

Data as the Driver: Family Preservation Program Case Study

2002	2003	2004	2005	2006	2007	2008
The Data						
<ul style="list-style-type: none"> ◆ 186 children admitted ◆ 1:16 at risk of abuse/neglect ◆ 83% family reunification ◆ 434 Parent Visitations ◆ Strategic Plan Environmental scans indicate need/desire for family-focused programming 	<ul style="list-style-type: none"> ◆ 173 children admitted ◆ 1:12 at risk of abuse/neglect ◆ 83% family reunification ◆ 1588 Parent Visitations ◆ Document and prioritize program options identified in strategic plan program 	<ul style="list-style-type: none"> ◆ 160 children admitted ◆ 1:8 at risk of abuse/neglect ◆ 98% family reunification ◆ 1988 Parent Visitations ◆ Investigate selected program options in strategic plan for execution 	<ul style="list-style-type: none"> ◆ 193 children admitted ◆ 1:2 at risk of abuse/neglect ◆ 93% family reunification ◆ 1678 Parent Visitations Held ◆ 417 Parent Education Sessions ◆ 67 Peer Mentoring Sessions ◆ 26 Aftercare Sustained Contact ◆ 9 Discharge - Non Compliance ◆ Deploy pilots of selected program options in strategic plan 	<ul style="list-style-type: none"> ◆ 167 children admitted* ◆ 1:2 at risk of abuse/neglect ◆ 91% family reunification ◆ 1482 Parent Visitations Held ◆ 416 Parent Education Sessions ◆ 196 Peer Mentoring Sessions ◆ 150 Aftercare Sustained Contact ◆ 30 Discharge - Non Compliance ◆ 13 AAPI Scores – Pre/Post complete ◆ Parent Satisfaction – 61% Great, 27% Good, 12% OK ◆ Document AAPIs delivered, scores and results ◆ Deploy Family Preservation Contract stating family expectations for visitation, education, recovery, and aftercare ◆ Document achievement and gaps in deployment of strategic plan initiatives <i>* Census affected by 3-month closure of one house for emergency facility repair.</i> 	<ul style="list-style-type: none"> ◆ 143 children admitted* ◆ 1:1.6 at risk of abuse/neglect ◆ 90% family reunification ◆ 1355 Parent Visitations Held ◆ 338 Parent Education Sessions ◆ 695 Peer Mentoring Sessions ◆ 115 Aftercare Sustained Contact ◆ 19 Discharge - Non Compliance ◆ 13 AAPI Scores – Pre/Post complete ◆ Parent Satisfaction – 68% Great, 11% Good, 8% OK, 13% Uncertain ◆ 21 Parent Group Sessions/ Family Meals ◆ 64 Services Referrals to Outside Agencies ◆ Launch parent bus pass and voice mail programs for compliance ◆ Document achievement and gaps in deployment of strategic plan initiatives <i>* Census affected by shortage in staffing on 2nd shift.</i> 	<ul style="list-style-type: none"> ◆ 183 children admitted* ◆ 1:1.3 at risk of abuse/neglect ◆ 100% family reunification ◆ 1429 Parent Visitations Held ◆ 439 Parent Education Sessions ◆ 207 Peer Mentoring Sessions ◆ 199 Aftercare Sustained Contact ◆ 16 Discharge - Non Compliance ◆ 13 AAPI Scores – Pre/Post complete ◆ Parent Satisfaction – 71% Great, 12% Good, 3% OK, 14% Uncertain ◆ 90 Parent Group Sessions/ Family Meals ◆ 163 Services Referrals to Outside Agencies ◆ 36 Referral Agency Meetings ◆ 16 Family Team Meetings ◆ Modify staffing model from 3- to 5-shifts to fill shifts and support census and programs ◆ Document achievement and gaps in deployment of strategic plan initiatives

