

Children's Services Act

Performance Measures / Outcome Indicators Report FY2015



Office of
Children's Services
Empowering communities to serve youth

Virginia Code, §2.2-2648.D.17. requires that the State Executive Council for Children’s Services shall:

Oversee the development and implementation of a uniform set of performance measures for evaluating the Children's Services Act program, including, but not limited to, the number of youths served in their homes, schools and communities. Performance measures shall be based on information: (i) collected in the client-specific database referenced in subdivision 16, (ii) from the mandatory uniform assessment instrument referenced in subdivision 11, and (iii) from available and appropriate client outcome data that is not prohibited from being shared under federal law and is routinely collected by the state child-serving agencies that serve on the Council. If provided client-specific information, state child serving agencies shall report available and appropriate outcome data in clause (iii) to the Office of Children's Services. Outcome data submitted to the Office of Children's Services shall be used solely for the administration of the Children's Services Act program. Applicable client outcome data shall include, but not be limited to: (a) permanency outcomes by the Virginia Department of Social Services, (b) recidivism outcomes by the Virginia Department of Juvenile Justice, and (c) educational outcomes by the Virginia Department of Education. All client-specific information shall remain confidential and only non-identifying aggregate outcome information shall be made available to the public.

Under the direction of the State Executive Council (SEC), the Office of Children’s Services (OCS) has developed a set of performance/outcome measures to be used to evaluate the Children’s Services Act (CSA) program. Five indicators have been identified:

- 1) The percent of youth who had a decrease in their score on the Child Behavioral and Emotional Needs Domain of the Child and Adolescent Needs and Strengths (CANS) (the mandatory CSA assessment instrument) from a baseline assessment to the most recent re-assessment;
- 2) The percent of youth receiving Intensive Care Coordination (ICC) services compared to all youth placed in residential settings;
- 3) The percent of youth receiving Community-Based Services (CBS) of all youth receiving CSA funded services;

- 4) The percent of foster children in foster care who are in family-based placements; and
- 5) The percent of children who exit from foster care to a permanent living arrangement.

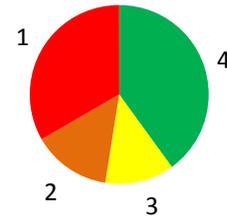
For the first three measures, each locality is scored on a scale of 1 through 4 based on how much they varied from the state average. Localities more than one standard deviation above the state average receive a score of 4, those between the state average and one standard deviation above that average receive a score of 3, those between the state average and one standard deviation below that average receive a score of 2, and localities scoring greater than one standard deviation below the state average receive a score of 1 on that measure. For the last two measures, each locality is scored on a scale of 2 through 4 based on their proximity to established targets. On these two indicators, localities score 4 when the target was met or exceeded, a score of 3 is assigned if the locality was below, but within 5 percent of the target, and a score of 2 is assigned if the performance was more than 5 percent below the target. For all measures, 4 is the highest score. In addition, an overall composite measure of the five performance indicators has been constructed. That composite measure represents the average of all the indicators for which a valid score could be determined.

Percent of Youth with a Decrease in Child Behavioral/Emotional Needs Domain of the Child and Adolescent Needs and Strengths (CANS) Score

The CANS is the mandatory uniform assessment instrument for all children receiving CSA funded services. It is administered at the time of service initiation and at periodic intervals throughout the duration of services. The re-assessment interval may vary depending on the type of service being provided (typically, children receiving more intensive services are re-assessed more frequently) and local practice. The Child Behavioral/Emotional Needs Domain of the CANS has been established as a key indicator and scores would be expected to decrease (as needs decrease) if interventions are having desired impact.

Decrease in CANS Child Behavioral/Emotional Needs Domain Score

Score	Range	Number of Localities
1	Less than 40%	40
2	Between 40% and 44%	17
3	Between 44% and 48%	15
4	Greater than 48%	48



N = 120 localities; 3,404 youth; Mean = 44%; Standard Deviation = 4%

Note: 10 of 130 localities were not rated due having no youth meeting the criteria for inclusion in the FY 2015 cohort (a baseline and a subsequent re-assessment by 12/31/15).

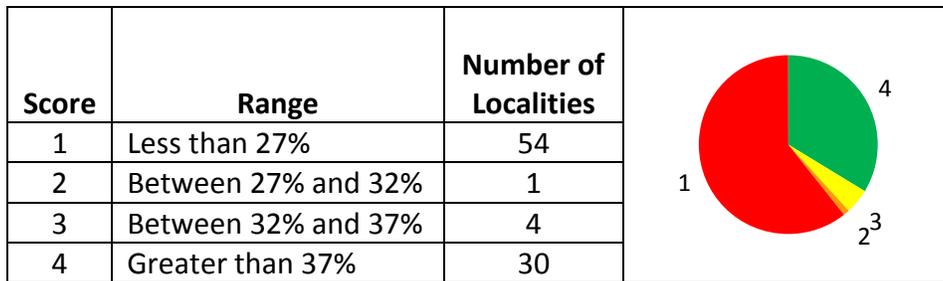
The CANS Child Behavioral/Emotional Needs Domain score is the average score of 10 items¹ each ranked 0, 1, 2 or 3 with a lower score indicating the youth has less significant needs (or better functioning in those areas). All children with a baseline assessment in FY 2015 have been assigned to the FY 2015 cohort. Only youth who have had at least one subsequent re-assessment (as of December 31, 2015) have been included in this report (as additional youth in the FY 2015 cohort receive re-assessments, the number in the cohort will grow and the outcomes can be recalculated). The baseline assessment score was subtracted from the most recent assessment. For each locality, the percent of youth with a decrease in this difference was calculated. The average time between assessments was 235 days. Statewide, this indicator showed that 44 percent of the FY 2015 cohort had a decrease (or improvement) in their CANS score. Eighty-eight localities were more than one standard deviation above (48) or below (40) the average. A minority of localities (32) received a score of either two (17) or three (15) on this measure.

