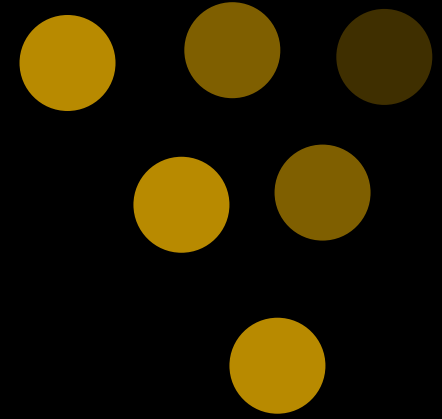


How to Measure Post-Discharge Outcomes to Improve Program Quality



A Roadmap

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St. Mary's Home for Children
North Providence RI



About Us



Suellen Rizzo
PQI Program Analyst



Linda Mobriant
Director of PQI



St. Mary's Home for Children
Founded in 1877

Our residential programs



01

Psychiatric Residential Treatment Facility

- Non-hospital setting offering intensive inpatient services to youth with various mental health issues

02

Assessment Stabilization Center

- Assess and stabilize youth requiring out-of-home placement
- Girls 12-17

03

Acute Residential Services

- Psychiatric hospital step-down or diversion program
- Intensive short-term stabilization and brief treatment
- Boys and girls 6-17



What happens to our clients after discharge?

Is anyone else asking these questions?

Do client outcomes vary by program?

Can we predict how our clients will function after discharge?

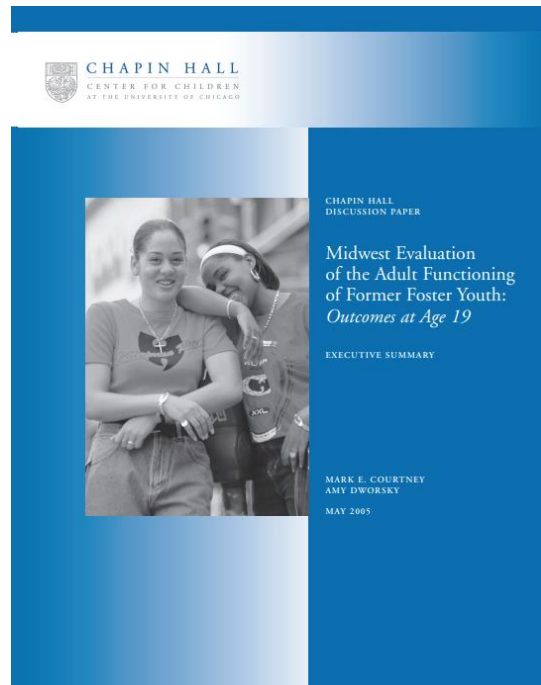
Why do some clients return to our care within 12 months?

Do some clients sustain treatment gains after discharge?



