, you can no longer make a **statement about what's typical**.
- When you want to measure **change over time**, you have to account for all children moving through the system during that period of time.
- When you want to measure the **effect of an intervention over** time you have to include everyone the intervention touches in your analysis.

Stock and Flow



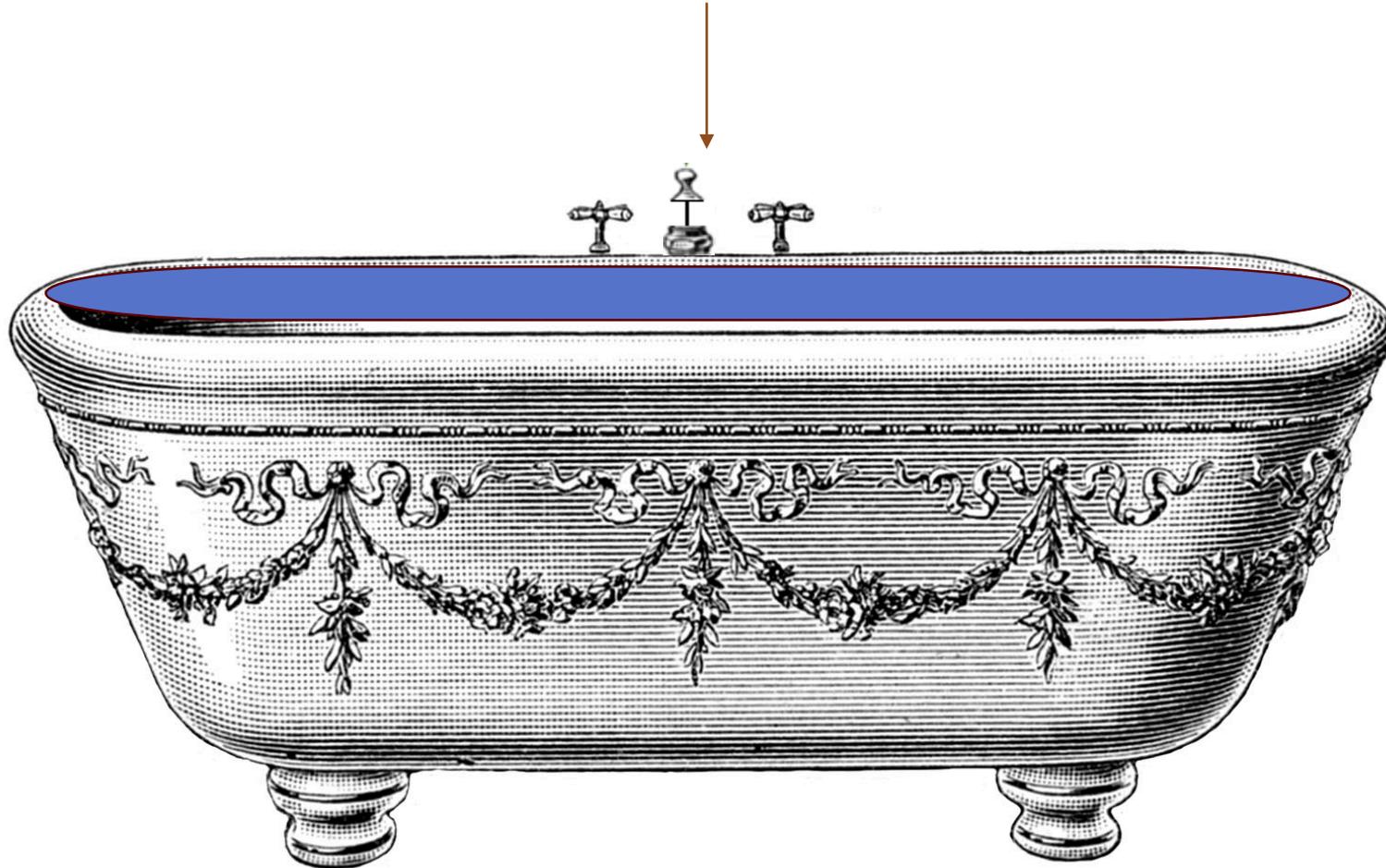
Stock and Flow

Flow in faster than the flow out?