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The Response						
<ul style="list-style-type: none"> ◆ PD <ul style="list-style-type: none"> ○ Begin tracking parent visitations ○ Conduct environmental scans for strategic plan with focus on child/family program needs ◆ QA <ul style="list-style-type: none"> ○ Establish overall tracking systems for collection of all demographic and service unit data ○ Determine goals of parent programs – reunification, education, abuse prevention, etc. ◆ FD <ul style="list-style-type: none"> ○ Address funder concerns about parent readiness for reunification and reduced risk to child ○ Begin research of funders interested in parent program development 	<ul style="list-style-type: none"> ◆ PD <ul style="list-style-type: none"> ○ Launch pre-admission parent tour program ○ Launch formal parent visitation program ○ Promote various types of parent/guardian visits onsite/offsite ◆ QA <ul style="list-style-type: none"> ○ Establish formal sign-in/out procedures and tracking by visit type ○ Monitor parent desire, willingness and frequency in visitation program ◆ FD <ul style="list-style-type: none"> ○ Approach funders interested in parent program development; supplies, bus tickets, facility costs, etc. ○ 1st grants received for equipment and supply costs 	<ul style="list-style-type: none"> ◆ PD <ul style="list-style-type: none"> ○ Document formal admission criteria including parent case management /links requirements ○ Establish parent visitation program participation as requirement for placement ○ Begin research of potential parent curricula and assessment tools ◆ QA <ul style="list-style-type: none"> ○ Establish tracking systems for participation data ○ Establish service unit quotas/goals ○ Establish short term outcomes models for program results ◆ FD <ul style="list-style-type: none"> ○ Begin research of funders for parent/family education program ○ 1st grants awarded for program deployment – staff, equipment, materials, etc. 	<ul style="list-style-type: none"> ◆ PD <ul style="list-style-type: none"> ○ Launch formal parent education program – classroom, hands-on and visitation sessions ○ Mandate 2-3x/week session compliance for ongoing placement ○ Phase in peer mentoring and 18-month aftercare program ◆ QA <ul style="list-style-type: none"> ○ Establish costs per education session/unit for contracted services ○ Monitor facility capacity and space limitations on program delivery ○ Document and report trend and outcome data in parent/child statistics as evidence of program development and success ◆ FD <ul style="list-style-type: none"> ○ Investigate and respond to public RFP calls for parenting programs ○ 1st contract-based awards engaged for billable parenting services 	<ul style="list-style-type: none"> ◆ PD <ul style="list-style-type: none"> ○ Reconfigure staff offices and childcare space to optimize program dedicated spaces ○ Launch formal Family Contract defining admissions compliance requirements ◆ QA <ul style="list-style-type: none"> ○ Assess non-compliance issues – transportation, in-patient, lack of interest ○ Improve aftercare sustained contact through more frequent/shorter intervals between calls ○ Improve delivery of AAPI, assess appropriateness and effectiveness as the baseline ○ Assess effectiveness of overall parent curriculum based on scoring evidence in AAPI and parent input related to content ◆ FD <ul style="list-style-type: none"> ○ Document and report trend and outcomes data in parent education to funders ○ Achieved 100% funding for program costs via contracts or demonstration grants 	<ul style="list-style-type: none"> ◆ PD <ul style="list-style-type: none"> ○ Deploy parent group sessions and family meals with children to establish parent community and increase family contact ○ Document and expand service referrals to outside agencies for entire family ◆ QA <ul style="list-style-type: none"> ○ Deploy parent bus pass program and voice mail to address barriers to family contract compliance ○ Improve aftercare sustained contact by offering goods and ongoing referral support to maintained families ○ Improve peer mentoring contacts through staff training and scheduling ○ Improve delivery of AAPI, train supervisors to administer discharge post test to increase closure rates ◆ FD <ul style="list-style-type: none"> ○ Obtained public sector dollars from our local county and state ◆ Received first national grant funding for programs based on outcomes ◆ Investigate other national streams and longer range outcomes analysis of CPS vs. Crisis Nursery 	<ul style="list-style-type: none"> ◆ PD <ul style="list-style-type: none"> ○ Host referral agency meetings to broaden collaboration and wrap-services family case management model ○ Host family team meetings with engaged referral agencies to monitor family improvement and plan for family stability. ◆ QA <ul style="list-style-type: none"> ○ Address staffing issues by investigating and deploying new 5-shift model ○ Implement satisfaction surveys among staff ○ Improve aftercare sustained contact through 6-month agency contact, 6-month family initiated contact ○ Reduce peer mentoring in response to parent feedback ○ Introduce new components of direct care, nurturing, bonding to parent curriculum based on parent input related to content ◆ FD <ul style="list-style-type: none"> ○ Begin to see significant recurrence of planned/estate gifts in revenue model ○ Increasing funds from national sector ○ Niche grant appeals for specific placement types ○ Commitment of University and CPS to partner in shared public/private outcomes study