

The IARCA Outcome Measures Project

Responding to the Needs of Indiana's Children & Families

By Cathleen Graham, Gina Alexander, Steven M. Koch, and Jacqueline R. Wall

In 1995, the Indiana Association of Resources and Child Advocacy (IARCA)¹ responded to a request from the juvenile judiciary in the state to create an outcomes monitoring project that measured effectiveness of programs and services provided to youth and their families by IARCA member agencies.

Two and a half years later, in 1998, data collection for the IARCA Outcome Measures Project (IOMP) was implemented by IARCA member agencies across the state. A primary goal of the IOMP has been to measure and monitor outcomes for youth placed into IARCA member agencies across the spectrum of programs provided—ranging from outpatient and home based services to residential psychiatric and locked and staff secure units. The group developed outcome measures that would:

- Highlight the needs of Indiana's children and families referred for services.
- Improve programs in response to an individual agency's results at discharge and follow-up.
- Allow for benchmarking of performance with an aggregate of the data by program type.
- Provide a better understanding of the broader issues of children's services to strengthen advocacy efforts on behalf of children and families.

The IOMP has completed more than 16 years of data collection, making it one of the longest continually running projects examining outcomes for youth across the nation. Across the years, an average of 70 agencies have participated in the IOMP annually, providing cases averaging 5,423



admissions to programs per year. For each year of the IOMP, external evaluators have compiled annual benchmarks for each program, reporting the: (1) characteristics of youth and their families when youth are placed into care;² (2) outcomes at discharge from care; and (3) outcomes several months after discharge. Individual agencies also have access to their own data, allowing every agency participant to compare their own data with the aggregate IOMP benchmarks.

Here is how IARCA and member agencies have used the data from the IOMP to further benefit the youth and families they serve.

Using the IOMP for Agency Program Improvement

Changing stakeholder needs and expectations requires child and family services agencies to deliver services that are customer-responsive, high-quality, cost-effective, and demonstrate positive outcomes. The Villages of Indiana is a statewide agency that provides a wide array of child and family services: including therapeutic foster care, adoption, home-based case management and therapy, parent education, child care centers, and home visiting services. The agency

¹ Formerly IARCCA, an Association of Children and Family Services.

² While outcomes have been collected for the IOMP since 1998, risk characteristics have been collected since 1999.

has participated in the IOMP since its inception in 1998, and uses both aggregate and agency-specific data as part of its ongoing process of program improvement—data that helps examine clients’ needs, specific program practices, and outcomes.

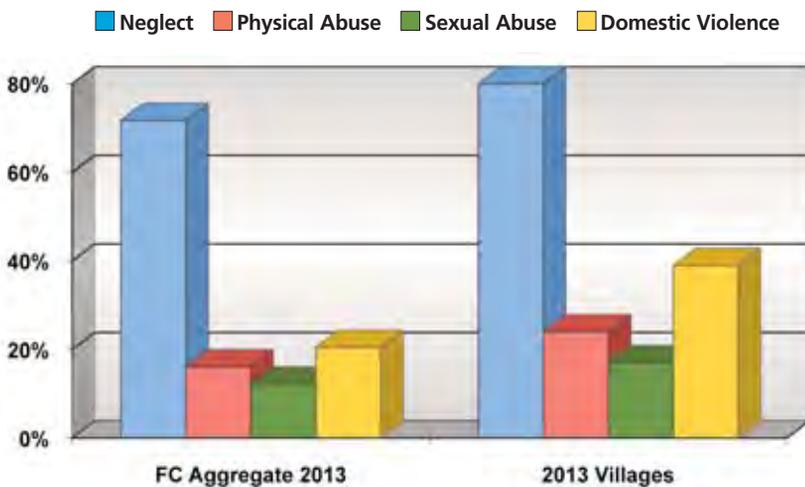
Children entering foster care into agencies participating in the IOMP over the past 15 years have experienced various types of maltreatment due to neglect, physical and sexual abuse, and being witness to domestic violence (see Figure 1).