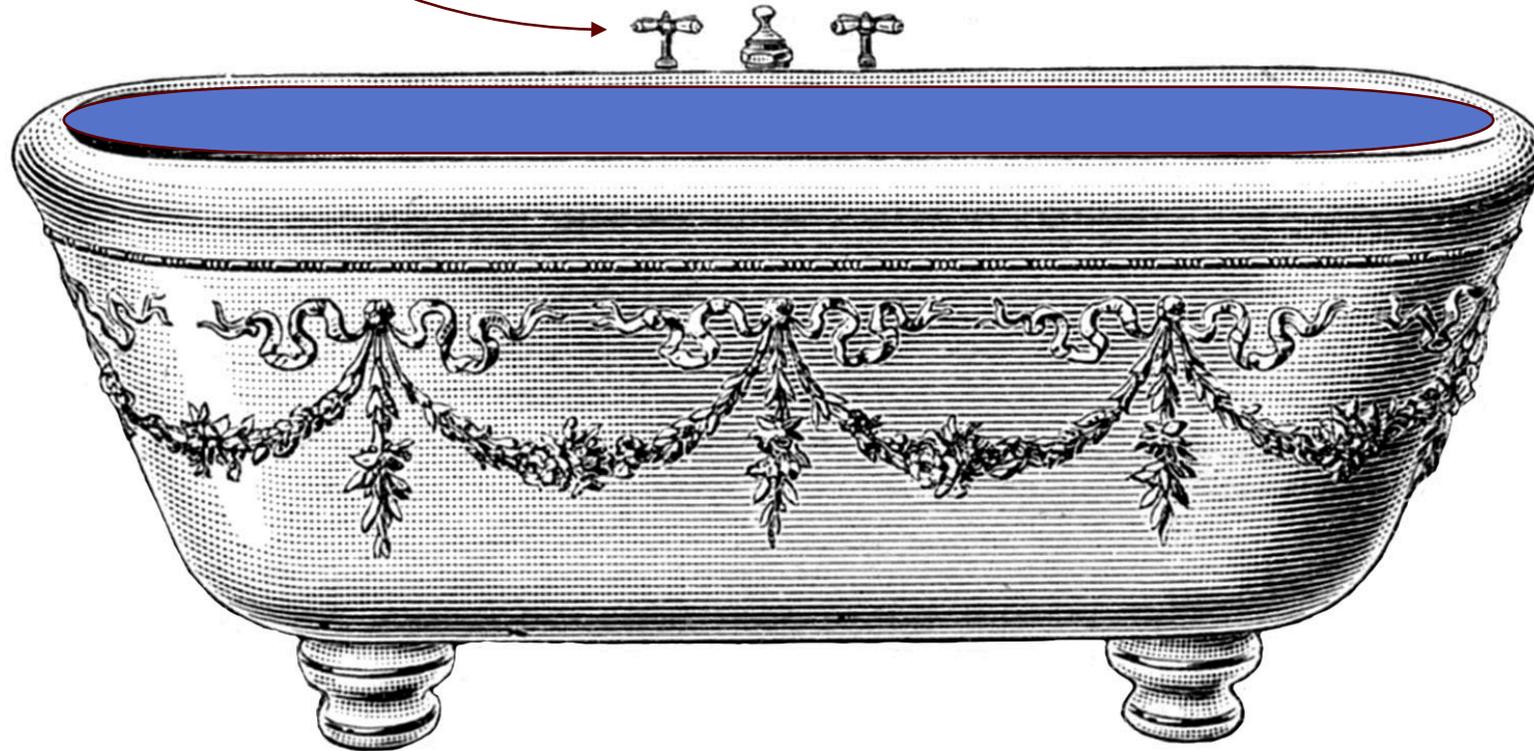
Stock and Flow

Flow out faster than the flow in?



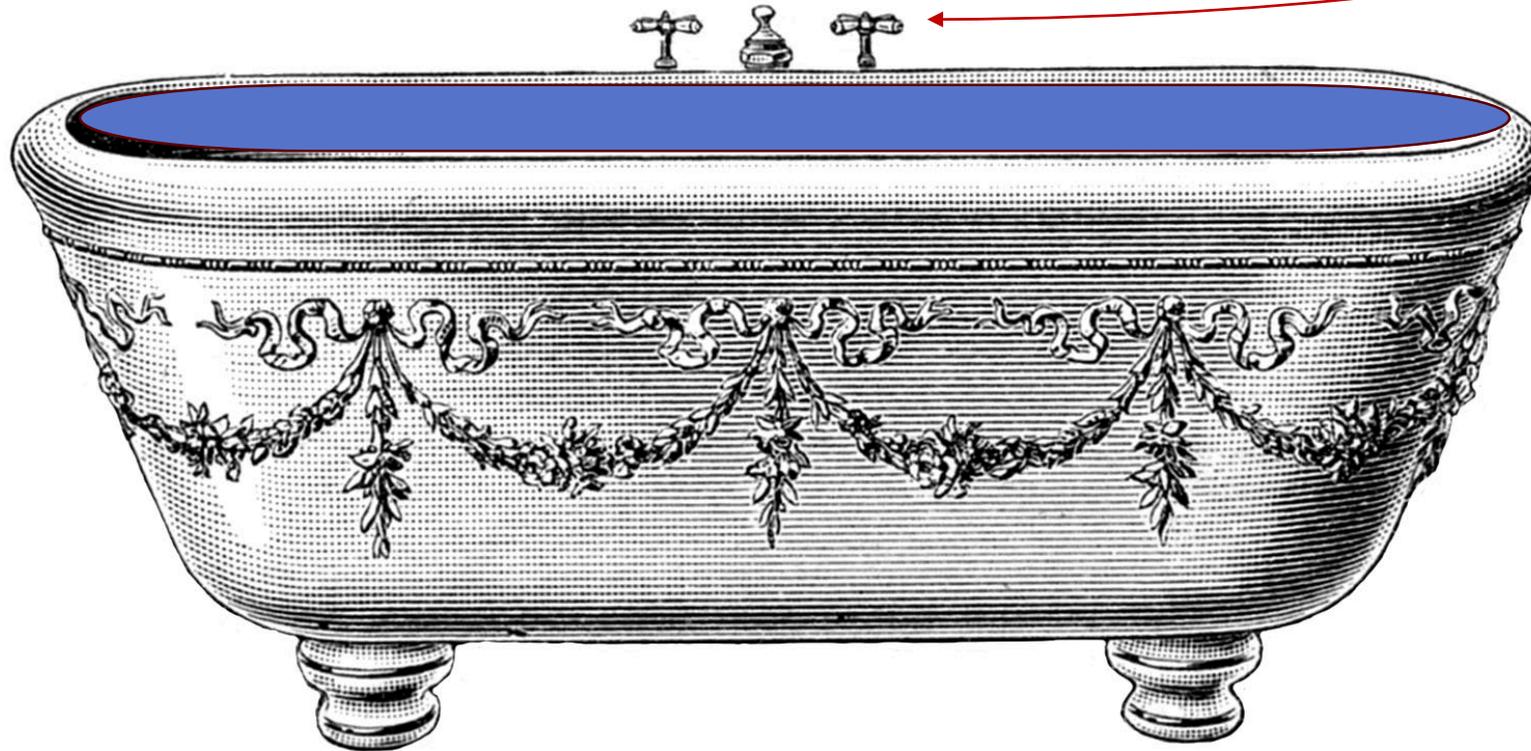
Stock and Flow

Cold flowing in faster than hot?



Stock and Flow

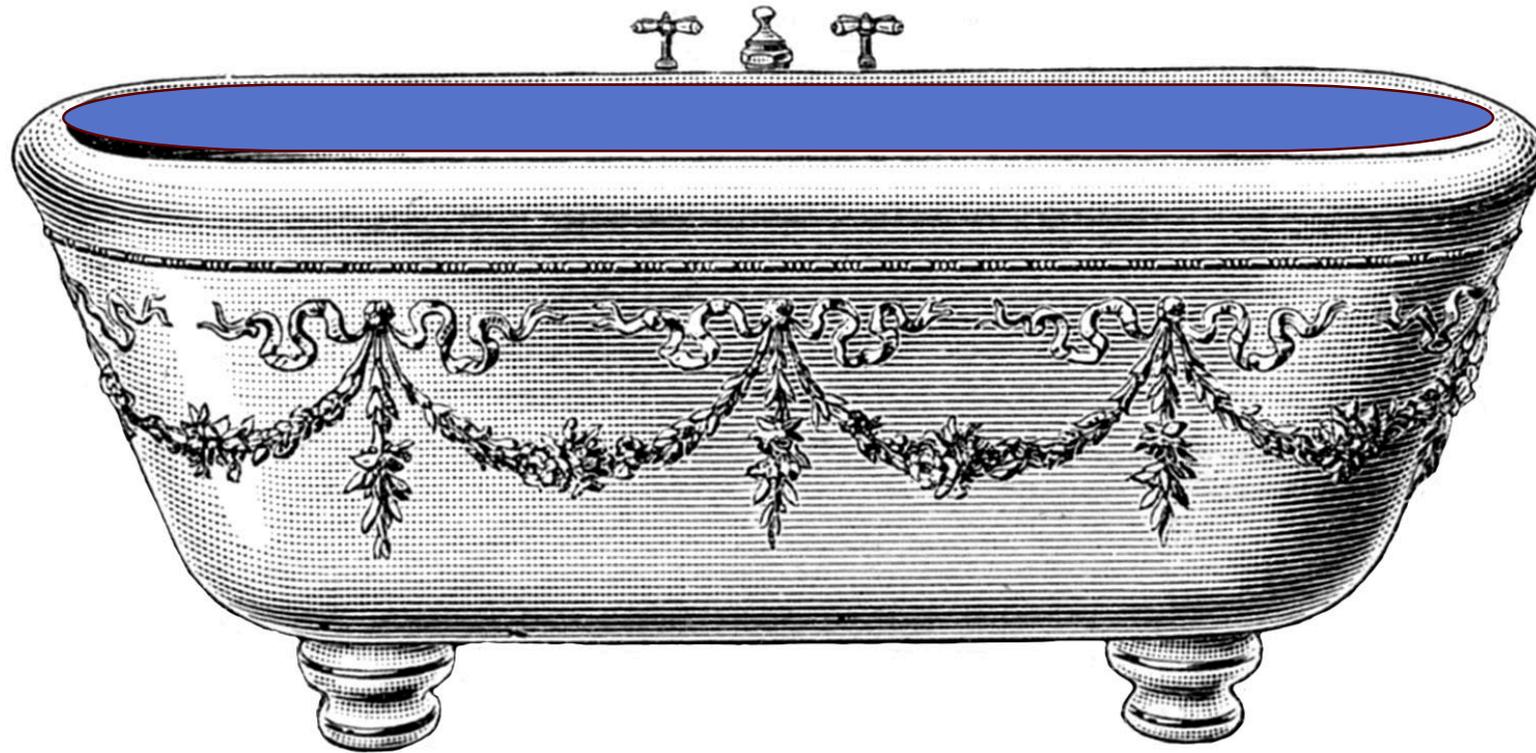
Hot flowing in faster than cold?



