

OBSD UPDATE — AASCF News Vol.2

Outcomes Based Measurement Tool: Survey Results



**OBSD UPDATE —
AASCF News**

**Date:
April 15, 2011**

OBSD is an evidence based model requiring the collection, interpretation and use of outcome data. “Outcomes are a change in knowledge, behaviour, feelings, thoughts, attitudes acquisition of resources and/or characteristics - the difference the provided service will make in the short, intermediate and long-term”. (CORI)

To measure outcomes effectively and efficiently, the measurement tools need to be both valid and reliable.

There has been much discussion about the outcome measurement tools currently being used.

- Which tools are being used?
- By whom?
- Will agencies be required to use specific tool?
- Will they need to change the tools they are using?

In order to assess the needs of programs, the AASCF requested that organizations complete a survey identifying the tools they are using.

We would like to extend our sincere appreciation to those organizations that completed the survey. Over 40 organizations, representing over 300 programs responded.

Raw Data:

The reporting organizations and programs are working with all of the CFSA's and three of the DFNAS.

Size of Organization:

Small (1-3 program)	11
Medium (4-8 program)	16
Large (9+ program)	9

Kind of Programs:

Residential	81
Family-Based	114
Community	88
Auxiliary	19

Funders:

Provincial	48
Federal	10
Foundations	20
Fundraising	14

Reporting Requirements:

Demographic	25
Incidents	29
Satisfaction Surveys	4
Client Change	26
Grievances:	10
Client Engagement	11
Other	3

Measurement Tools : (valid and reliable)

Ages & Stages:	10
BASC2	1
Child Beh. Checklist	2
Children's Depression Inventory	1
WISC-III	3
Miller's Scales	5
Resiliency Canada	5
Family Assess. Form	12
Family Assess. Meas	1
North Carolina Family Assessment Scale	2
Parenting Stress Index	3
Strengths and Difficulties Questionnaire	2
Internally Developed	15
Other	9
None	3

Inside this issue:

<i>Outcomes Based Measurement Tool: Survey Results</i>	1 & 2
<i>OBSD Agency Sector Lead BLOG</i>	3
<i>Important Dates to Remember</i>	3
<i>Contact Information</i>	3
<i>Building Collaborative Practice for Better Outcomes in Region One</i>	4
<i>AASCF/OBSD Web-site update</i>	5
<i>From Passion to Outcome — a Story</i>	5 & 6
<i>Resources — OBSD</i>	6

Outcomes Based Measurement Tool: Survey Results (continued)



Interpretation:

The data collected from the survey has provided the AASCF with an overview of the measurement tools currently being used to collect and interpret client based outcomes.

From looking at the survey results we are able to come to the following conclusions:

- Most larger organizations (over 9 programs) use standardized tools;
- Many of the smaller organizations are using self-developed tools;
- Most of the organizations receiving funding from governmental sources (province or municipality) are using standardized tools;
- Programs reporting to the urban CFSA's (Edmonton, Calgary, Lethbridge) have a higher degree of using standardized tools;
- Programs operating within the reporting DFNAs use self-developed and/or no client based outcome measures;
- Most of the programs have internally developed their own tools to measure client engagement / satisfaction;

Comments from Organizations:

In the comments section of the survey, there were many concerns and questions raised about OBSD in general and its implementation. It is our intention over the next number of months, within this newsletter to address the issues and try to provide some clarity around the unanswered questions. The comments that directly related to the use of the measurement tools were:

- “Outcomes tools do not measure change occurring naturally due to age, experiences, etc”;
- “The ministry needs to allow autonomy in selecting the tools used for client based outcomes”;
- Surveys from one Region stated that there is a need for the use of consistent tools to ensure that outcomes are reported accurately from region to region.

Synopsis:

There are a variety of tools being used—some of which have been tested for validity and reliability and others that have may or may not be valid. The most used standardized tools identified were the Family Assessment Form, Ages and Stages, Miller's Scales

and Resiliency Canada and a large number of programs have created their own tools.

