



A Building Bridges Initiative Tip Sheet: Evaluating and Improving Outcomes for Youth who have Received Residential Services

Introduction

The goal of the Building Bridges Initiative (BBI) is to promote practices that lead to sustained positive outcomes for young people who have received residential services and their families. A key question is whether these services achieve long-lasting success. While there are many anecdotes about the profound changes that occur for youth served in residential programs, these personal stories are not sufficient to demonstrate the programmatic or systemic effectiveness of service efforts.

Outcome measurement is essential to document how a program is achieving long term results. **This tip sheet focuses on longer term, post-program youth and family functional outcome measures**, as distinguished from process, performance, and client experience/satisfaction measures that help us learn how specific aspects of an individual program are working. Performance measures are very important for the management and oversight of programs, and are addressed in other BBI resources¹.

Outcome measurement efforts are improved when “success” is clear to everyone and is a shared system goal. To accomplish this success should be based on objective measures that are agreed upon and developed by residential and community providers, funders, families, youth, advocates and other stakeholders. Success should reflect the consensus perspective of all stakeholders on **meaningful, long term** outcomes. The criteria for success must reflect symptom improvement, along with real-world, functional changes for each youth and family across the different domains of life that are essential to reaching one’s full potential. Important domains often identified by youth and families are:

- **Home** - a safe, stable, supportive living environment
- **Purpose** - meaningful daily activities, such as a job, school, volunteerism, and the independence, income and resources to participate in society
- **Community** - relationships and social networks that provide support, friendship, love
- **Health** - sustained basic physical and behavioral health, and overcoming or managing health challenges

This Tip Sheet has been developed with youth, families, and staff from residential and community programs to offer guidance on outcome measurement to residential programs and communities. The Tip Sheet’s underlying premise, consistent with BBI, is that partnerships, mutual accountability and shared responsibility are the keys to achieving and measuring outcomes. Within this context, residential providers can, and *should* take the lead to evaluate program effectiveness, but they should do it in collaboration with youth, families and other community members.

The Building Bridges Initiative is a national endeavor to promote practice and policy that will create strong partnerships between families, youth, community - and residentially-based treatment and service providers, advocates and policy makers, to improve the lives of young people and their families. Its aim is to advance these partnerships in order to improve lives.

¹ A separate BBI product, the Building Bridges Self-Assessment Tool, helps community-based providers and residential programs evaluate how well their processes and practices align with BBI-identified best practices, and is very useful as a process measurement and quality improvement tool. Additionally tip sheets and guides for family members and youth identify key practices and strategies. These, along with other products can be found at www.buildingbridges4youth.org.

There are three sections in this Tip Sheet: The Context for Outcomes Measurement; A Practical Guide to Implementing an Outcomes Measurement System; and Other Issues and Concerns.

I. The Context for Outcomes Measurement

With the increasing recognition of the importance of behavioral health services comes a challenge to be more outcomes-oriented, data-driven and transparent. National health reform focuses on sustained, measurable results and accountability across the array of services needed by every individual.

A focus on outcomes demonstrates an organizational commitment to making a measurable and sustained difference in the lives of children and families.

Data demonstrate that youth and families can achieve success while in a residential program, as evidenced by reductions in reported or observed symptoms. And, while this is important, true success can only be gauged by the functional outcomes that are sustained when youth return to their families and communities. This requires longer-term follow up that can be time consuming and resource intensive. The good news is that residential and community-based programs can track and evaluate long-term success. Leaders in some residential program have assumed accountability for helping youth and families achieve their long-term goals post-discharge from residential care. These programs have policies and practices that ensure that needed supports are in place at discharge and that follow up occurs to meet the youth's needs over time. Leaders in other programs are working to create collaborative and accountable partnerships between residential and community staff with shared responsibility for supporting youth and families in sustaining gains and reaching new goals.

The field as a whole must embrace these principles of accountability and partnership.