Similar rates of maltreatment have been experienced by children entering foster care with The Villages (see Figure 2).

Recognizing the actual prevalence rates for these youth led the agency to set a goal of becoming a trauma-informed organization. Services considered for the agency programs emphasized the five core values of safety, trustworthiness, choice, collaboration, and empowerment. Foster parents were provided additional training in trauma-informed care, using a curriculum developed by the National Child Traumatic Stress Network. Similarly, clinicians were trained in the provision of Trauma Focused Cognitive Behavioral Therapy (TF-CBT), now a therapeutic component of the agency’s foster care program.

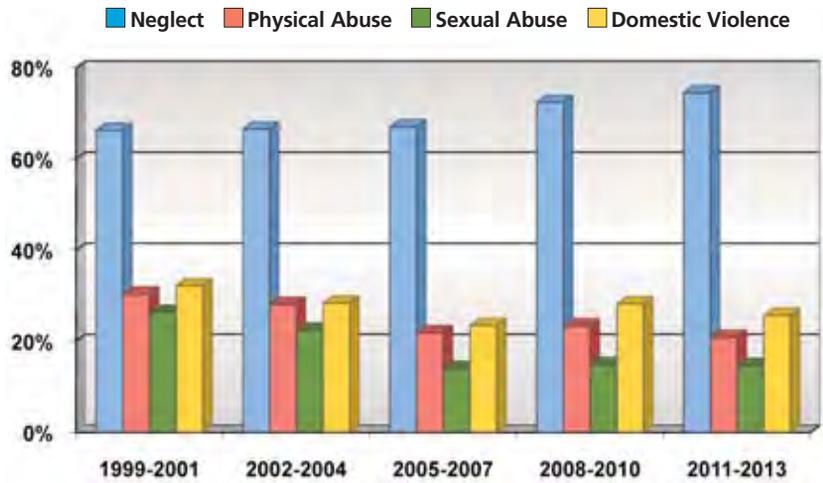
The Villages’ board members have also received training about the agency’s trauma informed initiatives; these have led to a reevaluation of physical space to insure that it provides a safe, welcoming environment. One example is the creation of a more family-friendly environment for visitation. Offices

Figure 2



Percent of youth entering foster care programs with suspected/known history of child maltreatment factors for IOMP and The Villages, 2013.

Figure 1



Weighted average percent of youth entering foster care programs with suspected/known history of child maltreatment factors, 1999-2013.

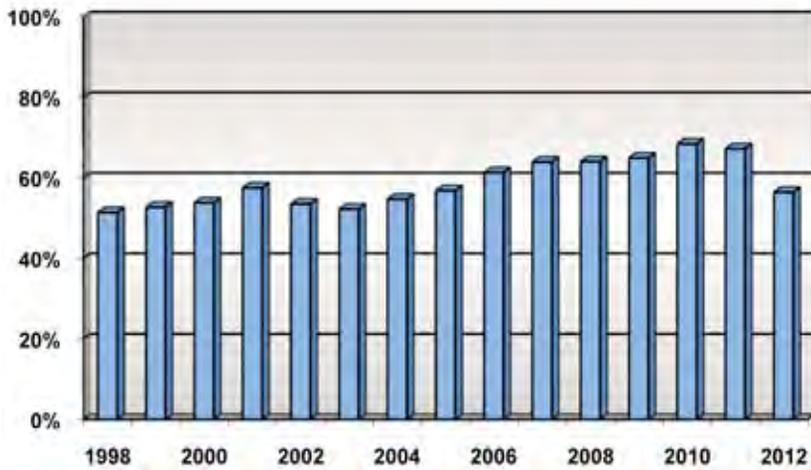
now have separate areas with small kitchens and “living rooms” to allow families greater privacy and opportunities for interaction.

Achieving permanency is the goal for all children in foster care. This is most often achieved by safely returning to live with parents, other family members, or adoptive parents (see Figure 3). A significant number of children (13.1% to 21.8%) come into foster care with parental rights terminated. In the past decade, The Villages Foster Care program has also seen a significant number of children with parental rights terminated, ranging from 10% to 24%. Consequently, understanding and supporting special needs adoption has become an integral part of our foster care program. Between 11% and 33% of foster youth placed with The Villages achieved permanency through adoption from 2003 to 2012. During that same period, the majority of children with parental rights terminated were adopted by their Villages foster family (78% to 97%).

