



UNIVERSITY OF PITTSBURGH

Office of Child
Development

*Planning
and
Evaluation*

*KidsVoice Shorter and Longer Term Outcomes for the
Multidisciplinary Team Model:
Development and Potential Measures*

Final Report

By

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&

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KidsVoice Shorter and Longer Term Outcomes for the Multidisciplinary Team Model: Development and Potential Measures Final Report

I. Background

In June 2001, KidsVoice approached the Planning and Evaluation Project of the Office of Child Development at the University of Pittsburgh for assistance evaluating their multidisciplinary team approach to advocacy. Together, the Planning and Evaluation Project (PEP) and KidsVoice (KV) designed an evaluation addressing three areas: process, shorter term outcomes, and longer term outcomes. The process evaluation included interviews with team members in the fall of 2001, and in the summer of 2003, and interviews with key stakeholders in the fall of 2002 and spring of 2003. The development of shorter and longer term outcomes and potential measures took place from the fall of 2003 to the summer of 2004. In addition, PEP staff, working closely with KV staff, is currently conducting an analysis of shorter and longer term permanency outcomes for the team model using data from the Court Management Information System (CMIS). This report summarizes the development of the shorter and longer term outcomes and potential measures for the KV multi-disciplinary team approach.

II. Summary of the Participants and Process

The shorter and longer term outcomes and potential measures for the KV multidisciplinary team model were developed in three phases. In Phase 1, PEP staff conducted a series of focus groups with members of fully staffed teams (North, South, Central and Special Assignments), and team members who participated in Rounds 1 and 2 of the team process interviews. KV management staff also participated in the focus groups. The purpose of the focus groups was to gather feedback from team members regarding what they believed to be the shorter and longer term outcomes for the team model based on their experiences, as well as identify potential data sources that might be helpful in measuring those outcomes. The focus groups occurred in the fall of 2003. In Phase 2, an Outcomes Working Group was formed to further develop and refine the shorter and longer term outcomes developed via the focus groups. The Outcomes Working Group consisted of team members who volunteered to participate in the Group, as well as members of the KV management team. The Outcomes Working Group met throughout the spring of 2004. In Phase 3, the newly promoted KV team supervisors and members of KV management further developed the shorter and longer term outcomes for the team model as well as the potential internal data collection and evaluation tools. The group carried out this work in the late spring/early summer of 2004.

III. Evaluation Phases: Process and Results

A. Phase 1: Focus Groups with KV Teams

PEP facilitated focus groups with fully staffed regional teams (North, South, Central, and Special Assignments) in the fall of 2003. The purpose of the focus groups was for KV team members and management to discuss and define the shorter and longer term outcomes of the team model. It is important for an organization to define its outcomes to ensure the following:

- The outcomes are linked to the organization's activities and are achievable;
- Staff members share a common understanding of the outcomes their organization is trying to achieve; and
- The outcomes are measurable so that the organization can demonstrate program successes and identify areas for improvement.

To this end, a PEP staff member led the focus group participants in a discussion of the activities carried out in the team model and the shorter and longer term outcomes they hope to achieve via these activities. To assist team members in preparing for the focus groups, PEP staff provided team members with a summary of the findings from Round 2 of the Team Process interviews, a diagram of potential shorter and longer term outcomes for the team model, and a summary of the Pennsylvania State Child Welfare outcomes related to safety, permanency, and well-being (see **Appendix A** for a copy of the focus group memo and diagram).

After the first session with the Special Assignments Team, the "Outcomes Diagram" was revised and used in subsequent focus group sessions (see **Appendix B** for a copy of the revised diagram, along with the notes from remaining sessions). At this point, the shorter term outcomes in the Outcomes Diagram focused on recommendations made by KV inside and outside court, and whether or not these recommendations were accepted and/or implemented. The longer-term outcomes focused on child oriented outcomes related to permanency, safety and well-being. The diagram was also expanded to include the role of KV staff in implementing activities associated with outcomes, and potential data sources that could be used to measure these outcomes.

Several key themes emerged from the focus group discussions about outcomes. First, focus group participants felt that team-related activities and outcomes that occur *outside* court should be distinguished from team-related activities and outcomes that happen *inside* court. KV staff felt that recommendations were made in meetings outside court (i.e., permanency planning meetings) that also had an impact on the longer term child oriented outcomes.

In addition, focus group participants concluded that KV has both *direct* and *indirect* outcomes. Direct outcomes are related *directly* to activities carried out in the team model. For example, ensuring that child clients "have a voice" is directly related to KV's team model as KV staff meet with children to understand their needs and wishes, and represent their wishes and best interests in court. On the other hand, indirect outcomes are shared by a variety of key stakeholders in the child welfare system including the Office of Children, Youth and Families, foster parents, and service providers (i.e., group homes, psychiatrists, etc.). KV impacts these overarching, system-wide outcomes, such as safety, permanency, and well-being, *indirectly* through their work with other key stakeholders and by providing legal representation in court. Although KV shares these outcomes with other key stakeholders, they do not impact them

directly; rather KV advocates for and provides follow-up with other key stakeholders to ensure that positive outcomes occur.

By the end of Phase 1, the focus of the shorter-term outcomes in the Outcomes Diagram (see **Appendix C**) had expanded from focusing mainly on KV recommendations to include child oriented outcomes related to KV's *direct* role in representing child clients (i.e., child clients have a "voice" and are prepared for court proceedings), relationships with key stakeholders (i.e., KV develops relationships with and accesses information and resources from key stakeholders to benefit child clients); and KV's *indirect* role in ensuring that recommendations and service plans are implemented by other parties in the system so that the more immediate/basic needs of child clients are met. The longer term outcomes also differentiated between KV's *direct* role with child clients (i.e., children have a "voice," including feeling respected and valued, and having more and better options), and KV's *indirect* role on system-wide child welfare outcomes (i.e., overall permanency, safety and well-being).

In addition, throughout Phase 1, team members discussed how the activities and outcomes associated with the team model could be measured, and the existing and potential data sources that could be used to measure these outcomes. The Outcomes Diagram reflects these discussions and lists the existing and potential data sources for measuring activities related to outcomes and shorter and longer term outcomes for the team model. The Outcomes Diagram became the focus of the KV Outcomes Working Group in Phase 2.

B. Phase 2: KV Outcomes Working Group

Meetings were held with the KV staff and management who made up KV's Outcomes Working Group in the Spring of 2004. Please see **Appendix D** for a copy of the agendas and notes from each of these meetings. The purpose of the Working Group was to further refine the shorter and longer term outcomes for the KV team model, make specific recommendations about existing and potential data sources that could be used to measure outcomes, and analyze existing data sources to determine their viability for measuring outcomes. As a result of the Working Group, an "Outcomes Measurement Plan" for measuring shorter and longer term outcomes was developed and discussed (please see **Appendix E** for the Working Group's plan), and the Outcomes Diagram was also revised (see **Appendix F**). The Outcomes Measurement Plan included the following potential shorter and longer term outcomes, one focusing on overall shorter term outcomes related to activities carried out in the team model, and the other focusing on child-oriented shorter and longer term outcomes.

1. Shorter Term Outcomes related to the Team Model Activities:

- More immediate child outcomes related to the direct role KV plays in the team model including:
 - Frequent and ongoing communication between KV staff and child clients.
 - Child clients have a "voice" – KV staff listen to what child clients want and express their wishes.
 - Child clients are aware of and less anxious about court procedures.
 - Child Clients feel they have more and better options.

- Outcomes related to Relationships between KV and Key Stakeholders:
 - Key Stakeholders have a greater awareness and understanding of KV.
 - KV staff have a greater awareness of key stakeholders' roles and services.
- Informed Recommendations are developed and Recommendations and Service Plans are Implemented:
 - There are clear and informed recommendations for child clients developed inside and outside of court.
 - Recommendations and service plans are implemented that meet the basic needs of the child.
 - Basic needs of child clients are being met in the short term.

2. Shorter and Longer Term Child-Oriented Outcomes:

- System wide outcomes related to safety, permanency and well-being:
 - Shorter term: Basic needs of child clients are being met.
 - Longer term: Safety, permanency and well-being needs are met.
- Longer-term: Children have a "Voice":
 - KV overall advocacy reflects the wishes and best interests of child clients.
 - Child clients feel they have more options.
 - Child clients are less anxious about court proceedings.

The Outcomes Measurement Plan also listed existing and potential data sources and how they might be used to measure the above shorter and longer term outcomes. In addition, Skylor Massie, a former KV Child Advocacy Specialist, assisted the Working Group and PEP staff in conducting a detailed review of 10 team and 10 attorney-only case files to determine if the case files had the appropriate data to measure the above shorter and longer term outcomes related to the team model. Working Group members also analyzed their own case files for the same purpose. The analysis of existing data sources, including the activity log and case files, revealed that existing data sources would not be sufficient for measuring both the shorter and longer term outcomes for the following reasons:

- The case file information collected by KV staff was not designed to measure shorter and longer term outcomes developed through the evaluation process; therefore, the data needed to measure outcomes was not available in these documents.
- The activity log was helpful in tracking activities associated with the team model, but it was not designed to measure outcomes related to the team model.
- In addition, comparisons between cases in the team model and those handled by an attorney only were not possible using the data from the case files or the activity log.

In addition, several of the shorter and longer term outcomes described above can only be measured using external data sources such as surveys of key stakeholders and child clients/caretakers and CMIS data. Based on the analysis of the existing internal data, the Outcomes Working Group and PEP staff recommended that KV develop internal data collection procedures and methods to capture the outcomes for the team model, and develop external methods to collect and measure child-related outcomes (e.g., analysis of the CMIS data, survey methods). In Phase 3, PEP staff conducted a series of meetings with the newly promoted KV team supervisors to make further revisions to the shorter and longer term outcomes for the team model, and develop internal data collection tools to measure these outcomes.

C. Phase 3: Meetings with Team Supervisors

PEP conducted a series of meetings with team supervisors, management and technology staff in the late spring/early summer of 2004. Internal and external data collection strategies were discussed, and two data collection instruments were developed for internal data collection related to KV outcomes: One for ongoing internal data collection, and one for data collection at case closing. Please see **Appendix G** for the notes and agendas from the meetings with team supervisors, and **Appendix H** for the ideas generated by KV staff regarding the two data collection instruments. Several key themes emerged from these meetings:

- KV should build on the existing KV activity log to develop instruments and procedures for ongoing data collection and data collection at case closing.
- A distinction was made between data that could be collected internally versus externally. Team supervisors decided to focus on internal data collection strategies that could be piloted by the supervisors in the fall of 2004 and implemented throughout the agency by January 2005. Furthermore, team supervisors felt that this was appropriate timing because the development of internal data collection strategies could coincide with overall management information system improvements at KV.
- Team supervisors felt that the use of the new procedures should be mandatory for all KV staff so that consistent and adequate data would be collected to measure outcomes. Furthermore, they recommended that training be developed and implemented for KV staff to learn the new data collection procedures and understand how the data could help them in their jobs, as well as help KV evaluate and understand the effectiveness of the team model.
- Ongoing internal data collection to measure outcomes should focus on data related to KV advocacy role (e.g., preparing child for court proceedings, developing recommendations, advocating for child clients' wishes and best interests) which is a direct role KV plays in impacting the lives of child clients.
- Outcomes measured at case closing should focus on both data related to KV direct advocacy role (see previous bullet) and KV indirect role related to the primary system-wide child welfare outcomes of safety, permanency and well-being.
- External data collection strategies were also discussed, including:
 - Survey of service providers assessing their awareness/understanding of KV role.
 - A follow-up survey of key stakeholders (i.e., similar to the one conducted by PEP as part of the overall evaluation of the team model).
 - A survey of child clients/caretakers.
- KV staff was the least comfortable with surveying child clients and caretakers because they felt that it would be difficult to obtain objective and/or accurate information by this method. PEP staff shared articles of studies using survey methods with children and/or caretakers, and discussed the strengths and weaknesses of such methods with KV staff.

The following section describes PEP's recommendations for the Shorter and Longer Term Outcomes for the Team Model, as well as internal and external data collection strategies based on input from KV staff in Phases 1, 2 and 3. It also outlines suggested next steps and future considerations for evaluating the outcomes for the Team Model.

IV. Recommendations, Next Steps and Future Considerations

A. Recommendations and Next Steps

PEP’s recommendations for shorter and longer term outcomes for the team model and corresponding data collection methods are outlined in the chart below. These recommendations were based on input from KV staff and management throughout each of the three evaluation phases. The internal data collection instruments were initially developed through the meetings with KV team supervisors and were further refined with the input of KV management staff (see **Appendices I and J**).

Shorter Term Outcomes

Outcome	Data Collection Method	Frequency of Data Collection
<i>1. More immediate child outcomes related to KV direct role</i>		
Frequent and ongoing communication between KV staff and child clients.	Internal data: Child client contact information	Ongoing
Child clients have a voice. <ul style="list-style-type: none"> • KV staff listen to what child clients want. • KV staff express child clients’ wishes and best interests in court. 	Internal data: Case preparation/follow-up information (Appendix I)	
<i>2. Informed Recommendations are developed by KV and Recommendations and Service Plans are Implemented as a result of KV Advocacy Role</i>		
There are clear and informed recommendations for child clients developed inside court.	Internal data: KV court recommendations, implementation of recommendations, case team investigatory activities & basic needs of child clients. (Appendix I). External data: CMIS data on permanency outcomes.	Ongoing
Recommendations and service plans are implemented that meet the basic needs of child clients in the short term.		
Basic needs of child clients are met in the short term.		
<i>3. Relationships with Key Stakeholders</i>		
Key stakeholders have a greater awareness and understanding of KV role and the team model.	Survey of service providers and other key stakeholders who attend KV presentations about the team model.	Following KV presentations.
KV staff have a greater awareness and understanding of key stakeholders’ roles and of the services they provide to child clients.	Survey of KV staff at presentations by service providers.	Following presentations by service providers.

Longer Term Outcomes

Outcome	Data Collection Method	Frequency of Data Collection
1. Child-related Outcomes: Child clients' permanency, safety and well-being goals are being met.		
Permanency, safety and well being needs of child clients have been met.	Internal data: Outcomes at case closing collected via case review and closing instrument. (Appendix J). CMIS data: Permanency outcomes at case closing.	Case Closing
2. Relationships with Key Stakeholders		
Key stakeholders have a greater awareness and understanding of KV role and the team model.	Follow-up survey of a broader range of key stakeholders similar to the survey conducted by PEP for the current evaluation.	Spring/Summer 2005

PEP staff are currently in the process of analyzing the CMIS (Court Management Information System) data on permanency outcomes, comparing team, non-team and conflict attorney cases to determine if the team model has significantly better permanency outcomes than the cases handled only by a KV attorney, or by attorneys outside of KV (conflict attorneys). PEP staff will prepare a separate report presenting the results from this analysis.

Next Steps

PEP staff recommends that KV take the following steps for the evaluation of the above shorter and longer term outcomes and development of the data collection system:

- **Internal data collection (in the next 4-6 months):**
 - Update the KV data collection system to include the data necessary to measure both shorter and longer term outcomes (i.e., ongoing data collection and data collection at case closing in Appendices I and J).
 - Coordinate data collection at case closing with the Office of Children, Youth and Families, who is currently in the process of developing a case closure form for dependency cases.
 - Pilot test the updated KV data collection system with KV staff, and make any necessary changes based on their input.
 - Conduct preliminary analyses of the data submitted for the pilot test. Determine if the data is sufficient for measuring the shorter and longer term outcomes of the team model outlined in the above charts, and make revisions based on the data

analysis. PEP staff recommends that KV work with outside evaluators to analyze this data, and to make revisions to the data collection methods based on this analysis.

- Develop a series of training sessions for KV staff related to internal data collection and evaluation that includes the following topics:
 - The process that was implemented to develop KV shorter and longer term outcomes and data collection methods (i.e., share with KV staff the Executive Summary for this report).
 - The purpose for measuring KV outcomes (i.e., explain why KV is collecting this information, and what this information means to both to the organization and to their work at KV).
 - Explain how KV is going to use the data for measuring outcomes and for ongoing development of the team model.
 - Implementation of new data collection methods: Develop and implement a series of sessions explaining how to use the new system to collect data related to outcomes on an ongoing basis, and at case closing.
- **External Data Collection:**
 - **Short term surveys of service providers and KV staff (in the next 4 to 6 months).**
 - Develop and implement a survey for key stakeholders that can be implemented after KV presentations on the team model.
 - Develop and implement a survey for KV staff that can be implemented after presentations by service providers to KV staff.
 - **Follow-Up Survey of Key Stakeholders (in 2005):**
 - Conduct a follow-up survey with key stakeholders to assess their views of the team model. The first survey was conducted in the Fall of 2002 and Spring of 2003, when the team model was not fully implemented. The purpose of the follow up survey would be to assess the awareness and understanding of the team model among key stakeholders after the team model has been fully implemented.
 - PEP staff recommends that KV staff work with outside evaluators to develop and implement this survey.

B. Future Considerations

PEP staff also recommends that KV consider implementing a survey of child clients and/or caretakers of very young children as part of the evaluation of the Team Model. The purpose of the survey would be to gather information related to KV outcomes that either cannot be measured using internal data collection methods, and/or to provide another data source that would complement the data collected by KV staff. The following outcomes were also developed and discussed during the evaluation. As a result of KV advocacy role, child clients:

- Are aware of and more comfortable with court procedures.
- Feel that their wishes (i.e., “their voice”) have been heard by KV staff.
- Feel they have been presented with options that meet their basic needs.

The survey could be administered at shorter (i.e., 9 to 12 months after case opening), and longer term intervals (i.e., at case closing). The data gathered would allow child clients and/or their caretakers to provide direct feedback regarding KV's advocacy role, and the outcomes associated with the team model. PEP staff recommends that KV staff work with outside evaluators to develop and implement this survey because of the sensitivity and time involved in developing survey instruments that can reliably capture data from children and adolescents. PEP staff has provided KV with examples of previous research conducted with children and/or their caretakers in the child welfare system.

**Appendix A: Phase 1 - Focus Group Memo and Initial Outcomes
Diagram**

Memorandum

To: KidsVoice Team Members from fully-staffed Teams and Members who Participated in Rounds 1 and 2 of the Team Process Interviews

From: Prabha Sankaranarayan and Eleanor Bush

Date: October 17, 2003

Re: Discussion of Short and Long Term Outcomes of the Team Model

As part of our ongoing evaluation of the multidisciplinary team model, the Planning and Evaluation Project of the Office of Child Development will be holding discussions regarding short and long term outcomes of the team model with members of fully staffed teams, and team members who participated in Rounds 1 and 2 of the team process interviews. The discussions will be held at the beginning of regularly scheduled team meetings and will last approximately 45 minutes.

The longer-term outcomes for child clients in the KV team model include their safety, well-being, and permanency of placement. These are the same outcomes for children in the child welfare system developed by the State of Pennsylvania. Attached is a draft diagram of a series of shorter and longer-term outcomes for the team model, and the Pennsylvania State Child Welfare outcomes related to safety, permanence and well-being. Please think about the following questions for the discussion:

- What specific roles do KV team members play in ensuring the safety, well-being and permanence for child clients? What is the responsibility of KV staff?
- What specific tasks or activities do KV team members carry out that lead to these longer-term outcomes?
- What specific recommendations do KV team members make inside and outside of court related to safety, well-being and permanency? Are these recommendations accepted? Are they implemented? How do the recommendations that are implemented lead to child clients' safety, well-being and permanence? What specific activities do KV team members carry out to verify, monitor and follow up on recommendations?
- What information or documentation does KV currently have that might be helpful in documenting activities, recommendations, and outcomes? What information could be gathered?

PEP staff completed the second round of the Team Process Interviews in the August, 2003. The report summarizing the findings from the interviews is attached. Included in the report are team members' responses regarding what they believe are some of the longer-term outcomes for child clients in the team model.