Effective outcomes measurement can help a program and community:

- Understand how youth and families define long term "success."
- Examine how much emotional and behavioral change is occurring for youth and families
- Determine to what degree the services and supports provided by specific residential programs are working, for whom they work best, and why
- Pinpoint areas for improvement, for example staff training, service/discharge planning, youth and family engagement in care, and post-discharge support
- Demonstrate accountability to funders
- Provide information to youth and families so they can make informed decisions
- Provide data to be used in program, community, and policy decision making.

Turn a Poor Outcome into a Desirable Outcome

Our employment outcomes for Transitional Age (16+) clients were dismal (only 25% obtained employment).

This was significantly below the benchmark and clearly represented a weakness in our program. We invited a potential funder for lunch and showed them this outcome. They were shocked that we would be so open about a negative outcome. However, we also had a plan and suggested that we believed this outcome could be dramatically improved with the addition of a dedicated staff member focused upon employment acquisition, job coaching, etc. Partnership with the funder would allow this to occur. We pledged to invite them back in one year to see if we had made a difference.

We obtained the funding for a three year period. Our outcomes dramatically improved and we achieved better than benchmark. After the grant ended, our Board continued to fund the position because it enhanced the mission and produced value. The position and its original incumbent still exist today.

Even a "negative" outcome can become an advantage if it leads to the development of a plan for improvement. The reliability of a metric that is proven and has a benchmark is invaluable in grant acquisition.

Executive Director, Crossroad Institute, IN

An effective outcomes measurement approach should be based on the following overarching principles:

- **Engagement with youth, family² and community partners** – involve them with respect from the start
- **Strengths-based** – build on existing strengths-based assessment tools, or identify/develop new ones
- **Cultural and linguistic competence** – ensure representation of the youth and families in selecting measures and reviewing results, and ensure that processes are responsive to culture and language needs
- **System of Care (SOC)/BBI orientation** – commit to the principles of SOC and the BBI Joint Resolution³.

One program has youth and family members on its Board of Directors and also on a Community Advisory Committee. Program managers provide data for each meeting on performance. A family member on the Board noted that the data being provided measured process indicators but not functional outcomes. He also brought this concern to the Community Advisory Committee. The committee identified functional outcomes domains to measure regarding readmission of youth served.

Kairos (formerly SOASTC), OR

III. A Practical Guide to Implementing an Outcomes Measurement System

There are four practical steps an organization or community partnership can take to develop an outcomes system. These require the input of people with experience in research, skilled advocates, family members and more importantly a person charged to lead this effort who can navigate often conflicting points of view. The section that follows identifies the four main steps and the key tasks within each of them:

- 1) Choose *meaningful life domains* to evaluate that are important to youth and families
- 2) Select *specific measures* within each of those *domains*;
- 3) Collect and analyze data; and
- 4) Share results and plan for improvement

Even programs with well-established outcomes measurement systems are advised to develop processes to regularly review and update their approach to determining service effectiveness.

Steps to Implement an Outcomes Measurement System

1) *Build Consensus on meaningful life domains*

- **Engage youth, family, multiple levels of staff and other key stakeholders** in the process of deciding which life domains to measure. Consider activities to orient and train participants in outcomes measurement and work to create a trusting, cohesive group. Enlist agreement for this group to become advisory to the ongoing process of implementing the measurement system.
- **Outline a clear process.** Consider starting with a group meeting to orient everyone to outcomes measurement, the purpose of the project, each other's roles with youth, and initial considerations of what the most helpful outcomes are for youth and families. The process should include identification of how measures will be chosen, feedback loops, communication,

² "Engage Us: A Guide Written by Families for Residential Providers," developed by the Building Bridges Initiative, illustrates principles of effective family engagement in residential services.

³ The BBI Joint Resolution was developed in 2006 and can be found at <http://www.buildingbridges4youth.org/products/joint-resolution>

ongoing measurement and evaluation efforts, and how results will be used for program improvement.

