


Outcomes Management with the CAFAS: Helping Wraparound Get Better at Improving Functional Outcomes for Youth While Providing Program Accountability



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Presenter Information



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What's the Impetus for an Outcome Management?



Demand for Increased Accountability

- Funders – performance considered in pay
- Consumers
- Standards

Demand to Use Available Empirical Knowledge Base

- Empirically-based assessments
- EBTs
- EIPs

Increased Expectations about Data Availability

- From funders
- Practitioners need to provide effective services
- Timely data aggregation & analysis needed for CQI action cycle

Assessment-Related Best Practices for Child Welfare*

Mental Health Screening & Assessment Guidelines

- Stage 1 Screening for Emergent (Acute) Risk
 - Within 72 hours of entry into foster care
- Stage 2 Screening for Ongoing Mental Health Service Needs
 - Within 30 days of entry into foster care
- Comprehensive Assessment for Children with Positive Screening Results
 - Within 60 days of positive screening (or sooner if severe)
- Ongoing Screening and Assessment for Mental Health Service Needs
 - At least once per year
 - When significant behavioral changes are observed
 - When significant environmental changes occur
 - Prior to leaving system

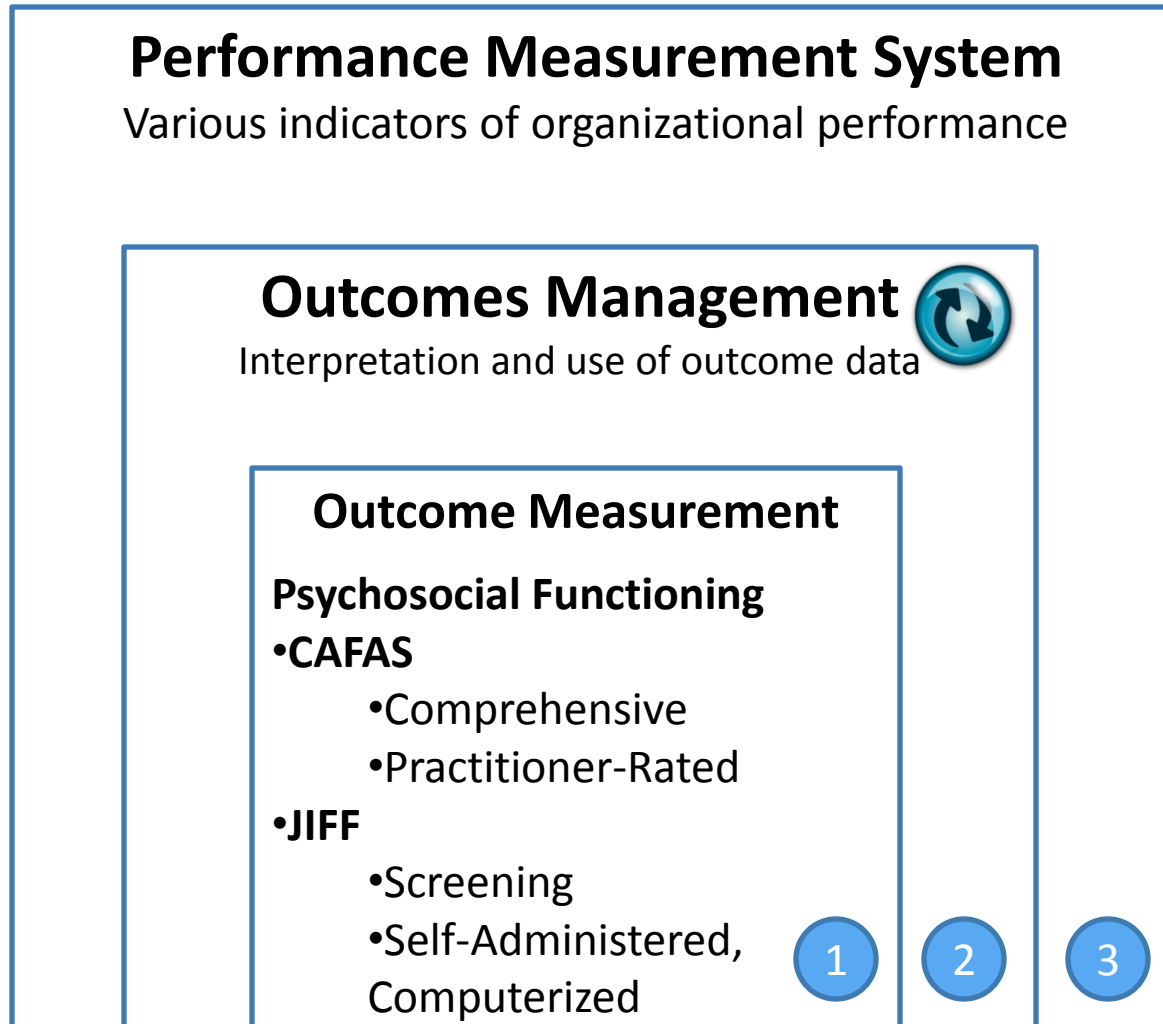
*The guidelines discussed on this slide were adapted from the 2007 Best Practices for Mental Health in

