How Do You Know? Best Practices in Performance Measurement

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Priority Concepts

- Concept 1: Know your question. Write it down. Measurement starts with a question.
- Concept 2: Know the population from which you are measuring (usually the denominator). The choice of measurement depends on the question.
- Concept 3: Use an entry cohort to answer general questions about characteristics or outcomes.
- Concept 4: Know your data and organize it well. From what date forward does it contain information about every child served? Through what date is activity reflected?
- Concept 5: Stratification: Identifying and managing diagnosticallyrelated groups.
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Processes	Quality	Capacity	Outcomes
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Converting data into evidence

Evidence is information that is used to support an observation, claim, hypothesis, or decision.

Evidence can be found in or derived from a number of places (e.g., administrative data archives, case record review, stakeholder feedback, social science literature).

Evidence:

- points to the outcomes that need improvement (**Plan**)
- informs the selection of interventions (Do)
- guides the assessment of interventions (Study)
- informs decisions about what to do in light of those results (Act).

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Not all "data" is evidence.

Not all "data" answers the questions you have.

CQI Phase	Hypothesis development/testing	Evidence use
Plan	Define the problem. ("I observe that")	What evidence supports this observation?
	Hypothesize as to the cause of the problem. ("I think it's because")	What evidence supports this hypothesis?
	Identify a solution. ("So I plan to…")	What evidence supports the hypothesis that the proposed dose of the intervention will lead to this specific degree of improvement?
	Set a performance target. ("which I think will result in")	Taken together, what evidence supports the theory of change—i.e., the claim about how this intervention will have the intended effect on the target population?
Do	Implement the intervention.	Collect data required for an analysis of intervention effectiveness and analysis of implementation fidelity.
	Monitor implementation.	What evidence is there that the intervention was (or was not) implemented with fidelity?
Study	Measure progress toward the target outcome.	What evidence is there that the intervention was effective (or not effective)?
	Provide feedback to relevant stakeholders and decision makers.	Transmit evidence regarding outcomes and fidelity to those who will interpret the findings and make decisions accordingly.
Act	Determine the extent to which the problem still exists.	What evidence supports this observation?
	Confirm or refute the theory of change.	What evidence supports this claim?
└┼╍┠──┘	Adjust the intervention as needed.	What evidence supports the decision to continue, modify, or discontinu the intervention?







What population should I select? Put differently, who will be in my denominator?

Three common choices, using foster care as an example:

- <u>Children in foster care</u> the active caseload (other terms: point-in-time, cross-section, or census)
- <u>Children entering foster care</u> children placed during some period of time, usually one year (other terms: an admission cohort)
- <u>Children leaving foster care</u> children who left placement in the last year (other terms: an exit cohort)







Implications

When looking at any data analysis (or table):

- Know the question.
- Know the population that was used to generate the data.
- Always, ask: Is it the right denominator for the question? *If it isn't, set the data aside*.



Foundational Outcomes for a Child Welfare System

Safety:

- 1. Minimize likelihood of child abuse incidents (first and recurring; maltreatment in care).
- 2. Minimize likelihood of foster care placements.

For children placed:

- 3. Maximize use of the least restrictive placement. (placement type)
- 4. Maximize placement stability. (movement)
- 5. Minimize time in non-permanent home. (duration)
- 6. Maximize likelihood of exit to either reunification, relatives or other support family, adoption. (*permanency*)
- 7. Minimize likelihood of reentry (permanency)

	ikelihood of p	nacement
	_	
	Number of First Plac	ements in Foster Care
Entry Year	Region 1	Region 2
2011	127	300
2012	143	339
2013	165	333
2014	125	360
		•
		1000
Entry Year		Rate per 1000
	Region 1	Region 2
2011	3.5	1.6
2012	4.0	1.8
2013	4.6	1.8
	3.5	1.9