Mary Ohmer from PEP will be conducting the discussions with team members from fully staffed teams on the following dates. The discussions will be held for the first 45 minutes of regularly

scheduled team members. Regular business will be conducted afterwards. Team members who were interviewed in Rounds 1 and 2 of the team process interviews who are not currently members of fully-staffed teams are encouraged to attend any of the following team meetings for this discussion:

- Wednesday, October 22, 2003 at 1:30 PM: Special Assignments Team
- Monday, October 27, 2003 at 10:00 AM: South Team
- Wednesday, October 29, 2003 at 10:30 AM: North Team
- Thursday, November 6, 2003 at 10:00 AM: Central Team

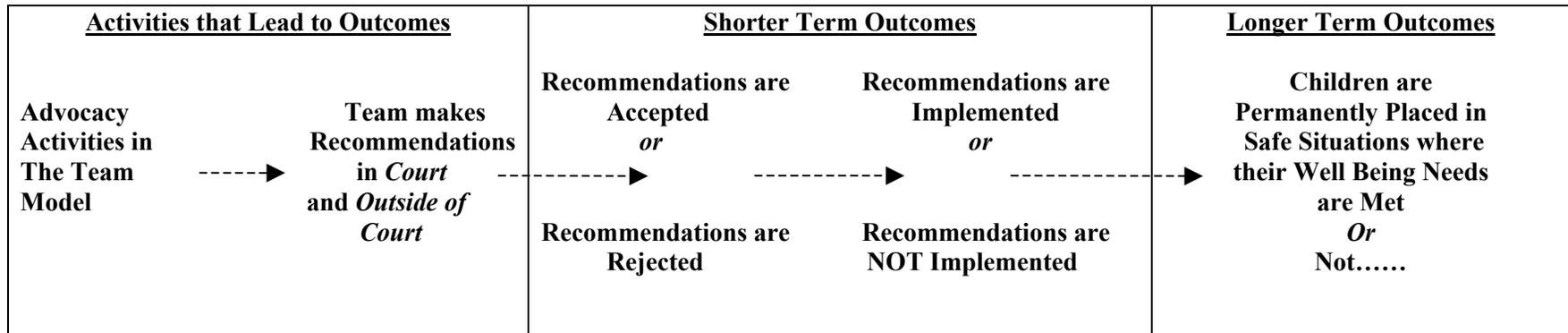
If you have any questions, you can call Mary Ohmer at the PEP office at (412) 244-7098, or email her at mlo24@stargate.pitt.edu.

**Analysis of KidsVoice Shorter and
Longer Term Outcomes for the Team Model**

For Focus Group Discussion with Teams

Longer-term outcomes for child clients in the KV team model include their safety, well-being, and permanency of placement. It is expected that child clients will be permanently placed in situations where they are free from abuse and neglect, and where their well being needs including education and health needs, are met.

Diagram of Shorter and Longer Term Outcomes:



The PA State Child Welfare Outcomes related to Safety, Permanency, and Well-Being are:

- I. Safety**
 - A. Children are, first and foremost, protected from abuse and neglect.
 - B. Children are safely maintained in their homes whenever possible and appropriate.

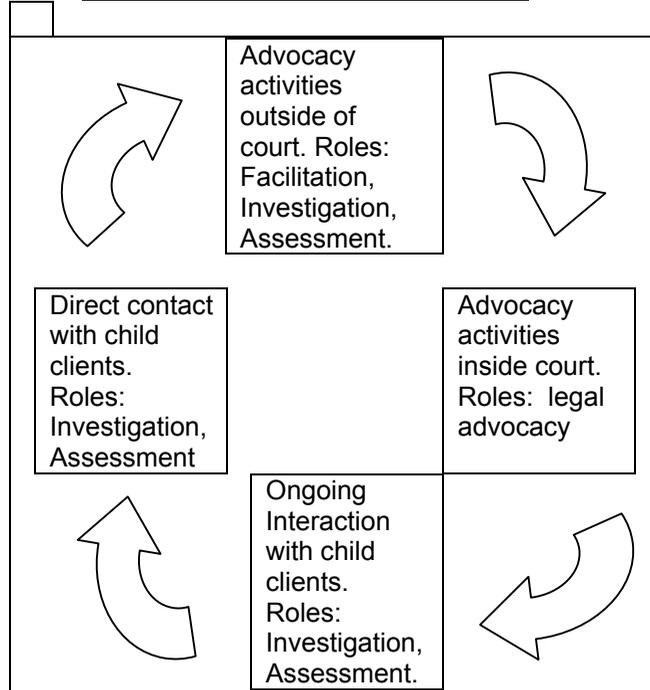
- II. Permanency**
 - A. Children have permanency and stability in their living situations.
 - B. The continuity of family relationships and connections is preserved for children.

- III. Well-Being**
 - A. Families have enhanced capacity to provide for their children’s needs.
 - B. Children receive appropriate services to meet their educational needs.
 - C. Children receive adequate services to meet their physical and mental health needs.

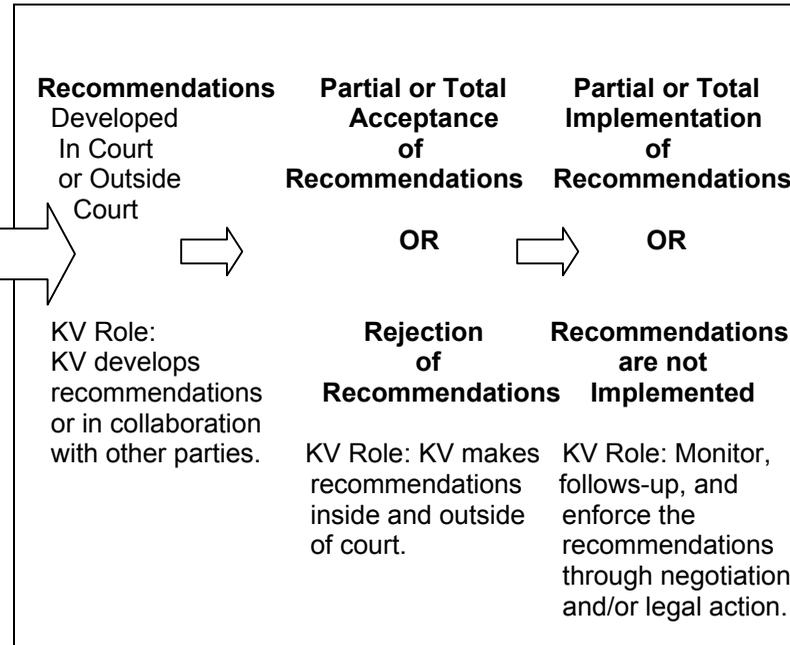
**Appendix B: Phase 1 - Revised Focus Group Diagram and Focus
Group Notes**

**KidsVoice Special Assignments Team Meeting
10/22/03 - Outcomes Discussion**

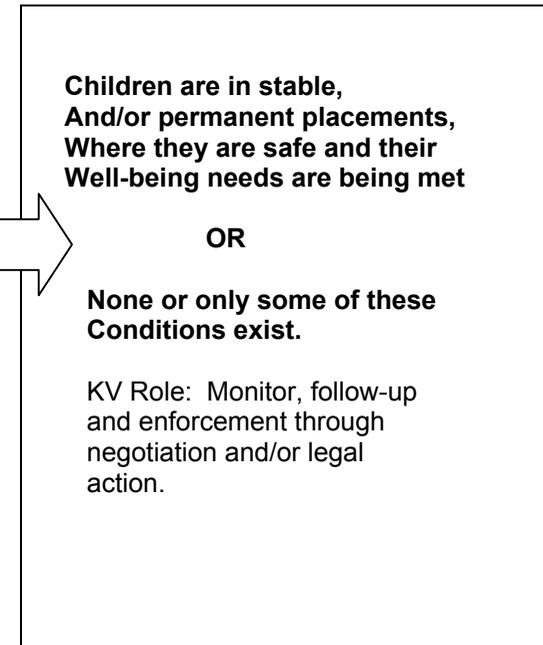
Activities that lead to Outcomes



Shorter Term Outcomes



Longer Term Outcomes



Team members felt that these activities began with Direct contact with child clients but were not linear. Facilitation involves KV role in bringing parties (CYF, providers, the child, families, etc.) together to discuss the best interests of the child clients. Sometimes it's the first time these parties have actually sat down together. FSP, PP, IEP, meetings with CYF and therapists would also be included here.

Other parties include The client, families, CYF, the school, and other providers.

Inside Court: Judges and Hearing Officers.
Outside Court: PP, FSP, IEP and other meetings, and phone calls.

KV role takes Place inside and outside court with caseworkers, providers, and Other parties.

Stability – means consistency in needs being met vs. permanence - means placement via reunification, adoption, or permanent legal custodian.

Potential Data Sources:

- KV Activity Logs
- Legal motions filed by KV
- KV Meeting or phone call notes

Potential Data Sources:

Court related: KV court preparation forms have a place for recommendations. Post orders of court may be helpful to determine implementation of recommendations.
Outside court: Meeting notes, phone call, planning, and activity Tracking/case follow-up forms could add a space for rec.'s. and Acceptance/rejection and monitoring of recommendations.

Potential Data Sources:

Track number of Shelter hearings for Permanency - held every time the child is moved – no. of placements.
All outcomes: tracking # of cases that close and have to reopen, and how often they reopen.
Length of time it takes to achieve permanency.
Older kids: tracking # of cases that stay open after age 18, their living arrangements, HS graduation, and employment.
Track # of teen moms who keep children w/out dependency.

KidsVoice South Team Meeting Notes
10/27/03 – Notes from Outcomes Discussion

I. Activities that Lead to Outcomes:

Advocacy Activities in the team model:

- Investigative Efforts: assess issues that affect the family, not just the individual
- Talking to:
 - The child
 - The caregiver(s)
 - Teachers
 - Therapists
- Visiting:
 - Child
 - Schools
 - Placements (helps impact placements)
- Good Note taking
- Obtaining records and reviewing/reading them
- Helping clients obtain good evaluations: provide insight regarding the case and treatment
- Attend meetings:
 - Permanency planning meetings
 - RTF (Residential Treatment Facility) meetings – to influence placements in the short term
 - Other meetings
- Counseling kids about their options

KV Role in carrying out activities:

- Develop and make recommendations – ongoing – not static – inside and outside of court
- Influence
- Inform
- Build Consensus
- Facilitating discussion of relevant issues and influencing tailoring of services to meet needs of children

Potential Data sources:

- Case preparation form
- Court orders, but recommendations may be accepted but not be in the court order (i.e., may be in the IEP)
- Meeting notes

II. Shorter Term Outcomes:

Increased Information leads to more informed recommendations inside and outside of courtroom which leads to more immediate, shorter term outcomes for the child:

- Not Carried out by KV, but impacted by KV role:
 - *Actual mental health evaluations occur for the child*
 - *Actual IEPs are developed for the child*
 - *Child's Basic Needs are met:* clothing, medicine, initial safety, enrichment materials (i.e., bikes, books, etc. funded by the County's Enrichment fund). Responding to these needs is ongoing, and changes here influence changes in ongoing recommendations.
 - *Kids get linked to more appropriate services and resources*
 - *Kids get better placements*

- Directly related to KV role:
 - *Children Have Choices*: Counseling kids about their options leads to more choices for kids in terms of services, facilitates reunification, permanency, stability, or independence.
 - *Rapport is built* between KV and child and family (Note: as demonstrated by the children being able to identify and relate with the team; also by increased contact by the child with the team).

Potential Data sources:

- Case preparation form
- Court orders, but recommendations may be accepted but not be in the court order (i.e., may be in the IEP)
- Meeting notes
- Contact Sheet and Timeline could be adapted to track outcomes (i.e., like IBM content management program)
- The actual evaluations and IEPs

III. Longer Term Outcomes:

- Stable and permanent placements:
 - Remain at home
 - Reunification
 - Adoption
 - Permanent legal custody
 - Subsidized permanent legal custody
 - Independence
- KV Impact:
 - Length of time to achieve these outcomes, and which path is taken to achieve them
 - Stability of the child, behaviorally and emotionally: how many times were they involuntarily committed to mental health facility (302) or kicked out of school?
- Minimize the amount of time of system involvement in the child's life (related to permanency goals).
- Are optimal outcomes achieved for each child? Did the case close in such a way that the child's needs were truly met? Are they surviving or thriving?

Potential Data sources:

- Case preparation form
- Court orders, but recommendations may be accepted but not be in the court order (i.e., may be in the IEP)
- Meeting notes
- Contact Sheet and Timeline could be adapted to track outcomes (i.e., like IBM content management program)
- The actual evaluations and IEPs
- Overall tracking: Case Team meetings – monitoring

**KidsVoice North Team Meeting Notes
10/29/03 – Notes from Outcomes Discussion**

I. Activities that Lead to Outcomes:

Activities carried out by KV staff:

- Hold CYF and other parties accountable through:
 - Enforcement
 - Hearings
 - Motions
- Home Visits to determine safety issues in their environment, and to see how the child is doing
- Discovery
 - For example, you can learn about placement options when talking to the child; i.e. maybe s/he mentions a grandmother that can take him/her in.
 - Or you discover mental health issues that were previously unrecognized before because of the CAS's mental health background
- File Review at Intake
- Attending meetings, i.e. Permanency planning:
 - Just seeing who shows up at the meetings can tell you a lot (i.e., does the parent come, or service providers, or other caregivers?)
- Facilitation and communication
- Recommend good tools

Potential Data Sources:

- Break down the activity log and determine where the majority of time is spent, where do the staff go? What does this lead to?

II. Shorter Term Outcomes:

- Kids get immediate and appropriate services and resources to meet their needs
- Recommendations include tools for the child
- Child feels more respected, valued, and has more dignity because of KV's presence
 - They don't feel alone
 - Things are done with the child versus to the child
 - Child learns they have a say
 - Child has more opportunities
- Increased information
- Policy changes that affect the longer term outcomes of the kids are influenced by KV (i.e., policies in the child welfare system)

III. Longer Term Outcomes:

- One team member asked a fundamental question: do we look at the outcomes for the team working on a case, the outcome of the model vs. the outcomes of the child?
- Child outcomes:
 - More stabilized
 - More secure
- Kids stay in service longer if needed after age 18 and they obtain:
 - Education (finish HS, get GED)
 - Employment
- Should we measure whether kids go to college?

Potential measures:

- Kids sign affidavit to continue services after age 18
- Length of time children are in shelter
- Stability: number of shelter hearings and number of placements
 - Associated with number of moves
 - Exception: when child is in inappropriate placement, movement is good
- Re-opened cases (cases can re-open with only one child, with all siblings, or with one or more siblings in a family)
 - What does this measure? Is it safety? Why is it re-opened? Is it because of neglect or safety?

KidsVoice Central Team Meeting Notes
11/6/03 – Notes from Outcomes Discussion

I. Activities that Lead to Outcomes:

- Attending meetings:
 - IEP meetings with the school district.
 - Permanency planning meetings
 - ISP (Individual service plan) meetings
 - FSP (Family service plan) meetings
 - Interagency meetings
- At a basic level, we develop a relationship with the child, particularly older children who are able to communicate with us. We use this relationship to be more effective in other areas.
- With older kids, we put together a plan and goals with them.
- Building relationships and contacting people:
 - People who take care of kids:
 - Foster parents (we provide more support to them)
 - Other caregivers
 - Group homes
 - CYF caseworkers (which helps us monitor what they do and influence what they do)
 - Mental health evaluators: more interaction with them now prior to them evaluating the child, therefore, their evaluations are better (facilitative role)
 - Parent Advocates – better communication and understanding of KV role
- Participating in training by service providers which helps us to understand services better so that we can make better recommendations for services for kids
- “We’re planting seeds everywhere.”

II. Shorter Term Outcomes:

- More frequent and improved communication and interaction with the child – which leads to better information inside and outside court about the child and better and more specific advocacy in the court
- Improved relationships with CYF, greater understanding of KidsVoice on the part of CYF, more access to caseworker and information the case, increased information about the case – leads to:
 - More follow through by CYF
 - More accountability on the part of CYF
 - More requests by CYF to KV to ask for services and resources they can’t ask for
- Building relationships with foster parents leads to foster parents feeling better prepared for placements, and more supported, which leads to more stability for child in placements in the short term, and in the long term.
- Building relationships with CYF, providers and other parties leads to increased access for KV to more meetings regarding the child, more direct invitations to participate.
- Building relationships with MH evaluators leads to improved evaluations and more accurate diagnoses, which lead to improved and more tailored services for child- and increased well being.
- The child has an active voice in the short term, and is less intimidated.

KidsVoice Role:

- Court Orders
- Motions
- Monitoring and follow-up

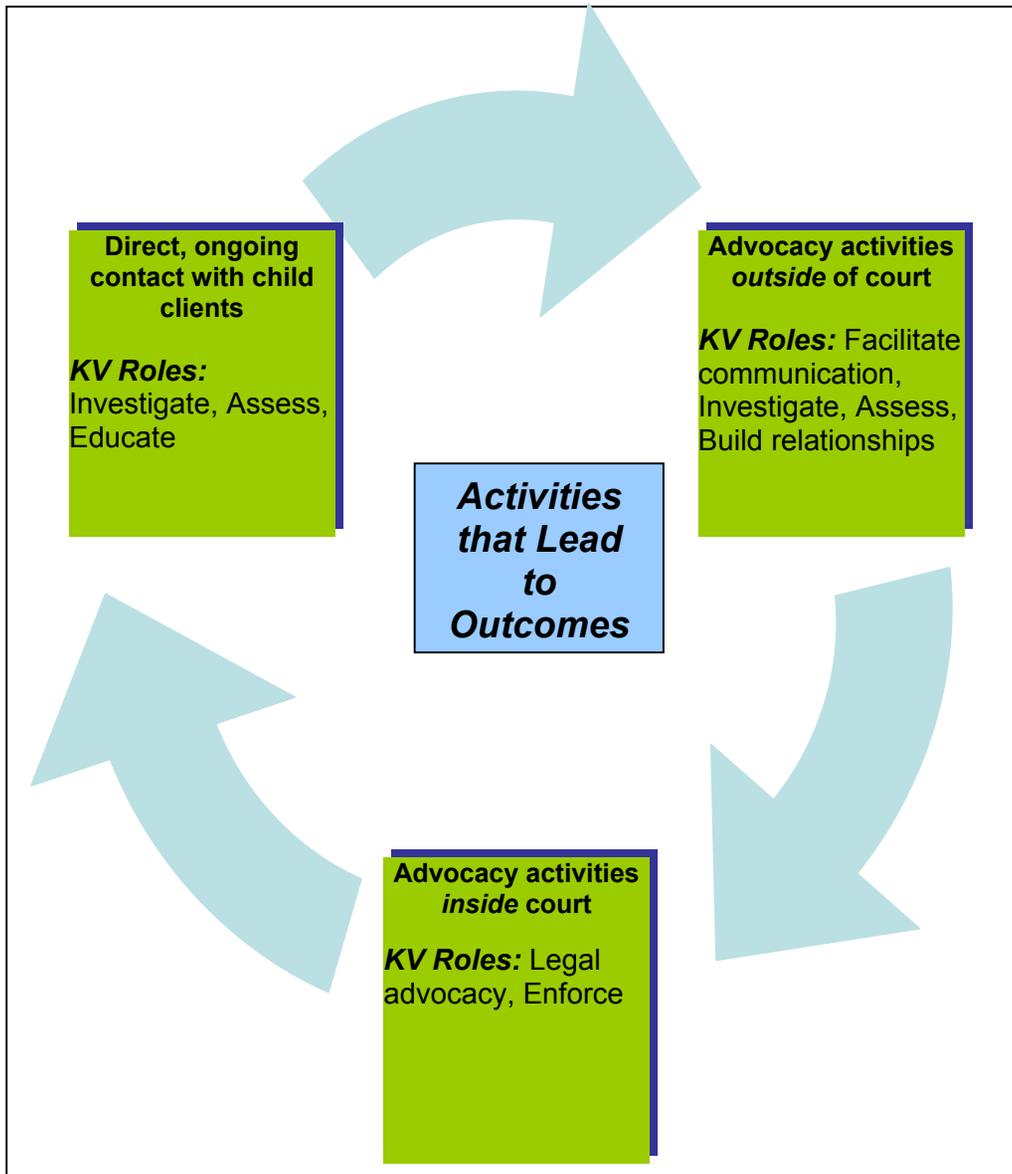
III. Longer Term Outcomes:

- Safety
 - Improved mental health
 - Better services for the child which improves their overall well-being
 - Longer term stability in placements
 - Success in school, measured by grades, and whether or not kid gets GED or graduates
 - Not being in Jail
 - Gainful employment
 - Self sufficiency: staying out of the system, not receiving public benefits, having stable housing and not getting section 8 housing.
- Can't control: what a parent does or does not do to carry out steps – this affects stability.