Most organizations working within this sector have been collecting outcome data from many years. It has been an accreditation requirement for more than a decade and many organizations have realized that good outcome data provides the basis upon which to plan, evaluate program functioning, and test or re-affirm the assumptions upon which the program operates.

The National Outcome Child Welfare Matrix (NOM) has been underlying all Ministry and organizational service mandates for many years. The four key “domains” or pillars within which information has been gathered are: (i) Safety; (ii) Well-being; (iii) Permanence; and (iv) Family and Community Support.

The Ministry is currently working on developing an Outcomes Measurement Framework, which will clearly define the outcomes expected from the Ministry and the organizations. The Framework has not yet been made public and it is our hope that we will be able to share it with you in the upcoming months. While the outcomes themselves are being defined within the four “domains”, the tools to be used to gather the data will be determined by the organization.

There have been questions and concerns that one or another assessment or survey tool may be mandated. There has been no formal direction, from the ministry, as to the specific tools to be used for the collection of client based outcomes. It is understood that different tools are needed for different purposes and that a variety of tools will continue to be used. Again, the question is— are the tools being used valid and reliable. There is an expectation that organizations to use and /or develop outcome measurement tools that are valid and reliable. If the tools being used have not been validated or are not reliable, the results /outcomes being reported are questionable and could at some point lead to difficulties.

Fundamentally, the OBSD model does not change the requirements for organizations to collect, analyze and report on their ability to create positive and lasting change with persons served.



OBSD Agency Sector Lead—BLOG



Sandra Maygard

As I have become more immersed in the workings of and understanding the implications of OBSD, I am aware that this is a huge undertaking – for everyone involved.

Over the last month, I attended Chapter meetings in Red Deer, Edmonton and Calgary, the OBSD 101 presentation in Lethbridge, where Joni Brodziak, Ministry Lead, Rhonda Barraclough, ED of AASCF, David O'Brien, CFSA - Region 2 and Tom Miklos from Woods Homes presented, the Edmonton sector meetings for FSCD and Prevention and Early Intervention and have had the opportunity to talk to more agency and ministry staff about the process of implementation.

While I was aware that OBSD is being talked about and considered by most people within the sector, I have been surprised at how much work is being done within the agencies to accommodate the changes inherent with OBSD. Agency directors are considering and/or working on collaborative ventures, partnerships are being addressed, internal barriers to providing seamless services are being challenged and discussions of how to provide more effective services are happening. Some people are very open with what they are doing and some are more quiet and reserved about their plans. While there is lots of co-operation happening, there is still the underlying reality of being in a competitive market.

The Lead Agencies, who have been working out the implications of OBSD, raising many of the questions and “learning by doing”, have been more than open with what they are learning – Woods Homes, The Family Centre (TFC) and WJS have made public presentations, Woods and TFC have created papers as to the “Learnings to Date” and all have been open to answering questions.

OBSD is a major change in thinking and practice. As such, it requires:

- Huge amounts of staff time and energy;
- Knowledge as to what are the desired outcomes will look like;
- An understanding of willingness to embark upon the process of change;
- the development of questions needing to be answered; and
- Learning to live with all of the unknowns along the way.

As I have been learning, many of the messages that have been repeated, from all of the players involved with the Alberta OBSD pilot project include:

- Go slow. This process will not be implemented quickly;
- Be thoughtful and, as much as possible, plan ahead for what may be coming;
- Take the time necessary to think, plan and be intentional. Everyone is learning as we move forward. Sharing the learning – both the successes and areas creating angst may help others avoid some of the pitfalls; and
- It is recognized that the successful implementation of OBSD will be dependent upon relationship building – between the CFSAs, the lead agencies, other agencies within the sector and the other partners needed to be involved, to ensure families and their children have more positive outcomes.

While there are many outstanding questions as to how the OBSD initiative will be implemented, there is almost universal agreement that:

- The underlying premises of OBSD makes sense;
- OBSD reflects and builds upon good social work practice; and
- We all want to work from a framework that maximizes positive outcomes and minimizes the often negative outcomes children and families have had historically, of coming into contact with the Child Welfare system.