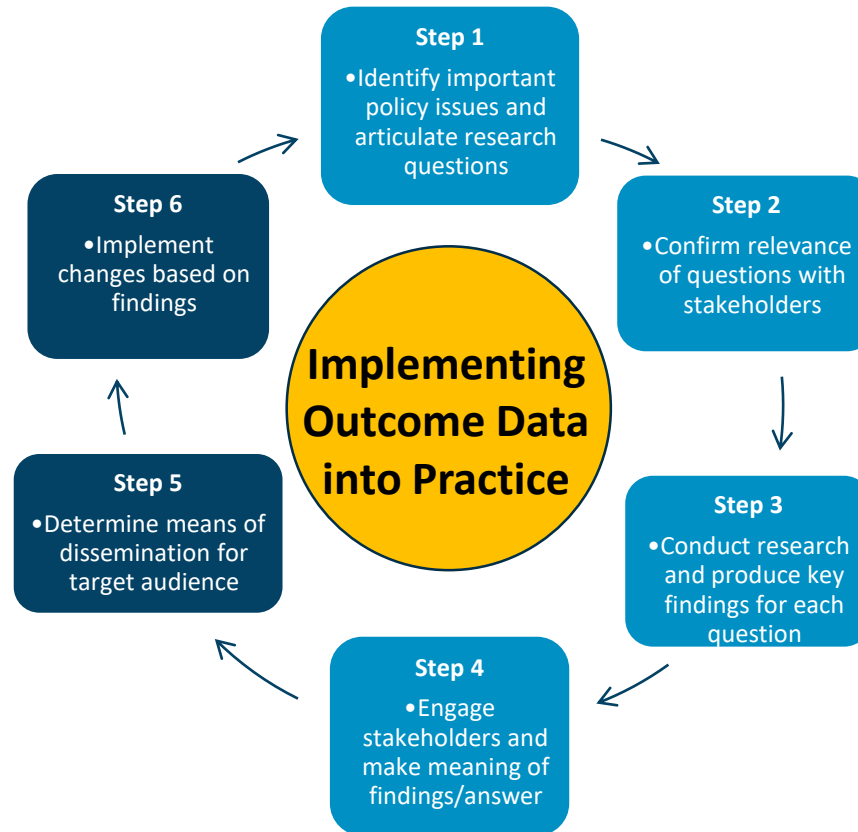
Useful tools

We used this study as our “gateway” into outcomes research.



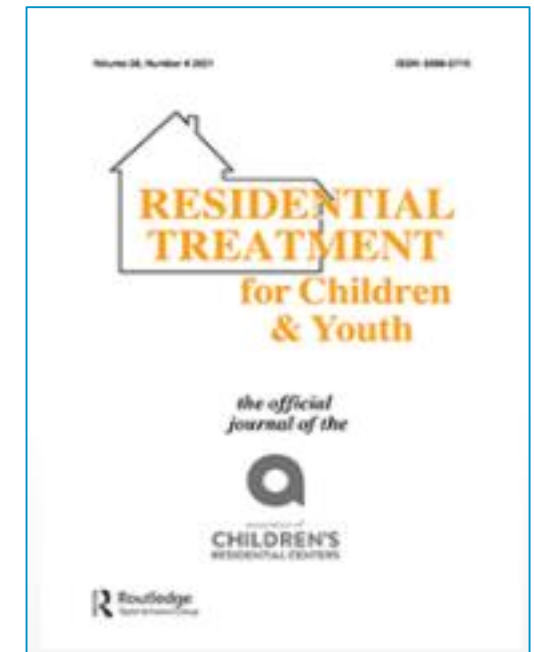
Courtney, M. E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., Bost, N. (2005). Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19. Chicago: Chapin Hall at the University of Chicago.

We used this framework to create a process map for our project.