Year	Point-in-ti	me, January 1	
Teat	Family	Congregate	
2011	79%	21%	
2012	87%	13%	
2013	90%	10%	
2014	91%	9%	
Year	Family	Congregate	
Year		First Placement Type	
2011	80%	20%	
2011	84%	16%	
2012	85%	15%	
2013	86%	13%	
2014	8070	1470	
Year	Entry Cohorts, Predo	ominant Placement Type	
Year	Family	Congregate	
2011	84%	16%	
2012	90%	10%	
2013	90%	10%	
2014	91%	9%	_ChapinHa

4. M	laxir	nize	placement	stability
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Number of moves per child, observed through 6/30/2015 (IL, first admissions)

		N	lumber By	Number (Of Moves		F	ercent By	Number (Of Moves
Entry Year	Total First Admissions	No Moves	One Moves	Two Moves	Three or More Moves	Total First Admissions	No Moves	One Moves	Two Moves	Three or More Moves
2008	4,660	1,548	1,072	695	1,345	100%	33%	23%	15%	29%
2009	4,383	1,513	1,021	605	1,244	100%	35%	23%	14%	28%
2010	4,504	1,483	1,067	681	1,273	100%	33%	24%	15%	28%
2011	4,150	1,313	983	631	1,223	100%	32%	24%	15%	29%
2012	4,283	1,378	1,069	715	1,121	100%	32%	25%	17%	26%
2013	4,322	1,487	1,171	713	951	100%	34%	27%	16%	22%
2014	4,569	1,835	1,309	657	768	100%	40%	29%	14%	17%
2015	2,197	1,226	622	213	136	100%	56%	28%	10%	6%

Note that for more recent entry groups, less time will have elapsed to observe movement. Outcomes are comparable when percent still in care is comparable.

Number o	f moves per child, b	v duration interv	val (IL, first adm	issions)			
, and set 0	r moves per ennu, o	, all alon mer	(113, 1113t uuli				
Entry Year	6 Months and Under	7 to 12 Months	13 to 18 Months	19 to 24 Months	25 to 30 Months	31 to 36 Months	37 to 42 Months
2008	1.07	0.36	0.31	0.30	0.32	0.34	0.33
2009	1.07	0.36	0.32	0.28	0.30	0.30	0.34
2010	1.10	0.37	0.33	0.30	0.30	0.29	0.29
2011	1.19	0.36	0.30	0.33	0.30	0.32	0.35
2012	1.14	0.35	0.29	0.28	0.26		
2013	1.06	0.36	0.32				
2014	1.08						



	,	th of stay)		
artile Durat	tion in Mor	nths (IL, first ad	missions)		
		Total Fire	at Admissions	;	
	Entry Year	25th Percentile	50th Percentile	75th Percentile	
	2009	11.05	28.36	48.69	
	2010	11.25	25.57	46.43	
	2011	13.25	28.56	46.52	
	2012	12.30	29.21		
	2013	12.52	27.61		
	2014	12.52			
	2015				







Cautionary Tale: Comparison of Entry and Exit Cohort for Measuring Change in Duration

Entry	All First
Year	Entries
2004	7,981
2005	8,497
2006	7,797
2007	6,743
2008	6,499
2009	5,044
2010	4,201

	suppor	t family;	adoptit	л. (р	orma	lieney)		
		Admissions by E	ntry Year and	Exit Desti	nation fro	m First Sp	bell		
t admissi	ions)								
			Num	ber to Each	Outcome				
Entry Year	Total First Admissions	Total Discharged as of 06-30-2015	Reunification	Adoption	Relative	Reach Majority	Runaway	Other	Still in First Spell as of 06-30-2015
2008	4,660	4,338	2,051	1,370	294	110	218	295	322
2009	4,383	3,924	1,922	1,176	279	86	213	248	459
2010	4,504	3,839	2,010	1,082	220	60	228	239	665
2011	4,150	3,135	1,685	878	183	26	207	156	1,015
2012	4,283	2,609	1,636	499	152	4	194	124	1,674
2013	4,322	1,869	1,454	145	27	1	147	95	2,453
2014	4,569	1,061	856	12	21	0	99	73	3,508
2015	2,197	191	164	0	2	0	15	10	2,006
			Perc	ent to Each	Outcome			_	
2008	100%	93%	44%	29%	6%	2%	5%	6%	7%
2009	100%	90%	44%	27%	6%	2%	5%	6%	10%
2010	100%	85%	45%	24%	5%	1%	5%	5%	15%
2011	100%	76%	41%	21%	4%	1%	5%	4%	24%
2012	100%	61%	38%	12%	4%	0%	5%	3%	39%
2013	100%	43%	34%	3%	1%	0%	3%	2%	57%
2014	100%	23%	19%	0%	0%	0%	2%	2%	77%
2015	100%	9%	7%	0%	0%	0%	1%	0%	91%