- **Identify and prioritize the domains that are the most important.** Generally, these life domains, as identified in the introduction, involve home, purpose, community and health. However, in specific communities other domains may be of equal or greater importance. Community and residential leaders working jointly to measure outcomes should address outcomes in all four domains.

Explore these domains through the lens of the residential program, community partners, and youth and family. Build consensus among stakeholders on the priority goals of residential services (e.g. support for family systems; youth symptom reduction, youth and family strength/resiliency building; return to home or a stable community setting). Consider the following questions:

- What is the primary aim of the program and community interventions? What strengths do they develop?
- Who is the audience for the results? Is it youth, families, program quality improvement efforts, payers, regulators? A combination?
- What actions will stakeholders agree to take in response to the results?

2) Select specific measures

The overall goal should be to select a *reasonable number* of measures that give *useful information* about each youth and family's progression over time. The process of selecting a comprehensive set of measures can be a long one, requiring research and considerable effort at consensus building. This will require specialized expertise from researchers, information technology administrators and others. More importantly, it is a process that continually evolves – measures felt to be important now may not seem so important on closer examination. Goals and interests of stakeholders will shift over the years in response to having a better understanding of the data as well as changing external goals. The advisory group needs to find a balance between flexibility and consistency. But most importantly the group needs to begin implementation as soon as possible on the data and measures that are readily available and where there is immediate consensus.

One program decided to focus on a single outcome measure which truly embodied their mission and vision: is the youth in a stable placement with family? This focus led to sustained changes in the program and sustained successes for youth
Children's Village, NY

The following table presents the four domains previously noted and provides examples of outcome measures that can be developed in each domain. These are areas typically important to youth, families, community partners, and funders. Other measures can be identified as well based on the feedback received and the goals of the organization, youth and families, and the community.

Life Domains and Examples of Outcomes to Measure

Home: a safe, stable, supportive living environment	<ul style="list-style-type: none"> • Current living situation <ul style="list-style-type: none"> – Safe? Stable? Permanent housing? – With family, a long-term, committed adult or other family-like arrangement? If developmentally appropriate, independent living? – Less restrictive/more restrictive than the environment the youth came from? – Supportive? Social connectedness • Any out-of-home care, readmission, or hospitalization?
Purpose: meaningful daily activities, such as a job, school, volunteerism	<ul style="list-style-type: none"> • School enrollment, attendance, achievement (high school, post-secondary, vocational) • Employment stability and evaluations/job performance measures • Involvement with juvenile/criminal justice system (if any, what is it?) • Involvement in organized volunteer, faith-based and/or community activities
Community: relationships and social networks that provide support, friendship, love	<ul style="list-style-type: none"> • Youth engages in supportive relationships with family, other significant adults and/or peers • Youth involvement in community activities such as clubs, leisure activities, faith-based groups • Youth self-reports – how are they doing? Strengths and concerns? Relationships? <ul style="list-style-type: none"> – Are they doing what they want to be doing? Are they taking the steps to get there? – Do they feel they are contributing to their community and that they belong?
Health: sustained behavioral and physical health, and overcoming or managing health challenges	<ul style="list-style-type: none"> • Behavioral Health <ul style="list-style-type: none"> – What mental and behavioral health symptoms are they exhibiting, and at what level of severity? – Continuing services needed/available; use of case management and peer/family support services; access government benefits? – Crisis during the time period? (Arrest, hospitalization, runaway, risk of suicide?) – Achieving developmentally relevant targets for independent self-management? • Physical Health <ul style="list-style-type: none"> – Fitness - healthy weight and regular exercise? Risk factors (such as smoking, substance use, exposure to violence)? – If the youth has chronic medical conditions, are they well managed? – Does the youth have a regular doctor or a “health home”? Insurance? – Has the youth had a physical or seen a dentist within the last year?