¹ The ten items are: psychosis, impulsivity/hyperactivity, depression, anxiety, oppositional, conduct, adjustment to trauma, anger control, substance use and eating disturbance.

**Percent of Youth Receiving Intensive Care Coordination Services of
All Youth Placed in Residential Settings**

Intensive Care Coordination (ICC) is an evidence-informed service defined by the SEC as appropriate for children who are at risk of entering, or who are placed in residential care. The intent of ICC is to prevent the need for residential placement, to shorten the length of residential placements, strengthen discharge planning and community reintegration, and to improve outcomes for children at high-risk for negative outcomes. In 2014, the SEC identified a target for this indicator at 75%.

Utilization of ICC



N = 89 localities; Mean = 32%; Standard Deviation = 5%²

Note: 41 of 130 localities were not rated due to low sample size. See footnote 2 below.

This performance measure weighs a locality’s utilization of ICC services relative to those who are in a residential care setting. Statewide, the average was 32 percent in FY 2015. Thirty-four localities met or exceeded the state average, while 59 localities were below the state average.³ A majority of localities (61%) received a score of one on this measure, indicating performance more than one standard deviation below the state average. Seventeen of the 89 localities (19%) met or exceeded the target of 75%.

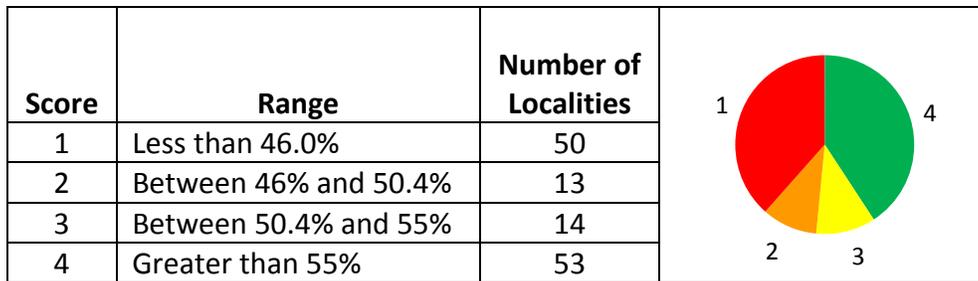
² The standard deviation measures the average distance between the mean and the values in a set of data. A relatively low standard deviation indicates that most of the values are near the mean. A relatively high standard deviation reflects a data set of values that are more spread out.

³ Localities with no youth receiving ICC and six or fewer youth placed in residential care were excluded from the mean and standard deviation calculations and not ranked to avoid misrepresentation due to low sample size.

**Percent of Youth Receiving Community Based Services of
All Youth Receiving CSA Funded Services**

The CSA has long-supported the principle of serving youth in their homes and home communities as a centerpiece of the system of care approach. This indicator assesses the extent to which this is realized. Youth who, in FY 2015, received only community based services through CSA (no residential or congregate care) are counted from the entire population served. The SEC has had a long-standing target of 50% for this indicator, and in FY 2015 this target was achieved for the first time.

Community Based Services



N = 130 localities; Mean = 50%; Standard Deviation = 4%

This performance measure considers the proportion of those receiving only Community Based Services to all CSA youth. Twenty-seven localities were within one standard deviation of the state average (50%). Fifty localities were more than one standard deviation below the mean and 53 were more than one standard deviation above the mean. Seventy of the 130 localities (54%) equaled or surpassed the target of 50%.

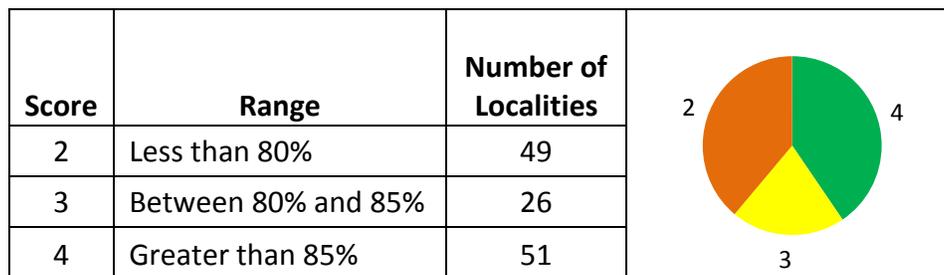
Outcomes Related to Foster Care⁴

A majority of children served through the CSA (61 percent in FY 2015) are referred due to involvement in Virginia’s child welfare system through local departments of social services. The state Department of Social Services (VDSS) has established two outcome indicators for children in the foster care system. The CSA has adopted these two indicators in its performance measurement model.