Stock and Flow

Get out of the habit of asking questions that describe the stock. The only way to change the stock is to change the flow.

Get into the habit of asking questions that describe the flow. The answer to those questions are actionable.

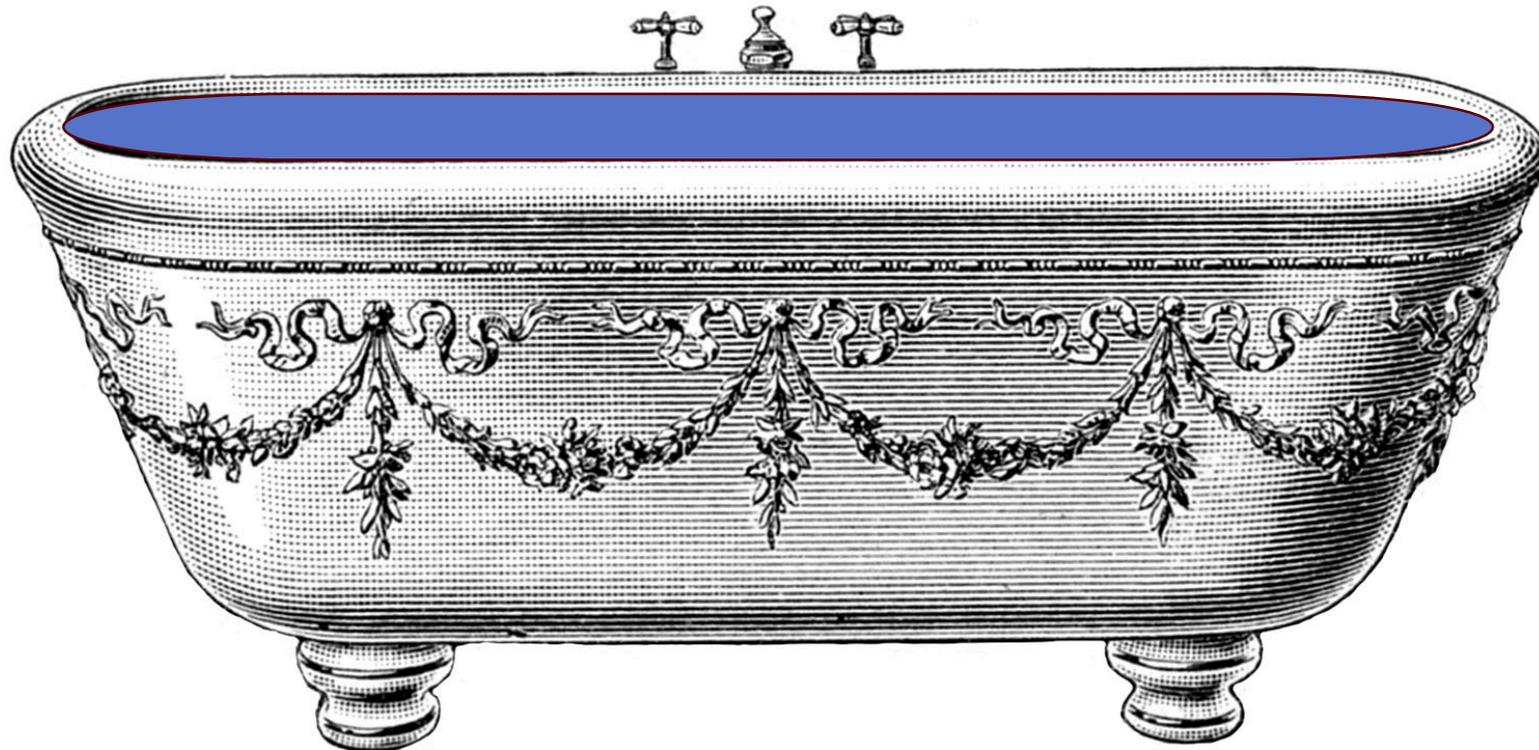


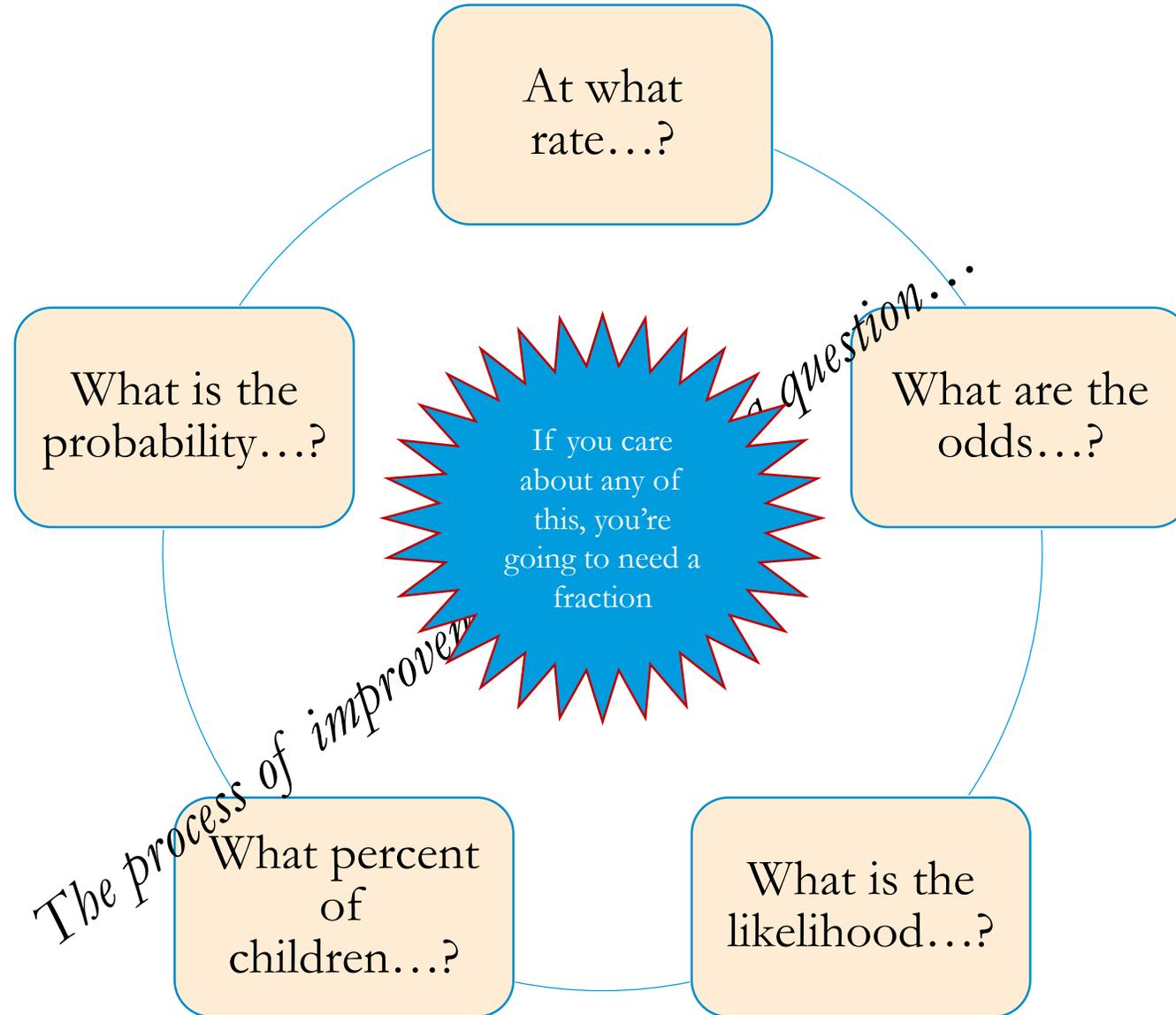
Stock and Flow

In other words, **ask a question about something you can change.**