As the sharing of information is so important to understanding what is happening within the sector in relation to OBSD, it is our hope that this newsletter will be a mechanism to share information and create an ongoing dialogue about the implementation of OBSD in Alberta:

- Some of the presentations and “Lessons Learned” are available on the AASCF web-site/members area/OBSD/ Models/ Alberta Pilot projects.
- The AASCF web-site section devoted to OBSD has been re-arranged to better facilitate finding articles on particular issues/presentations etc. (see the new Index in this newsletter)
- Ministry and AASCF staff are working on developing a Readiness Assessment Tool that hopefully will assist in looking at the issues needing to be addressed with the implementation of OBSD and will be facilitating focus groups in Region 4 and 7 to gather Lessons Learned.
- If there are OBSD related events happening in your area, please keep us informed as we are more than interested in learning what is happening and how the sector is responding.

I was sorry to see Tia leave this project, wish her well and know that there will be future opportunities to work together. I will now move to working three quarters time and will be available to all parts of the province. As I have always enjoyed travelling, I look forward to meeting many of you over the next few months. As I learn about OBSD, I am still very excited and happy to be involved!

Important Dates



April 14th

Foster Care Service Provider Meeting (5pm to 8pm)

April 15th

Membership Meeting (Red Deer @ Holiday Inn on 67th Street)

May 4th

Charmaine Hammond Conflict Management in Calgary (10am to 4pm)

May 5th

Charmaine Hammond Conflict Management in Edmonton (10am to 4pm)

Contact Information



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Building Collaborative Practice for Better Outcomes in Region One

David O'Brien
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Tom Miklos
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When the Alberta government rewrote its child welfare legislation to produce the Child, Youth and Family Enhancement Act of 2004, it called for more emphasis on prevention and early intervention, greater client engagement, and increased integration between the Ministry of Children's Services and community based services. These were not seen as ends in themselves, but as predictors of better outcomes for children and families. Caseworkers were positive about this new direction, but increasing caseloads have made it difficult for them to build the kind of collaborative practice with families they know is needed to effect the desired change.

The Outcomes Based Service Delivery initiative is designed to help translate the principles of the new act into practice. The method involves focusing on a very clear picture of the desired end state for the family from the beginning of our involvement, and then to integrate formative and summative measures to document the achievement of outcomes. The other basic idea is to have the authority caseworker and agency worker working more collaboratively, especially at the front end with assessment and planning to achieve clarity and unity of purpose. After that it is expected that the agency worker will be empowered to work much more autonomously to achieve agreed goals. Ministry employees and partner agencies have always done good work together, but usually at arms length. Now we are being asked: what might be possible if they truly joined forces and collaborated in the design and delivery of services? What might be possible if partner agencies used all of their community connections to build enduring supports for families in the community?

In Region 1 the OBSD Pilot involving Wood's Homes and the Caseworkers of Unit Z has been designed to transform practice based upon open and ongoing collaboration between the authority and agency and with families. We believe that the front line workers on both sides possess the energy, enthusiasm, ideas, and skills to transform practice so that it is truly collaborative, strengths-based and solution-focused. The belief that the answers are in all of us, and that the way to build collaborative practice is through a process of collaboration, has led us to work jointly to develop a practice model that respects the principles of the new act, is outcomes focused, and provides clarity of roles for all of the players.

One of the premises of the OBSD initiative is that Children's Services staff have certain strengths, especially in the area of building safety for children. Agency staff have a well established reputation for doing broadly based ecosystem assessments and extensive community connections. These areas of expertise are complementary and therefore facilitate collaboration.

In preparing for the OBSD pilot both Wood's Homes and Region1 CFSA independently concluded that Turnell and Edwards' *Signs of Safety* offered a model of strengths-based practice in child protection which was congruent with the values of both organizations and is outcome oriented. Training for staff on both sides in this method began before the pilot went live. This is important because another basic assumption embedded in our OBSD model is that the family is the expert on themselves. Our task is to draw out that knowledge and the family's strengths to ensure their voice and choice are reflected in the intervention plan. In practice it has been found that this approach leads to faster and deeper engagement and we expect that as the pilot unfolds this will be reflected better outcomes. While these ideas are not new, and indeed we believe many workers have included them in their practices the intent is to use them in more coordinated, integrated practice approach and in fact to build a coherent practice model upon them.