Potential Data sources:

- School records
- Possible source: when a case is closed do an exit survey, i.e. which includes a checklist of items that determine the success of a case that the team would fill out.

Appendix C: Phase 1 - Final Outcomes Diagram from Focus Group Sessions



Version 1: Focus Groups

Activities include Direct Contact with Child Clients, and are ongoing throughout the case: point of entry could be anywhere along the continuum.

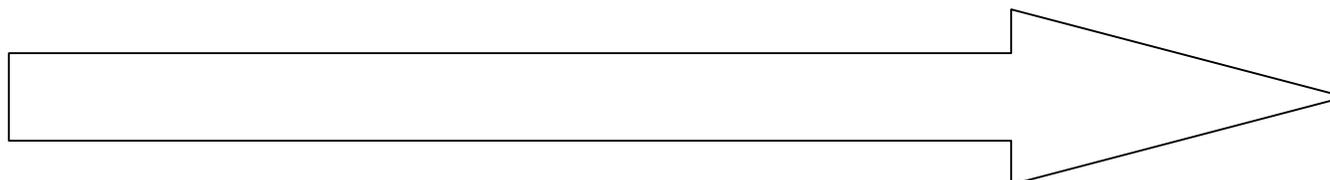
A. Direct, Ongoing Contact with Child Clients: (1) Develop relationships with clients by talking to and visiting them. Via this relationship, (2) investigate and assess issues that affect the child and the family, as well as (3) identify options for them. (4) Counsel the kids about their options. (5) Explain confidentiality, role of CAS and role of GAL. (6) Prepare child for court proceedings.

B. Advocacy Activities outside of court: (1) Facilitate relationships and communication between key stakeholders regarding the best interests of the child. (2) Talk to and visit key stakeholders including caregiver(s), teachers, therapists, schools, placement providers, foster parents, MH evaluators, CYF caseworkers, parent advocates, etc. (3) Attend meetings (e.g., IEP, PP, FSP, RTF, other interagency meetings) so that KV may influence, inform, and build consensus among key stakeholders regarding services and resources for the child. (4) Obtain and review records. (5) Take copious notes. (6) Review case in team meetings to formulate recommendations.

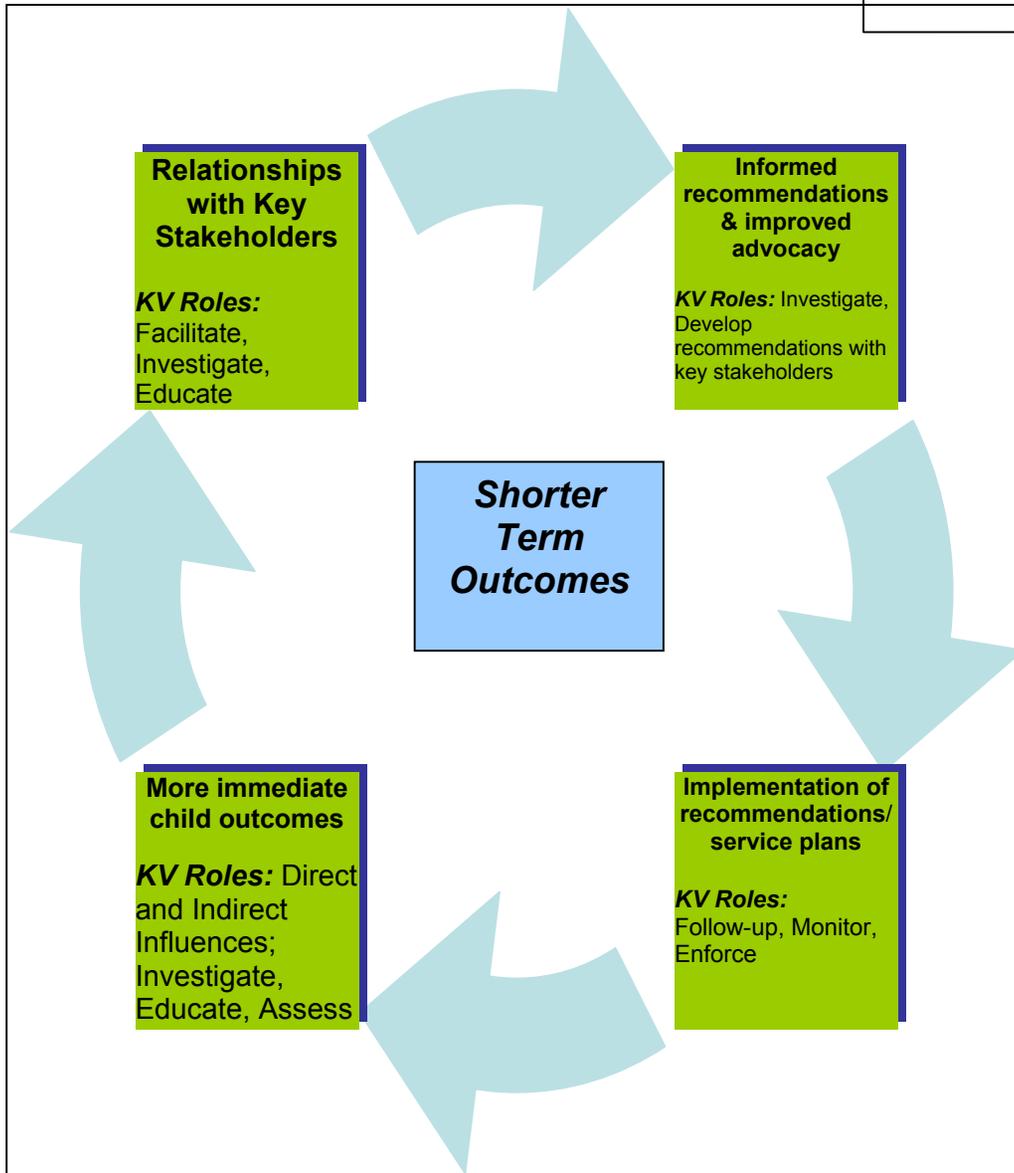
C. Advocacy Activities inside court: (1) File court orders and motions. (2) Monitor whether orders are being implemented. (3) Follow-up with CYF and service providers to ensure that recommendations are implemented-Enforce. (4) Participate in dependency hearings. (5) Present clients best interests and wishes.

Potential Data Sources

KV Activity Logs, Case preparation forms, Legal Motions filed by KV, Court orders, KV meeting, hearing or phone interview notes



More frequent and improved communication/ interaction with key stakeholders leads to more informed recommendations inside & outside court, improved advocacy, increased likelihood that recommendations will be accepted and implemented, improved shorter-term outcomes for clients.



A. Strong & Ongoing Relationships with Key Stakeholders:

(1) Facilitate and develop relationships between key stakeholders including clients, CYF, caregivers, placement providers, parent advocates, MH evaluators, service providers, and others. (2) Investigate opportunities to foster relationships & knowledge of key stakeholders' roles & services.

B. Informed Recommendations and Improved Advocacy:

(1) Gather more and better information through direct contact with clients and ongoing interaction with key stakeholders. (2) Develop recommendations in collaboration with stakeholders inside and outside court.

C. Implementation of Recommendations/Service Plans:

(1) KV indirectly influences the development of plans to meet the basic needs of child clients, i.e. MH evaluations, FSPs, IEPs, links to appropriate services. (2) KV directly follows-up with clients and service providers/CYF, monitors progress, and enforces recommendations through negotiation outside court with key stakeholders/legal action inside court, including investigating placements for child clients.

D. More Immediate Child Outcomes: Direct:

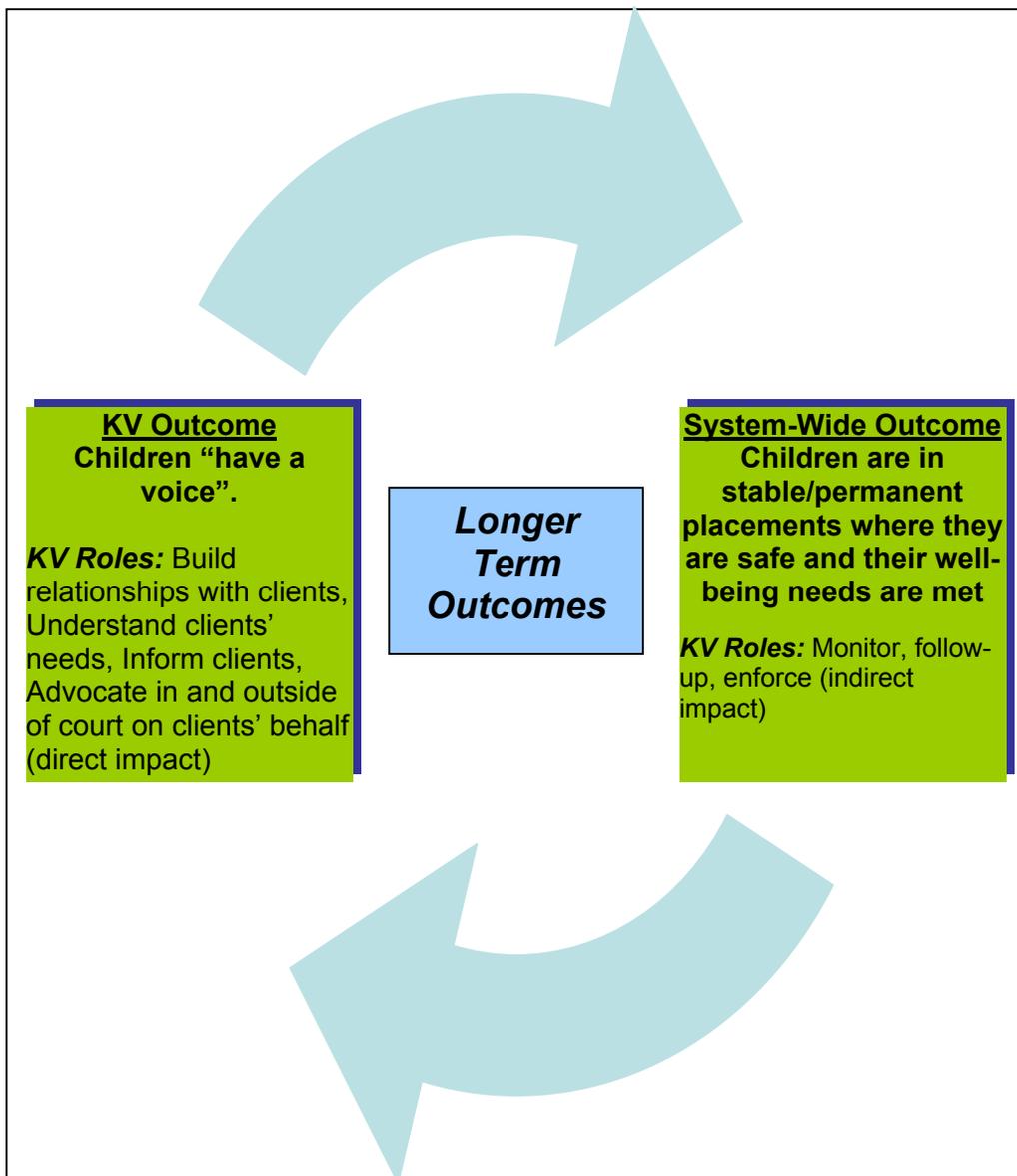
(1) Relationship is built between KV and child clients. (2) Child clients feel that they 'have a voice' (i.e., feel they are respected and valued and have more choices/opportunities). (3) Child Client understands and is less anxious about court proceedings.

Indirect: (1) Basic needs of their clients are met through KV facilitative/enforcement role (e.g. monitoring implementation of plans; clients are in safe and stable placements, receive clothing, medicine, enrichment resources, appropriate services, MH treatment.

Potential Data Sources

For court-related data: KV Case preparation forms. Hearing notes. Post orders of court may be helpful to determine implementation of recommendations. For data outside of court: Meeting and phone interview notes, Activity tracking & case follow-up forms could add space to note recommendations and

actions taken regarding them. Objective survey of child clients.



Because child clients are in the child welfare SYSTEM, all of the key stakeholders in the system impact the outcomes of the children. KV has an INDIRECT impact on the Primary system wide outcomes. KV has its own longer-term outcomes, upon which they have a DIRECT impact.

A. Primary System-wide outcomes: Children are in stable/permanent placements where they are safe and their well-being needs are met. Stable/permanent placements include remaining at home, reunification, adoption, permanent legal custody, subsidized PLC, independence. Well-being needs include improved MH, success in school and gainful employment, self sufficiency (i.e., they and their children stay out of the CW/PW system, and stay out of jail).

KV’s indirect impact upon these system-wide outcomes are made via their monitoring of clients’ cases, follow-up with clients and other key stakeholders, and enforcement through in and out of court negotiations.

B. Children have a Voice: KV’s outcomes include that children have a voice, feel more respected and valued, and are aware of more choices and opportunities.

KV’s direct impact upon this outcome comes from the relationships they build with clients so that they may assess and understand the clients’ needs, share information with clients so that they are aware of their options, and advocate effectively for clients’ best interests.

Potential Data Sources

Track # of shelter hearings, # of placements, # of cases that close and have to reopen (how often), and length of time to achieve permanency and well-being outcomes, # of 302s. Possible exit survey for all clients. For older clients, # of cases that stay open after 18/affidavit signed, their living arrangements, graduation/GED rates, and employment. Track # of teen moms who keep children without

dependency.

Appendix D: Phase 2 - Working Group Memo, Agenda and Notes

Memorandum

To: KidsVoice Staff
From: Eleanor Bush and Jonathan Budd
Date: December 11, 2003
Re: KidsVoice Outcomes Discussion

Thank you to all staff members who participated in the discussion of the shorter and longer term outcomes of the KidsVoice team model with Mary Ohmer from the University of Pittsburgh. Attached is a revised diagram that includes your feedback and comments.

We are in the process of forming a Working Group to further examine the outcomes associated with the team model and would like a group of six to eight staff members (preferably including at least one staff member from each team) to participate in the following activities:

- Review the attached diagram, and make any changes and/or additions to the activities, and shorter and longer term outcomes of the team model.
- Make recommendations regarding the shorter and longer term outcomes that KidsVoice could begin to analyze and measure.
- Make recommendations regarding potential existing and new data sources that KidsVoice could use to analyze and measure these outcomes.
- Discuss the potential challenges, obstacles, and opportunities in measuring these outcomes, and in gathering data from potential existing and new data sources.

The KidsVoice Outcomes Working Group will meet approximately two to three times over the next two months to develop an outcomes measurement plan. The first meeting will be held in early January. Please inform Jonathan of your interest in participating in the Working Group by December 17, 2003. If you aren't interested in participating in the Working Group, but have comments on the attached diagram, please call (412-688-9071) or email (mlo24@pitt.edu) Mary Ohmer from the University of Pittsburgh.

Thank you.

KidsVoice
Multidisciplinary Team Model Evaluation
Working Group Meeting
January 8, 2004

Agenda

1. Review and refine Outcomes Measurement Diagram:

- Activities that lead to outcomes
- Shorter-term outcomes
- Longer-term outcomes

2. Discussion of Shorter-term Outcomes:

- Which shorter-term outcomes could KV begin to analyze and measure immediately?
- How would you describe these outcomes? What does success look like?
- What data sources are available now to analyze and measure these outcomes?
- How would you use these data sources to analyze and measure these outcomes?

Please review and bring to the meeting:

- KV Outcomes Measurement Diagram

KidsVoice
Multidisciplinary Team Model Evaluation
Working Group Meeting
January 8, 2004

Meeting Notes and Next Steps

Attendees: Jen Staley, Tina Baker, Linda Fine, Leah Cullen, Steve Dittmer, Ada Maria Mezzich, Lynn Napoleon, Elizabeth Kuzma, Kathleen Mason, Marie Webb, Elizabeth McCall, Skylor Massie, Sean Brennan, Jonathan Budd, Eleanor Bush, Mary Ohmer (OCD).

1. Review and refine Outcomes Measurement Diagram

- The diagram was discussed and several suggestions were made to revise it (Note: see attached diagram).

2. Discussion of Shorter-Term Outcomes.

- Several shorter-term outcomes were discussed in detail, including how to measure these outcomes, and the existing and potential data sources that might be used to track these outcomes (see Chart on *page 3* of this document)
- Discussed comparing cases from fully-staffed teams and cases handled by only an attorney.
- Decided that each team will review 3-5 case files to examine the shorter term outcomes on the chart on the next page before the next working group meeting on February 5, 2004.

3. Next Steps

- **Case File Reviews (3-5 cases for each team):** Teams that are fully staffed will only examine cases in the team model. Teams that are not fully-staffed will examine cases in the team model, and cases that are handled only by an attorney. Skylor Massie will also examine 10 cases in the team model, and 10 case files handled only by an attorney. Using the shorter-term outcomes chart on the page 3:

Overall:

- What information in the case files tells you that KV has achieved the outcome described? Examine how you might measure the outcome, and use the data sources to determine if there is adequate documentation to measure the outcome.
- What information is missing? What information/data sources could be developed easily that might tell you if KV has achieved the outcome? What other data sources could be developed over the long term?

Detailed Analysis of One Case per Team:

- Each team should take at least one case and examine in detail each of the shorter-term outcomes on the next page. Were you able to describe and measure this outcome? If so, why? If not, why not? What in the files was helpful and why? What in the files was not helpful, and why?

3. Next Steps (continued):

- **Review the revised Outcomes Measurement Diagram.** Please come prepared to discuss the following at the next meeting. In addition to the shorter-term outcomes discussed at the meeting, what other specific outcomes do you feel are important for KV to analyze and measure? Specifically:
 - How would you describe that outcome? What does success look like for that specific outcome?
 - What specific data sources does KV have now that would tell you that you have achieved that outcome?
 - What data sources are still missing? And, how might KV develop these data sources? How difficult or easy would it be?

Resources for the Next Meeting:

- KV Outcomes Measurement Diagram (Everyone)
- KidsVoice Forms, Instructions for KV Forms, and KV New File System Procedures (Eleanor and Jonathan)
- Example data from KV Activity logs (Sean)
- Each team should the case files you reviewed to the next meeting.
- Court Management Information System: Examples of Reports that can be produced by the County (copies were passed out at the last meeting).

KidsVoice
Shorter-Term Outcomes Discussed By Working Group
January 8, 2004

Shorter Term Outcomes	Measured By	Data Sources
More immediate Child Outcomes		
<ul style="list-style-type: none"> <i>Relationship built between KV Staff and Child Client</i> 	Frequency and type of interactions between KV staff and child clients: phone calls and face-to-face meetings with child	<i>Existing Sources:</i> Phone logs and notes, notes from face-to-face meetings, activity log, case preparation forms
<ul style="list-style-type: none"> <i>Child Client Feels that they have a Voice</i> 	Child clients, and/or caretakers (for younger child clients) know who KV staff, understand their roles, understand and are less anxious about the court process, and feel they have more choices/opportunities.	<i>Potential Sources:</i> Objective Survey of child clients and/or caretakers (i.e., after 6 months, at termination of case). Could pilot test the survey with a few cases.
Relationships with Key Stakeholders		
<ul style="list-style-type: none"> <i>Greater awareness and understanding of KV role by Key Stakeholders</i> 	Frequency and type of interactions between KV staff and key stakeholders, particularly CYF.	<i>Existing data sources:</i> phone logs and notes, meeting notes, case preparation form, activity log. <i>Potential sources:</i> Survey of key stakeholders
<ul style="list-style-type: none"> <i>KV staff has a greater understanding of Key Stakeholders</i> 	Frequency and type of interaction between KV staff and key stakeholders.	<i>Existing data sources:</i> phone logs, meeting notes, case preparation form
Informed Recommendations and Improved Advocacy		
<ul style="list-style-type: none"> <i>Gather more and better information through direct contact with child clients and ongoing interaction with key stakeholders</i> 	Frequency of interaction between KV staff; better and more information on the case is in the case files; length of time of KV investigation before hearings (i.e., how involved KV is in the case before the hearings).	<i>Existing data sources:</i> Phone logs and notes, meeting notes, activity log, case preparation form, court orders

KidsVoice
Multidisciplinary Team Model Evaluation
Working Group Meeting

February 5, 2004

Agenda

- 1. Review Shorter Term Outcomes from 1-8-04 Meeting.**
 - Discussion of case file reviews
 - Reports from the teams
 - Report from Skylor Massie
 - Discuss possible changes and revisions to shorter term outcomes (i.e., including how they might be measured and potential data sources) developed at 1-8-04 meeting.