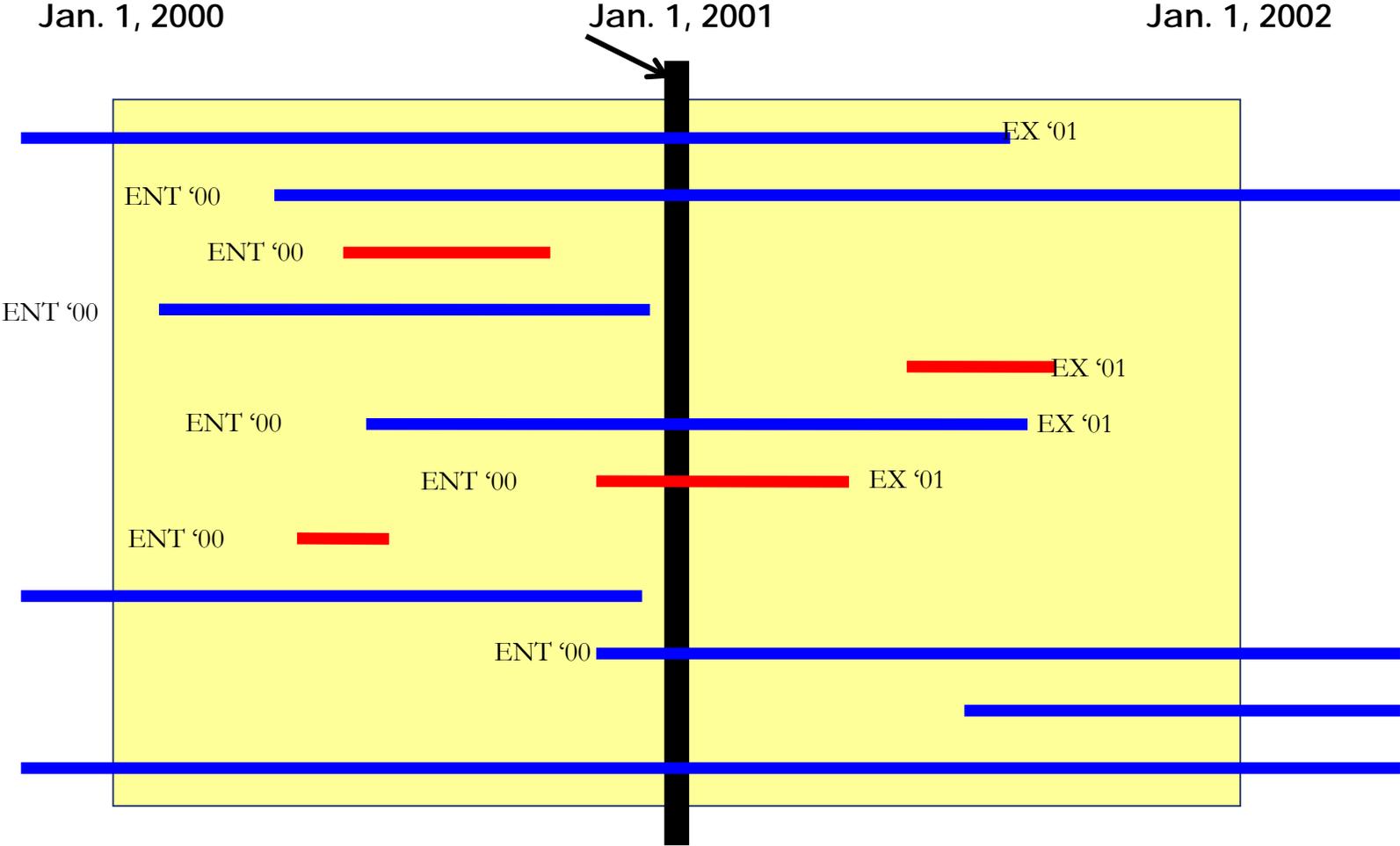
In a child welfare context, we want to change:

- **The likelihood** that something will happen.
- **The amount of time** it takes for something to happen.





Who is being counted?



Source: Aron Shlonsky, Columbia University School of Social Work (formerly at CSSR)

Summary: The analytic population

The process of improvement starts with a question.