Percent of Foster Children in Foster Care in Family-Based Placements

Best practices in child welfare suggest that children who are removed from their homes due to abuse, neglect or other reasons are best served in family-based foster care settings. These are family and family-like foster home settings with limited number of children as opposed to group homes or other larger congregate care settings. The VDSS has established a target that 85% of the children in foster care are placed in a family-based placement.

Children in Foster Care in Family-Based Placements



N = 126; Mean = 82%; Target = 85%

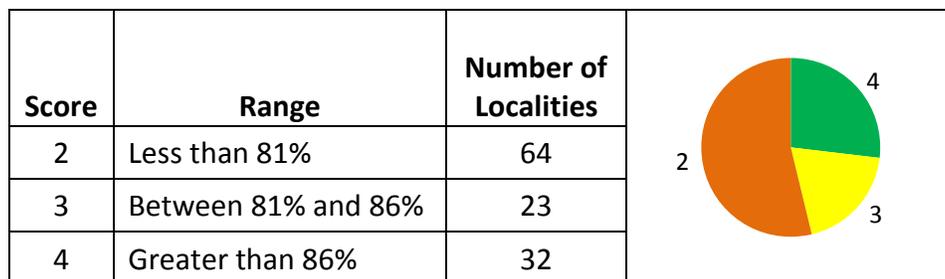
Statewide performance on this indicator was 82% or three percent below the VDSS established target at the end of FY 2015. Localities received a score of 4 when the target was met or exceeded, a score of 3 if performance was below, but within five percent of the target, and a score of 2 if performance was more than five (5) percent below the target. About 60 percent (51) of localities either met or exceeded or were within five (5) percent of the target (26). Forty-nine localities were more than five (5) percent below the target.

⁴ The Virginia Department of Social Services (VDSS) is comprised of 120 local agencies, with some covering multiple jurisdictions. The VDSS reports foster care outcomes at the agency level. In this report, each locality within a multiple jurisdiction agency was assigned the overall DSS jurisdictions’ percentage.

Percent of Children Who Exit from Foster Care to a Permanent Living Arrangement

Children who “exit” or “age out” of the foster care system (in Virginia that occurs when they attain their 18th birthday) without establishing a permanent family connection (typically through adoption, reunification with their biological family or placement with a relative) are known to have considerably poorer life outcomes. Achieving permanency is a critical indicator of performance for the child welfare system. The VDSS has established a target that 86% of the children in foster care “exit” to a permanent living arrangement before “aging out” on their 18th birthday.

Children Who Exit from Foster Care to a Permanent Living Arrangement



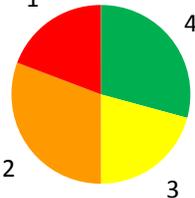
N = 119; Mean = 78%; Target = 86%

The VDSS has established a target that 86 percent of children who exit from foster care do so to a permanent living arrangement. For FY 2015, the percent who exited to permanency was 78 percent, eight (8) percent below the target. Over half (64) of the jurisdictions were more than five percent below this target. About one-quarter (32) of localities exceeded the target.

Composite Performance Measure

A composite measure for each locality was determined in order to provide a summary of a locality’s overall scores on as many of the five performance indicators as possible. If a locality did not receive a score on a particular indicator(s), the composite score was based only on those measures for which scores were determined.

Score	Range	Number of Localities
1	Less than 2.2	25
2	Between 2.2 and 2.6	28
3	Between 2.6 and 3.0	36
4	Greater than 3.0	41



The composite performance measure score is calculated using the average of the five⁵ individual scores. Localities are assigned a composite score based on which quartile the average of their five outcome measure scores falls: 1 is the lowest 25 percent of scores; 2 is the between 25 percent and the midpoint (50%), 3 is between the midpoint and 75 percent and 4 is the highest group between 75 and 100 percent. Fifty-three localities received scores of either one (25) or two (28) and 77 localities received a score of either three (36) or four (41).

Conclusion

Measuring the performance of the Children’s Services Act is a critical aspect in determining if CSA is achieving its stated goals and objectives. This report provides a first effort at doing so in a manner in which agreed upon performance benchmarks are treated with statistical analysis. The intent of the report is to provide information to CSA stakeholders and the State Executive Council so areas where there is a high level of performance as well as areas for improvement can be identified.

In addition to the state level data summarized in this report, the Office of Children’s Services has developed an application allowing individual localities to view their performance on the five measures and compare their outcomes to both the state average as well as selected other localities. That application is available on the CSA website at www.csa.virginia.gov. It is hoped that local CSA programs will utilize this application to identify and build upon areas of strength as well as developing strategies to improve performance where appropriate.

⁵ In cases where a locality did not receive a score for all outcome measures, the average was taken of only those outcome measures for which they do have scores.