

**Foster Family-based Treatment Association (FFTA)-
TFC Outcome Information Survey – January 2002**

RESULTS

of FFTA Member Agencies Responding = 136

What outcomes is your agency currently measuring? (check all that apply)

Resp. Child Specific:

121 Demographics (age, race, gender)
89 Severity and type of problems
121 Lengths of stay
97 # of movements while in agency care
53 # of previous placements
47 Substance abuse
114 Reasons for discharge
55 Intensity of Placement
80 Changes in symptoms or severity
102 Placement setting after discharge
92 Types of critical incidents while in care
45 Client's ability to function after discharge
91 Attainment of treatment goals
66 School success

Resp. Agency Specific:

84 Average caseload
122 # of clients in care
104 # of planned vs. unplanned discharges
108 Referral data (age, race, gender)
43 Days between referral and intake
106 Satisfaction of services
89 Recruitment of foster parents
75 Retention of foster parents
48 # of units of service by service type
63 Staff satisfaction with agency
57 Staff retention #'s
95 Quality assurance
60 Average unit cost

What are other outcomes being measured by your agency?

- Data collected 6-12 months after discharge: 1. Living environment 2. School environment 3. Employment 4. Physical aggression 5. Arrest 6. Substance abuse 7. Relationships 8. Safety issues 9. Satisfaction
- Kids reunified with relatives; adoptions; quality improvements-clinical care; client rights; facilities; information systems. Satisfaction by clients, bio families & foster parents.
- Reduction of risk of homelessness/institutionalization (as measured by progress on life mill goals, use of community resources, hard skills, family contact); Leadership to youth and families; Contributing to community; cultural conference; family focus.

- Placement comparisons by month and by year placement comparison between referring agencies # of boys vs. girls in placement
- Official & self reports of delinquency; a number of measures to mental health symptoms (BSI, DSMIV diagnosis, CESD)
- Peer reviews; upward education
- Adoption; reunification; hospitalization; discharge to lower or higher level.
- CBCL; BERS; CANS-Intake
- Court involvement; medication
- Actual census vs. projected census; program disruptions; physical interventions; revenue over expenses; documentation; TX model compliance; compliance with elite policies; compliance with JCAHO
- Child Specific: detention-before, during, & after placement; parallel moves to other agencies (same level of care). Agency specific: foster parent disrupting kids; foster home location (zip code); single vs. married foster parents.
- BRC-Brief Resiliency Checklist
- Utilization review assesses quality and quantity of services provided for each child; track provision of medical services. (these are tracked through computer databases & excel spreadsheets)
- Sadly, we do not do any type of outcome survey, but hopefully that will change.
- Stakeholder satisfaction; children meet their court plan
- Permanency Plan Achieved
- All services utilized while in TX; change in level of care; principle diagnosis; GAF point distribution & change in scores; home placement maintained; discharge disposition with TX team
- Grievances; allegations; reason for transfers; open beds
- # of units of respite provided; parent/guardian satisfaction with agency; client satisfaction with agency; provider satisfaction with agency
- CAFAS Scores (multiple answers)
- Education/work post-discharge & ongoing annually; living setting post discharge & ongoing annually
- Agency: Foster parent satisfaction with agency; client satisfaction with Agency
- Sumone.com; QA is done by survey.
- We are not currently measuring outcomes per se, however, we are gathering data in the areas listed in the first section.
- High risk behavior outcomes, placement desperation at discharge
- Child & guardian satisfaction
- BSI data (Behavior Skills inventory-done pre-placement and throughout placement)
- Annual evaluations to:(satisfaction survey)- Referring agency; consumers; foster parents
- YOQ-Youth outcome questionnaire
- Same culture placements
- We are gathering the above data, not measuring it.
- # of referrals/county/disposition; available homes; homes pending certification

- CAFAS scores @ 3 month intervals
- Brief phone interview
- Clients achievements in key areas of independent functions
- CGAS
- Disruptions
- We assess each child every 3 months using the Child and Adolescent Functional Assessment Scale (CAFAS), complete and annual consumer satisfaction survey and compile monthly population reports and quarterly CQI reports.
- Measured through file maintenance
- Safety, well being, care giver stress, burn out,
- We're in the process of implementing a management information system. We will then be able to obtain additional data.
- Court related data; service tools; direct/indirect service time
- Preparation for adult living; state satisfaction w/LFS; Respite care; current home openings; ongoing staff training; ongoing foster parent training; case record maintenance
- MIS system allows for child specific outcomes, but they're not available in aggregate form, we need to work on full implementation agency-wide.
- Cultural interventions; tribal specific information
- Medication errors; restraints; Injuries from restraints

What instruments or methods is your agency using to gather information on these outcomes (ex: CAFAS, CBCL, Agency-developed)?