In order to facilitate and sustain adoptions, the agency has developed a number of adoption initiatives. Since 2004, The Villages has participated in the Wendy’s Wonderful Kids (WWK) program, funded by the Dave Thomas Foundation for Adoption. Through WWK, The Villages has added three adoption professionals who implement child focused recruitment programs targeted on moving Indiana’s longest-waiting children from foster care into adoptive families.

Additionally, all Villages foster families receive training in special needs adoption issues

Figure 3



Percent of foster care youth who achieved permanency or concurrent plan upon discharge, 1998-2012.

as part of their on-going training requirement. The agency has also expanded foster parent recruitment efforts to increase targeted recruitment of adoptive families. In 2012, the agency was approved to train Indiana clinicians in the Training for Adoption Competency (TAC) program. The TAC is a 12-session, competency-based training program followed by a 6-month case consultation program for licensed mental health clinicians who provide pre- and post-adoption services to prospective adoptive parents, birth parents, adopted person, and adoptive and kinship families. All agency clinical staff are trained in the TAC. The Villages is also one of three agencies providing Post Adoption Services to adoptive families referred by the Indiana Department of Child Services. Post Adoption Services provide a comprehensive system of care that allows families to find support after adoption.

Using the IOMP for Public Policy

The IOMP measures the number of youth admitted to care who have had parental rights terminated—a number that has been examined more intensively since the state implemented the Adoption and Safe Families Act of 1997. IOMP data showed an increase in the percentage of children with terminated parental rights (TPR) in the early years of the IOMP, with some declines in the percentage(s) noted in subsequent years. (See Figure 4, which illustrates the percentage of youth entering Foster Care programs with TPR for one or both parents between 1999 and 2012).

Termination of parental rights for one or both parents ranged from 13.1% to 21.8% across the 15 years for the programs studied. Using this data, which suggests the percentage of youth available for adoption, in combination with the

risk factor information from the IOMP, IARCA has educated legislators, the Governor’s Office, and other policymakers, highlighting the importance of supports necessary for adoptive parents of special-needs children.³

IARCA has also focused efforts on the need to achieve permanency for children in care. Using information on the risks factors that children in care experience, the association has educated legislators and other state policy makers on the need for resources so that children and their families receive the right services at the right time for the right length of time. Children who have suffered abuse or neglect or witnessed domestic violence need thorough assessments of their treatment and placement needs in order to match the child with the right placement and services. Parental mental illness, parental substance abuse, and parental incar-

ceration are additional factors that may affect the child’s length of stay and permanency achievement. Use of information from the IOMP has strengthened IARCA’s case that the full array of services is needed to adequately meet the needs of children and their families.

IARCA has also focused on the meeting the educational needs of children served by its member agencies. The IOMP tracks the educational progress of children through improved classroom attendance, improved classroom behavior, and educational achievement. Data from the IOMP was presented at legislative hearings to secure public funding to educate children in psychiatric residential treatment facilities (PRTF), especially for youth in which the local school corporation was unwilling to provide quality educational services. IARCA is committed to strengthening the educational achievement of youth in the care of its member agencies and has added other data collection points over the years of the IOMP. For example, in response to public hearings on the extent of youth suspensions and expulsions in Indiana schools in general, IARCA began to track the percentage of youth who were expelled while in the member agencies’ programs through the IOMP. IARCA also tracks percentages of children who obtained a high school diploma, are enrolled in college or vocational training, and other school status information. This topic remains an area of interest for further research to support stronger public policy and action.

³ “Special needs” as used here refers to Indiana’s definitions for adoption assistance or subsidy payments as children older than age 2, or members of a sibling group in which the oldest child is at least age 2, or children with physical, emotional, or behavioral health needs.