- 2. Discuss additional Shorter Term Outcomes for the Team Model**
 - Review page two of outcomes diagram to discuss and develop additional shorter term outcomes, potential measures and potential data sources.

- 3. Initial discussion of Longer-Term Outcomes**
 - List the most important longer-term outcomes that relate directly to the shorter term outcomes discussed above.
 - Discuss next steps for teams and Skylor to review case files and other data sources to assess potential measures and data sources for longer-term outcomes.

- 4. Set date for next meeting**

**KidsVoice
Multidisciplinary Team Model Evaluation
Working Group Meeting**

March 2, 2004

Agenda

- 5. Measuring Outcomes Currently and in the Future**
 - Currently: Using county CMIS data to measure shorter and longer term outcomes related to permanency goals
 - Comparison of teams versus attorney only cases
 - Comparison with conflict attorney cases
 - Future: Development of Outcomes Measurement Plan for Future Measurement of Shorter and Longer Term outcomes

- 6. Discuss Measurement Outcomes Plan:**
 - Review Draft Plan for Measuring Shorter Term Outcomes
 - Discuss Longer Term Outcomes
 - KidsVoice role related to longer term outcomes
 - Longer-term outcomes, measures and potential data sources

- 7. Next Steps**

Appendix E: Phase 2 - Working Group Outcomes Measurement Plan

KIDSVOICE OUTCOMES MEASUREMENT PLAN
March 2004

I. SHORTER TERM OUTCOMES

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
A. MORE IMMEDIATE CHILD OUTCOMES RELATED TO DIRECT KV ROLE		
<p><i>DIRECT KV ROLE: investigate, assess, educate and advocate</i></p> <ul style="list-style-type: none"> • <i>Frequent and ongoing communication between KV staff and child clients</i> • <i>Child Clients have a voice – KV staff listen to what child clients want & express their wishes</i> • <i>Child clients are aware of and less anxious about court procedures.</i> • <i>Child clients feel they have more options.</i> 	<ul style="list-style-type: none"> • <i>Child Client contacts Form:</i> This would replace the meeting and phone notes forms used for child client contacts in order to provide more details about the type of interaction between KV staff and child clients. Data could be entered and forms printed from the Activity Log, including: <ul style="list-style-type: none"> • Who initiated the contact - KV or child? • The date of the initial petition/notification could be recorded at the beginning of a case. • Was the contact the first visit, held before hearing, or a follow-up visit? • Type and location of contact: i.e., phone, meeting inside court, meeting outside of court, i.e., parent’s home, residential facility, etc. • Child’s Requests (i.e., typical requests could be listed, plus other category) • KV recommendations for follow-up. • A section for notes. • <i>Objective survey</i> of child clients and/or caretakers. 	<ul style="list-style-type: none"> • Ongoing communication as indicated by the frequency and type of contact between KV and child clients. • The number of contacts prior to the first hearing also indicates a goal of the team model to interact more frequently with child clients prior to court. KV could also measure the length of time between initial petition/notification of the case and KV <i>in-person contact</i> with child client. • Child clients have the opportunity to say what they want and are being heard, as indicated by checklist indicating the child’s requests/wishes and KV staff recommendations for follow-up, and as indicated in other forms to be determined (i.e.. use and/or revision of case preparation and hearing notes forms). • Child clients are aware of and less anxious about the court process, they understand KV’s role, and feel they have more options, as indicated by an <i>objective survey</i> of child clients and/or caretakers of young children (i.e., 6 to 12 months after the case is assigned to KV for the evaluation of shorter term outcomes, and at the termination of the case for the evaluation of longer term outcomes).

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
B. RELATIONSHIPS WITH KEY STAKEHOLDERS		
<p><i>DIRECT KV ROLE: facilitate, educate</i></p> <ul style="list-style-type: none"> • <i>Stakeholders have greater awareness & understanding of KV</i> • <i>KV staff has a greater awareness of key stakeholders' roles and services</i> 	<ul style="list-style-type: none"> • <i>Follow-up Survey of Key Stakeholders</i> • <i>Short survey of Service Providers</i> at KV Presentations about the Team Model • <i>Surveys of KV Staff</i> to assess awareness of key stakeholders roles and services. This could be accomplished several ways: <ul style="list-style-type: none"> ○ Short surveys after presentations to KV staff by service providers. ○ An objective, annual or bi-annual survey of KV staff. • <i>Activity Log Data/New Form on Interaction with Key Stakeholders:</i> Meeting and phone notes forms could be combined into one form to track interaction with key stakeholders (see Section C for details on this form). 	<ul style="list-style-type: none"> • The follow up survey could ask the same questions as the first survey – results could be compared to the first survey to determine any changes in the awareness and understanding of KV and the team model. • The short survey of key stakeholders could ask questions about their understanding of KV and the team model, and their frequency and type of interaction with KV. • The short survey of KV staff could assess their understanding and awareness of the presenting service providers, and other stakeholders. Questions could assess awareness, frequency and type of interaction, etc. • An annual or bi-annual survey of KV staff could be conducted to assess their overall understanding and awareness of key stakeholders, including providers, judges, hearing officers, etc. • Activity log data could track frequency and type of interaction between KV staff and key stakeholders. • Potential analysis: Statistical analyses could be conducted to determine if there are statistically significant relationships between the level of activity between KV staff and key stakeholders (activity log data) and their understanding and awareness of key stakeholders (annual survey). In other words, the analysis could determine if there was a significant increase in KV's awareness and understanding of key stakeholders as their activity level increased.

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
C. INFORMED RECOMMENDATIONS ARE DEVELOPED; RECOMMENDATIONS & SERVICE PLANS ARE IMPLEMENTED		
<p>DIRECT KV ROLE: develop and present recommendations</p> <ul style="list-style-type: none"> • <i>There are clear and informed recommendations for child clients developed inside and outside court.</i> <p>INDIRECT KV ROLE: follow-up, monitor and enforce.</p> <ul style="list-style-type: none"> • <i>Recommendations and Service Plans are Implemented that help meet the basic needs of the child.</i> • <i>Basic Needs of Child Clients are Being Met in the short term</i> 	<ul style="list-style-type: none"> • <i>New Forms/Activity log data (Forms for KV’:</i> <ul style="list-style-type: none"> ○ <i>Outside Court</i> (i.e., FSP, IEP, PP meetings, and phone calls): This form would use one form for all interaction between KV staff and key stakeholders outside of court and could include a section for written notes and checklists for: <ul style="list-style-type: none"> ○ Meeting or phone call? ○ Type of meeting (i.e., IEP, FSP) ○ Who was present at meeting ○ Basic needs of child clients as documented by KV staff ○ KV positions regarding child client ○ CYF position regarding child client ○ Outcomes from meeting (i.e., next steps) ○ Actions that have been already taken • <i>Court: Case Preparation Form</i> <ul style="list-style-type: none"> ○ This form would be very similar to the existing form, but would include checklists for most the items (i.e., family service plan goals, recommendations, how recommendations were developed, etc.), and then a section for written notes. • <i>Court: Hearing Notes Form</i> <ul style="list-style-type: none"> ○ This form would be similar to the existing form, but would include checklists for recommendations by KV and other parties, how recommendations were developed (i.e., in collaboration/pre-hearing prior to court), court approved recommendations, and any actions taken already (i.e., services already delivered). • <i>Other existing data sources might include: Court Orders, KV Motions, PPM Goals (CYF Form).</i> 	<ul style="list-style-type: none"> • These forms would track the basic needs of child clients, KV positions in meetings and recommendations in court regarding child clients, how recommendations were developed (i.e., by KV team alone, in collaboration with other parties – and which parties), whether other parties’ recommendations differ from that of KV and what their recommendations are, and the outcomes from meetings and hearings regarding what is being recommended or ordered by the court (i.e., regarding services, placements, etc.), and any follow-up information regarding what has been implemented regarding services and placements (i.e., if child clients are receiving the services KV recommended, i.e., clothing, medicine, medical care, MH treatment services, IEPs). • Court orders would indicate which, if any, of the recommendations made by KV in court were adopted by the court. KV motions would indicate recommendations made by KV in court. PPM form would indicate CYF positions regarding placement issues. • This information could then be analyzed to assess collaboration (e.g., on how many recommendations did KV and others agree or differ? On those where KV recommendations differed, whose recommendations were adopted and what were the outcomes?

II. SHORTER AND LONGER TERM OUTCOMES AND OVERALL DATA SOURCES

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
CHILD RELATED OUTCOMES: CHILD CLIENTS' PERMANENCY, SAFETY AND WELL-BEING GOALS ARE BEING MET AND THEY HAVE A "VOICE"		
<ul style="list-style-type: none"> • <i>System wide goals:</i> <ul style="list-style-type: none"> ○ <i>Shorter Term: Basic needs of child clients are being met.</i> ○ <i>Longer Term: Permanency, Safety and Well-Being needs are being met.</i> • <i>Children have a "Voice": KV overall advocacy reflects the wishes and best interests of child clients, child clients feel they have more options, and are less anxious about court proceedings.</i> 	<ul style="list-style-type: none"> • Case Review and Follow-Up Form: This form could track progress made on cases at shorter and longer term intervals (i.e., every 6 months and at case termination). It could include checklists that tract information on whether or not KV's recommendations or service plans related to basic needs were implemented, whether or not the basic needs of child clients are being met (i.e., what has been done regarding placements, services, etc), and at the close of a case, why the case was closed and KV's position regarding closing the case. This form could also contain questions important for older teens related to independent living (i.e., affidavits signed, and living arrangements, GED/diplomas received, and employment). This form could also include a section for narrative notes. • CMIS Data: KV could use this data to track the number, location and type of placements (i.e., shelter, group home, supervised independent living), and how long the child remained at the placement. It also tells KV if the child was on the run (i.e., absentee-runaway). This data indicates the petition status, if the case is open/closed, how long the case has been open and the hearing history. • Objective Survey of Child Clients and/or caretakers (as described in the above section) conducted in the short term (i.e., after 6 -12 months) and in the long term (i.e., at case termination). 	<ul style="list-style-type: none"> • KV case review and follow-up form could track whether or not child clients' needs are being met in the short and long term, including at the termination of the case. • CMIS data could be used to document permanency goals in that are being met in the short term (i.e., in first 6 months or other time period KV determines) and in the long term (i.e. after 2 years or at the close of a case), including: <ul style="list-style-type: none"> ○ Number of placement moves and reasons for placement moves (i.e., number of shelter hearings and actual placements). ○ The length of time children spend in out-of-home care and how long it takes children who enter out of home care to exit. ○ The length of time spent in shelters vs. in foster care placements. ○ The Could number and percentage of cases that remained in out-of-home care one year after the case opened, and for those who left out-of-home care, the percentage who were reunited with their families and placed in adoption or guardianship arrangements. ○ Reasons for cases opening and closing; number of cases that close and have to reopen. • Objective survey of child clients and/or caretakers of younger children could include questions regarding system wide goals in the short and long term, and regarding issues related clients having a "voice."

Appendix F: Phase 2 - Working Group Outcomes Diagram

Activities include Direct Contact with Child Clients, and are ongoing throughout the case: point of entry could be anywhere along the continuum.

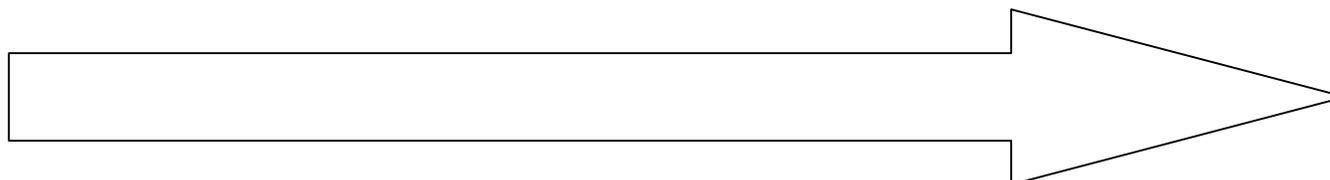
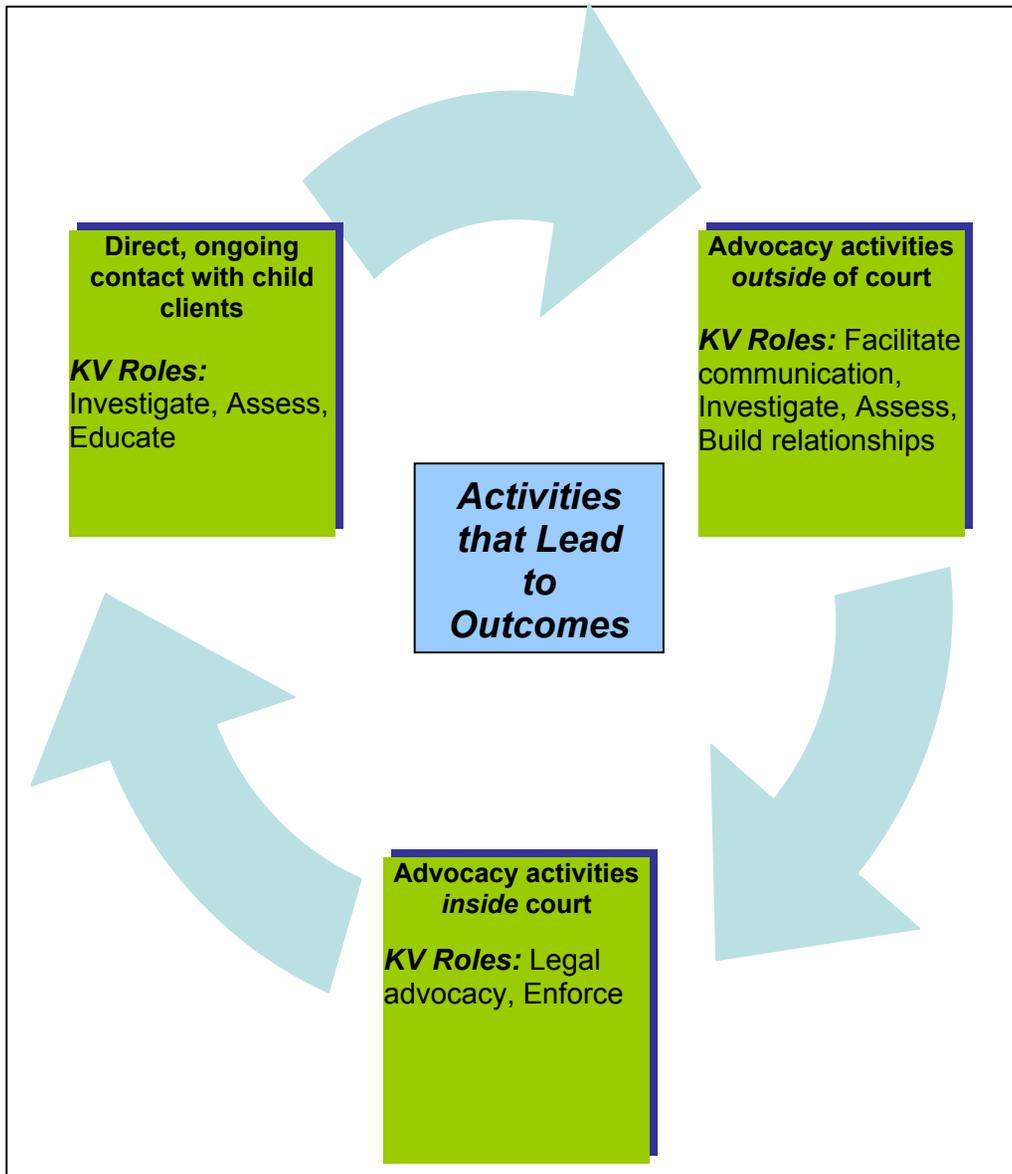
A. Direct, Ongoing Contact with Child Clients: (1) Develop relationships with clients by talking to and visiting them. Via this relationship, (2) investigate and assess issues that affect the child and the family, as well as (3) identify options for them. (4) Counsel the kids about their options. (5) Explain confidentiality, role of CAS and role of GAL. (6) Prepare child for court proceedings.

B. Advocacy Activities outside of court: (1) Facilitate relationships and communication between key stakeholders regarding the best interests of the child. (2) Talk to and visit key stakeholders including caregiver(s), teachers, therapists, schools, placement providers, foster parents, MH evaluators, CYF caseworkers, parent advocates, etc. (3) Attend meetings (e.g., IEP, PP, FSP, RTF, other interagency meetings) so that KV may influence, inform, and build consensus among key stakeholders regarding services and resources for the child. (4) Obtain and review records. (5) Take copious notes. (6) Review case in team meetings to formulate recommendations.

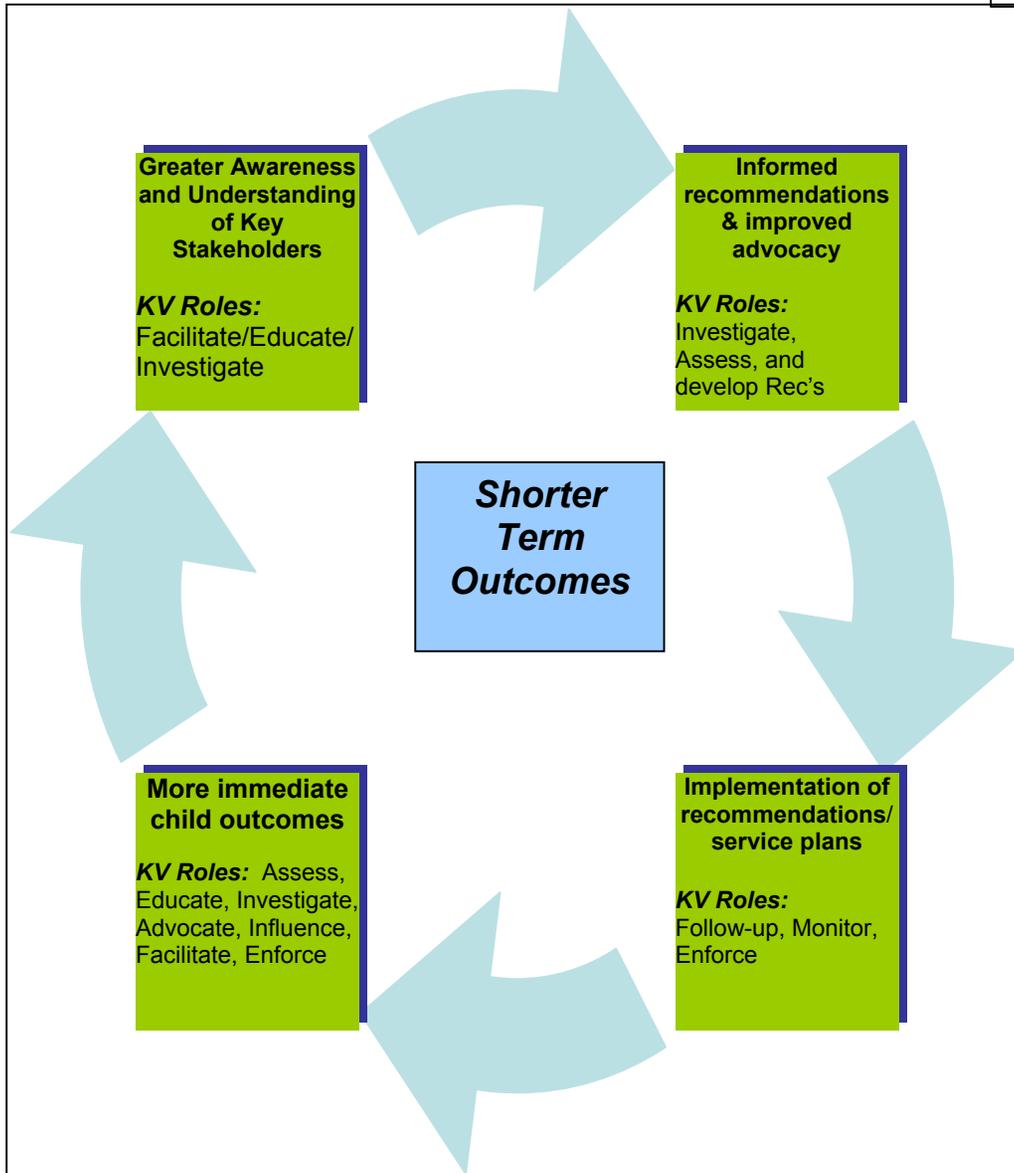
C. Advocacy Activities inside court: (1) File court orders and motions. (2) Monitor whether orders are being implemented. (3) Follow-up with CYF and service providers to ensure that recommendations are implemented-Enforce. (4) Participate in dependency hearings. (5) Present clients best interests and wishes.