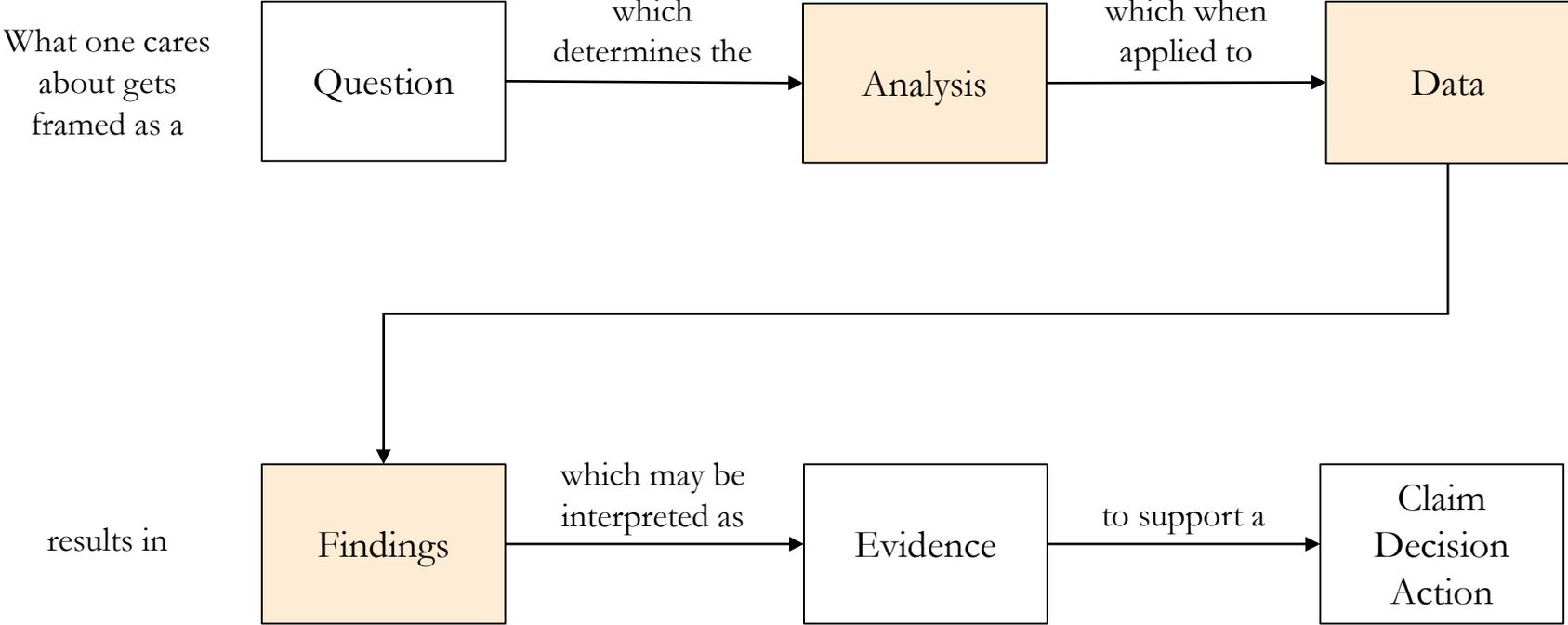
Questions about typical performance, change over time, and the effectiveness of interventions are the questions that fuel the process of improvement. **Ask a question about an outcome you can change.**

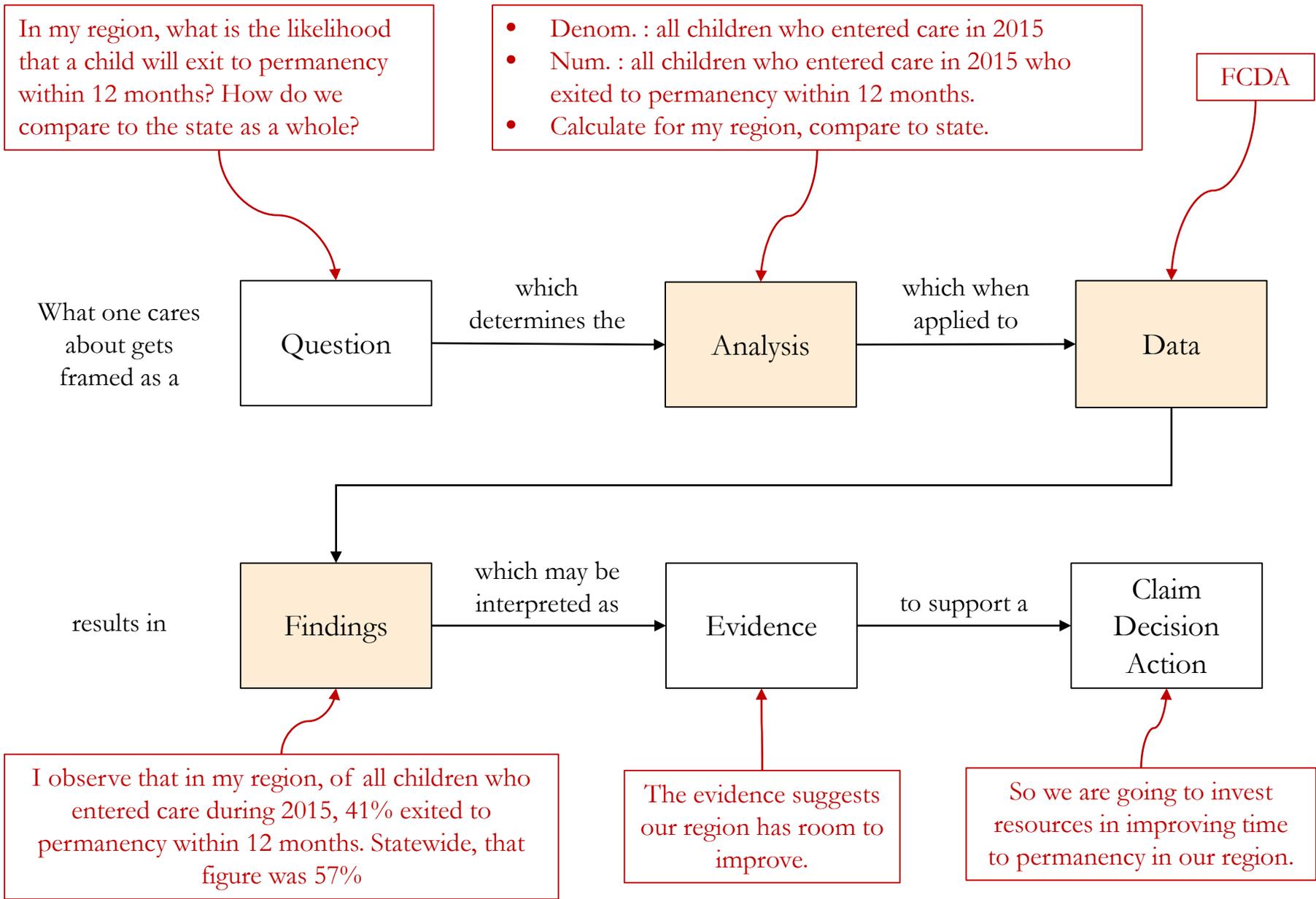
The **population** you should analyze **depends on the question** being asked. There are three common populations: entry cohort, exit cohort, and point in time.