Outcome Tracking Best Practices for Child Welfare*

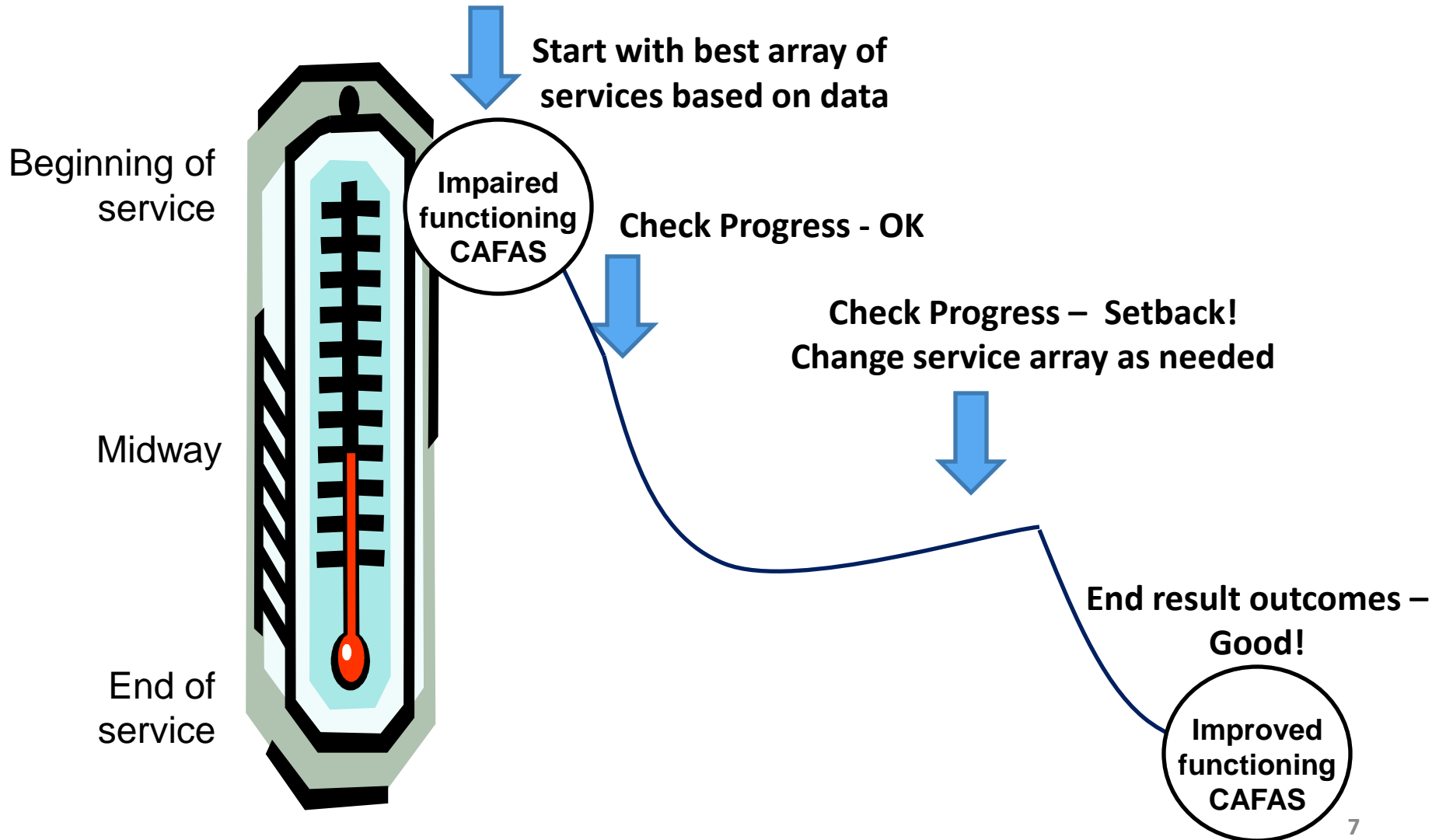
Guidelines for Psychosocial Interventions

