

Performance Measures and Outcomes Workgroup – 01.17.2013 Meeting Minutes

Executive Committee report out:

- Executive committee met 2 days ago
- There is a need for Mental Health representation among the PMO group as a result of the Katie A. Lawsuit
- Also, more representation from the Probation department is needed

Discussion on existing models and examples:

- What is it that we want a child to experience when he/she comes into the system and what is their experience like when they leave?
- Other states such as Illinois, Florida, and Tennessee have reformed their system of congregate care, but CA is new to this format
- There is no need to start from the very beginning as we can use their models
- From other states, we are learning that we have to distinguish outcomes from process
- Outcome is what we want in the end; ex: if we as a system are successful, outcome would be that the youth has reached grade level proficiency when he/she exits
- Process is what a care taker can do to make sure that grade level achievement happens; ex: does provider take child to school 95% of the time?
- Dr. Sylvia Sensiper explained that “Outcome” can be associated child and “Process” can be associated to the agency
- Providers can go through an accreditation process so we would not need to measure level of improved outcomes
- What we are learning from other states is that the outcomes we want to measure are goal achievement.
- The overwhelming lesson we are learning from other states is that there should be a small list of outcome measures, such as 3-5 outcomes we propose to achieve
- It will be difficult to improve an outcome as “permanency”
- There can be financial incentives for concrete outcomes
- Tennessee had strong objectives such as education, permanency
- CA is one of 9 states that has a county administered system, but Illinois is also a state-county system, so we can use their model of improvement

- Data collected has to be reliable

Group Activity

Group #1 (Dr. Emily on conference call)

1st Domain: ***Safe and Free from Violence***

Absence of maltreatment of children in Foster Care

2nd Domain: ***Stable Living Situation***

a. Group could not reach consensus on this domain

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Group #2 (Sara Roger's and Kevin's group)

1st Domain: **Health**-demonstrated improvement in health and dental. There needs to be decisions on which agency will be responsible for capturing data on health; social worker or provider? Health is a much more than taking medications.

- a. Initial health screening completed before or upon placement
- b. Necessary Well-Child visits completed timely with a primary care provider and documented in HEP CWS/CMS
- c. Timely dental exams on recommended schedule based on age and needs documented in case plan and HEP CWS/CMS
- d. Identify where data can be assessed: outcome can be a demonstrated improvement in physical and mental + dental health of youth

2nd Domain: **Life-skills**

- a. Use skills assessment tool to determine life-skills
- b. Who should be responsible for capturing data; provider or ILP worker? There are tools that are available to measure life-skills; Casey tool, NYTD survey...
- c. Can use assessment tools to gauge higher education progress; does youth hold a stable, steady job? What are graduation rates compared to overall community rates? Incorporating youth satisfaction is what the group described as necessary.

3rd Domain: **Satisfaction**

- a. Group could not reach consensus on this domain

Group #3 (Deborah, Alba and Nighat's group)

1st Domain: **Educational Achievement:** Education rights holder is identified and performs responsibilities including:

- a. When child changes schools, provider requests timely follow up
- b. Attorney finds appropriate person to be the child's educational rights holder
- c. If applicable, IEP goals progress/achievements a good measure
- d. Caregiver tracks school attendance and ensures child attends 95% of scheduled school sessions

2nd Domain: **Permanent Connections-** permanent connections differs from permanency but can be incorporated in permanency as well.

- a. Permanent connections can be bio parents, class mates, older parents; permanent connection records should be placed in case files. Youth need multiple permanent connections, not just one. Case worker should regularly collect this info and update it.

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3rd Domain: ***Other*** - Bill of rights for a child is a given must.

- a. Participatory case planning
- b. Engagement

Next steps:

- PMO will inform steering committee Feb 21,
- Target for getting out first draft to PMO group for review, feedback, comments is Feb 8th
- Suggestions must be submitted by Feb. 19th (final draft)

Closing:

- Next activity is youth satisfaction; and what is not going good with care now?
- April 4th will be a date for “what can PMO gauge for youth satisfaction”....