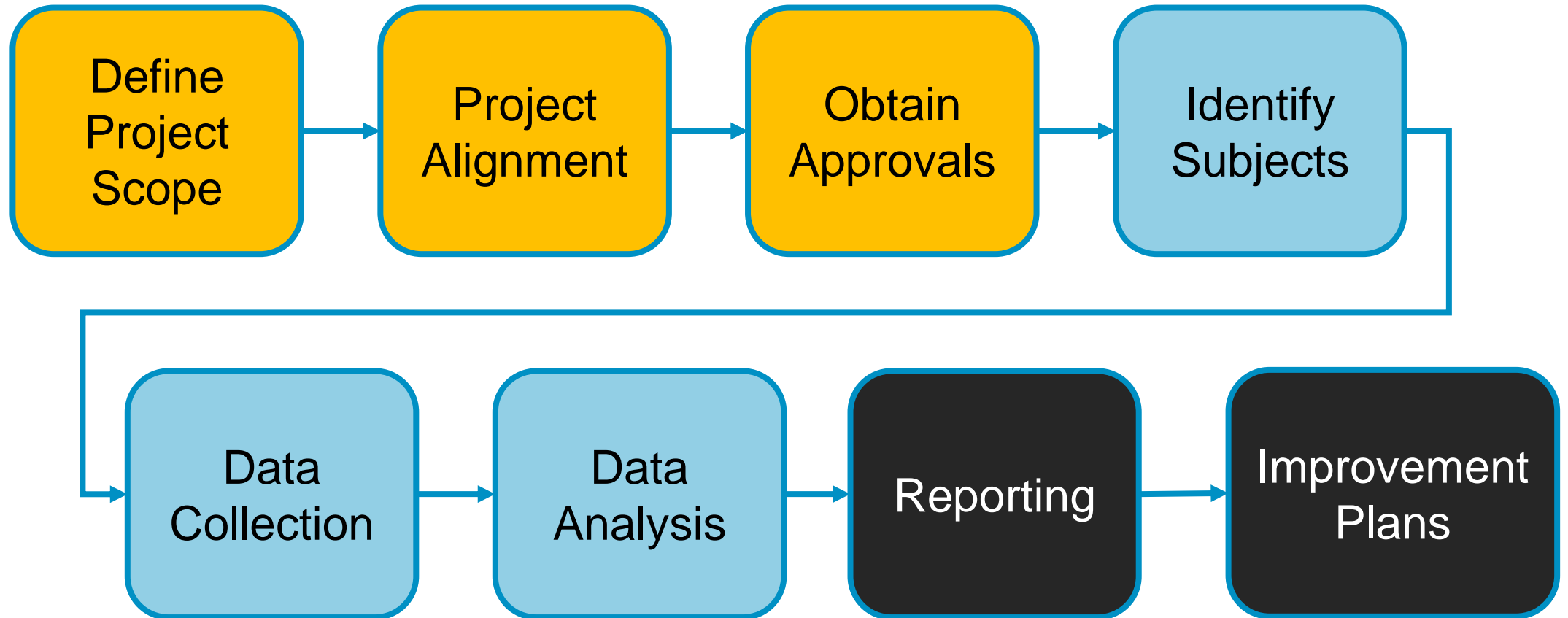
Research, Engagement, and Communication Cycle: Chapin Hall, 2017

This study demonstrated that it is feasible to collect post-discharge information.



Dana Weiner, R. E. Lieberman, J. C. Huefner, R. Thompson, J. McCrae & G. Blau (2018) Feasibility of Long-Term Outcomes Measurement by Residential Providers, Residential Treatment for Children & Youth, 35:3, 175-191, DOI: [10.1080/0886571X.2018.1455563](https://doi.org/10.1080/0886571X.2018.1455563)