Current and Potential Data Sources:

KV Activity Log, New forms for child client contacts, and for interaction with stakeholders/other organizations (these would also be included in the Activity Log).



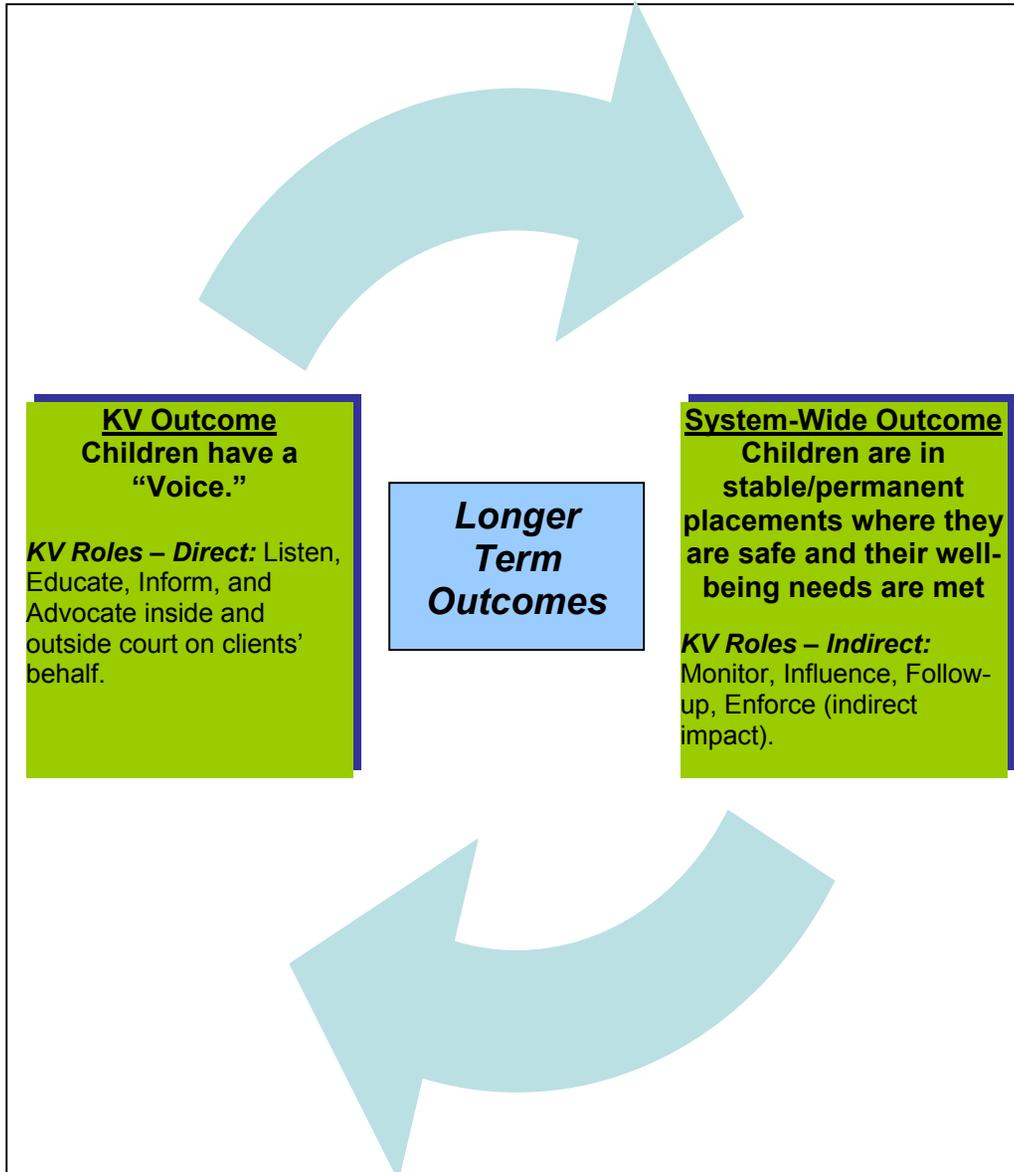
More frequent and improved communication/ interaction with key stakeholders leads to more informed recommendations inside & outside court, improved advocacy, increased likelihood that recommendations will be accepted and implemented, and improved shorter-term outcomes for clients.



- A. Relationships with Key Stakeholders (Direct):** (1) Facilitate and develop relationships between key stakeholders including CYF, caregivers, placement providers, parent advocates, MH evaluators, service providers, and others. (2) Educate key stakeholders about KV role and team approach, and investigate opportunities to foster relationships and knowledge of key stakeholders' roles and services.
- B. Informed Recommendations and Improved Advocacy (Direct):** (1) Gather more and better information through direct contact with clients and ongoing interaction with key stakeholders. (2) Develop recommendations in collaboration with stakeholders inside and outside court.
- C. Implementation of Recommendations/Service Plans:** (1) **Indirect:** KV influences the development of plans to meet the basic needs of child clients, i.e. MH evaluations, FSPs, IEPs, links to appropriate services. (2) **Direct:** KV follows-up with clients and service providers/CYF, monitors progress, and enforces recommendations through negotiation outside court with key stakeholders/legal action inside court, including investigating placements for child clients.
- D. More Immediate Child Outcomes: Direct:** (1) Child clients feel that they 'have a voice' (i.e., understand and are less anxious about court proceedings and are aware of more choices/opportunities). (2) Child clients feel their wishes have been heard and expressed by KV. **Indirect:** (1) Basic needs of their clients are met through KV facilitative/enforcement role (e.g. monitoring implementation of plans; clients are in safe and stable placements, receive clothing, medicine, enrichment resources, appropriate services, MH treatment).

Current and Potential Data Sources: Annual or bi-annual survey of key stakeholders, short survey of service providers after presentations by KV staff, and short survey of KV staff after presentations by service providers. Activity log data tracked by new forms. CMIS data. Objective survey of child

clients and/or caretakers.



Because child clients are in the child welfare SYSTEM, all of the key stakeholders in the system impact the outcomes of the children. KV has an INDIRECT impact on the Primary system wide outcomes. KV has its own longer-term outcomes, upon which they have a DIRECT impact.

A. Primary System-wide outcomes: Children are in stable/permanent placements where they are safe and their well-being needs are met. Stable/permanent placements include remaining at home, reunification, adoption, permanent legal custody, subsidized PLC, and independence. Well-being needs include improved MH, success in school and gainful employment, and self sufficiency (i.e., they and their children stay out of the CW/PW system, and stay out of jail).

KV’s indirect impact upon these system-wide outcomes are made via their monitoring of and influence over clients’ cases, follow-up with clients and other key stakeholders, and enforcement inside and outside of court.

B. Children have a “Voice”: KV’s outcomes include that children felt they had a voice. In other words, their wishes have been heard by KV staff, they understood and were less anxious about court proceedings and they were aware of more choices and opportunities.

KV’s direct impact upon this outcome comes from their interactions with child clients to assess and understand the clients’ needs; share information with clients so that they are less anxious and more knowledgeable about court proceedings and more aware of their options; and advocate effectively for clients’ best interests.

Current and Potential Data Sources:

Activity log data tracked with new KV forms, CMIS data, Objective survey of child clients and/or caretakers.

**Appendix G: Phase 3 - Team Supervisors Meetings – Agendas and
Notes**

KV Outcomes Analysis Recommendations and Ideas from Meeting on 4-14-04

Overall Discussion at 4-14-04 Meeting: KV internal data collection procedures (i.e., the Activity Log and current data collection forms) to capture data related to the outcomes for the team model developed through the KV Outcomes Working Group. Data collection for management and supervision purposes was also discussed. The following outline focuses recommendations for data collection for outcomes measurement purposes and incorporates ideas from the KV Working Group and the 4-14-04 meeting.

Recommended Next Steps:

- **Develop one internal data collection and analysis tool for capturing information related to outcomes: An Outcomes Review Instrument that will be incorporated into the KV Activity Log** (i.e., also referred to previously as the Case Follow-up and Review Form).
 - Review Juvenile Justice Case Closing Form, Outcomes Measurement Plan and Outcomes Diagram to review and refine overall outcomes and to generate ideas for this instrument.
 - Review data collection ideas from staff related to KV outcomes.
 - Determine other information that needs to be captured with this instrument.
 - Determine timeline for test piloting and implementation.
- **Review other strategies suggested by KV Working Group to analyze outcomes and determine which of these strategies KV should currently work on, including:**
 - Objective Survey of child clients and/or caretakers
 - Short Survey of KV Key Stakeholders (after KV Presentations)
 - Short Survey of KV Staff (after Key Stakeholder Presentations)
 - Follow-Up Survey of Key Stakeholders (i.e., similar to survey conducted by OCD)
- **Review progress on collection and analysis of CMIS Data related to permanency outcomes.**

Suggestions for Outcomes Review Instrument:

- Purpose: to track progress made on cases at shorter and longer term intervals using information from court related activities and activities outside court. This form could also be used by teams to periodically review cases. Discussed using the form to review cases right before review hearings which are held every 3 months, and at case termination.
- **Progress on overall child outcomes (shorter-term basic needs and longer-term system wide outcomes) related to several key domains.** The following were discussed at the 4-14-04 meeting:
 - Education/Academic: IEP, Special Education, GED or HS Diploma received, Vocational or other training/education received.
 - Mental Health
 - Drug and Alcohol
 - Recreation/Leisure
 - Medical-Health and Wellness

- Independent Living
- Placements/Permanency
- Job/Employment
- **Other basic information about the case.** Discussed information related to closure date and reason for closure; KV position on closure; and information needed to reflect new petitions and if case re-opened, why it was re-opened.
- **Court Related Data important for KV Outcomes**
 - KV recommendations and how they were developed (i.e., solely by KV team, and/or in collaboration with other parties)
 - Recommendations from other parties (i.e., CYF/County Solicitors, Parent Advocates)
 - Child clients wishes and if expressed by KV staff in court
 - What the Judge ordered; acceptance/rejection of KV recommendations
 - Follow-up (actions to be taken)
 - Actions that have been taken, i.e., court orders that were implemented
- **Data from Outside Court Related to KV Outcomes**
 - **Meetings Outside Court:** Discussed information from PPM meetings related to KV outcomes:
 - Basic needs of the child re: permanency
 - Current placement
 - Goal change and by whom (KV position/recommendation regarding goal change; CYF position regarding goal change)
 - Outcomes from the meeting, including duties/tasks assigned and to whom
 - Actions that have been taken/duties completed
 - **We still need to discuss other information to include on this instrument from:**
 - *Other types of meetings (i.e., IEP, FSP)*
 - *Child Client Contacts*
 - *Other types of contacts and interactions outside court important to capture with this form (i.e., phone calls, etc.)*

**KV Outcomes Analysis
Agenda for Meeting
5-13-04**

- I. Review of Overall Management Information System Improvements
Mary Bockovich**

- II. KV Outcomes Analysis: Recommendations and Next Steps:**

- III. Discussion and Development of Specific Ideas for Outcomes Review Form**
 - a. Review Juvenile Justice Case Closing Form, Outcomes Measurement Plan and Outcomes Diagram to review and refine overall outcomes and to generate ideas for this instrument.
 - b. Review data collection ideas from staff related to KV outcomes.
 - c. Determine other information that needs to be captured with this instrument.
 - d. Determine timeline for test piloting and implementation.

KidsVoice
Notes from May 13, 2004 Meeting

- **Discussion of Overall Data Management Improvement Project** and how internal data collection for Outcomes is included under this (Mary B.)
- **Discussion of Data Collection Methods of Data Collection for measuring KV Outcomes** (Mary O.)
 - Internal data collection through the KV Data Management System:
 - Outcomes Review Data
 - Data collection via potential surveys of:
 - Service Providers (at KV presentations)
 - KV staff (at Service Provider presentations)
 - Follow-up Key Stakeholder survey (OCD survey)
 - Survey of child clients and/or caretakers
- **Discussion of Internal Data Collection: Outcomes Review Data**
 - A. Information Regarding Child Client Contacts**
 - **KV outcomes measured with this information:**
 - Frequent and ongoing communication with child clients
 - Contact with child clients prior to first hearing
 - In person contact
 - Child clients have a “voice”
 - KV staff listen to what child clients want
 - **Information to be collected:**
 - Date of Contact
 - Date of first hearing
 - Was this contact:
 - The first contact
 - A follow-up contact
 - Was this contact:
 - Over the phone
 - In person
 - At court
 - Home visit
 - Placement visit
 - Foster care home (?)

- Child's Wishes/Requests
 - Placement:
 - Stay at home
 - Reunification
 - Placement with relative
 - Emancipation
 - Basic Needs
 - Clothing
 - Educational supplies
 - Recreation
 - Other?
 - Visitation Requests
 - Other

B. Information Regarding KV Cases

- **KV Outcomes measured with this information:**
 - Child clients have a “voice”: KV staff listen to what child clients want, and they express the child’s wishes in court.
 - Informed recommendations are developed; recommendations and service plans are implemented.
 - There are clear and informed recommendations for child clients that presented in court proceedings by KV staff.
 - Recommendations and service plans are implemented that help meet the basic needs of the child.
 - Basic needs of child clients are being met in the short and long term (i.e., safety, permanency and well being).
- **Information to be collected:**
 - Child’s Wishes/Requests (note: link to case preparation/case follow-up section of activity log from child client contact section above, so that this information is automatically inserted here when staff pull up this screen)
 - Recommendations:
 - How developed? (maybe have a checklist of types of people relevant to any case and have staff check who they spoke to)
 - By KV team after discussions with key stakeholders (this would be recommendations developed solely by the KV team)
 - By KV team in collaboration with other stakeholders (this would be recommendations developed by consensus with other key stakeholders, where KV and key stakeholders agree on recommendations that will be presented in court before the hearing)
 - CYF
 - County Solicitors
 - Parent Advocates
 - Other?

- Were recommendations adopted?
 - Yes (Date):
 - Were they:
 - Court ordered and implemented
 - Not court ordered but implemented
 - Not implemented
 - Follow up after court (this could link directly to the domain section that outlines child client's needs in various domains, including education, permanency, etc.):
 - Court ordered tasks that need to be implemented
 - Tasks that are not court ordered but need to be implemented

- NOTE: Discussed tracking KV positions in meetings outside of court (i.e., PPM). Found this difficult to track and possibly redundant with recommendations that could be tracked via court.

- Basic Short and Long-Term needs of Child Clients (this is where each domain would be listed, and KV staff can indicate what has been done for this child specifically related to each of the following domains):
 - Permanency/Placements; Independent Living
 - Education
 - Mental Health
 - Drug and Alcohol
 - Recreation and Leisure
 - Medical – Health and Wellness
 - Job Employment

KV Outcomes Analysis
June 10, 2004
Agenda

- 1. Review and Finalize Internal Data Collection Methods**
 - Notes from May 13th meeting
 - Subcategories under domains related to child clients' basic needs (NOTE: Please come to the meeting with your ideas for subcategories that you feel are important under the domains listed on page 3 of the notes from the May 13th meeting).
 - Additional information to collect about the case, including case closing.
- 2. Discussion of Data Collection for Outcomes via Survey**
- 3. CMIS Data update**
- 4. Next Steps**

Appendix H: Phase 3 - Team Supervisors Ideas for Internal Data Collection

KidsVoice
Ongoing Internal Data Collection
For Measuring Outcomes

Information Regarding Child Client Contacts

- **KV outcomes measured with this information:**
 - Frequent and ongoing communication with child clients
 - Contact with child clients prior to first hearing
 - In person contact
 - (Note: GAL provision requires that KV staff see child clients outside of court)
 - Child clients have a “voice”
 - KV staff listen to what child clients want

Information to be collected:

Section I: Background information on the case

- KV role:
 - GAL
 - Counsel
- Date of Contact
- Date of first hearing
- Was this contact:
 - The first contact
 - A follow-up contact
- Was this contact:
 - Over the phone
 - In person:
 - At court
 - Outside of court:
 - Home visit
 - Placement visit
 - Foster care home
 - School visit
 - Meeting (i.e., Permanency planning meeting)

Section II: Child’s Wishes/Requests

- A. Placement:
1. Has child requested a change in placement?
 - a. Yes
 - b. No

2. What placement has the child requested?
 - a. Stay at home with biological parents
 - b. Reunification with biological parents
 - c. Placement with relative/kin
 - d. Emancipation
 - e. Institutional (i.e., group home)
 - f. Foster care
 - g. Independent Living

B. Basic Needs:

- Clothing
- Educational supplies
- Medical (i.e., shots, exams, medicine, dental care)
- Recreation
- Other:
 - Visitation Requests
 - Financial assistance for caretakers
 - Indicate:

C. No Requests

Information Regarding KV Cases at Case Preparation and Follow-Up

- **KV Outcomes measured with this information:**
 - Child clients have a “voice”: KV staff listen to what child clients want, and they express the child’s wishes in court.
 - Advocacy outcomes: Informed recommendations are developed; recommendations and service plans are implemented.
 - There are clear and informed recommendations for child clients that presented in court proceedings by KV staff.
 - Recommendations and service plans are implemented that help meet the basic needs of the child.
 - Basic needs of child clients are being met in the short term (i.e., as measured by the status of services actually received and related to overall goals of safety, permanency and well being).