To jointly build this new practice model we chose a collaborative process involving all front line staff from both agencies in regular study sessions held to capture what is being learned through practice. The first topic of discussion was the nature of collaboration itself with staff identifying behaviors which they believe are illustrative of collaborative work. Thus the process of developing the new joint approach to practice, itself models collaboration. By extension this collaboration amongst workers is modeled within their joint work with families and contributes to client engagement. The workers gain experience, this is shared and captured in the joint sessions to become part of the developing joint model. These guidelines, in turn, inform future practice in an ongoing iterative process.

To date basic guidelines for engagement, assessment and planning have been established where the assessment and plan is the joint product of the agency, authority and family. That means that the authority and agency do not maintain separate hierarchical plans, but a single plan and set of goals which is developed with the family, and is recorded in the language of the family. In less than six months the number of families involved has increased to 30, though only a single case management unit is involved.

One issue that was understood before the work began was that OBSD involves a profound transformation in practice. Experience has highlighted just how much work is involved. There was a need for more and improved communication, a need for knowledge and understanding of the roles of the other partners, and a need for new learning as the agency staff worked with families that might not have been referred under previous contracts. These challenges have been balanced by the excitement of workers allowed greater scope in the development of their practice, witnessing their own joint achievement, and energized by the positive comments coming from families. As noted above, this learning is captured on a biweekly basis and is steadily building into a detailed set of guidelines built by workers for themselves and their colleagues. The initial results are positive with families and workers both reporting that they feel included in the process and that they have been listened to.



AASCF/OBSD Web-site Update

The AASCF Website www.aascf.com has a section devoted to OBSD, to facilitate the sharing of information in a timely manner.

Accessing OBSD information:

Click on [OBSD Resources Table of Contents](#) and or [Recent OBSD Postings](#)

This web-site is still growing and new materials are being added regularly. If you have articles to include, please forward them to smaygard@aascf.com Thank you.

The following are the categories included:

[Recent OBSD Posting](#)
[AASCF/OBSD Newsletters](#)
[Change/ Change Management](#)
[Child Welfare Outcomes](#)
[Collaboration/Merger/Partnership](#)
[Collaboration](#)
[Mergers](#)
[Partnership](#)

[Evaluation](#)
[Legal/Liability Issues](#)
[Ministry Correspondence](#)
[Models – Alberta/Canada/US](#)

[–comparisons and states/International](#)

[Alberta Experience](#)
[Canada](#)
[USA](#)
[International](#)

[Outcome Management/Performance](#)
[Performance Based Fund-](#)
[ing/Contracting](#)
[Practice models](#)
[Tools](#)

[Evaluation/Measurement](#)

[Tools](#)

[Financial Tools](#)
[Partnership Tools](#)
[Readiness Assessment Tools](#)

[Tool Box Extension - Index and List](#)
[Additional Management Resources](#)

From Passion to Outcomes—A Story



Youth Villages, a Memphis-based organization, monitors outcomes for every child it serves and allows independent researchers access to its data. The organization [reports](#) that, two years after completing its in-home programs, 83 percent of youths served were living successfully in families, 85 percent were in school or had gained a high school or equivalency degree, and 82 percent reported no trouble with the law. Moreover, these services are less expensive than out-of-home care. In Massachusetts, for example, the average cost for Youth Villages' four- to six-month [Intercept](#) program, which currently has a 78 percent success rate in the state, is \$18,000 per youth. By contrast, one youth in residential care can cost the state more than \$125,000 per year (the average length of a stay) — and the success rate is about 40 percent.

Youth Villages was established in 1986 to operate residential treatment centers for youth involved in Tennessee's juvenile justice and child welfare systems. But in the late 1980s, Patrick W. Lawler, Youth Villages' chief executive, began questioning whether they were actually helping the youth they were serving. Like most people in his field, Lawler assumed that residential treatment was the way to go. "When a child comes into juvenile court, the records show all the problems with the family as well as the child," he recalled. "You deduce that the family is the problem. Get the kid out of the family, the kid will be better. It didn't work out that way."