Process Description

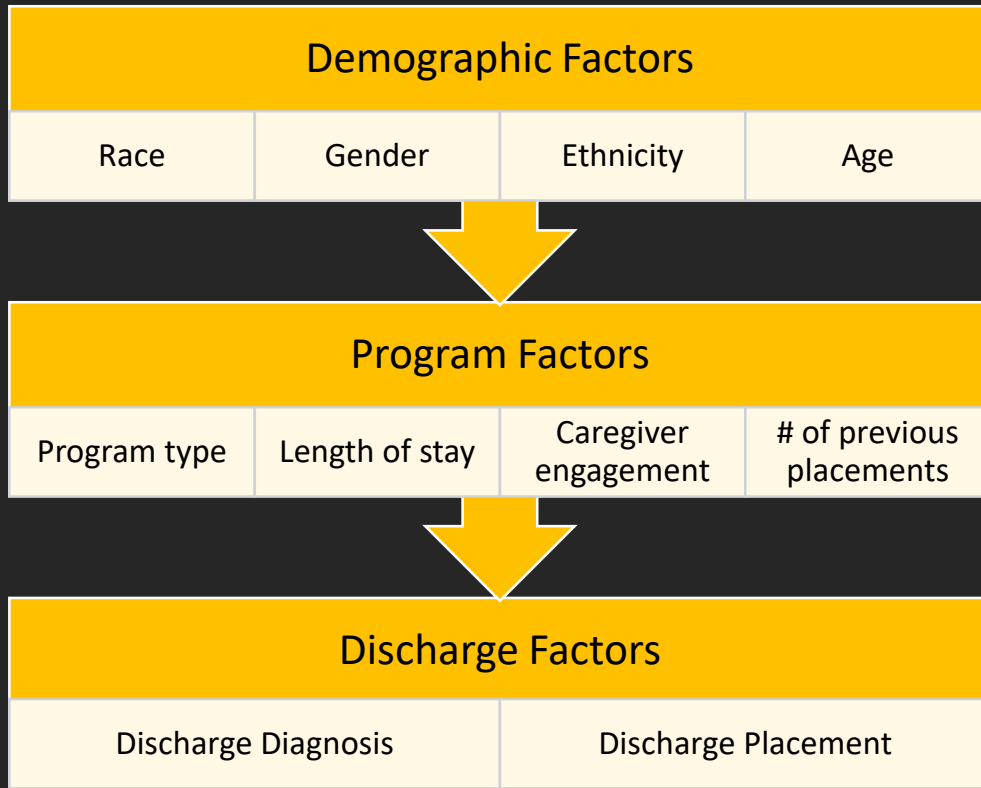


What are our research questions?

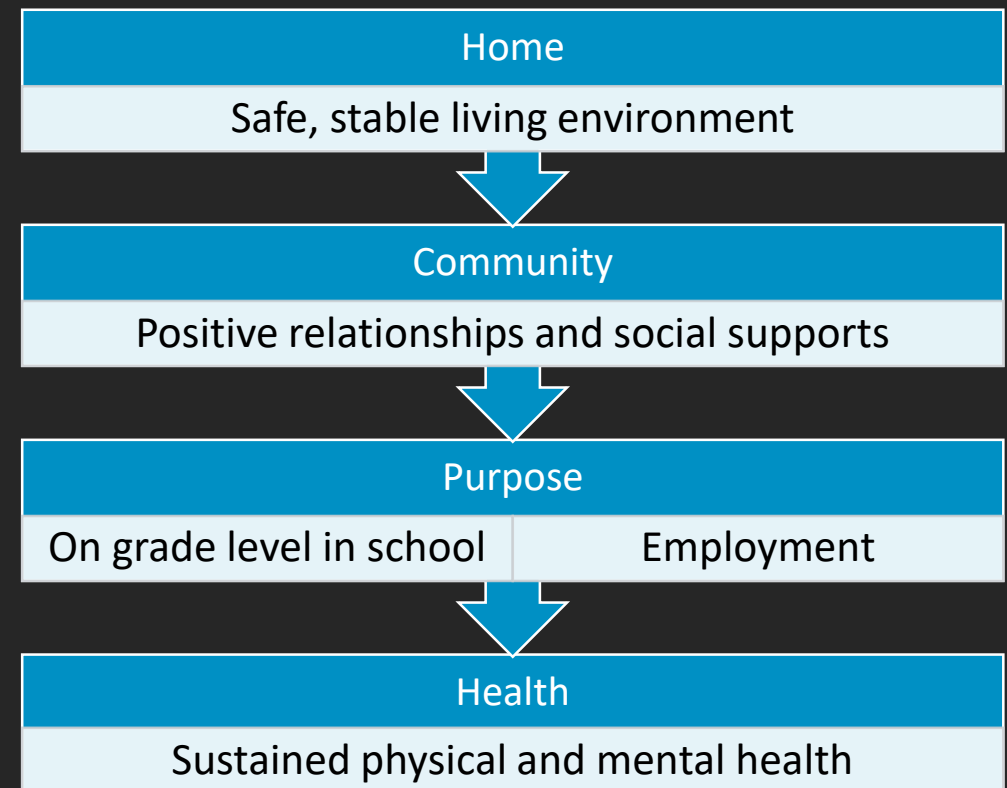
1. How are former clients faring in key domains (home, school, community, physical and mental health) at 6, 9, and 12 months post-discharge?
2. Do outcomes change over time?
3. Can outcome differences be explained by:
 - Program
 - Age
 - Length of stay
 - Demographics
 - Gender
 - Reason for admission
 - Reason for discharge
 - Participation in BBI
 - Participation in SMHFC groups
 - Diagnosis
 - Placement at discharge
 - DCYF status
 - Parent involvement during treatment
4. Which clients chose not to participate or could not be contacted?
5. Which of our current clients are most at risk for re-admission?