Information to be collected:

Section I: Child’s Wishes/Requests (note: link to case preparation/case follow-up section of activity log from child client contact section above, so that this information is automatically inserted here when staff pull up this screen)

Section II: Recommendations:

A. Witnesses Interviewed: Contacts made to develop recommendations (check all that apply):

1. foster parents
2. in-home providers
3. doctors
4. therapists
5. group home providers
6. relatives
7. CYF caseworkers
8. CYF casework supervisors

B. Recommendations for Child Clients:

1. Placement
 - a. Removal from home
 - i. Sent to Judge for removal
 - b. Remain in home
 - c. Remain in current placement
 - d. Change placement
 - e. Return home
2. Type of placement (same categories as case closing form)
 - a. In-Home Environment
 - i. With biological family
 - ii. With kin
 - iii. Foster home
 - iv. Pre-adoptive home
 - v. Adoptive home
 - b. Out-of-Home Environment/Institution
 - i. Respite
 - ii. Shelter
 - iii. Group home
 - iv. Hospitalization
 1. Medical
 2. Mental health
 - c. Independent Living arrangement
3. Other placement related recommendations:
 - a. Unapproved foster care payments
 - b. Referral to foster care agency
 - c. Emergency caretaker funds
4. Other recommendations:
 - a. Appointment of educational/medical guardian
 - b. Permission to travel out of county
 - c. Sibling visits
 - d. Parental visits
 - i. Type:
 1. supervised

- 2. unsupervised
 - ii. Frequency:
 - 1. weekly
 - 2. bi-weekly
 - 3. monthly
 - 4. quarterly
- 5. Well-being related recommendations:
 - a. Drug and alcohol evaluation
 - b. Urine screen
 - c. Mental health evaluation
 - d. IEP
 - e. Clothing
- 6. Goal Change:
 - a. Reunification
 - b. Adoption
 - c. Permanent legal custodian
 - d. Placement with relative
 - e. Other court approved living arrangement

C. Recommendations for Parents:

- 1. Drug and alcohol evaluation
- 2. Urine screen
- 3. Mental health evaluation
- 4. Parenting classes
- 5. Referral to housing program

D. Status of Recommendations after hearing:

- 1. Court ordered (Date:)
- 2. Agreed to but not in court order
- 3. Not agreed to

Section III: Implementation of Recommendations

1. Status of Placement (indicate where child client is currently placed)

- a. In-Home Environment
 - 1. With biological family
 - 2. With kin
 - 3. Foster home
 - 4. Pre-adoptive home
 - 5. Adoptive home
- b. Out-of-Home Environment/Institution
 - 1. Respite
 - 2. Shelter
 - 3. Group home

- 4. Hospitalization
 - i. Medical
 - ii. Mental health
- D. Independent housing (i.e., independent living)
- E. Homeless
- F. Run away

B. Status of Other Services Received by Child Clients (these match case closing form):

KV staff would indicate the status of services received by checking one of the following:

- 1. Service completed
- 2. Not completed
- 3. Ongoing
- 4. Never attempted
- 5. Not applicable

1. Educational Services

- a. Educational System:
 - i. Public
 - ii. Private
- b. Level of Education:
 - i. Primary school
 - ii. Secondary school
 - iii. Post-secondary education
- c. Educational services received for Primary and Secondary Education:
 - i. Regular Education
 - ii. Special Education (IEP)
 - iii. Special Education (504 Placement)
 - iv. Specialized Private School (i.e., Easter Seals, Pace, School for the Blind)
 - v. Home Schooling (i.e., Cyber school or in the home)
 - vi. Home Bound Education
 - vii. Combination of Regular and Special Education
- d. Educational services received for Post-Secondary Education:
 - i. SAT/ACT preparation
 - ii. Preparation for application to post-secondary education
 - iii. Application for financial assistance

2. Mental Health Services

- 1. Referral to Basic Service Unit
 - a) Mercy Behavioral
 - b) Staunton
 - c) Allegheny East
 - d) Mon Yough
- 2. Evaluation
 - a) Who conducted evaluation:

- b) Where:
- c) Date:
- 3. Treatment
 - a) Outpatient therapy
 - i. Private
 - ii. In school
 - b) Medication
 - c) Wrap around services
 - i. Therapeutic staff support
 - ii. Mobile therapy
 - iii. Behavior specialist
 - iv. Psychologist/psychiatrist monitoring

3. Drug and Alcohol Services:

- a. Assessment/evaluation
- b. Treatment
 - i. Individual
 - ii. Group
 - iii. Combination of Individual and group
 - iv. Specialized
- c. 90/90 AA
- d. NA
- e. Residential Placement
 - i. With mental health component
 - ii. Without mental health component
- f. Residential Placement Discharge Plan
- g. Al-Anon
- h. Al-Ateen

4. Medical Services

- a. Referral and appointment
- b. Medical intervention/treatment
 - i. Medication (type, dosage, for how long)
 - ii. Primary care physician
 - iii. Specialist
 - iv. Physical therapy
 - v. Optometrist
 - vi. Dentist
- c. Hospitalization
 - i. Surgery
 - ii. Other Illness?
- d. Specialized long term care facility

5. Employment Services

- a. Career exploration services
- b. Assistance with job applications

- c. Job Coach Agency
 - i. Mental retardation (i.e., AHEDD)
 - ii. Community agency (i.e., Youthworks)
- d. Clothing assistance
- e. Transportation
- f. Life skills training (i.e., budgeting, banking)

6. Recreation and Leisure Services

- a. after school activities
- b. summer camp
- c. music
- d. art
- e. sports
- f. vacation
- g. field trip
- h. hobby

C. Status of Services Received by Parents

- 1. Drug and alcohol evaluation
- 2. Urine screen
- 3. Mental health evaluation
- 4. Parenting classes
- 5. Referral to housing program

KidsVoice
Internal Data Collection for Measuring Outcomes
At Case Closing

KV Longer Term Outcomes measured with this information:

- **Overall system wide outcome:** Children are in stable/permanent placements where they are safe and their well-being needs are met.
- **Stable/permanent placements include:**
 - Remaining at home
 - Reunification
 - Adoption
 - Permanent legal custody
 - Subsidized PLC
 - Independence
- **Well being needs include:**
 - Success in school
 - Gainful employment
 - Self sufficiency (i.e., they stay out of the system and stay out of jail).

Information to be collected:

Section 1: Background information on the case

1. Docket or Case #
2. Date of Report
3. Date case closed
4. Name of client
5. Date of Birth
6. Gender:
 - a. Male
 - b. Female
7. Primary Ethnic Identification (categories from 2000 census):
 - a. Hispanic or Latino
 - b. Not Hispanic or Latino
8. Primary Racial Identification (from 2000 census):
 - a. Asian
 - b. Black or African American
 - c. White or Caucasian
 - d. Native American/Alaska Native
 - e. Native Hawaiian/Other Pacific Islander
 - f. Multiracial
9. Type of case:
 - a. Dependency (GAL)

- i. Lacking proper parental care or control
 - ii. Placed illegally for adoption
 - iii. Abandoned
 - iv. Lacking parent, guardian, legal custodian
 - v. Newborn with previous TPR
 - b. Delinquency (Counsel)
 - i. Truant
 - ii. Ungovernable
 - iii. Less than 10, committed delinquent act
 - iv. Formerly dependent + ungovernable act
 - v. Informal adjustment + ungovernable act
- 10. Section of Juvenile Act:
- 11. Other systems:
 - a. Act 53
 - b. Probation
 - c. Police Petition
- 12. Reason for case closure
 - a. Termination of court jurisdiction
 - b. Family move
 - c. Case dismissal
 - d. Death of child
 - e. Other:
- 13. If client is over 18, was an affidavit signed for continued services:
 - a. Yes
 - b. No
- 14. KV position regarding case closure:
 - a. Agreed with closing the case
 - b. Disagreed with closing the case
- 15. If KV disagreed with case closure, explain why:

Section II: Status of Services at Case Closing

KV staff would indicate the status of services received by checking one of the following:

- 6. Service completed
- 7. Not completed
- 8. Ongoing
- 9. Never attempted
- 10. Not applicable

2. Educational Services

- e. Educational System:
 - i. Public
 - ii. Private
- f. Level of Education:
 - i. Primary school
 - ii. Secondary school

- iii. Post-secondary education
- g. Educational services received for Primary and Secondary Education:
 - i. Regular Education
 - ii. Special Education (IEP)
 - iii. Special Education (504 Placement)
 - iv. Specialized Private School (i.e., Easter Seals, Pace, School for the Blind)
 - v. Home Schooling (i.e., Cyber school or in the home)
 - vi. Home Bound Education
 - vii. Combination of Regular and Special Education
- h. Educational services received for Post-Secondary Education:
 - i. SAT/ACT preparation
 - ii. Preparation for application to post-secondary education
 - iii. Application for financial assistance

3. Mental Health Services

- 4. Referral to Basic Service Unit
 - a) Mercy Behavioral
 - b) Staunton
 - c) Allegheny East
 - d) Mon Yough
- 5. Evaluation
 - a) Who conducted evaluation:
 - b) Where:
 - c) Date:
- 6. Treatment
 - a) Outpatient therapy
 - i. Private
 - ii. In school
 - b) Medication
 - c) Wrap around services
 - i. Therapeutic staff support
 - ii. Mobile therapy
 - iii. Behavior specialist
 - iv. Psychologist/psychiatrist monitoring

4. Drug and Alcohol Services:

- i. Assessment/evaluation
- j. Treatment
 - a. Individual
 - b. Group
 - c. Combination of Individual and group
 - d. Specialized
- k. 90/90 AA
- l. NA
- m. Residential Placement
 - a. With mental health component

- b. Without mental health component
- n. Residential Placement Discharge Plan
- o. Al-Anon
- p. Al-Ateen

5. Medical Services

- G. Referral and appointment
- H. Medical intervention/treatment
 - 1. Medication (type, dosage, for how long)
 - 2. Primary care physician
 - 3. Specialist
 - 4. Physical therapy
 - 5. Optometrist
 - 6. Dentist
- I. Hospitalization
 - 1. Surgery
 - 2. Other Illness?
- J. Specialized long term treatment facility

6. Employment Services

- g. Career exploration services
- h. Assistance with job applications
- i. Job Coach Agency
 - a. Mental retardation (i.e., AHEDD)
 - b. Community agency (i.e., Youthworks)
- j. Clothing assistance
- k. Transportation
- l. Life skills training (i.e., budgeting, banking)

7. Recreation and Leisure Services

- 1. after school activities
- 2. summer camp
- 3. music
- 4. art
- 5. sports
- 6. vacation
- 7. field trip
- 8. hobby

Section III: Case Closing Summary

This section contains information on outcomes from the case regarding safety, permanency and well-being needs of the child client.

A. Placement Outcomes

- c. In-Home Environment
 - 1. With biological family
 - 2. With kin
 - 3. Foster home
 - 4. Pre-adoptive home
 - 5. Adoptive home
- d. Out-of-Home Environment/Institution
 - 1. Respite
 - 2. Shelter
 - 3. Group home
 - 4. Hospitalization
 - i. Medical
 - ii. Mental health
- K. Independent housing (i.e., independent living)
- L. Homeless
- M. Run away

B. Educational Outcomes

- 1. Highest level of education received to date:
 - 1. Primary education
 - i. Indicate grade level
 - 2. Secondary education
 - i. Indicate grade level
- 2. If over 18, did child receive:
 - 1. Diploma
 - 2. GED
- 3. Post secondary education (if applicable):
 - i. College or university
 - ii. Technical or trade school
- 4. Did the child client drop out of primary or secondary school?
 - 1. No
 - 2. Yes
 - i. If yes, explain
- 5. At the time of case closing, was the child client in compliance with mandatory school attendance requirements established by his/her school district?
 - 1. Yes
 - 2. No
 - 3. NA
- 6. Summary of child client's educational activities and accomplishments.

C. Mental Health Outcomes

1. Did the child receive mental health services?
 1. Yes
 2. No
2. What was the diagnosis at case closing?
 1. Axis I – mental health
 2. Axis II – personality disorder
 3. Axis III – mental retardation
 4. Axis IV – medical
 5. Axis V – stressors
 6. Gaf - # measures functioning?

D. Drug and Alcohol Outcomes

- a. Did the child client receive a discharge plan?
 1. Yes
 2. No
- b. If yes, is the discharge plan being followed?
 1. Yes
 2. No

E. Medical Outcomes

- a. Medical condition
- b. Diagnosis at case closing

F. Employment Outcomes

1. Employment Status
 - a. Employed full-time
 - b. Employed part-time
 - c. Unemployed
2. If employed, where?
3. If employed, for how long has the child client been employed at this location?

Section IV: Comments

Section V: Signatures

Appendix I: Ongoing Internal Data Collection Methods

KidsVoice Outcomes Measurement
Ongoing Internal Data Collection Methods for Shorter-Term Outcomes

Shorter-Term Outcomes:

1. More immediate child outcomes related to KV direct role:
 - a. Frequent and ongoing communication between KV staff and child clients.
 - b. Child-clients have a voice:
 - i. KV staff listen to what child wants.
 - ii. KV staff express child clients' wishes and best interests in court.
2. Informed recommendations are developed by KV staff, and recommendations and service plans are implemented as a result of KV Advocacy Role.
 - a. There are clear and informed recommendations for child clients developed inside court.
 - b. Recommendations and service plans are implemented that meet the basic needs of child clients in the short term.
 - c. Basic needs of child clients are met in the short term.

Data to be collected:

Please note that all data entered should be maintained in the client's database record and not overwritten when updated.

1. Case-team contact with child clients: [Note: used to measure outcome #1 (a)]

- A. Date of contact
- B. Method of contact
 - telephone
 - written
 - face to face
- C. Location of contact
 - In court
 - In client's living environment
 - In school
 - At a meeting (e.g. IEP meeting, PPM, etc...)

2. Child- client’s wishes/needs and case team recommendations. [Note: used to measure outcomes # 1(b), 2 (a), (b), and (c)].

Life Domain	Request/Need	Client Requests	Case-team Recommends	Court Ordered			Implemented			Date of Implementation
				Yes	No	N/A	Yes	No	N/A	
Placement	Reunification	<input type="checkbox"/>								
	Remain in current environment	<input type="checkbox"/>								
	Change environment	<input type="checkbox"/>								
	Emancipation	<input type="checkbox"/>								
Goal Change	Reunification	<input type="checkbox"/>								
	Adoption	<input type="checkbox"/>								
	Other Permanent Living arrangement	<input type="checkbox"/>								
		<input type="checkbox"/>								
Medical	Evaluation	<input type="checkbox"/>								
	Initiate Service	<input type="checkbox"/>								
	Change Service	<input type="checkbox"/>								
	Terminate Service	<input type="checkbox"/>								
Mental Health	Evaluation	<input type="checkbox"/>								
	Initiate Service	<input type="checkbox"/>								
	Change Service	<input type="checkbox"/>								
	Terminate Service	<input type="checkbox"/>								
MR	Evaluation	<input type="checkbox"/>								
	Initiate Service	<input type="checkbox"/>								
	Change Service	<input type="checkbox"/>								
	Terminate Service	<input type="checkbox"/>								
Drug & Alcohol	Evaluation	<input type="checkbox"/>								
	Initiate Service	<input type="checkbox"/>								
	Change Service	<input type="checkbox"/>								
	Terminate Service	<input type="checkbox"/>								
Education	Evaluation	<input type="checkbox"/>								
	Initiate Service	<input type="checkbox"/>								
	Change Service	<input type="checkbox"/>								
	Terminate Service	<input type="checkbox"/>								
Other	Financial Aid	<input type="checkbox"/>								
	Clothing	<input type="checkbox"/>								
	Recreational	<input type="checkbox"/>								
	Visitations	<input type="checkbox"/>								

3. Case-team investigatory activities. [Note: used to measure outcome #2 (a)].

- A. Reviewed client-related reports/evaluations/other documents yes no not applicable
- B. Contacted others in client's life
Person Contacted Date Contacted Length of Contact
(pull down menu with list of applicable contacts, such as CYF case worker, client relatives service provider, school personnel, placement staff foster family, etc...)
- C. Attended client-related meetings
Type of Meeting Date of Meeting Length of Meeting
(pull down menu of meetings such as PPM IEP, FSP)

4. Child-client's living environment. [Note: used to measure outcome #2 (c)]

Placement

Date Placement Began

(pull down menu of placement options, including:

- A. In-Home Environment
 - 1. With biological family
 - 2. With kin
 - 3. Foster home
 - 4. Pre-adoptive home
 - 5. Adoptive home
- B. Out-of-Home Environment/Institution
 - 1. Respite
 - 2. Shelter
 - 3. Group home
 - 4. Hospitalization
 - a. Medical
 - b. Mental health
- C. Independent housing (i.e., independent living)
- D. Homeless
- E. Run away

Appendix J: Internal Data Collection at Case Closing

KidsVoice Outcomes Measurement
Internal Data Collection at Case Closing for Longer-Term Outcomes

Longer Term Outcomes: Permanency, safety and well-being needs of child clients are met at case closing.

Data to be collected:

Section I: Background information on the case

1. Docket or Case #
2. Date of Report
3. Date case closed
4. Name of client
5. Date of Birth
6. Gender:
 - a. Male
 - b. Female
7. Primary Ethnic Identification (categories from 2000 census):
 - c. Hispanic or Latino
 - d. Not Hispanic or Latino
8. Primary Racial Identification (from 2000 census):
 - e. Asian
 - f. Black or African American
 - g. White or Caucasian
 - h. Native American/Alaska Native
 - i. Native Hawaiian/Other Pacific Islander
 - j. Multiracial
9. Type of case:
 - a. Dependency (GAL)
 - b. Delinquency (Counsel)
10. Reason for case closure
 - a. Termination of court jurisdiction
 - b. Family move
 - c. Case dismissal
 - d. Death of child
 - e. Other:
11. If client is over 18, was an affidavit signed for continued services:
 - a. Yes
 - b. No
12. KV position regarding case closure:
 - a. Agreed with closing the case
 - b. Disagreed with closing the case
13. If KV disagreed with case closure, explain why:

Section II: Case Closing Summary

This section contains information on outcomes from the case regarding safety, permanency and well-being needs of the child client.

1. Placement Outcomes

- a. In-Home Environment
 1. With biological family
 2. With kin
 3. Foster home
 4. Pre-adoptive home
 5. Adoptive home
- b. Out-of-Home Environment/Institution
 1. Respite
 2. Shelter
 3. Group home
 4. Hospitalization
 1. Medical
 2. Mental health
- c. Independent housing (i.e., independent living)
- d. Homeless
- e. Run away

2. Educational Outcomes

- a. Highest level of education received to date:
 1. Primary education (Indicate grade level)
 2. Secondary education (Indicate grade level)
- b. If over 18, did child receive:
 1. Diploma or
 2. GED
- c. Post secondary education (if applicable):
 1. College or university
 2. Technical or trade school
- d. Did the child client drop out of primary or secondary school?
 1. No
 2. Yes (If yes, explain)
- e. Summary of child client's educational activities and accomplishments.

3. Mental Health Outcomes

- a. Did the child receive mental health services?
 1. Yes
 2. No
- b. Diagnosis at case closing:
 1. Axis I – mental health
 2. Axis II – personality disorder

3. Axis III – mental retardation
4. Axis IV – medical
5. Axis V – stressors
6. Gaf - # measures functioning

4. Drug and Alcohol Outcomes

- a. Did the child client receive a discharge plan?
 1. No
 2. Yes (if Yes, is the discharge plan being followed?)

5. Medical Outcomes

- a. Medical condition
- b. Diagnosis at case closing

6. Employment Outcomes

1. Employment Status
 - a. Employed full-time
 - b. Employed part-time
 - c. Unemployed
2. If employed, where?
3. If employed, for how long has the child client been employed at this location?

Section III: Comments

Section IV: Signatures



UNIVERSITY OF PITTSBURGH

Office of Child
Development

*Planning
and
Evaluation*

*KidsVoice Shorter and Longer Term Outcomes for the
Multidisciplinary Team Model:
Development and Potential Measures*

Final Report

By

Mary Ohmer

&

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August 2004

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KidsVoice Shorter and Longer Term Outcomes for the Multidisciplinary Team Model: Development and Potential Measures Final Report

I. Background

In June 2001, KidsVoice approached the Planning and Evaluation Project of the Office of Child Development at the University of Pittsburgh for assistance evaluating their multidisciplinary team approach to advocacy. Together, the Planning and Evaluation Project (PEP) and KidsVoice (KV) designed an evaluation addressing three areas: process, shorter term outcomes, and longer term outcomes. The process evaluation included interviews with team members in the fall of 2001, and in the summer of 2003, and interviews with key stakeholders in the fall of 2002 and spring of 2003. The development of shorter and longer term outcomes and potential measures took place from the fall of 2003 to the summer of 2004. In addition, PEP staff, working closely with KV staff, is currently conducting an analysis of shorter and longer term permanency outcomes for the team model using data from the Court Management Information System (CMIS). This report summarizes the development of the shorter and longer term outcomes and potential measures for the KV multi-disciplinary team approach.

II. Summary of the Participants and Process

The shorter and longer term outcomes and potential measures for the KV multidisciplinary team model were developed in three phases. In Phase 1, PEP staff conducted a series of focus groups with members of fully staffed teams (North, South, Central and Special Assignments), and team members who participated in Rounds 1 and 2 of the team process interviews. KV management staff also participated in the focus groups. The purpose of the focus groups was to gather feedback from team members regarding what they believed to be the shorter and longer term outcomes for the team model based on their experiences, as well as identify potential data sources that might be helpful in measuring those outcomes. The focus groups occurred in the fall of 2003. In Phase 2, an Outcomes Working Group was formed to further develop and refine the shorter and longer term outcomes developed via the focus groups. The Outcomes Working Group consisted of team members who volunteered to participate in the Group, as well as members of the KV management team. The Outcomes Working Group met throughout the spring of 2004. In Phase 3, the newly promoted KV team supervisors and members of KV management further developed the shorter and longer term outcomes for the team model as well as the potential internal data collection and evaluation tools. The group carried out this work in the late spring/early summer of 2004.

III. Evaluation Phases: Process and Results

A. Phase 1: Focus Groups with KV Teams

PEP facilitated focus groups with fully staffed regional teams (North, South, Central, and Special Assignments) in the fall of 2003. The purpose of the focus groups was for KV team members and management to discuss and define the shorter and longer term outcomes of the team model. It is important for an organization to define its outcomes to ensure the following:

- The outcomes are linked to the organization's activities and are achievable;
- Staff members share a common understanding of the outcomes their organization is trying to achieve; and
- The outcomes are measurable so that the organization can demonstrate program successes and identify areas for improvement.

To this end, a PEP staff member led the focus group participants in a discussion of the activities carried out in the team model and the shorter and longer term outcomes they hope to achieve via these activities. To assist team members in preparing for the focus groups, PEP staff provided team members with a summary of the findings from Round 2 of the Team Process interviews, a diagram of potential shorter and longer term outcomes for the team model, and a summary of the Pennsylvania State Child Welfare outcomes related to safety, permanency, and well-being.