Summary

More and more, referral sources demand accountability from service providers. Incorporated into these calls is the need to implement evidence-based practices and the use of practice-based evidence. While collecting data is an important first step, using that data to guide program-level changes can maximize the benefit of services for a greater number of youth and their families. For over 15 years, IARCA and its member agencies have participated in the IOMP, using the data obtained to assist in legislators in public policy discussion and decisions. In addition, individual agencies monitor their outcomes to make programmatic changes. By continued data monitoring, the agencies can measure the impact of the changes to their programs.

Grant funding has been very helpful to IARCA and agencies, providing resources that have allowed IARCA's Institute for Excellence to contract with data consultants to further examine IOMP data for specific research in permanency, disproportionality, risk factors in relationship to outcome achievement, and other topics. In addition, funding has allowed participating agencies opportunities to contract with data

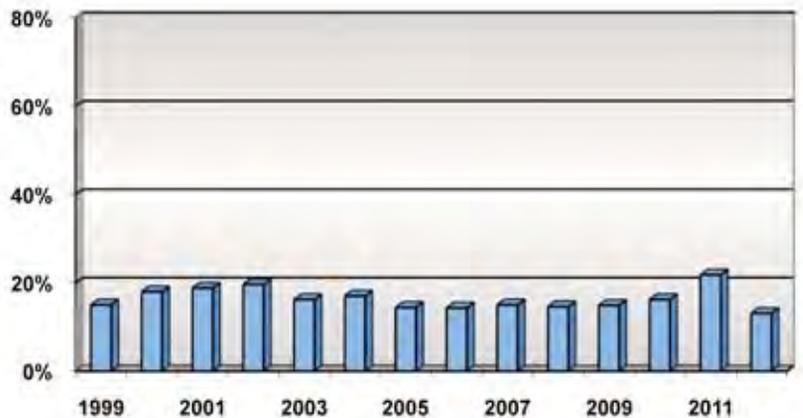


consultants to learn to use their agency's results. Data consultant met with agency staff, examined the agency's data, shared findings and made recommendations based upon results to improve the programs and services provided.

With respect to further analyses, IARCA contracted with external evalua-

tors to provide a 15-year retrospective study, which examined the characteristics of youth placed and the outcomes for those youth who were placed into foster care programs, residential treatment programs and transitional living programs. Results from this study found that youth placed into all three programs (foster care, residential treatment, and transitional living) were likely to be discharged to a similar or less restrictive placement following care. Youth were also discharged from their programs at a rate similar to their movement into a less restrictive placement. While approximately 25% of

Figure 4



Percent of youth entering foster care programs with parental rights terminated, 1999-2012.

youth in FC programs were administratively discharged between 1998 and 2002, this rate has decreased to below 20% for the last eight years examined (2005 through 2012). Youth in all three programs were also likely to have reported positive educational outcomes at discharge, as determined by school attendance, appropriate behavior and/or achievement. In addition, youth contacted at follow-up maintained positive educational outcomes by either attending school or having graduated. Also at follow-up, youth in all three program types had low rates of subsequent reports of being subject to additional abuse or being returned to court for a new infraction.

IARCA and its participating agencies continue to monitor the impact of the IOMP for its member agencies, to ensure that it continues to provide data that is helpful for making the changes necessary to improve the outcomes for the youth and families in their care. A recent survey of agencies was conducted to examine which aspects of the program are most and least helpful. IARCA has also been piloting the addition of a strengths-based instrument into the IOMP. ■

Cathleen Graham, MSW, LCSW, is Executive Director of the Indiana Association of Resources and Child Advocacy, which has 84 member agencies. Gina Alexander, MS, MSW, is Vice President of The Villages of Indiana, a statewide child and family services agency. Steven M. Koch is a psychologist and Associate Professor in Clinical Pediatrics with the Department of Pediatrics at Indiana University School of Medicine. Jacqueline Remondet Wall, PhD, HSP, trained in psychology; her expertise lies in the realm of assessment and evaluation. She has served as an external evaluator with the IARCA Outcome Measures Project since 1998.