Study design: Causal-comparative

Independent variables



Dependent variables



Project
Alignment

Obtain
Approvals

Is everyone on board?



- Review COA guidelines on research
- Review and amend agency policies and procedures
- Review Social Work Code of Ethics
- Present project plan to agency leadership
- Present project plan to Board of Directors

Identify
subjects

What data do we already have?

Identify which clients to include

- All residential clients discharged after 7/1/19
- Exclude clients who spent less than 7 days in the program

Review existing data

- Placements prior to St. Mary's
- Treatment goals and progress
- Length of stay
- Reason for admission and discharge
- Placement at discharge
- Demographics
- Diagnosis

Identify data gaps

- Clients with no contact information
- Clients in RI DCYF care in other placements

What data do we need?

Home

- Is the client living in a safe, stable living environment?

Purpose

- Does the client engage in meaningful daily activities such as job, school, and volunteerism that promote independence, income, and resources to participate in society?

Community

- Does the client have relationships and social networks that provide support, friendship, and love?

Health

- Does the client have sustained basic physical and behavioral health, with the ability to overcome and manage health challenges?

How do we get the data we need?

How to gather data

1. Identify guardian and contact information from administrative data
2. Telephone calls to guardians of former clients

Which survey instrument to use

- BBI Outcome survey (10-minute phone questionnaire)
 - Living arrangements
 - School or job
 - Friends and family
 - Physical and behavioural health
- Survey administered at 6, 9, and 12 months post discharge

Gathering and storing data

- Use of Outcomes Tools
- Linked to electronic records
- Export via .csv file



Useful tools

Building Bridges Initiative (BBI) Post-Residential Outcomes Pilot Survey

Introduction and Consent:

“Hello, my name is _____ and I’m calling from [provider agency]. This is a follow up call for [youth name]. We are calling to check in with the youth and families six months after youth receive services because we are interested in how they are doing. Your answers may help us to improve services for youth. The survey will only take 10-15 minutes of your time.

Is [youth name] currently in your care?”

→ If response is ‘no:’ “When was the last time you were in contact with the youth?”

“Your participation is voluntary and you may end your participation at any time. Your decision to participate will not affect any services that you receive. Your responses are confidential and will not be attributed to you or [youth name]. Some of the questions may touch on sensitive or upsetting issues in relation to the youth in your care. If you are uncomfortable with any question and don’t want to answer, just let me know and we can skip ahead.

If you agree to participate, we will ask you some questions about [youth name]. We ask the same set of questions to everyone we call. Are you willing to participate?”



Building Bridges
INITIATIVE

Risk Factors

I’m going to ask you some sensitive questions, because it is important for us to get an idea of what’s happening in the life of _____. If you’re uncomfortable answering any of these questions please let me know.

13. In the last six months, has the [youth name]:	Yes	No	Don't Know
a. Been pregnant or fathered a child?			
b. Been arrested? (if no, skip to “d”)			
c. Been arrested for a felony?			
d. Used alcohol or other drugs?			
e. Exhibited behavior problems that are dangerous?			
f. Been the victim of child maltreatment (abuse or neglect)?			
g. Been the victim of commercial sexual exploitation?			

Treatment

Now I’m going to ask about treatment that _____ may have received during the last six months.

14. In the last six months, has the [youth name]:	Yes	No	Don't Know
a. Received treatment for drug or alcohol related problems?			
b. Received outpatient treatment for mental health problems?			
c. Been hospitalized for psychiatric reasons?			
d. Spent time in a residential treatment facility?			

