

**Foster Family-based Treatment Association
Outcomes Committee
Standardized Outcome Evaluation Definitions
(December, 2003)**

Standardized Definitions for Process

1. Length of stay

A. *Length of stay in the foster care program*

Number of days in care from placement to discharge (includes respite care and hospital stays less than 14 days).

B. *Length of stay per placement*

Number of days in care from admission to discharge from that family (includes respite care and hospital stays less than 14 days)

2. Number of moves while in agency care

Any move from one foster home to another excluding respite care.

3. Number and types of critical incidents per youth, while in treatment foster care

FFTA suggests that treatment foster care agencies use the following definitions when tracking critical incidents. These critical incidents aren't mutually exclusive from one another.

- 1. Suicide attempt** - Program participant attempts suicide.
- 2. Police Contact** - Program participant has been arrested, ticketed, reprimanded or detained. Includes any negative contact involving the police (e.g., out of control, runaway, shoplifting, drug search).
- 3. Psychiatric Hospital** - Program participant is admitted to a psychiatric hospital and has not been discharged from the program while in treatment foster care.
- 4. Hospitalization** - Program participant has been admitted to a non-psychiatric hospital.
- 5. Injury to child** – Injury treated with more than first aid.
- 6. AWOL/Runaway** - Program participant has been absent without permission/runaway for longer than 2 hours.
- 7. Destructive Behavior** - Behavior that involves such physical behavior as throwing objects, slamming doors, overturning furniture, or slamming fists.

8. **Physical Aggression** - Program participant assaults an individual. Injury may or may not have resulted, but physical contact occurred (e.g., punching, pushing, shoving, jumping on).
9. **Sexual Exploitive Behavior** - Program participant sexually assaults another individual. This behavior is characterized by some type of physical contact and is against the will of the other party involved.
10. **Theft** - Program participant has stolen something.
11. **Property Damage** - Program participant has damaged property accidentally or intentionally.
12. **Restraining Youth** - An adult staff member, foster parent, or other adult physically holds a youth's arms, legs or head to prevent harm to self and others.
13. **Medication Error** - Program staff and/or foster parent commit a medication error that involves forgetting, omitting or administering medication one hour earlier or later than prescribed for the program participant. Also includes administering the wrong medication or incorrect dosage of medication.
14. **Expulsion/Suspension** - Program participant is expelled or suspended from school.
15. **Self-Destructive Behavior/Self Harm** - Program participant inflicts injury upon himself/herself or subjects oneself to potential danger (e.g., scratching/cutting oneself, intentionally walking into traffic).
16. **Substance Abuse** - Any use or suspected use by program participant of alcohol or illegal drugs. Also includes suspected or actual possession, and dealing of alcohol or illegal drugs.
17. **Maltreatment of Child** – Any allegation of physical, sexual or psychological abuse against participant as defined by state mandated reporting laws.

Standardized Definitions for Demographics

1. General Demographics

AGES (as per AFCARS):

- a. Under 1 Year
- b. 1-5 Years
- c. 6-10 Years
- d. 11-15 Years
- e. 16-18 Years
- f. 19 or more Years

2. Ethnicity

- a. Caucasian
- b. African American
- c. Hispanic /Latino
- d. Native American or Alaskan Native
- e. Asian /Pacific Islander
- f. Multiethnic
- g. Other

3. Diagnosis

Any DSM IV Diagnosis assessed by a qualified practitioner.

Standardized Definitions for Program

1. Placement Disruption

An unplanned move with no plan to return to the foster home. Includes moves for any reason made to another foster home, hospital or any placement outside the program, or to a relative or birth family. Hospitalizations (medical or psychiatric) or temporary placement in respite or crisis beds are **not** considered placement disruptions if the child returns to the foster family after stabilization. AWOL and law enforcement (arrest and detention) would not be a disruption unless the child does not return to the foster home. By contrast, “planned moves” involve a minimum of 30 days preplanning.

Interpretive note: this definition emphasizes planning of placement decisions and values the tracking of consistent family involvement over the tracking of the number of crises that precipitate a need to leave the foster home for at least one night. The focus is on the disruptive consequences of severing attachment to the foster family. The phrase “temporary placement” may require specific criteria: FFTA suggests 45 days as a maximum length of time that could be considered temporary (this is the prescribed length of stay at some high-end diagnostic programs).

2. Caseload Size

a. Average caseload size

Mean (average) number of children, identified as clients, for which a Case Worker has responsibility.

b. Maximum caseload size

The maximum number of children determined by agency, accrediting body or state licensing requirements.

Interpretive note: In general, a client is a child with an individual client record, including a service plan, as well as other documentation as required by standards. Best practices in treatment foster care allow for the level of care to be a weighted factor in determining optimal caseload size.

3. Retention of Foster Parents

Total number of foster homes leaving multiplied by 100, divided by the total number of currently licensed foster homes.

Interpretive note: This definition is a statistical means of tracking the turnover rate.

4. Staff Retention

Total number of persons leaving positions (all exits) multiplied by 100, divided by the total number of occupied positions per category = percentage turnover rate.

Interpretive note: This is a COA definition and closely parallels that of JCAHO.

Standardized Definitions for Outcomes

Changes in Symptoms and Severity

FFTA recommends that agencies utilize any standardized, validated measurement tool. Examples of standard measurement tools used by treatment foster care agencies include:

- Child and Adolescent Functional Assessment Scale (CAFAS)
- Child Behavior Checklist (CBCL)
- Behavioral and Emotional Rating Scale (BERS)
- Child and Adolescent Needs and Strengths Assessment (CANS)
- Global Areas of Functioning (GAF)
- Children's Global Assessment Skill (CGAS)
- Devereux Scales
- Ohio Scale
- Preschool and Early Childhood Functional Assessment Scale (PECFAS)
- Youth Outcome Questionnaire (YOQ)