If your question is about typical performance, change over time, or the effectiveness of interventions, your population has to include everyone who is at risk of experiencing the outcome of interest (the **risk set**).

When your analysis calls on you to calculate a **fraction**, your analytic population goes in the **denominator**.

Recall this...



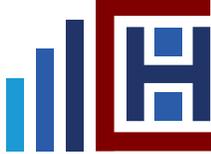


Summary: The analytic population

When asking for or consuming any data analysis:

- Know the question.
- Know the population that was analyzed to answer the question.
- Always, ask: Is it the right denominator for the question? *If it isn't, set the analysis aside.*

If this is not all crystal clear to you right now, don't stress out – this entire course is devoted to helping you understand how to identify the right population/ the denominator.



CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Improving Outcomes through Early Engagement

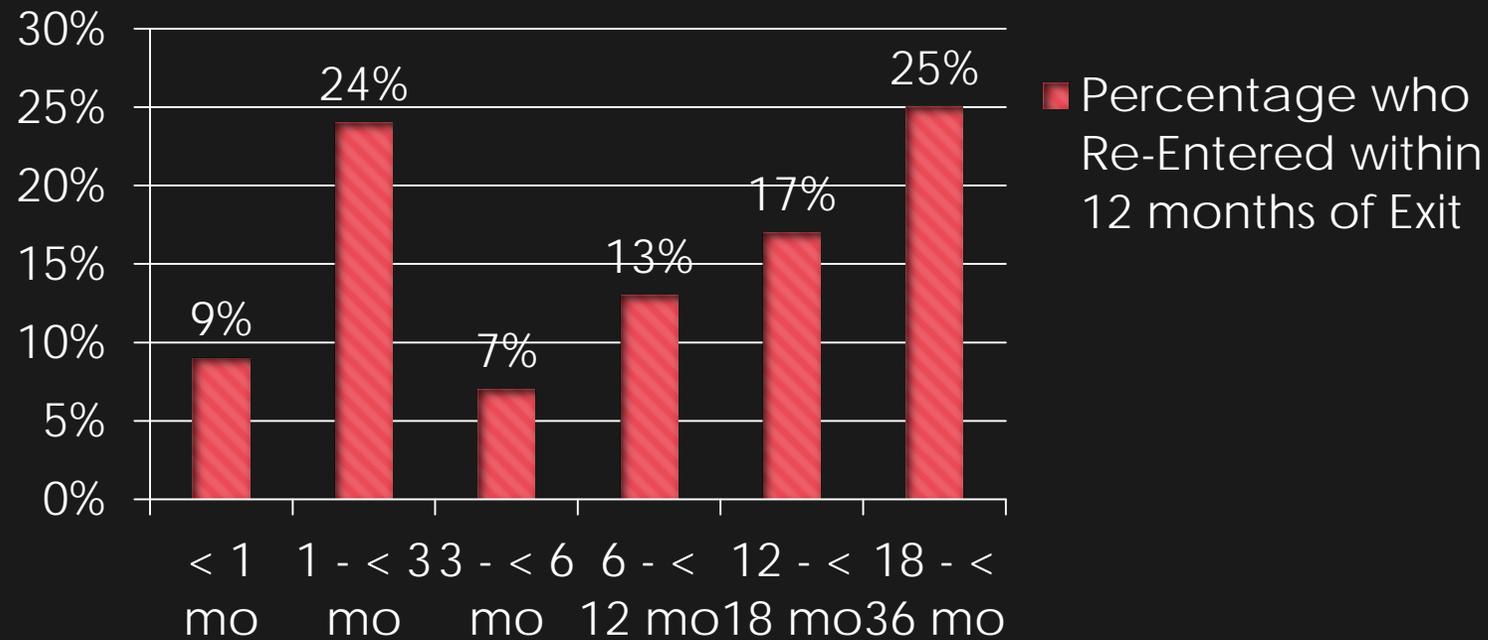
A Review of Family Orientations as a Program Intervention

3 Core Outcome Goals

- Safety
- Permanency
- Well Being

- Cycle of CQI: Plan, Do, Study, Act

Does the likelihood of reentering foster care within 12 months of exit vary by how long the child had been in foster care?



In Tuolumne County, among all children who exited care to reunification or relative between 2010 and 2014, children who had been in care for one to < three months and those in care for 18 to < 36 months were most likely (24% and 25% respectively) to reenter care within one year of exit.

Observation

- **We observe that**, in Tuolumne County, children in care for short stays (between 1 month and < 3 months) are more likely to reenter care within one year than children with longer durations.
- **We think it's because** children in care for short stays are discharged prematurely.

Testing Our Hypothesis

- Case record review.
- Cases were drawn from the population of all children who exited to reunification or relative countywide in 2014. From that population, we randomly selected up to 7* cases of each of the following types:

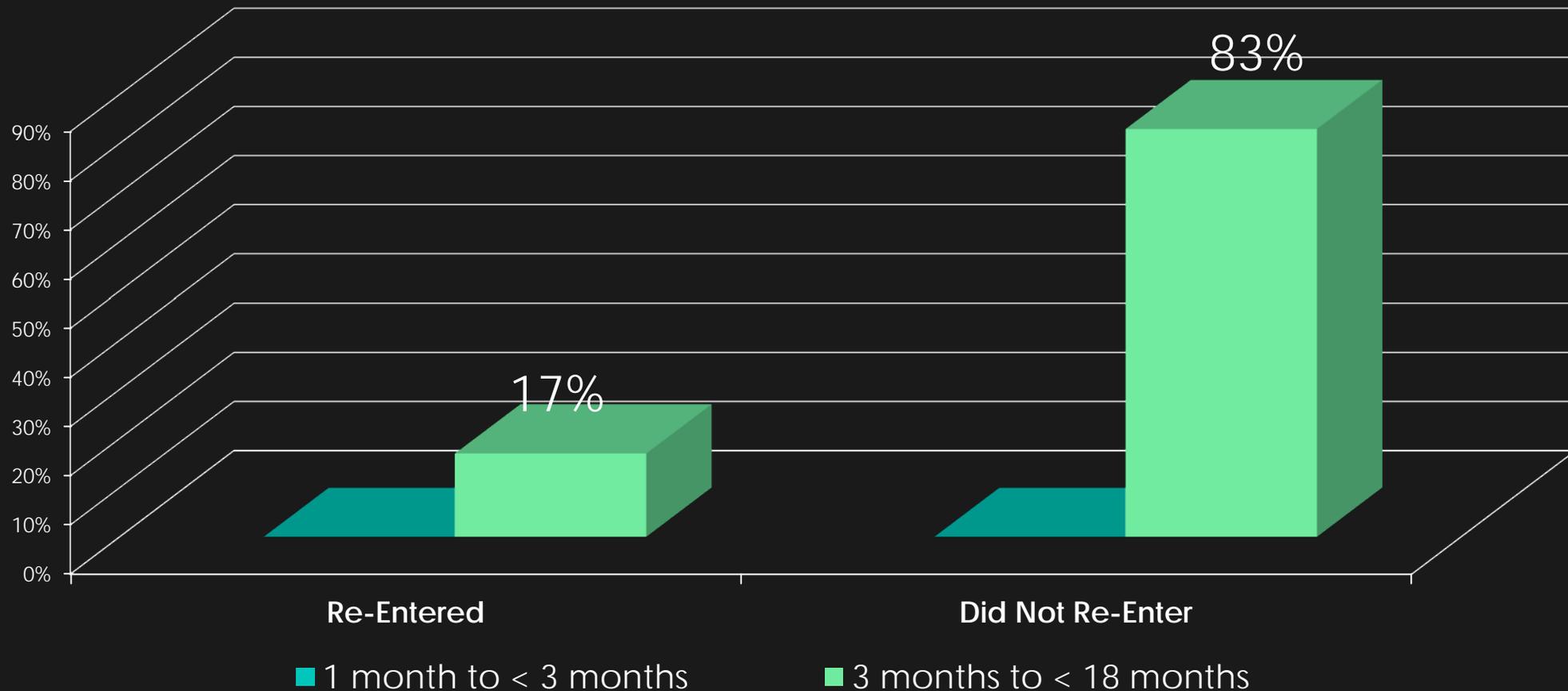
| Duration in care | Reentered within 12 months | Did not reenter within 12 months |
|------------------|----------------------------|----------------------------------|
| 1 to < 3 months | 5 | 5 |
| 3 to < 18 months | 6 | 6 |

*Due to small sample sizes a max of 7 cases existed in one data set.

Case Review: Questions

1. Was there evidence in the record that the child was discharged prematurely?
2. Was the child discharged to a formal Family Maintenance Plan?
3. Was the child discharged to a non-offending parent or guardianship with no formal case plan?
4. Was the reason for re-entry the same reason as the initial placement?
5. Had the family received interventions up to and including possible placement prior to this initial placement?
6. If prior intervention up to and including possible placement, were the parents compliant or engaged?
7. Were drugs/substance abuse a key factor in the family dynamics?
8. Was family engaged in planning, safety mapping, or participate in any Family Group Decision Making activity?
9. Was family provided private therapists or culturally relevant services?

Percent Who Engaged in Planning or Teaming



Engagement: Strongly Correlated with Not Re-Entering Foster Care

- Case Planning
- Family Group Decision Making
- Safety Mapping Consultation
- Participating in Identifying Service Options
- Child and Family Teams
- STRONGLY CORRELATED with NOT re-entering care for those in care for *longer periods of time*

What Did We Learn?

- Review *did not support hypothesis;*
- Short-staying re-enterers were equally likely (40%) than long-staying re-enterers (33%) to have records indicating premature discharge.
- Both data sets were small with siblings which limit the ability to draw conclusions.
- Further exploration found that parent **engagement** through teaming, having voice and choice in case planning, and safety mapping consultation **led to reduction in re-entry** *but only for those who were in foster care for the longer duration.*

Intervention: We Observe, Think, Plan

- I **observe** that in Tuolumne County, children in care for very short or for longer stays (18+ months) are more likely to reenter care within one year than children in care for between 3 and 18 months.
- I **think** it's because when a service agency such as CWS prescribes a safety plan, visit plan, or case plan with little or no parent engagement, we receive little to no parent buy-in to grow and change.
- I **think** re-entry is more likely for those with longer stays to re-enter because in those cases, parents were not meaningful participants in their planning.
- I **think** this is because those who meaningfully engage in self-appraisal and goal setting commit more fully to that plan while neutralization of power builds trust to take this risk.

Theory of Change: "But Why"

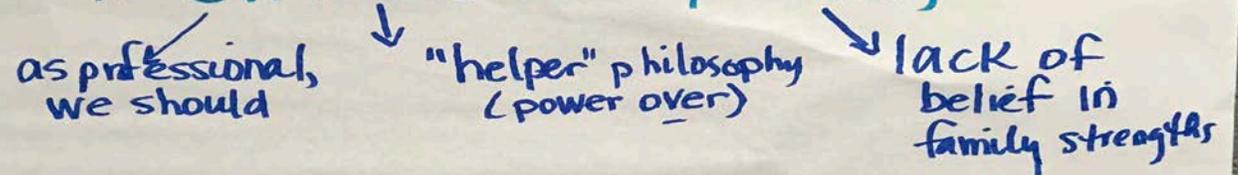
I think it's because:
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Think it's because...

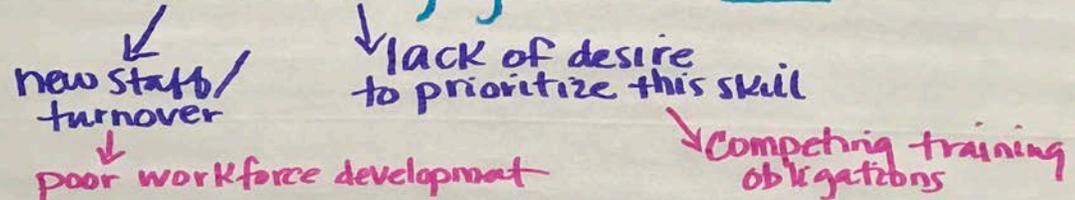
- CWS prescribes PLANS
- SAFETY • VISITATION • CASE
- With limited or no family engagement

but why?