After the first session with the Special Assignments Team, the "Outcomes Diagram" was revised and used in subsequent focus group sessions. At this point, the shorter term outcomes in the Outcomes Diagram focused on recommendations made by KV inside and outside court, and whether or not these recommendations were accepted and/or implemented. The longer-term outcomes focused on child oriented outcomes related to permanency, safety and well-being. The diagram was also expanded to include the role of KV staff in implementing activities associated with outcomes, and potential data sources that could be used to measure these outcomes.

Several key themes emerged from the focus group discussions about outcomes. First, focus group participants felt that team-related activities and outcomes that occur *outside* court should be distinguished from team-related activities and outcomes that happen *inside* court. KV staff felt that recommendations were made in meetings outside court (i.e., permanency planning meetings) that also had an impact on the longer term child oriented outcomes.

In addition, focus group participants concluded that KV has both *direct* and *indirect* outcomes. Direct outcomes are related *directly* to activities carried out in the team model. For example, ensuring that child clients "have a voice" is directly related to KV's team model as KV staff meet with children to understand their needs and wishes, and represent their wishes and best interests in court. On the other hand, indirect outcomes are shared by a variety of key stakeholders in the child welfare system including the Office of Children, Youth and Families, foster parents, and service providers (i.e., group homes, psychiatrists, etc.). KV impacts these overarching, system-wide outcomes, such as safety, permanency, and well-being, *indirectly* through their work with other key stakeholders and by providing legal representation in court. Although KV shares these outcomes with other key stakeholders, they do not impact them directly; rather KV advocates for and provides follow-up with other key stakeholders to ensure that positive outcomes occur.

By the end of Phase 1, the focus of the shorter-term outcomes had expanded from focusing mainly on KV recommendations to include child oriented outcomes related to KV's *direct* role in representing child clients (i.e., child clients have a "voice" and are prepared for court proceedings), relationships with key stakeholders (i.e., KV develops relationships with and accesses information and resources from key stakeholders to benefit child clients); and KV's *indirect* role in ensuring that recommendations and service plans are implemented by other parties in the system so that the more immediate/basic needs of child clients are met. The longer term outcomes also differentiated between KV's *direct* role with child clients (i.e., children have a "voice," including feeling respected and valued, and having more and better options), and KV's *indirect* role on system-wide child welfare outcomes (i.e., overall permanency, safety and well-being).

In addition, throughout Phase 1, team members discussed how the activities and outcomes associated with the team model could be measured, and the existing and potential data sources that could be used to measure these outcomes. The Outcomes Diagram reflects these discussions and lists the existing and potential data sources for measuring activities related to outcomes and shorter and longer term outcomes for the team model. The Outcomes Diagram became the focus of the KV Outcomes Working Group in Phase 2.

B. Phase 2: KV Outcomes Working Group

Meetings were held with the KV staff and management who made up KV's Outcomes Working Group in the Spring of 2004. The purpose of the Working Group was to further refine the shorter and longer term outcomes for the KV team model, make specific recommendations about existing and potential data sources that could be used to measure outcomes, and analyze existing data sources to determine their viability for measuring outcomes. As a result of the Working Group, an "Outcomes Measurement Plan" for measuring shorter and longer term outcomes was developed and discussed (see **Appendix A**), and the Outcomes Diagram was also revised (see **Appendix B**). The Outcomes Measurement Plan included the following potential shorter and longer term outcomes, one focusing on overall shorter term outcomes related to activities carried out in the team model, and the other focusing child-oriented shorter and longer term outcomes.

1. Shorter Term Outcomes related to the Team Model Activities:

- More immediate child outcomes related to the direct role KV plays in the team model including:
 - Frequent and ongoing communication between KV staff and child clients.
 - Child clients have a "voice" – KV staff listen to what child clients want and express their wishes.
 - Child clients are aware of and less anxious about court procedures.
 - Child Clients feel they have more and better options.
- Outcomes related to Relationships between KV and Key Stakeholders:
 - Key Stakeholders have a greater awareness and understanding of KV.
 - KV staff have a greater awareness of key stakeholders' roles and services.

- Informed Recommendations are developed and Recommendations and Service Plans are Implemented:
 - There are clear and informed recommendations for child clients developed inside and outside of court.
 - Recommendations and service plans are implemented that meet the basic needs of the child.
 - Basic needs of child clients are being met in the short term.

2. Shorter and Longer Term Child-Oriented Outcomes:

- System wide outcomes related to safety, permanency and well-being:
 - Shorter term: Basic needs of child clients are being met.
 - Longer term: Safety, permanency and well-being needs are met.
- Longer-term: Children have a “Voice”:
 - KV overall advocacy reflects the wishes and best interests of child clients.
 - Child clients feel they have more options.
 - Child clients are less anxious about court proceedings.

The Outcomes Measurement Plan also listed existing and potential data sources and how they might be used to measure the above shorter and longer term outcomes. In addition, Skylor Massie, a former KV Child Advocacy Specialist, assisted the Working Group and PEP staff in conducting a detailed review of 10 team and 10 attorney-only case files to determine if the case files had the appropriate data to measure the above shorter and longer term outcomes related to the team model. Working Group members also analyzed their own case files for the same purpose. The analysis of existing data sources, including the activity log and case files, revealed that existing data sources would not be sufficient for measuring both the shorter and longer term outcomes for the following reasons:

- The case file information collected by KV staff was not designed to measure shorter and longer term outcomes developed through the evaluation process; therefore, the data needed to measure outcomes was not available in these documents.
- The activity log was helpful in tracking activities associated with the team model, but it was not designed to measure outcomes related to the team model.
- In addition, comparisons between cases in the team model and those handled by an attorney only were not possible using the data from the case files or the activity log.

In addition, several of the shorter and longer term outcomes described above can only be measured using external data sources such as surveys of key stakeholders and child clients/caretakers and CMIS data. Based on the analysis of the existing internal data, the Outcomes Working Group and PEP staff recommended that KV develop internal data collection procedures and methods to capture the outcomes for the team model, and develop external methods to collect and measure child-related outcomes (e.g., analysis of the CMIS data, survey methods). In Phase 3, PEP staff conducted a series of meetings with the newly promoted KV team supervisors to make further revisions to the shorter and longer term outcomes for the team model, and develop internal data collection tools to measure these outcomes.

C. Phase 3: Meetings with Team Supervisors

PEP conducted a series of meetings with team supervisors, management and technology staff in the late spring/early summer of 2004. Internal and external data collection strategies were discussed, and two data collection instruments were developed for internal data collection related to KV outcomes: One for ongoing internal data collection, and one for data collection at case closing. Several key themes emerged from these meetings:

- KV should build on the existing KV activity log to develop instruments and procedures for ongoing data collection and data collection at case closing.
- A distinction was made between data that could be collected internally versus externally. Team supervisors decided to focus on internal data collection strategies that could be piloted by the supervisors in the fall of 2004 and implemented throughout the agency by January 2005. Furthermore, team supervisors felt that this was appropriate timing because the development of internal data collection strategies could coincide with overall management information system improvements at KV.
- Team supervisors felt that the use of the new procedures should be mandatory for all KV staff so that consistent and adequate data would be collected to measure outcomes. Furthermore, they recommended that training be developed and implemented for KV staff to learn the new data collection procedures and understand how the data could help them in their jobs, as well as help KV evaluate and understand the effectiveness of the team model.
- Ongoing internal data collection to measure outcomes should focus on data related to KV advocacy role (e.g., preparing child for court proceedings, developing recommendations, advocating for child clients' wishes and best interests) which is a direct role KV plays in impacting the lives of child clients.
- Outcomes measured at case closing should focus on both data related to KV direct advocacy role (see previous bullet) and KV indirect role related to the primary system-wide child welfare outcomes of safety, permanency and well-being.
- External data collection strategies were also discussed, including:
 - Survey of service providers assessing their awareness/understanding of KV role.
 - A follow-up survey of key stakeholders (i.e., similar to the one conducted by PEP as part of the overall evaluation of the team model).
 - A survey of child clients/caretakers.
- KV staff was the least comfortable with surveying child clients and caretakers because they felt that it would be difficult to obtain objective and/or accurate information by this method. PEP staff shared articles of studies using survey methods with children and/or caretakers, and discussed the strengths and weaknesses of such methods with KV staff.

The following section describes PEP's recommendations for the Shorter and Longer Term Outcomes for the Team Model, as well as internal and external data collection strategies based on input from KV staff in Phases 1, 2 and 3. It also outlines suggested next steps and future considerations for evaluating the outcomes for the Team Model.

IV. Recommendations, Next Steps and Future Considerations

A. Recommendations and Next Steps

PEP’s recommendations for shorter and longer term outcomes for the team model and corresponding data collection methods are outlined in the chart below. These recommendations were based on input from KV staff and management throughout each of the three evaluation phases. Internal data collection instruments were initially developed through the meetings with KV team supervisors and were further refined with the input of KV management staff.

Shorter Term Outcomes

Outcome	Data Collection Method	Frequency of Data Collection
<i>1. More immediate child outcomes related to KV direct role</i>		
Frequent and ongoing communication between KV staff and child clients.	Internal data: Child client contact information	Ongoing
Child clients have a voice. <ul style="list-style-type: none"> • KV staff listen to what child clients want. • KV staff express child clients’ wishes and best interests in court. 	Internal data: Case preparation/follow-up information	
<i>2. Informed Recommendations are developed by KV and Recommendations and Service Plans are Implemented as a result of KV Advocacy Role</i>		
There are clear and informed recommendations for child clients developed inside court.	Internal data: KV court recommendations, implementation of recommendations, case team investigatory activities & basic needs of child clients. External data: CMIS data on permanency outcomes.	Ongoing
Recommendations and service plans are implemented that meet the basic needs of child clients in the short term.		
Basic needs of child clients are met in the short term.		
<i>3. Relationships with Key Stakeholders</i>		
Key stakeholders have a greater awareness and understanding of KV role and the team model.	Survey of service providers and other key stakeholders who attend KV presentations about the team model.	Following KV presentations.
KV staff have a greater awareness and understanding of key stakeholders’ roles and of the services they provide to child clients.	Survey of KV staff at presentations by service providers.	Following presentations by service providers.

Longer Term Outcomes

Outcome	Data Collection Method	Frequency of Data Collection
1. Child-related Outcomes: Child clients' permanency, safety and well-being goals are being met.		
Permanency, safety and well being needs of child clients have been met.	<p>Internal data: Outcomes at case closing collected via case review and closing instrument.</p> <p>CMIS data: Permanency outcomes at case closing.</p>	Case Closing
2. Relationships with Key Stakeholders		
Key stakeholders have a greater awareness and understanding of KV role and the team model.	Follow-up survey of a broader range of key stakeholders similar to the survey conducted by PEP for the current evaluation.	Spring/Summer 2005

PEP staff are currently in the process of analyzing the CMIS (Court Management Information System) data on permanency outcomes, comparing team, non-team and conflict attorney cases to determine if the team model has significantly better permanency outcomes than the cases handled only by a KV attorney, or by attorneys outside of KV (conflict attorneys). PEP staff will prepare a separate report presenting the results from this analysis.

Next Steps

PEP staff recommends that KV take the following steps for the evaluation of the above shorter and longer term outcomes and development of the data collection system:

- **Internal data collection (in the next 4-6 months):**
 - Update the KV data collection system to include the data necessary to measure both shorter and longer term outcomes (i.e., ongoing data collection and data collection at case closing in Appendices I and J).
 - Coordinate data collection at case closing with the Office of Children, Youth and Families, who is currently in the process of developing a case closure form for dependency cases.
 - Pilot test the updated KV data collection system with KV staff, and make any necessary changes based on their input.
 - Conduct preliminary analyses of the data submitted for the pilot test. Determine if the data is sufficient for measuring the shorter and longer term outcomes of the team model outlined in the above charts, and make revisions based on the data

analysis. PEP staff recommends that KV work with outside evaluators to analyze this data, and to make revisions to the data collection methods based on this analysis.

- Develop a series of training sessions for KV staff related to internal data collection and evaluation that includes the following topics:
 - The process that was implemented to develop KV shorter and longer term outcomes and data collection methods (i.e., share with KV staff the Executive Summary for this report).
 - The purpose for measuring KV outcomes (i.e., explain why KV is collecting this information, and what this information means to both to the organization and to their work at KV).
 - Explain how KV is going to use the data for measuring outcomes and for ongoing development of the team model.
 - Implementation of new data collection methods: Develop and implement a series of sessions explaining how to use the new system to collect data related to outcomes on an ongoing basis, and at case closing.
- **External Data Collection:**
 - **Short term surveys of service providers and KV staff (in the next 4 to 6 months).**
 - Develop and implement a survey for key stakeholders that can be implemented after KV presentations on the team model.
 - Develop and implement a survey for KV staff that can be implemented after presentations by service providers to KV staff.
 - **Follow-Up Survey of Key Stakeholders (in 2005):**
 - Conduct a follow-up survey with key stakeholders to assess their views of the team model. The first survey was conducted in the Fall of 2002 and Spring of 2003, when the team model was not fully implemented. The purpose of the follow up survey would be to assess the awareness and understanding of the team model among key stakeholders after the team model has been fully implemented.
 - PEP staff recommends that KV staff work with outside evaluators to develop and implement this survey.

B. Future Considerations

PEP staff also recommends that KV consider implementing a survey of child clients and/or caretakers of very young children as part of the evaluation of the Team Model. The purpose of the survey would be to gather information related to KV outcomes that either cannot be measured using internal data collection methods, and/or to provide another data source that would complement the data collected by KV staff. The following outcomes were also developed and discussed during the evaluation. As a result of KV advocacy role, child clients:

- Are aware of and more comfortable with court procedures.
- Feel that their wishes (i.e., “their voice”) have been heard by KV staff.
- Feel they have been presented with options that meet their basic needs.

The survey could be administered at shorter (i.e., 9 to 12 months after case opening), and longer term intervals (i.e., at case closing). The data gathered would allow child clients and/or their caretakers to provide direct feedback regarding KV's advocacy role, and the outcomes associated with the team model. PEP staff recommends that KV staff work with outside evaluators to develop and implement this survey because of the sensitivity and time involved in developing survey instruments that can reliably capture data from children and adolescents. PEP staff has provided KV with examples of previous research conducted with children and/or their caretakers in the child welfare system.

Appendix A: Phase 2 - Working Group Outcomes Measurement Plan

KIDSVOICE OUTCOMES MEASUREMENT PLAN
March 2004

I. SHORTER TERM OUTCOMES

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
A. MORE IMMEDIATE CHILD OUTCOMES RELATED TO DIRECT KV ROLE		
<p><i>DIRECT KV ROLE: investigate, assess, educate and advocate</i></p> <ul style="list-style-type: none"> • <i>Frequent and ongoing communication between KV staff and child clients</i> • <i>Child Clients have a voice – KV staff listen to what child clients want & express their wishes</i> • <i>Child clients are aware of and less anxious about court procedures.</i> • <i>Child clients feel they have more options.</i> 	<ul style="list-style-type: none"> • <i>Child Client contacts Form:</i> This would replace the meeting and phone notes forms used for child client contacts in order to provide more details about the type of interaction between KV staff and child clients. Data could be entered and forms printed from the Activity Log, including: <ul style="list-style-type: none"> • Who initiated the contact - KV or child? • The date of the initial petition/notification could be recorded at the beginning of a case. • Was the contact the first visit, held before hearing, or a follow-up visit? • Type and location of contact: i.e., phone, meeting inside court, meeting outside of court, i.e., parent's home, residential facility, etc. • Child's Requests (i.e., typical requests could be listed, plus other category) • KV recommendations for follow-up. • A section for notes. • <i>Objective survey</i> of child clients and/or caretakers. 	<ul style="list-style-type: none"> • Ongoing communication as indicated by the frequency and type of contact between KV and child clients. • The number of contacts prior to the first hearing also indicates a goal of the team model to interact more frequently with child clients prior to court. KV could also measure the length of time between initial petition/notification of the case and KV <i>in-person contact</i> with child client. • Child clients have the opportunity to say what they want and are being heard, as indicated by checklist indicating the child's requests/wishes and KV staff recommendations for follow-up, and as indicated in other forms to be determined (i.e.. use and/or revision of case preparation and hearing notes forms). • Child clients are aware of and less anxious about the court process, they understand KV's role, and feel they have more options, as indicated by an <i>objective survey</i> of child clients and/or caretakers of young children (i.e., 6 to 12 months after the case is assigned to KV for the evaluation of shorter term outcomes, and at the termination of the case for the evaluation of longer term outcomes).

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
B. RELATIONSHIPS WITH KEY STAKEHOLDERS		
<p><i>DIRECT KV ROLE: facilitate, educate</i></p> <ul style="list-style-type: none"> • <i>Stakeholders have greater awareness & understanding of KV</i> • <i>KV staff has a greater awareness of key stakeholders' roles and services</i> 	<ul style="list-style-type: none"> • <i>Follow-up Survey of Key Stakeholders</i> • <i>Short survey of Service Providers</i> at KV Presentations about the Team Model • <i>Surveys of KV Staff</i> to assess awareness of key stakeholders roles and services. This could be accomplished several ways: <ul style="list-style-type: none"> ○ Short surveys after presentations to KV staff by service providers. ○ An objective, annual or bi-annual survey of KV staff. • <i>Activity Log Data/New Form on Interaction with Key Stakeholders:</i> Meeting and phone notes forms could be combined into one form to track interaction with key stakeholders (see Section C for details on this form). 	<ul style="list-style-type: none"> • The follow up survey could ask the same questions as the first survey – results could be compared to the first survey to determine any changes in the awareness and understanding of KV and the team model. • The short survey of key stakeholders could ask questions about their understanding of KV and the team model, and their frequency and type of interaction with KV. • The short survey of KV staff could assess their understanding and awareness of the presenting service providers, and other stakeholders. Questions could assess awareness, frequency and type of interaction, etc. • An annual or bi-annual survey of KV staff could be conducted to assess their overall understanding and awareness of key stakeholders, including providers, judges, hearing officers, etc. • Activity log data could track frequency and type of interaction between KV staff and key stakeholders. • Potential analysis: Statistical analyses could be conducted to determine if there are statistically significant relationships between the level of activity between KV staff and key stakeholders (activity log data) and their understanding and awareness of key stakeholders (annual survey). In other words, the analysis could determine if there was a significant increase in KV's awareness and understanding of key stakeholders as their activity level increased.

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
C. INFORMED RECOMMENDATIONS ARE DEVELOPED; RECOMMENDATIONS & SERVICE PLANS ARE IMPLEMENTED		
<p><i>DIRECT KV ROLE: develop and present recommendations</i></p> <ul style="list-style-type: none"> • <i>There are clear and informed recommendations for child clients developed inside and outside court.</i> <p><i>INDIRECT KV ROLE: follow-up, monitor and enforce.</i></p> <ul style="list-style-type: none"> • <i>Recommendations and Service Plans are Implemented that help meet the basic needs of the child.</i> • <i>Basic Needs of Child Clients are Being Met in the short term</i> 	<ul style="list-style-type: none"> • <i>New Forms/Activity log data (Forms for KV’:</i> <ul style="list-style-type: none"> ○ <i>Outside Court</i> (i.e., FSP, IEP, PP meetings, and phone calls): This form would use one form for all interaction between KV staff and key stakeholders outside of court and could include a section for written notes and checklists for: <ul style="list-style-type: none"> ○ Meeting or phone call? ○ Type of meeting (i.e., IEP, FSP) ○ Who was present at meeting ○ Basic needs of child clients as documented by KV staff ○ KV positions regarding child client ○ CYF position regarding child client ○ Outcomes from meeting (i.e., next steps) ○ Actions that have been already taken • <i>Court: Case Preparation Form</i> <ul style="list-style-type: none"> ○ This form would be very similar to the existing form, but would include checklists for most the items (i.e., family service plan goals, recommendations, how recommendations were developed, etc.), and then a section for written notes. • <i>Court: Hearing Notes Form</i> <ul style="list-style-type: none"> ○ This form would be similar to the existing form, but would include checklists for recommendations by KV and other parties, how recommendations were developed (i.e., in collaboration/pre-hearing prior to court), court approved recommendations, and any actions taken already (i.e., services already delivered). • <i>Other existing data sources might include: Court Orders, KV Motions, PPM Goals (CYF Form).</i> 	<ul style="list-style-type: none"> • These forms would track the basic needs of child clients, KV positions in meetings and recommendations in court regarding child clients, how recommendations were developed (i.e., by KV team alone, in collaboration with other parties – and which parties), whether other parties’ recommendations differ from that of KV and what their recommendations are, and the outcomes from meetings and hearings regarding what is being recommended or ordered by the court (i.e., regarding services, placements, etc.), and any follow-up information regarding what has been implemented regarding services and placements (i.e., if child clients are receiving the services KV recommended, i.e., clothing, medicine, medical care, MH treatment services, IEPs). • Court orders would indicate which, if any, of the recommendations made by KV in court were adopted by the court. KV motions would indicate recommendations made by KV in court. PPM form would indicate CYF positions regarding placement issues. • This information could then be analyzed to assess collaboration (e.g., on how many recommendations did KV and others agree or differ? On those where KV recommendations differed, whose recommendations were adopted and what were the outcomes?)