Review client
chart



Obtain
information
about current
client
functioning

Contact
caregiver and
ask them to
participate 3
calls

Incentivize
participation by
offering a \$25
gift card per call

Explain purpose
of the study

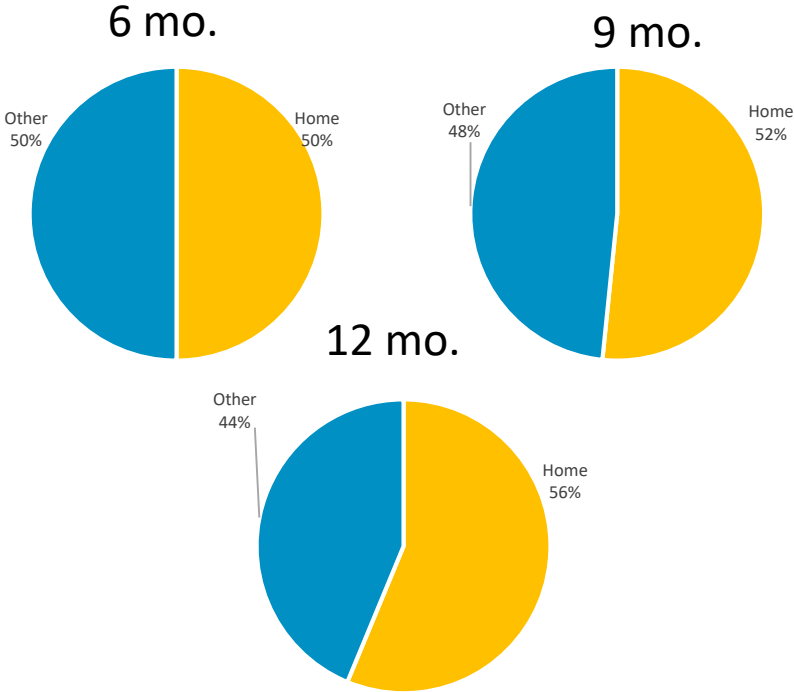
How do we make sense of the results?

Match results of survey with demographic and treatment factors from client record

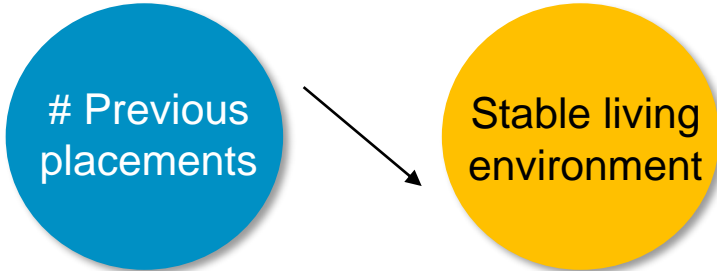
- Merge the two data sets
- Excel

Use descriptive and inferential statistics to analyze the results

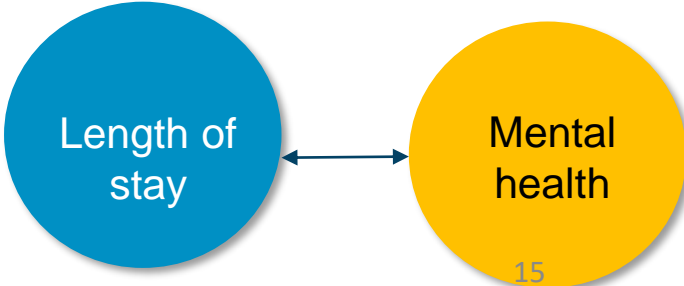
Percentage of clients from all programs living at home