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IIX OI	First Admissi	ons and Reel	itries by Y	ear (IL, all a	dmissions)	
		Num	ber	Perc	ent	771 1 1 11
Entry Year	All Admissions	First Admission	Re-entry	First Admission	Re-entry	This table tells you what proportion of the
2008	6,125	4,660	1,465	76%	24%	entry population is coming into care as a
2009	5,683	4,383	1,300	77%	23%	reentry
2010	5,896	4,504	1,392	76%	24%	
2011	5,439	4,150	1,289	76%	24%	it does not tell you
2012	5,581	4,283	1,298	77%	23%	the likelihood of re-
2013	5,593	4,322	1,271	77%	23%	entering care after
2014	5,773	4,569	1,204	79%	21%	exiting.
	2,758	2,197	561	80%	20%	

Re-e	ntries from an exit	cohort (IL, first	t admissions)	
		. ,		,	
				d Reach Majority)	-
Exit Year	Total Exits (First Admissions)	Total Re-entries To Date	Re-entries w/in 1 Year	Total Re-entries to Date as Percent of Exits	Re-entries w/in 1 Year as Percent of Exits
2008	2,787	714	496	26%	18%
2009	3,225	678	487	21%	15%
2010	2,769	642	478	23%	17%
2011	2,790	651	500	23%	18%
2012	2,820	630	530	22%	19%
2013	2,638	540	481	20%	18%
2014	2,758	461	458	17%	17%
2015	1,287	123	123	10%	10%
)15	1,287	123	123	10%	10%



1) Of all children who enter foster care in a 12month period, what percent discharged to permanency within 12 months of entering foster care?

- Uses entry cohort
- Does not account for permanency prior to 12 months

(Re-entry measure uses same population)

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2) Of all children in foster care on the first day of the 12month period, who had been in foster care (in that episode) for 12-23 months, what percent discharged to permanency within 12 months of the first day of the year?

3) Of all children in foster care on the first day of the 12month period, who had been in foster care (in that episode) for 12-23 months, what percent discharged to permanency within 12 months of the first day of the year?

• Both use point-in-time population looking *forward*. ChapinHall

Final Two Exercises

Exercise 2: What can I learn from this table?

Exercise 3: Asking and Answering Questions



Additional Guidance for Exercise 3

- It's the analyst's task to translate the non-analyst's question into an analytic question or questions, and then to produce results.
- Files are designed to shorten the time between asking and answering questions (longitudinal).
- Answers to common questions get standardized into reports (reflecting best measurement practices).

A "survival curve" describes the full distribution of length of stay (or tenure). The median is the midpoint of the survival curve.

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- Know the question.
- Know the population that was used to generate the data.
- Always, ask: Is it the right denominator for the question? *If it isn't, set the data aside*.
- When measuring outcomes, what you see depends on how you look.
- When desire is to characterize what's typical, most of the time, this means outcome measures should be based on entry cohorts.

Some resources

For more information about CQI in Child Welfare and examples of analytics applied to child welfare:

Website: fcda.chapinhall.org Paper: http://www.chapinhall.org/research/report/principles-language-andshare-meaning-toward-common-understanding-cqi-child-welfare

For an online version of Chapin Hall's analytics course, see set of videos and workbook-based exercises produced in partnership with the Northern California Training Academy: http://academy.extensiondlc.net/mod/resource/view.php?id=916

For overview of federal CFSR Outcomes, including review of importance of selecting the right population, select "CFSR 3 Data Overview" at http://cssr.berkeley.edu/cwscmsreports/presentations/