From time to time, Lawler would run into family members of young people he had worked with. "I'd say, 'How's Thomas doing? Or how's Charlotte doing?'" he recalled. Most of the time he heard, "Not so good." He'd be told that children had dropped out of school, gotten pregnant, or gotten arrested. Some kids were homeless or on drugs; some had committed suicide. "It started wearing on me a little," he said. So Youth Villages started doing follow up phone calls every summer to see what had happened to the youths who had been discharged the year before. About half had bad outcomes. Lawler's response was to work with his staff to improve their counseling. They created a new school and beefed up the recreation program. "But year after year, we kept making those phone calls and the data kept coming back the same," he said.

In 1993, he hired a graduate who had completed an M.B.A. from Vanderbilt University named Lee Rone to conduct research. He chose Rone because he had good analytic skills but knew nothing about children's services. "We wanted somebody who had fresh eyes," Lawler said. "We called him 'the blank slate.'" Rone set out to interview a range of experts in child welfare asking them which services they thought were most badly needed. After 126 interviews, the top response was "intensive in-home family services." "We had no idea what that was," Lawler recalled.

They did some digging and through a chain of leads they were connected with a group of researchers at the Medical University of South Carolina, who had recently developed a treatment model called [Multisystemic Therapy](#) (MST), which had shown promise dealing with chronic and violent juvenile offenders. (MST has since been repeatedly validated in rigorous studies as superior to standard services.)

The key to MST was that it focused on helping youth in the context of their families, schools and communities. In particular, it worked to strengthen families, not replace them. Youth Villages began using MST with 12- to 17-year-olds who displayed anti-social behaviors. Over time, the results got better. It then developed another program, Intercept, which was focused on getting children at all ages in the child welfare system safely reunited with family members, while preventing children at risk from falling into state custody.

In both cases, they would identify problems that needed to be addressed within families — mental health issues, substance abuse, undiagnosed depression, behavioral issues — and develop a viable placement plan, in conjunction with child welfare advocates and the courts. That might mean assisting parents or identifying and supporting relatives who could step in as caregivers. Counselors would do everything from help caregivers learn to manage their medication, parent effectively (be consistent, enforce rules, offer praise) or enlist support from schools and people in the community.

Today, Youth Villages has 2,300 employees and is one of the largest providers of child welfare services in Tennessee. It has a variety of programs but it's best known for its in-home services, which have garnered praise [from the White House](#). The model is radically different from the prevailing child welfare approach. Its counselors each serve four to five youths rather than 30 to 40. They work in teams with clinical consultants. They are on call 24 hours a day, 7 days a week. They make a minimum of three home visits a week and sometimes as many as six or seven. They visit clients at work during lunch hours, or at home early in the morning, in the evening, or on weekends if necessary.

Youth Villages' results are challenging the prevailing notion that states can do better than vulnerable families at raising children. "I don't know who came up with this idea many years ago that to fix a child, it was best to take the child out of the home and put him in a foster home, a group home, or a residential treatment facility," says Lawler. "For a few months it's tolerable and in many cases necessary. But for a child to grow up in the system is terrible. Unfortunately that's been the protocol for decades now."

From Passion to Outcomes—A Story (continued)



The problem is that most child welfare agencies are not oriented around returning children to permanent families — and their funding does not lead them to prioritize this goal. Money intended for out-of-home care doesn't follow the child home. In fact, the federal government dedicates [much more money](#) to out-of-home care than it does to programs that provide flexible in-home services like Youth Villages. Large institutional care providers don't get paid by the government for successful youth outcomes; they get paid to fill beds. Some entrenched interests have even fought to keep Youth Villages from working in their states.

In Tennessee, Youth Villages has been [credited](#) with playing a catalytic role, helping the state's Department of Children's Services to upgrade the foster care system.