3) Collect and analyze data

Some of the outcome measures may already exist in administrative data or management information systems, surveys of stakeholders, self-reports from the youth, and/or caregiver reports, even if they are not currently tracked. Other measures may require new internal data sources, or partnerships with payers or community agencies, state or national resources. Consider time, data collection procedures, cost, completeness and the validity and reliability of the outcome measure before choosing. Where possible, use already developed measures that other residential and community programs are using to generate comparisons.

Start with what is currently available, and grow from there. This should be an iterative process. For example, if the current living situation for a youth is not tracked, start by examining discharge destinations. At the same time, establish ongoing relationships with caregivers and other child-serving agencies to follow youth through other programs. Start a follow-up call protocol - for example, some programs obtain the youth and family's agreement at admission for post-discharge check-in calls. Develop ongoing partnerships with community organizations to facilitate follow-up reporting.

Several agencies and communities have successful follow up done by the residential child and family therapist, building upon the relationships that were established during participation in the program.

For each measure, determine a data source, frequency of collection/method of analysis, and personnel required. Use charts and graphic presentations of trend data wherever possible. There should be someone in the organization who has clear accountability for the data collection and analysis processes.

4) Share results and plan for improvement

Results should be shared as a foundation for improvement. Deciding how to use outcomes data may involve revisiting earlier conversations regarding the questions to answer, and the audience. Disseminating results promotes quality improvement. Plan to share the data with internal quality improvement teams and staff, the youth and families served, organizational and community boards and committees, funders and policymakers, and the public. Consider the following ways to share data:

Use data for program and clinical quality improvement	<p>The results of outcomes measurement may lead to affirming, refining or re-evaluating some processes and practices. For example:</p> <ul style="list-style-type: none"> • Institute a monthly review of data for all or certain staff • Feed data into existing quality improvement operations to generate changes in practice • Use the results of the BBI Self-Assessment Tool⁴ to look for associations between program practices and outcomes • Compare long term outcomes with program practices and youth/family strengths, looking for associations and opportunities for improvement • Analyzing outliers on measures such as school attendance, length of stay and others can help to target resources and develop new services.
Share data with youth/families	<p>Share outcomes with youth and families at the time of enrollment and at key intervals. Doing so can influence the child and family team's choice of services and supports within programs. For example:</p> <ul style="list-style-type: none"> • Publish data on website(s) • Ask youth and families to present and discuss data with boards and community groups
Present data to boards and community advisory committees	<p>Boards of Directors and community advisory committees should be regularly informed of the outcomes of residential programs. These individuals can help stimulate change if the data show need for improvement. Data can also help leverage support to demonstrate the achievements of the program.</p> <ul style="list-style-type: none"> • Make data available to the board at every meeting as a standing agenda item, and educate the board about outcome measures • Convene community advisory committees for sharing data and receiving quality information
Provide data to funders, policymakers and community partners	<p>Outcome data will increasingly be an expectation of funders, and proactively offering data can lead to additional support.</p> <ul style="list-style-type: none"> • Provide funders with data and response plans without having been asked • Invite funders and community partners to participate on external quality improvement committees focused on the organization or community • When starting to develop outcome measures, ask funders and partners which information they would like to see • Use data for accreditation compliance • Use data to inform legislators about the characteristics of children/families served and the outcomes that are achieved • Use outcomes data to prepare for outcomes- and/or performance-based contracting • Use data to document need for grants and private support, by acknowledging data-identified improvement opportunities paired with a plan
Use data to educate the public	<p>Collecting data on outcomes yields a rich opportunity to inform the public about the needs of children with mental health challenges and their families, whether to celebrate successes or identify needs for supports and services.</p> <ul style="list-style-type: none"> • Issue press releases with summaries of the data • Arrange to speak at community service clubs • Develop presentations for donors, community supporters, professional groups • Encourage youth and families to share their experiences

⁴ See <http://www.buildingbridges4youth.org/products/tools>

IV. Other Issues and Concerns

This section addresses a few of the most common questions and perceived barriers to the development of outcomes measures for both residential- and community-based services.