II. SHORTER AND LONGER TERM OUTCOMES AND OVERALL DATA SOURCES

OVERALL OUTCOMES	IDEAS FOR EXISTING AND POTENTIAL DATA SOURCES	MEASURED BY
CHILD RELATED OUTCOMES: CHILD CLIENTS' PERMANENCY, SAFETY AND WELL-BEING GOALS ARE BEING MET AND THEY HAVE A "VOICE"		
<ul style="list-style-type: none"> • <i>System wide goals:</i> <ul style="list-style-type: none"> ○ <i>Shorter Term: Basic needs of child clients are being met.</i> ○ <i>Longer Term: Permanency, Safety and Well-Being needs are being met.</i> • <i>Children have a "Voice": KV overall advocacy reflects the wishes and best interests of child clients, child clients feel they have more options, and are less anxious about court proceedings.</i> 	<ul style="list-style-type: none"> • Case Review and Follow-Up Form: This form could track progress made on cases at shorter and longer term intervals (i.e., every 6 months and at case termination). It could include checklists that tract information on whether or not KV's recommendations or service plans related to basic needs were implemented, whether or not the basic needs of child clients are being met (i.e., what has been done regarding placements, services, etc), and at the close of a case, why the case was closed and KV's position regarding closing the case. This form could also contain questions important for older teens related to independent living (i.e., affidavits signed, and living arrangements, GED/diplomas received, and employment). This form could also include a section for narrative notes. • CMIS Data: KV could use this data to track the number, location and type of placements (i.e., shelter, group home, supervised independent living), and how long the child remained at the placement. It also tells KV if the child was on the run (i.e., absentee-runaway). This data indicates the petition status, if the case is open/closed, how long the case has been open and the hearing history. • Objective Survey of Child Clients and/or caretakers (as described in the above section) conducted in the short term (i.e., after 6 -12 months) and in the long term (i.e., at case termination). 	<ul style="list-style-type: none"> • KV case review and follow-up form could track whether or not child clients' needs are being met in the short and long term, including at the termination of the case. • CMIS data could be used to document permanency goals in that are being met in the short term (i.e., in first 6 months or other time period KV determines) and in the long term (i.e. after 2 years or at the close of a case), including: <ul style="list-style-type: none"> ○ Number of placement moves and reasons for placement moves (i.e., number of shelter hearings and actual placements). ○ The length of time children spend in out-of-home care and how long it takes children who enter out of home care to exit. ○ The length of time spent in shelters vs. in foster care placements. ○ The Could number and percentage of cases that remained in out-of-home care one year after the case opened, and for those who left out-of-home care, the percentage who were reunited with their families and placed in adoption or guardianship arrangements. ○ Reasons for cases opening and closing; number of cases that close and have to reopen. • Objective survey of child clients and/or caretakers of younger children could include questions regarding system wide goals in the short and long term, and regarding issues related clients having a "voice."

Appendix B: Phase 2 - Working Group Outcomes Diagram

Activities include Direct Contact with Child Clients, and are ongoing throughout the case: point of entry could be anywhere along the continuum.

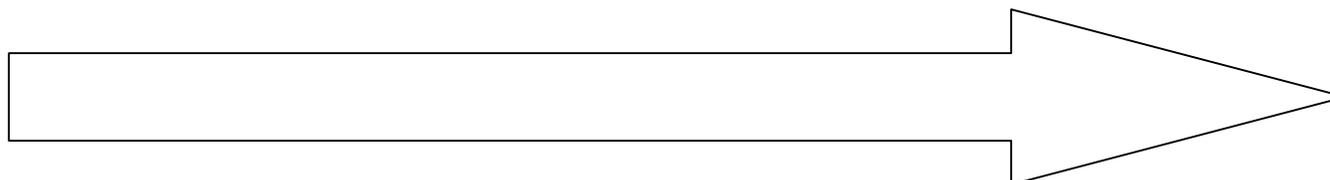
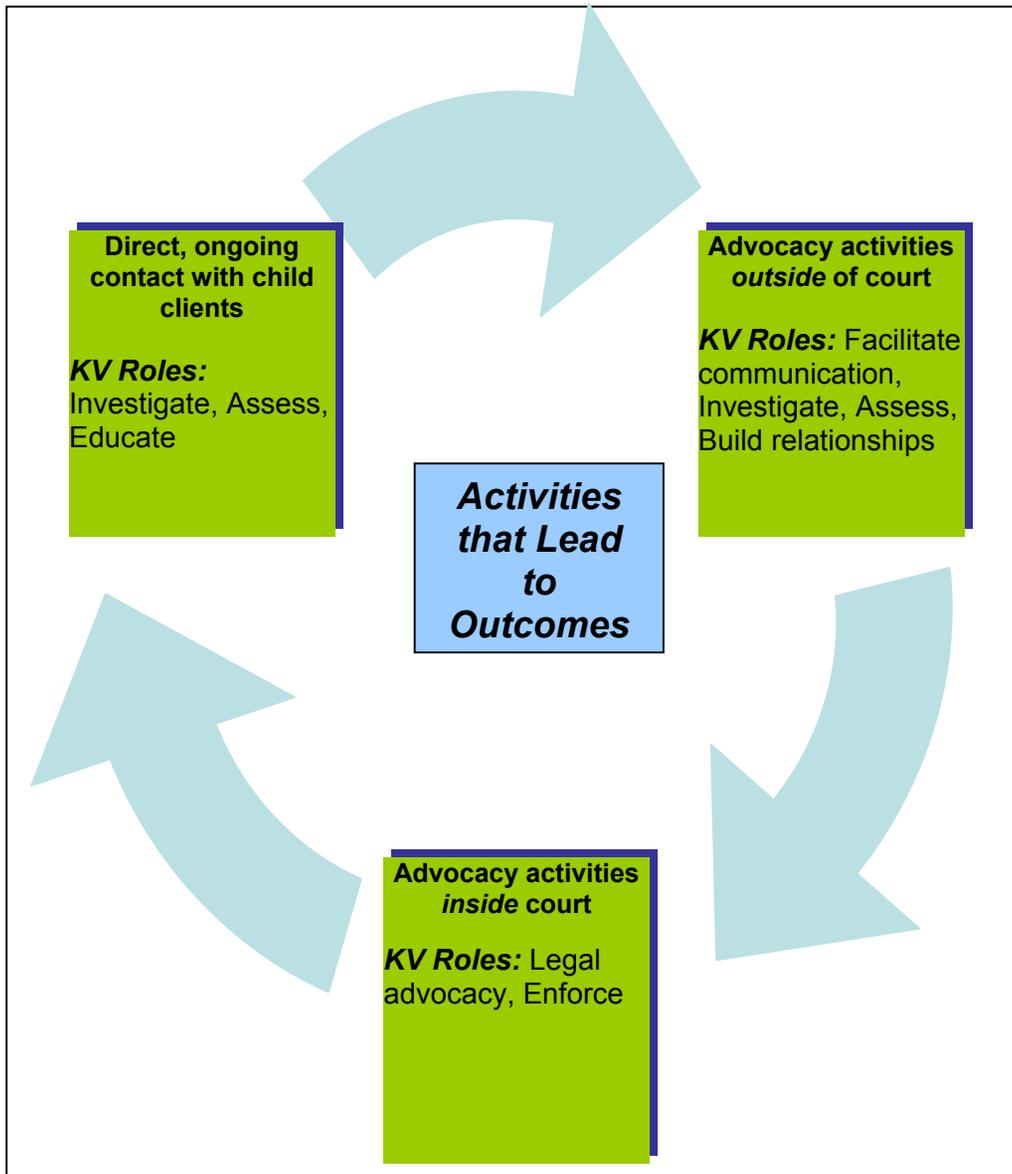
A. Direct, Ongoing Contact with Child Clients: (1) Develop relationships with clients by talking to and visiting them. Via this relationship, (2) investigate and assess issues that affect the child and the family, as well as (3) identify options for them. (4) Counsel the kids about their options. (5) Explain confidentiality, role of CAS and role of GAL. (6) Prepare child for court proceedings.

B. Advocacy Activities outside of court: (1) Facilitate relationships and communication between key stakeholders regarding the best interests of the child. (2) Talk to and visit key stakeholders including caregiver(s), teachers, therapists, schools, placement providers, foster parents, MH evaluators, CYF caseworkers, parent advocates, etc. (3) Attend meetings (e.g., IEP, PP, FSP, RTF, other interagency meetings) so that KV may influence, inform, and build consensus among key stakeholders regarding services and resources for the child. (4) Obtain and review records. (5) Take copious notes. (6) Review case in team meetings to formulate recommendations.

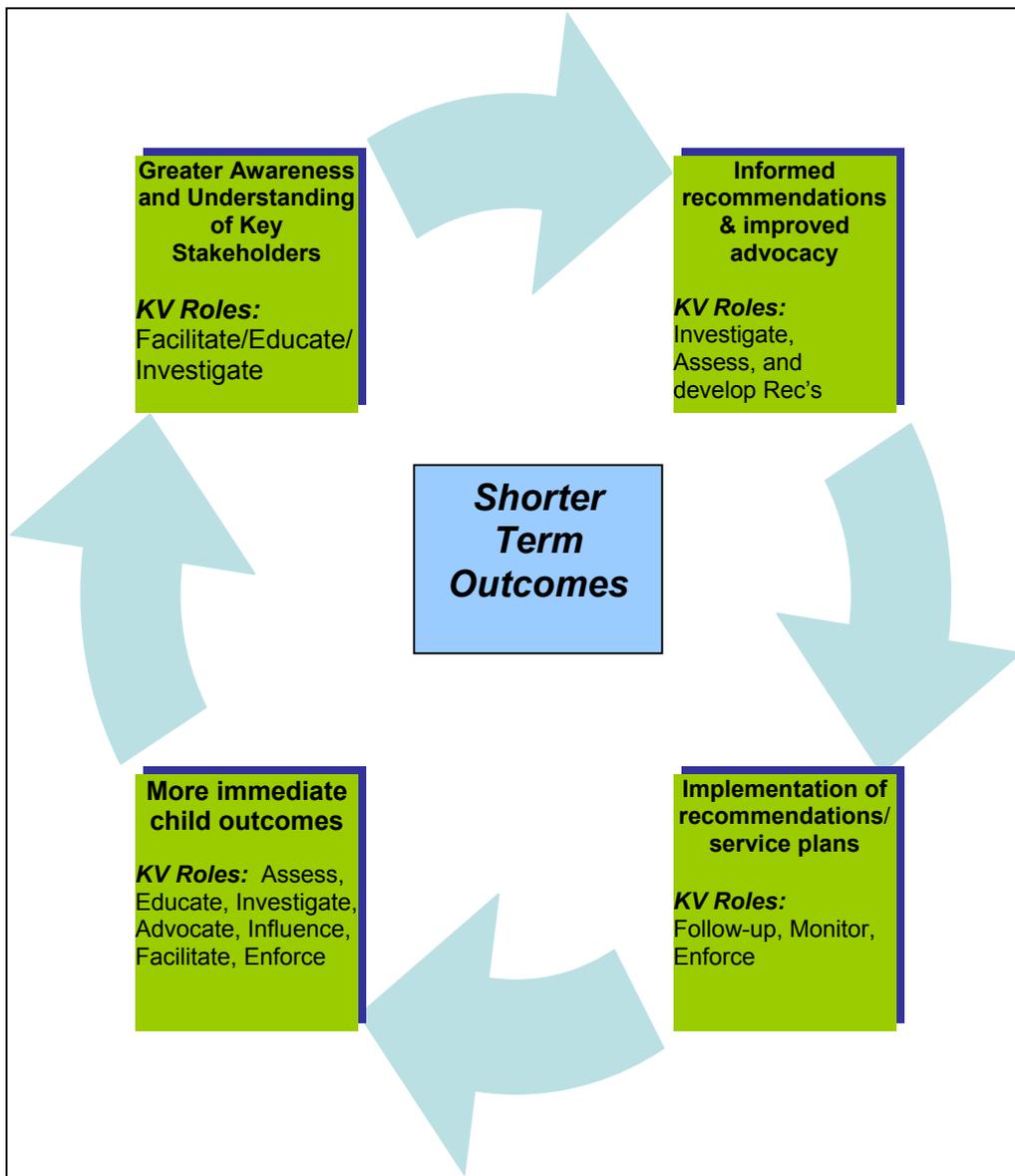
C. Advocacy Activities inside court: (1) File court orders and motions. (2) Monitor whether orders are being implemented. (3) Follow-up with CYF and service providers to ensure that recommendations are implemented-Enforce. (4) Participate in dependency hearings. (5) Present clients best interests and wishes.

Current and Potential Data Sources:

KV Activity Log, New forms for child client contacts, and for interaction with stakeholders/other organizations (these would also be included in the Activity Log).



More frequent and improved communication/ interaction with key stakeholders leads to more informed recommendations inside & outside court, improved advocacy, increased likelihood that recommendations will be accepted and implemented, and improved shorter-term outcomes for clients.



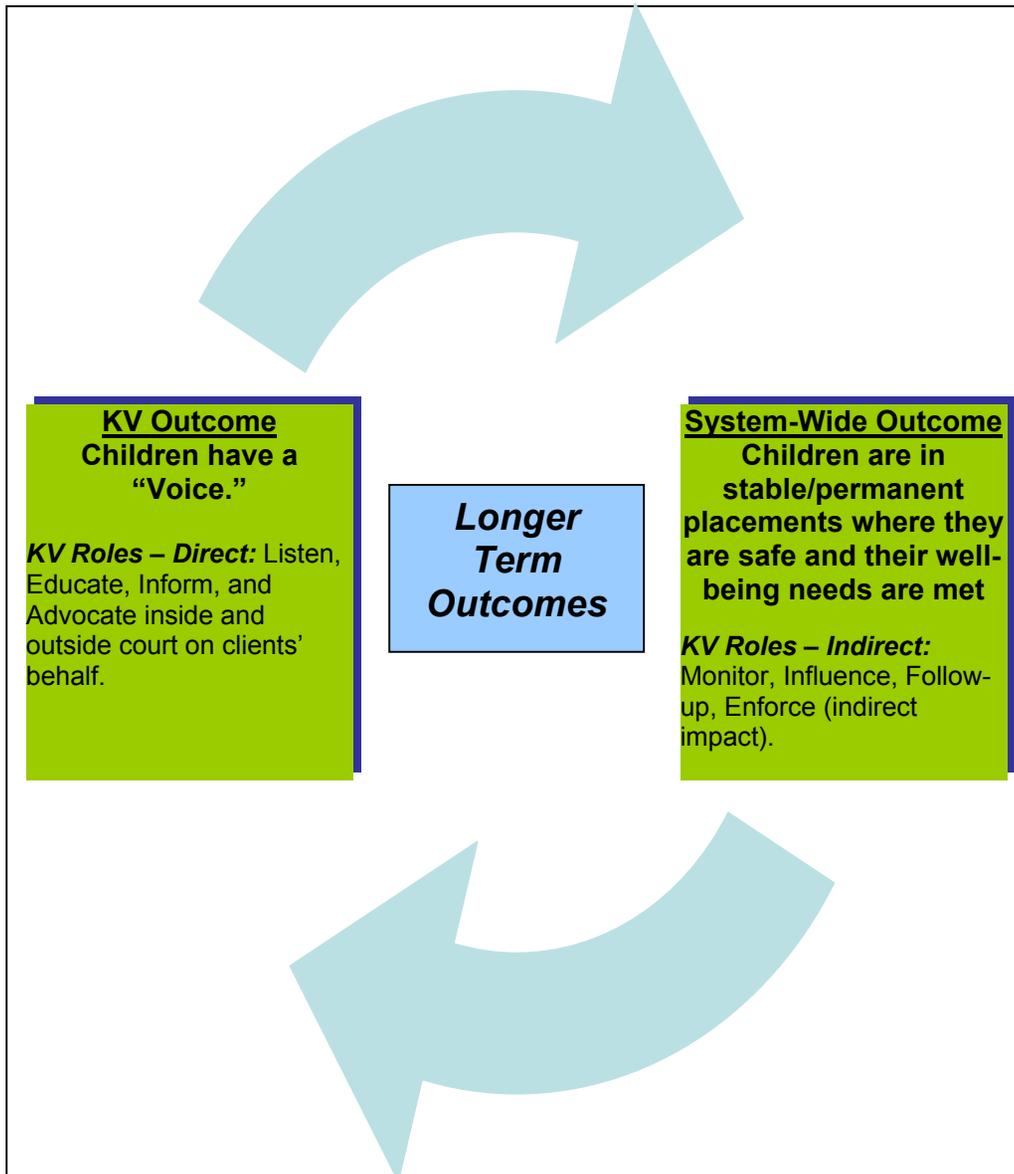
A. Relationships with Key Stakeholders (Direct): (1) Facilitate and develop relationships between key stakeholders including CYF, caregivers, placement providers, parent advocates, MH evaluators, service providers, and others. (2) Educate key stakeholders about KV role and team approach, and investigate opportunities to foster relationships and knowledge of key stakeholders' roles and services.

B. Informed Recommendations and Improved Advocacy (Direct): (1) Gather more and better information through direct contact with clients and ongoing interaction with key stakeholders. (2) Develop recommendations in collaboration with stakeholders inside and outside court.

C. Implementation of Recommendations/Service Plans: (1) **Indirect:** KV influences the development of plans to meet the basic needs of child clients, i.e. MH evaluations, FSPs, IEPs, links to appropriate services. (2) **Direct:** KV follows-up with clients and service providers/CYF, monitors progress, and enforces recommendations through negotiation outside court with key stakeholders/legal action inside court, including investigating placements for child clients.

D. More Immediate Child Outcomes: Direct: (1) Child clients feel that they 'have a voice' (i.e., understand and are less anxious about court proceedings and are aware of more choices/opportunities). (2) Child clients feel their wishes have been heard and expressed by KV. **Indirect:** (1) Basic needs of their clients are met through KV facilitative/enforcement role (e.g. monitoring implementation of plans; clients are in safe and stable placements, receive clothing, medicine, enrichment resources, appropriate services, MH treatment).

Current and Potential Data Sources: Annual or bi-annual survey of key stakeholders, short survey of service providers after presentations by KV staff, and short survey of KV staff after presentations by service providers. Activity log data tracked by new forms. CMIS data. Objective survey of child clients and/or caretakers.



Because child clients are in the child welfare SYSTEM, all of the key stakeholders in the system impact the outcomes of the children. KV has an INDIRECT impact on the Primary system wide outcomes. KV has its own longer-term outcomes, upon which they have a DIRECT impact.

A. Primary System-wide outcomes: Children are in stable/permanent placements where they are safe and their well-being needs are met. Stable/permanent placements include remaining at home, reunification, adoption, permanent legal custody, subsidized PLC, and independence. Well-being needs include improved MH, success in school and gainful employment, and self sufficiency (i.e., they and their children stay out of the CW/PW system, and stay out of jail).

KV’s indirect impact upon these system-wide outcomes are made via their monitoring of and influence over clients’ cases, follow-up with clients and other key stakeholders, and enforcement inside and outside of court.

B. Children have a “Voice”: KV’s outcomes include that children felt they had a voice. In other words, their wishes have been heard by KV staff, they understood and were less anxious about court proceedings and they were aware of more choices and opportunities.

KV’s direct impact upon this outcome comes from their interactions with child clients to assess and understand the clients’ needs; share information with clients so that they are less anxious and more knowledgeable about court proceedings and more aware of their options; and advocate effectively for clients’ best interests.

Current and Potential Data Sources:

Activity log data tracked with new KV forms, CMIS data, Objective survey of child clients and/or caretakers.