Negative correlation



No correlation

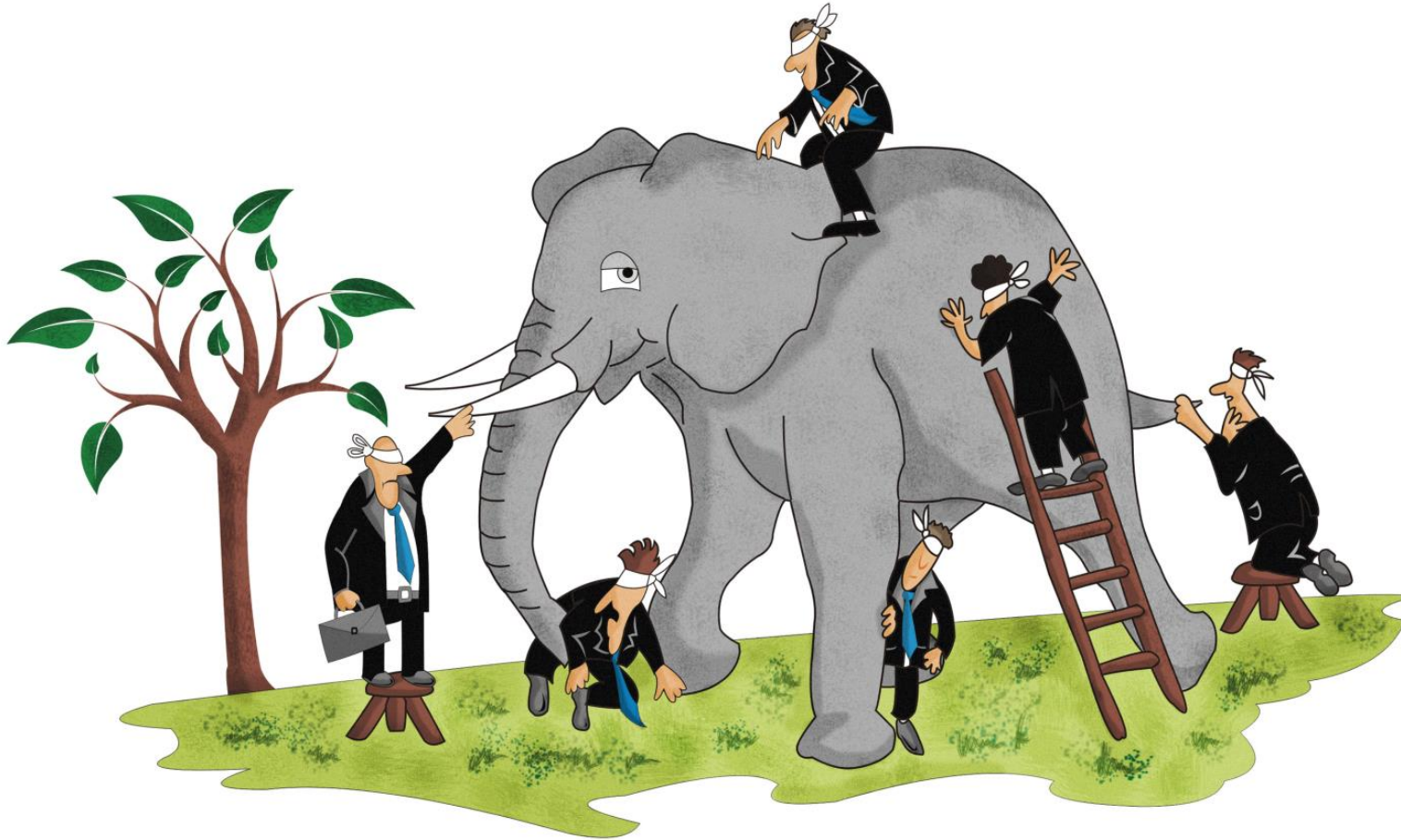


How do we make sense of the results?

Track placements for all clients for 1 year after discharge

Client #	Discharged to:	Months post discharge												
		1	2	3	4	5	6	7	8	9	10	11	12	
1	home	Home									Not known			
2	home	Home										Psych hospital	ASC	
3	foster care	Foster Care (K)					Not known							
4	group home	Group home									Home			
5	group home	Group home						Home						
6	group home	Group home			Home									
7	psych hospital	Psych hospital		Out of state residential facility							Not known			
8	group home	Group home					Home							
9	group home	Group home				home ≠	Group home							
10	group home	Group home		Home										
11	home	Home								Group home				
12	group home	Group home	Foster care (K)											
13	group home	Group home												
14	psych hospital	Psych hospital		Residential treatment										
15	Group home	Group home	RITS	Foster Care (K)										

What are we missing?



Our participation rate is 50%

Reasons for non-participation are:

1. Caregiver declined
2. No contact information

Some clients have no family, and we lose track of them when they move to a different placement within the child welfare system.

RI's state child welfare agency has not shared information about former clients.

We can only learn about these clients if they come back into our care.