- Includes outcomes tracking to evaluate effectiveness of intervention for each youth
- Specifies assessment of psychosocial functioning

Outcome Measurement and Outcomes Management



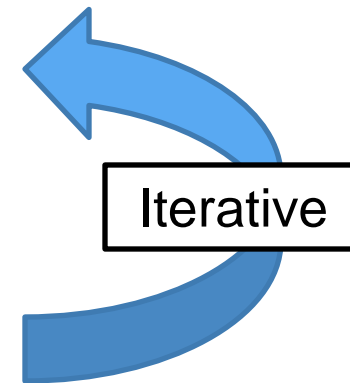
Outcome Measurement: Driving Towards Satisfactory Outcome: “Outcome-ometer”



Outcome Indicators: Determine if “Real”, Meaningful Change is Achieved

Outcome indicators serve as

- ✓ Target goals (motivational)
- ✓ Measure of success
- ✓ Direction for improvement
- ✓ Measure of gains after improvement

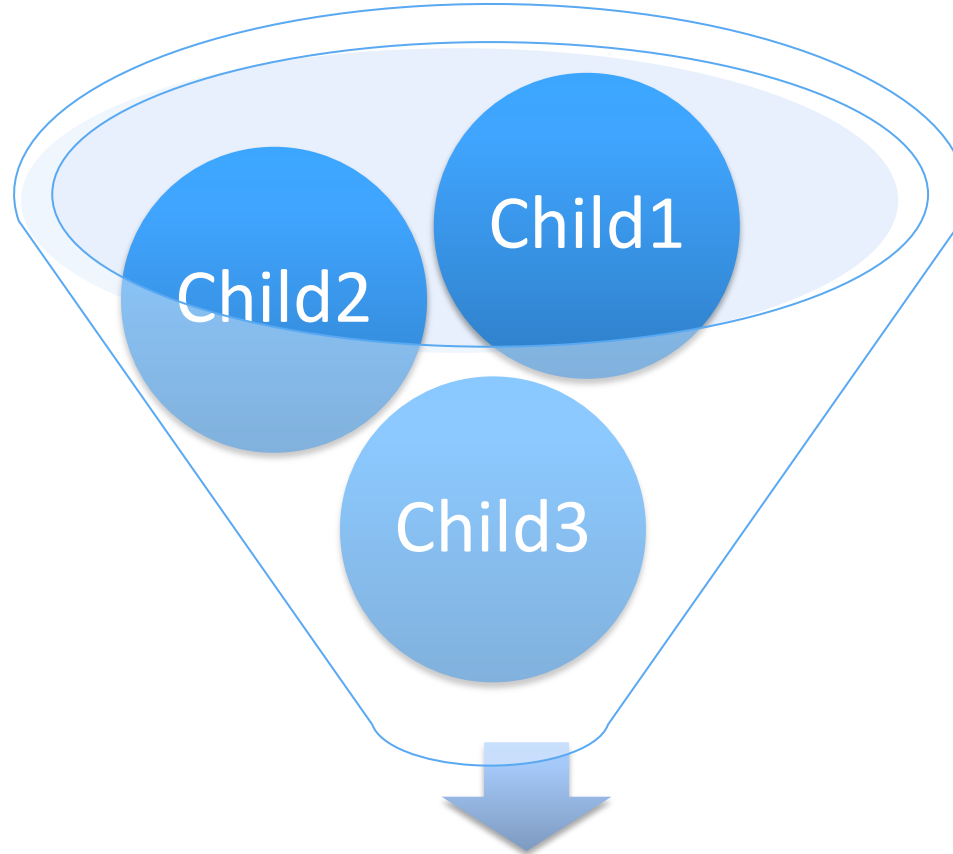


Instantaneous access is critical to impact



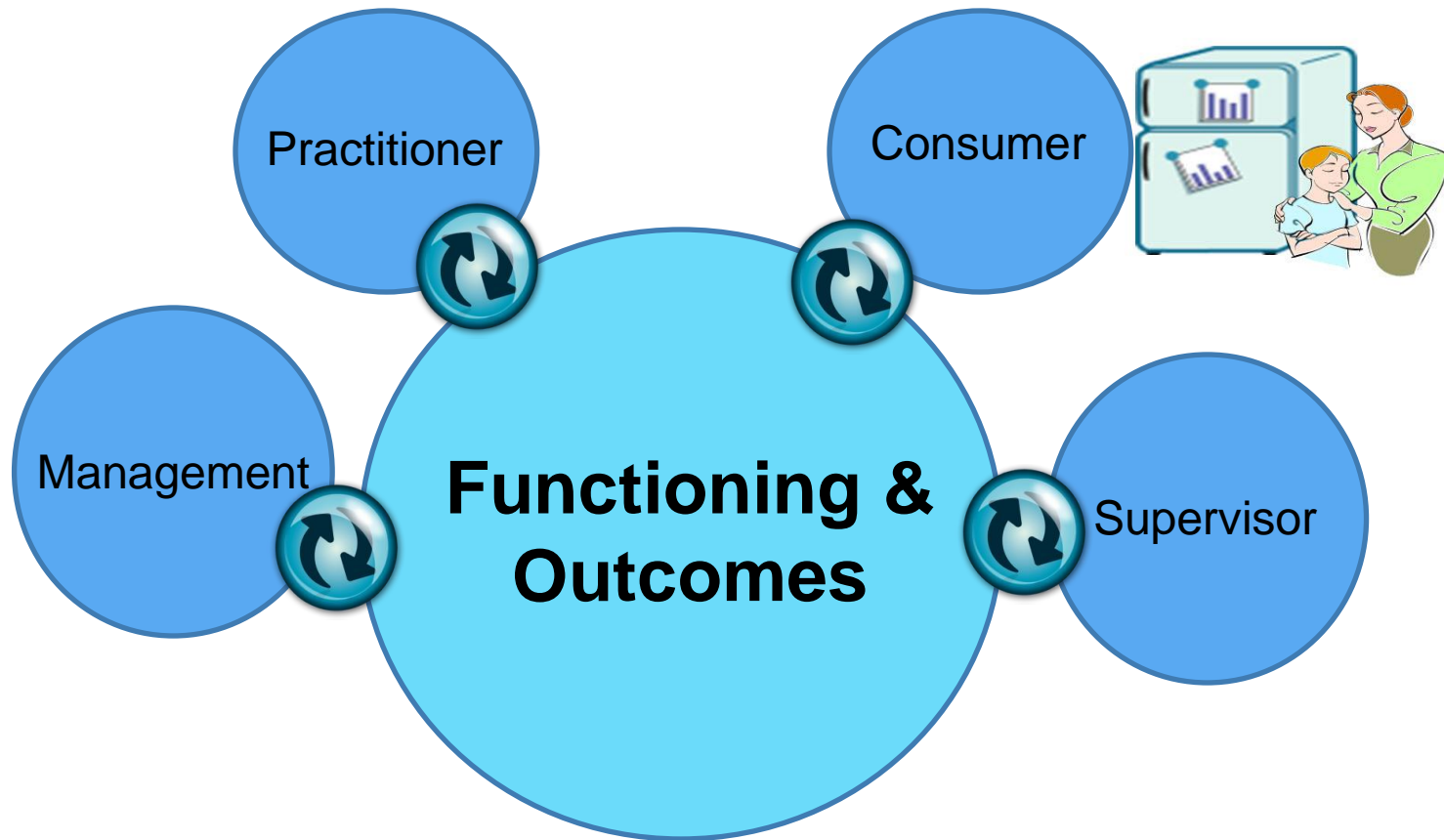
- ✓ Practitioner → guides case-decision making
- ✓ Families → engages and puts them in “driver’s seat”
- ✓ Supervisors → shapes proactive, problem-solving, collaborative approach
- ✓ Management → informs program development