CAFAS	62
CBCL	26
Agency Developed	55
Other	68
None Used	3
None Listed	5

List of Others (#'s indicate multiple responses):

- PECFAS (3)
- MIS (3)
- YSR (2)
- BERS (3)
- ROLES (2)
- Foster Track Program (2)
- Access (3)
- Excel (2)

- YOQ – Youth Outcome Questionnaire (2)
- Ohio outcomes/Ohio Scale by ODMH/Ohio Mental health outcomes (4)
- primarily developed data base/spreadsheets
- SLSS
- QOLA
- Gaf score
- KIDS (North & South Carolina)
- MUW
- Elliott, BST, CESD
- CALOCUS/outcome survey
- satisfaction survey for caseworker
- Intake forms, billing info, satisfaction surveys
- follow-up calls-hotline
- youth outcome questionnaire
- BCOF
- BRC
- ORS & internal audits used to measure quality
- OIS (Ontario-based)
- Faces II
- ASQ-development; Daniel Memorial-in skills
- Follow-up interview questionnaire
- database of incident
- Currently assessing needs & best method
- IARCCA
- CHAFCA
- Evolvs
- BSI
- client satisfaction survey (with client & referral)
- surveys, follow-up (phone calls)
- parent-child rating index
- TIER
- Paper & Pen
- Monthly Reports; Quarterly Reviews
- Follow-up surveys
- Mood & Affect rating scales; precision-teaching
- SARES
- MOP
- IAR; CCA; HAPI-C
- Psychiatric evaluations; psychosocial evaluations
- Contract Specific
- Provincial (Canadian) guidelines
- PALS; Annual report
- Satisfaction surveys
- ACLSA; KaleidaCare tools
- Devereux; PEDS
- In house database; treatment plans; referral docket
- OMS

Are there other outcomes that you would like to be measuring that you are not currently measuring? Please list:

- youth behaviors/progress, staff retention, foster parent retention
- would like to do more with foster parent and staff satisfaction.
- would like to know what others are using and if they are gaining valuable information from data collection.
- Recruitment & retention of Foster parents; TPR process in relation to disruptions
- Demographics, types of critical incidents
- Data after discharge: level of care; community involvement; function after discharge; recruitment & retention of foster parents; staff satisfaction & retention.
- Ability of client to live independently and support one's self post discharge at age 18.
- longitudinal studies
- Average # movements in agency; reason for discharge; diagnostic category; tracking progress towards TX goals; placement after discharge; recruitment & retention of foster families; satisfaction of client; satisfaction of foster families.
- helpful to have a self-report, a caregiver report, and a social worker report to get a better picture of the total functioning of the client.
- level of functioning after discharge
- Analysis of discharge data; unit cost analysis
- Reason for discharge; better tracking of staff retention issues; we are collecting above info, but would like a way to consolidate to look at the program as a whole.
- State audits; recruitment expenses; adoption data
- Severity & types of problems
- All above agency-specific outcomes not currently being measured
- Demographics; placement settings after discharge; functioning after discharge; staff satisfaction
- Staff recruitment and retention
- Would like to add data around severity of symptoms to change in severity during placement, school success would be helpful, recruitment/retention of foster parents; post-discharge follow-up
- Satisfaction of services
- would like better measure of school success
- # of primary therapists or treating psychologists in agency care; number of HHS case managers in agency care; other staff on team may be included- seems there are often times, a great deal of turn over & this becomes a factor to "attitude" & receptivity.
- Critical incidences post discharge; measurements on socially acceptable client functioning post discharge.
- Lengths of stay; # of movements in agency care; changes in symptoms or severity; types of critical incidents while in care; attainment of treatment goals; average caseload; referral data; average unit cost; staff satisfaction w/agency; staff retention #s.
- All items in #1 that are not being measured. The agency's assessment has identified all of these as being needed.
- Ages of other children in placement, foster parent involvement in TX, previous involvement w/state-level child welfare programs/services, past placement stability.
- permanency @ discharge and post discharge

- Retention of foster parents; intensity of placement
- child's progress after discharge; long term progress
- Aftercare
- Successful discharges; 5-year follow-up; improvement from admission to discharge
- inquiries to follow-through of foster parents; recruiting workers larger salaries
- retention of foster parents
- Domains of functioning; physical health; mental health; social relationship; educational; vocational; recreational; community service; religious/spiritual; cultural/ethnic; legal
- Those mentioned above that have not been implemented by agency
- Depression inventory; sexual behavior
- Recruitment & Retention of foster parents
- Biological Family Involvement and progress
- Planned vs. unplanned discharge; Reason for discharge; Decrease of medication over time
- No, we'd actually like to consolidate, but different stakeholders require a variety of approaches
- More individual client outcome
- We would like to improve follow up measures. We would be open to looking at whatever else is being done in the hopes of improving our program.
- services provided such as medication services, family involvement, independent living services
- Client Functioning post discharge school success
- 1.will be increasing our performance targets for all programs & bolster reporting on client improvement. changes. 2.adding more in-depth analysis of foster parent retention. 3.better tracking of unplanned discharges.
- retention; # of movements in agency; severity & type of problem
- Attainment of TX goals; satisfaction of services; ability to function post discharge; # of previous placements.
- Follow-up
- Child Specific-After-Care; Agency Specific-Recidivism
- Percentage of children placed, where concurrent planning ends in adoption