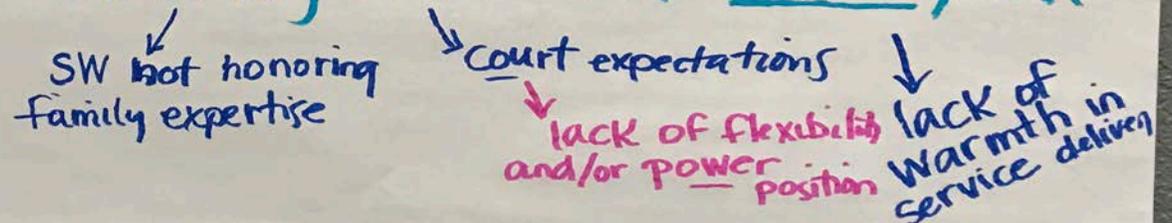
1. "SW Knows best" philosophy



2. lack engagement skills



3. family doesn't feel welcome/safe



So I Plan To....

| Intervention Component | Essential Functions | Whose behavior does this involve? | What does this look like? What are people saying and doing when this component is in place? |
|---|---|--|--|
| Information orientation | Safe environment Nurturing/supportive Immediate | Case workers Parents, community service providers, Parent Partners | Within 30 days of court involvement Information sharing Partnerships and teams present and engaged Families present and safe to share experience, fears, expectations All participants on same level, badges removed, same seats, equal voice, listening |
| AmeriCorps member and/or Parent Partner | Peer support, create safe and real exchange that can be trusted modeling | Parent Partner AmeriCorps member Staff | Lead presenter is peer or has lived experience with agency support 80/20 (80% peer led) Community partners present regularly Staff participate as listener/learner Badges and signs of affiliation removed to neutralize power |
| Parent access | Parent has ease of access to information; delivery is at proper level to understand | Parent Partner (PP) Case worker | Sessions timed with parent schedule in mind Sessions located centrally Parents provided transportation support Session welcoming, safe, interesting |
| Link to services | Immediate availability Warm hand to provider in session Parent led interaction/self paced | Parent Partner Case worker Community based service providers | Parent given one to one connection in orientation to variety of service providers Providers have info/brochures/schedules available at the session for immediate sharing and sign-up Parent Partners and caseworkers support connection through follow up contact within 14 days |
| Staff participation | Trust building, connection and increase staff awareness and empathy Staff connection to family | Social workers Aides Visit Monitors Transportation staff | Staff engage with families in true dialogue that is peer led Group setting allows focus on where we are going together and not on individual issues or cases Increases awareness of family skills/expertise Balances power differential while building working team/relationship Staff model listening and willingness to grow and learn |

Using data, we propose an intervention that functionally links back to an observed problem and why we think it is happening

The Orientation

- Safe, Supportive, Immediate
- Within 30 days
- Info sharing, partnerships and teams present and engaged
- Families present and safe to share experience, fears, expectations
- All on same level, badges removed, same seats, equal voice, learners

| Intervention Component | Essential Functions | Whose behavior does this involve? | What does this look like? What are people saying and doing when this component is in place? |
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AmeriCorps and Parent Partners

- Lead presenter is peer or has lived experience with agency support 80/20 (80% peer led)
- Community partners present regularly
- Staff participate as listener/learner
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| Intervention Component | Essential Functions | Whose behavior does this involve? | What does this look like? What are people saying and doing when this component is in place? |
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Parent Access

- Sessions timed with parent schedule in mind
- Sessions located centrally
- Parents provided transportation support
- Session welcoming, safe, interesting

| Intervention Component | Essential Functions | Whose behavior does this involve? | What does this look like? What are people saying and doing when this component is in place? |
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| Parent access | Parent has ease of access to information; delivery is at proper level to understand | Parent Partner (PP) Case worker AmeriCorps | Sessions timed with parent schedule in mind Sessions located centrally Parents provided transportation support Session welcoming, safe, interesting |

Link to Services

- Provides parent one to one connection in orientation to variety of service providers
- Providers have info/brochures available for immediate sharing and sign-up
- Parent Partners and caseworkers support connection through follow up contact within 14 days

| Intervention Component | Essential Functions | Whose behavior does this involve? | What does this look like? What are people saying and doing when this component is in place? |
|------------------------|--|--|---|
| Link to services | <p>Immediate availability</p> <p>Warm hand to provider in session</p> <p>Parent led interaction/self paced</p> | <p>Parent Partner</p> <p>Case worker</p> <p>Community based service providers</p> | <p>Parent given one to one connection in orientation to variety of service providers</p> <p>Providers have info/brochures/schedules available at the session for immediate sharing and sign-up</p> <p>Parent Partners and caseworkers support connection through follow up contact within 14 days</p> |

Staff Participation

- Staff engage with families, dialogue, peer led
- Group setting, focus on *where we are going together*, not on individual issues or cases
- Increases awareness of family skills/expertise
- Balances power differential while building working team/relationship
- **Staff model listening and willingness to grow and learn**

| Intervention Component | Essential Functions | Whose behavior does this involve? | What does this look like? What are people saying and doing when this component is in place? |
|------------------------|---|--|---|
| Staff participation | <p>Trust building</p> <p>Connection</p> <p>Increase staff awareness and empathy</p> <p>Staff connection to family</p> | <p>Social workers</p> <p>Aides</p> <p>Visit Monitors</p> <p>Transportation staff</p> | <p>Staff engage with families in true dialogue that is peer led</p> <p>Group setting allows focus on where we are going together and not on individual issues or cases</p> <p>Increases awareness of family skills/expertise</p> <p>Balances power differential while building working team/relationship</p> <p>Staff model listening and willingness to grow and learn</p> |

Training and Organizational Needs to Support this Implementation

Training:

- Facilitation, Coaching, Core Practice Model and core values

Organizational Readiness:

- Organization prioritize engagement with Court partners and community service providers
- Organization engages team to ensure alignment with the desired outcomes: safety, permanency, well being, empower staff toward greater participation
- Prioritize Parent Partner and AmeriCorps as key to success
- Agency ensure consistent preparation and debrief process after each orientation to ensure fidelity to the core values of the orientation are being met

Measuring Implementation

| What Do We Want to Know? | How Will We Know It? Measures | How Will We Know It? Data Sources |
|---|---|--|
| Juvenile Court Partners are on board and engaged in supporting client participation | Court Manager attends orientation | <ul style="list-style-type: none"> • Sign In Sheets |
| Supervisors set priority to actively attend and engage in Family Orientations | Staff attend | <ul style="list-style-type: none"> • Sign in sheets 25% attendance rate with 5% increase over time |
| Staff and Peers demonstrate skill in Facilitation and Core Values | Observation Conduct satisfaction surveys or interviews | <ul style="list-style-type: none"> • Survey tool • Interview tool |
| Orientations are Peer led, neutralize power | Observation | |

Measuring Implementation

| What Do We Want to Know? | How Will We Know It? Measures | How Will We Know It? Data Sources |
|--|---|--|
| Orientations encourage teaming and builds peer and service provider supports | Keep and review tracking sheet of warm hand-off referrals at or just after orientations | <ul style="list-style-type: none"> • Service Referral Tracking Sheet |
| Team Debriefs to evaluate what worked and areas for improvement | Keep and review debrief notes | <ul style="list-style-type: none"> • Debrief Notes |
| Families connect with at least one support or service at or soon after orientation | Survey or interview parent Review case details | <ul style="list-style-type: none"> • Survey tool • Interview tool • Case review |
| Families participate more fully in creating case plans | Review of case, staff interview | <ul style="list-style-type: none"> • Case review • Staff Interview |

Where Do We Go From Here:

- Questions, Discussion:
- Review Current Trend in Orientations
- Next Steps