Our results may be too optimistic.

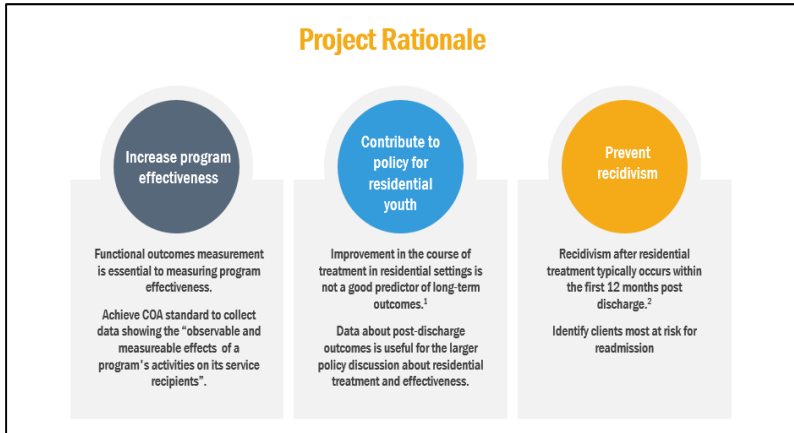
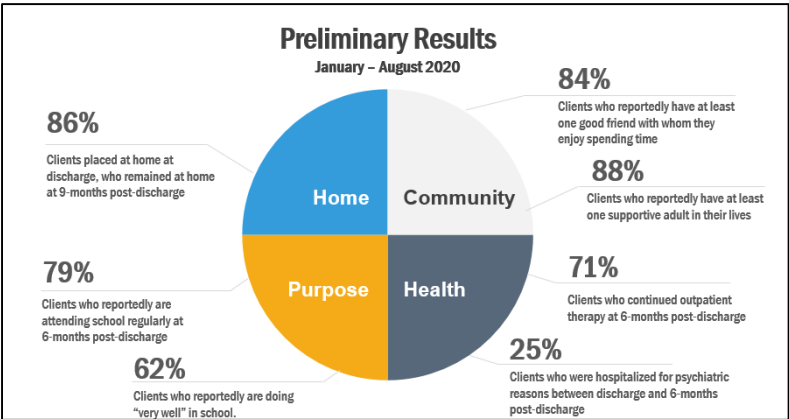
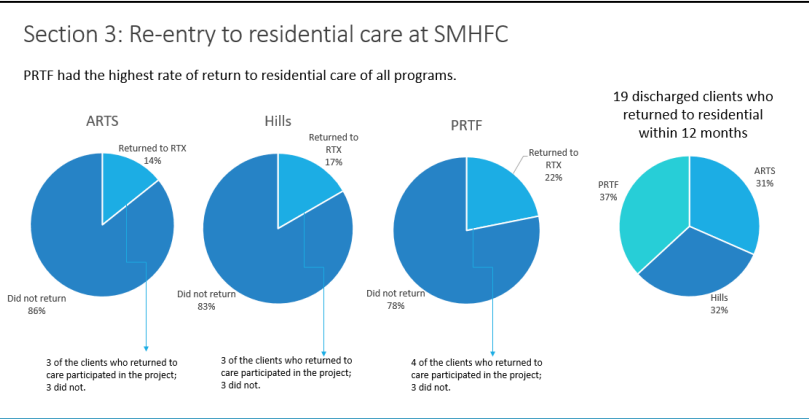
Reporting

How do we report on the results?

Bi-annual report to agency leadership

Annual report to Board of Directors

Periodic reporting to state child welfare agency



Improvement
plans

What do we do with the results?



Carlene Casciano-McCann, LMHC
Executive Director
St. Mary's Home for Children

Video will be added prior to the presentation

Recommendations
for other
CQI teams

Leverage
existing
relationships and
partnerships

Establish
policies and
procedures for
necessary
CPS calls

Learn from
previous studies
in the subject
area

Provide
incentives for
participation

Ensure that all
agency staff are
aware of the
project

Be able to
conduct
interviews in
more than 1
language

Use a standard
survey
instrument