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## Bringing it Home

### Using the National Longitudinal Outcomes Study for Local Evaluation

22nd Annual Research Conference
A System of Care for Children's Mental Health: Expanding the Base

Ingham County, Michigan
March 2, 2009

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## Today's Symposium

- Local Continuous Quality Improvement: Process and Findings
- Methodology for Retrieving and Presenting Local Data from the National Evaluation
- National Evaluation Support to Help Communities Maximize Data Use

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## Our Community: Ingham County, Michigan

- 65,360 children and youth aged birth to 17 (26% children of color)
- 52 languages spoken
- 13,000 refugees from 32 countries in Ingham County (UN Resettlement Community)
- Lansing – State Capital

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## A Snapshot of Impact

**Vision:** The community system of care embraces, serves, and supports children with serious emotional disturbance and their families so that children are safe and successful with their families and in the community.

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## Population Served

- Children and youth
  - Aged birth to 18 (the majority are ages 6–16)
  - CAFAS score of 80 or greater
  - At risk for out-of-home placement or returning home from out-of-home placement
  - Involvement with the court and/or child welfare, community mental health

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## Stakeholders

- Youth and families from Ingham County
- Association for Children's Mental Health (statewide family organization)
- Boys and Girls Club of Lansing
- Children and Family Services – Capital Area
- Community Mental Health Authority (Clinton, Eaton, and Ingham Counties)
- Cristo Rey Community Center

## Stakeholders (cont.)

- Highfields, Inc.
- Ingham County Circuit Court – Family Division
- Department of Human Services – Ingham County
- Ingham Intermediate School District
- Lansing Police Department
- Lutheran Social Services
- St. Vincent Catholic Charities

## Impact's Continuous Quality Improvement

- The most demanding and the most helpful part of our system care infrastructure: continuous quality improvement (CQI)

- The process itself continuously evolves, along with system of care improvements

## How Impact strengthens its continuous quality improvement (CQI) cycle

- **Constant refinement of key activities:** data prioritizing, collecting, reviewing, contextualizing, interpreting, and guiding change
- **Facilitation to build and deepen relationships:** dialogue in safe settings for all stakeholders – an essential environment for families, youth, and agency partners to participate

## The CQI Cycle

## Local Use of the National Evaluation

- Data collected for the national evaluation contributes to the assessment of locally-defined outcomes
- Stakeholders select and maintain meaningful outcome indicators and measures
- Evaluation staff identify national evaluation data as sources of the measurement data

## Crosswalk: National evaluation data and local outcomes measurement

Outcome 1: Maximized functioning of children with SED and their families

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## Crosswalk: National evaluation data and local outcomes measurement

Indicator: Level of overall functioning; behavioral and emotional problems reduced/strengths improved

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## Crosswalk: National evaluation data and local outcomes measurement

Measure (1/3): As a result of the services my child/family received, my child is better at handling daily life (YSS-F #16)

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## Example of Findings

52 percent of caregivers reported that they strongly agree or agree that their child is better at handling daily life

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## Findings, continued

- Additional local data is also used to measure the outcome:

  Among Impact cases closed between October 2007 and April 2008, 72 percent of youth served have a clinically meaningful reduction in their CAFAS score at case closing.

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## Methodology for Data Retrieval and Presentation

- Stakeholders want to track findings over time to assess progress and make adjustments
- Requires an efficient data retrieval and presentation method

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## Data Retrieval Methodology

- Step 1: Community collection and submittal of data from youth and caregivers every six months

**Data Retrieval Methodology**

- Step 2: National aggregation of local data nightly and Data Profile Report biennially

**Data Retrieval Methodology**

- Step 3: Community downloads current data file at any time (every six months for Impact) in SPSS format

**Data Retrieval Methodology**

- Step 4: Selected variables serving as the measures for local outcomes are isolated in SPSS using the "SAVE AS" function.

**Data Retrieval Methodology**

- Step 5: Selected variables are pasted as syntax for future use in updated versions of the data file.

**Data Retrieval Methodology**

- Step 6: Summary descriptive statistics are run for each variable and each iteration of the questionnaire. The percentage of all cases is plotted for each of the 5-point Likert responses, providing the starting point for examining progress of all cases at six-month intervals.

**Data Retrieval Methodology**

- Step 7: Data is recoded from a 5-point scale to a dichotomous value; those who say they strongly agree or agree = 1 and those who say undecided, disagree, or strongly disagree = 0.
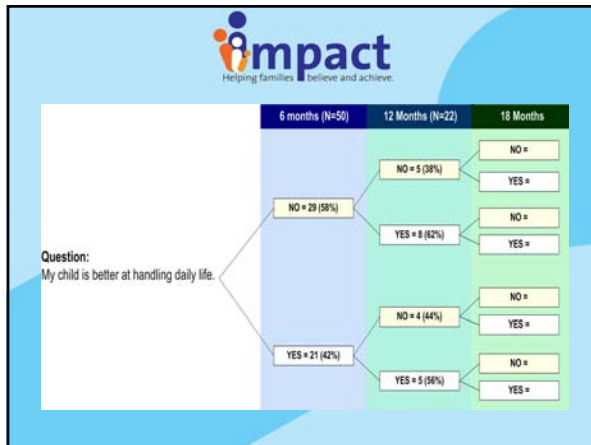
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## Data Retrieval Methodology

- Step 8: The two values are plotted in an "NBA Playoff" diagram allowing case-level analysis of change over time. This diagram facilitates stakeholder review over time (diagram handout).

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## Findings Example

- 29 caregivers (58 percent) indicated at the six-month interview that they were undecided, disagreed, or strongly disagreed that their child was better at handling daily life.

- Of this group who reported a negative response, at 12 months, 62 percent now agreed or strongly agreed that their child was better at handling daily life.

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## Stakeholder Discussion

- Is this an expected level of change?
- Is this an adequate degree of progress?
- What do we need to do to improve this finding over time?
- How can we support implementation of quality improvements?
- How can we highlight success?

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## National Evaluation Support to Help Communities Maximize Data Use

- Comparative data analysis: An Example
- Data Profile Reports
- Continuous Quality Improvement Reports

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## National and Ingham Data Comparison
by percent

**YSS-F item (caregiver)**
*My child is better at handling daily life*

|  | National (12 months) | Ingham County (12 months) |
|---|---|---|
| No | 32% | 44% |
| Yes | 68% | 56% |

**YSS-Y item (youth)**
*I am better at handling daily life*

|  | National (12 months) | Ingham County (12 months) |
|---|---|---|
| No | 19% | 23% |
| Yes | 81% | 77% |

**Comparison Considerations**

- Differences in population served
- Variation in strategies
- Community outcome priorities



**Comments, Questions, Discussion**

- www.impactsystemofcare.org.