Results for Outcome Indicators: Aggregated Data Used by Agency to Improve Service Effectiveness



Aggregated Data to Inform
Policy and Practice

Integration of Assessment and Outcome Information at All Levels of the Organization



Benefits of Organizational Commitment to Data Integration

★ Improving consumer outcomes
→ Effectiveness

★ Using optimal approach
→ Efficiency

Accountable, flexible organization

Viability

Outcome Measures

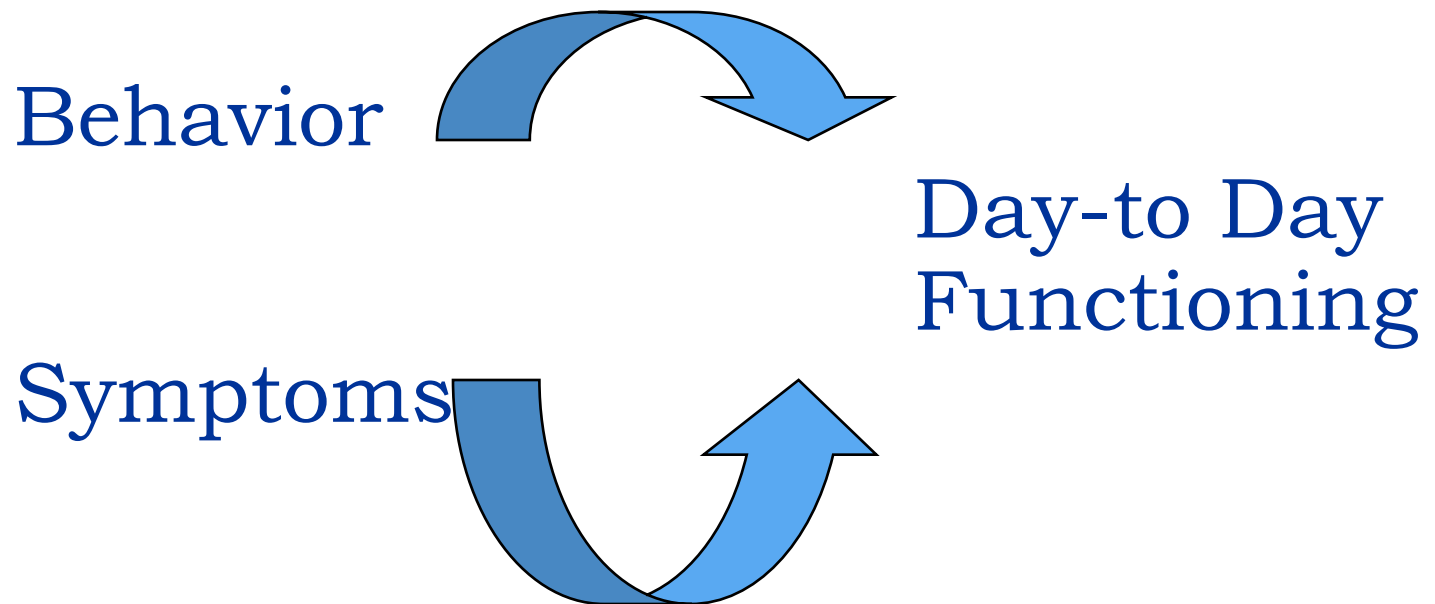


CAFAS[®]

JIFF[®]

CAFAS[®] and JIFF[®] Assess Functioning

“Real World”



CAFAS[®] SUBSCALES



School/Work



Moods/Emotions



Home



Self-Harmful
Behavior



Community



Substance Use



Behavior Toward
Others



Thinking

CAFAS[®]: The Essentials

- Each of the 8 subscales has problems, strengths and goals.
- For problems, raters select **behavioral descriptors** that describe child's severest functioning in the last 3 months.
- All items are classified as either:

Severe	Moderate	Mild	Minimal/None
30	20	10	0
- Based on these selections, youth are assigned a score for each subscale. These scores are summed together.
- Higher score = greater impairment
- Total score for youth ranges from 0 to 240

Research on CAFAS[®]



Four large data sets, >80 articles, 21 years old

- CAFAS detects differences between groups
 - Levels of intensity of care
 - Settings differing in restrictiveness
 - Severity of psychiatric diagnosis
 - Specific problematic behaviors and risk factors
- CAFAS at intake predicts outcomes:
 - Restrictiveness of treatment setting
 - Cost of services
 - Number of services
 - School truancy
 - Contact with the law

Summary: Research on CAFAS®

CAFAS is a robust measure of outcome

- Used to evaluate treatment effectiveness for different types of programs and evidence-informed practices
 - School-based, clinic, residential, Treatment Foster Care, EBTs
- Demonstrated ability to evaluate outcomes for diverse types of clients
 - Differing in presenting problem, referral source, risk factors, geographical location, and demographic variables.

CAFAS[®] Performance Indicators

- Measures of outcome
- Based on over 15 years of research
- Objective and clinically meaningful
- Useful for treatment planning

**Clinical Markers –
Client's current status**



**Outcome Indicators –
Client's change over time**

Menu of Clinical Markers & Outcome Indicators



- Total Score (Total of 8 youth subscales)
 - Outcome - Meaningful and Reliable Improvement
- # of Severe Impairments
 - Outcome - Reduction in Severe Impairments to 0
- Pervasive Behavior Impairment
 - Outcome - Absence of Pervasive Behavioral Impairment
- CAFAS Tiers – Client Types
- Improve Child Management Skills (PMT)

Change in Total Score: Meaningful & Reliable Improvement

- Defined as a reduction in the CAFAS total score by 20 points or greater
- Corresponds to more than 1/2 standard deviation and is equivalent to an effect size of .50 (a medium effect)



Changes in CAFAS Total Score from Initial to Most Recent CAFAS

Score changed from **120** at Initial to **60** at Most Recent

Change in Total Score : **60** The difference reflect : **Meaningful and reliable IMPROVEMENT!!!**

No Severe Impairments

- Criteria: No severe impairments on any youth subscales
- Why is it important?
 - ▣ A severe impairment jeopardizes the youth's development in one or more areas.
 - ▣ Meets mantra: "In school, at home, and out of (serious) trouble with the law."
 - ▣ Translates to youth is not in danger and others are not in danger because of the youth



Severe Impairments : 0 - The absence of severe impairments is a strength for this youth.

Change in Severe Impairment(s) : 2 at Initial and 0 at Most Recent - IMPROVEMENT!!!

Pervasive Behavioral Impairment

- ❑ Moderate or severe impairment on all three of the following CAFAS subscales:
 - School, Home, & Behavior Toward Others
- ❑ Research showed it was the best predictor of likelihood of youth not getting better with treatment-as-usual
- ❑ At least 25% of youth from ages 6 to 17 meet criteria
- ❑ Indicator of need for “extra strength” treatment



What's this?

● Pervasive Behavioral Impairment is : Absent

Change in Pervasive Behavioral Impairments : IMPROVEMENT!!!

CAFAS Tiers[®]

- The CAFAS software identifies the youth's "CAFAS Tier" (also called CAFAS Types)

CAFAS Tier[®] : Substance use

- Purpose of the CAFAS Tiers
 - Simplify data to make more meaningful
 - Clinicians use to link clients to clinical pathways
- Method for Determining
 - “Glance” at CAFAS profile
 - Which subscales are rated as severe or moderate?
 - Assign to first client type youth qualifies for (i.e., hierarchically arranged)

CAFAS Tiers[®] :

Hierarchical Client Types



Thinking Problems

Maladaptive Substance Use

Self-Harmful Potential (includes severe depression or anxiety)

Delinquency

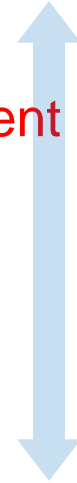
Behavior Problems with Moderate Mood Disturbance