If a program tracks an outcome, will it be held solely responsible for negative outcomes?

Effective leaders track outcomes so that they can continually improve their practices to ensure positive results for the youth and families they serve. Tracking outcomes is one important aspect of using data to inform practice, and information can lead to actions and improvements; outcome data should be used as a part of an ongoing process to improve results. Poor outcomes may not be the sole responsibility of the residential program; however, the program is accountable to use information regarding poor outcomes to change and improve practice. Program leaders can hold themselves accountable for taking action and improving results by sharing data with staff, families and youth, community partners, and funders. Transparency is a positive attribute for organizations. Working with and educating families, youth, advocates and funders about data-driven decision making will support all stakeholders in becoming outcome-driven, and improvement oriented.

What payers require may not address functional outcomes.

This is often true. Examples would be daily census, process indicators, staffing, length of stay and cost. While these performance indicators may be important for management, they do not reflect how children are functioning, or whether the payer's investment is yielding the desired outcome. Making a commitment to define and measure even one additional outcome of importance to youth, families, and community partners can be a starting point for a change in the perspective and policies of the funders.

The program doesn't have the resources to track outcomes. What can be done?

Organizations should build upon existing capacity to make incremental additions to their measurement capability. One idea is to leverage other partnerships with community agencies to assist them in the effort. Foundations and other private funders may be interested in providing this kind of support for children with serious mental health challenges and their families. Partnership with universities can also be developed.

Standardized instruments required by states and other payers may include some of the outcomes measures prioritized by the organization and/or community; if so, build upon these data sources and track the results over time.

Some take the position that "since we do this work, we have to find the resources to track and understand post-discharge functioning. For example, one would never do this work and not invest in the tools, trainings, structures and supports needed to keep children and staff safe – safety is a non-negotiable component of good work. Extend the same thinking to effectiveness."

-Jeremy Kohomban, Children's Village, NY

What can be done to reduce readmission rates?

Readmission is probably the most important outcome residential providers can track and has become an increasingly important measure for funders. It is critical to know whether and why children are returning to residential, hospital or other out-of-home services following discharge. When discharge support plans are not effective, youth experience ongoing disruptions to their lives. Some residential programs are developing very short-term (i.e. 24 hours; 3 days) 'respite' services that are part of the

Several programs have implemented accountability for long term outcomes by supporting no-cost, short respite/return to residential placement, as needed, following discharge for a period ranging from months to years. The plan not only meets youth and family needs, but promotes better outcomes and is more cost effective in the long run.

discharge/community support plans for some youth and families. If planned respite is part of the discharge/community support plan, then this should not be considered a readmission. A focus on readmission rates directs attention to integrating residential and community supports and services - a key focus of BBI and an essential step in reducing it and ensuring positive outcomes for youth and families.

VI. Final Thoughts

Tracking outcomes is feasible, but more importantly, it is increasingly essential. Demonstrating effectiveness is an emerging expectation in health care and social services. Outcomes data will meet that expectation while telling a compelling story and showing responsiveness to, youth, family, payers, and the general public.

There is no magic bullet. Even if a successful outcomes measurement system is in place and is feeding information back to programs and partners, negative results can and will happen. However, with a good feedback loop in place, it is likely that more people will learn from such results. And with good outcome data, well-established systems and programs are also less likely to be subject to opinions and anecdotes, and more likely to make changes in response to the needs, wishes and desires of youth, family and communities.

There is much involved in initiating a comprehensive outcomes measurement process, and when done correctly such a system provides a focus for management, increased accountability and better assessment of the impact of residential and community services. Children and families deserve no less.

"You can't manage what you don't measure."

John Lyons, University of Ottawa, Canada

For more information on BBI please refer to the website: www.buildingbridges4youth.org.

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