Help came in 2000 when Tennessee was [sued](#) by a group called [Children's Rights](#) which alleged, among other things, that the state placed far too many children in institutional care. (Many states are today operating under court oversight because their child welfare systems fail to provide safety and permanency for children.)

Tennessee settled the lawsuit and from 2000 to 2009, the number of children in out-of-home care in Tennessee dropped from 10,144 to 6,702. It's vital to note that incidences of "maltreatment recurrence" decreased during that period, which indicated that the changes hadn't compromised children's safety. Tennessee also started paying providers based on their successes, not just their services.

The innovations that Youth Villages has helped advance show how other social service organizations might improve outcomes, as well. At the top of the list is Youth Villages' rigorous attention to data and its willingness to invest in strengthening families — even when the conventional wisdom held that families were the problem.

Youth Villages' work also shows the value of governments experimenting with social organizations who have innovative delivery models. Unfortunately, without the public-interest lawsuit filed by Children's Rights, and the subsequent court oversight, it's doubtful that government would have gotten as serious about the state improving services as it did.

Finally, of course, like any successful organization, Youth Villages is only as good as its execution — and that hinges on a motivated, well-managed workforce armed with good research. All of these things are worth noting. But above all, Youth Villages' successes grew out of Lawler's and his staff's unusual willingness to examine their own performance unmercifully and to conclude that, despite their best efforts, they were failing. That's tough to do. But it's often the first step in real change.

David Bornstein
The Opinion Pages
New York Times
February 21, 2011

[David Bornstein](#) is the author of "[How to Change the World](#)," which has been published in 20 languages. He is the founder of [dowser.org](#).

Resources —OBSD

The Community-University Partnership for the Study of Children, Youth, and Families (CUP) is committed to improving the development of children, youth, families, and communities: <http://www.cup.ualberta.ca>

Commit to Kids is a step-by-step plan to help prevent sexual abuse from happening within child serving organizations.

<http://www.prioritejeunesse.ca/app/en/home>

Canadian Child Welfare Research Portal: <http://www.cecw-cepb.ca>.

Jurisdictional Comparison of Child Welfare System Design – Working Paper #2 July 10, 2010, Commission to Promote Sustainable Child Welfare:

<http://www.cecw-cepb.ca/sites/default/files/publications/en/ON-jurisdictional-comparisons-child-welfare-system-design.pdf>. Working Paper #2 Appendixes July 2010, - Interview Questions and Comparison of Child Welfare in Nova Scotia, Manitoba, Alberta B.C.

Transitioning from Service Management to Service Dominant Logic: Observations and Recommendations, Gummerson, Evert, Robert F. Lusch and Stephen L. Vargo (2010): <http://www.sdlogic.net/IJQSS2010.pdf>. **Assessing Organizational Readiness for Change**; Lehman, W.E.K., Greener, J.M. & Simpson D.D., Journal of Substance Abuse Treatment, 22, http://aetnec.ucsf.edu/evaluation/Assessing_Agency_Readiness_for_change.Lehman.pdf

Building Knowledge About Community Change: Moving Beyond Evaluation, Aspen Institute- Patricia Auspos, Anne C. Kubisch, Nov. 2004

http://www.ocol-clo.gc.ca/docs/e/BUILDING_KNOWLEDGE.pdf

Signs of Safety Workshops - Hamilton, Ontario, Canada – July 5-6 and July 7-8, 2011. "Questions: The Heart of the Signs of Safety" will run from 5–6 July and will engage participants in exploring many case scenarios, thinking through questions that would most effectively get professionals and families focused on the core issues of danger, harm, strengths and safety. "Building Rigorous Safety Plans in High-Risk Child Protection" will run from 7–8 July and look at the specific ideas, skills and processes for working with parents, children and the family's naturally occurring network to build rigorous, sustainable safety plans that address the child protection concerns. Enquiries: registrations@signsofsafety.net

The Quality Improvement Center on the Privatization of Child Welfare Services - University of Kentucky Social Work Department - posts articles and publications related to privatization issues in the United States: <http://www.uky.edu/SocialWork/qicpcw/assessment.htm>