Behavior Problems without Mood

Moderate Mood

Mild Behavior Problems and/or Mood Problems

Adolescent Specialties



Determining CAFAS Tiers[®]

- Thinking (*30 or 20 on Thinking subscale*)
- Maladaptive Substance Use (*30 or 20 on Substance Use subscale*)
- Self-Harmful Potential (*30 or 20 on Self-Harmful or 30 on Moods/Emotions subscales*)
- Delinquency (*30 or 20 on Community subscale*)
- Behavior Problems with Moderate Mood Disturbance (*30 or 20 on School, Home, or BTO subscales & 20 on Moods/Emotions subscales*)
- Behavior Problems without Mood (*30 or 20 on School, Home, or BTO subscales*)
- Moderate Mood (*20 on Moods/Emotions subscale*)
- Mild Behavior and/or Mood (*10 on any subscale*)

Candidate for PMT

- ❑ Youth are identified who may potentially benefit from their caregivers improving their child management skills (e.g., Parent Management Training - PMT), as part of initial treatment.
- ❑ Consider PMTO:
 - ❑ Home Scale is severe or moderate
 - ❑ No Severe Impairments on:
 - ❑ Community, Mood, Self-Harm, Substance Use, Thinking
 - ❑ Excludes youth with significant comorbidity

Improving Child Management Skills may be a potential initial treatment option: Consider

Generating Basic Outcomes for the CAFAS®



No calculators or computers
needed!

Measures of CAFAS Outcomes

- Outcomes are...
 - Transparent
 - Easy to determine
- CAFAS outcomes can easily be done for
 - Total score (sum of each subscale)
 - Score for each 8 subscales
 - Remember, a higher CAFAS score indicates greater impairment
- To determine improvement, subtract last score from first score
 - Improvement is indicated by a positive outcome score

CAFAS ® Indicators in Action



=CAFAS Web-Hosted Program
(FAS Outcomes)



CAFAS: Target Behaviors (Items), Strengths, Goals



For each subscale, there is an accompanying list of positive behaviors from which strengths & goals can be selected.

[View All Strengths and Goals](#)

Add Strengths and Goals

Close

School / Work		Strengths : 0 Goals : 0			
	Strength	Goal		Strength	Goal
Is permitted to attend school	<input type="checkbox"/> S1	<input type="checkbox"/> G1	Enjoys praise from teachers	<input type="checkbox"/> S21	<input type="checkbox"/> G21
Behavior at school is devoid of aggressive acts or threats	<input type="checkbox"/> S2	<input type="checkbox"/> G2	Likes going to school	<input type="checkbox"/> S22	<input type="checkbox"/> G22
Attends more days than not	<input type="checkbox"/> S3	<input type="checkbox"/> G3	Completes school work	<input type="checkbox"/> S23	<input type="checkbox"/> G23
Attends regularly	<input type="checkbox"/> S4	<input type="checkbox"/> G4	School grades are average or above	<input type="checkbox"/> S24	<input type="checkbox"/> G24
Arrives to classes on time	<input type="checkbox"/> S5	<input type="checkbox"/> G5	Can transition from one activity to another	<input type="checkbox"/> S25	<input type="checkbox"/> G25
Good behavior on the school bus	<input type="checkbox"/> S6	<input type="checkbox"/> G6	Stays on task (appropriate to age)	<input type="checkbox"/> S26	<input type="checkbox"/> G26
Sent to school disciplinarians infrequently	<input type="checkbox"/> S7	<input type="checkbox"/> G7	Appreciates importance of learning academic skills	<input type="checkbox"/> S27	<input type="checkbox"/> G27
No incidents of being sent to school disciplinarians	<input type="checkbox"/> S8	<input type="checkbox"/> G8	Feels good about school work	<input type="checkbox"/> S28	<input type="checkbox"/> G28



Real Time Data for Practitioner

- As soon as an assessment is done, Practitioner has interpretive data to help decide service array.
- Organization can generate “Care Paths” which can guide service selection and intensity.
- EBTs are tracked

Score and Clinical Markers

[What's this?](#)

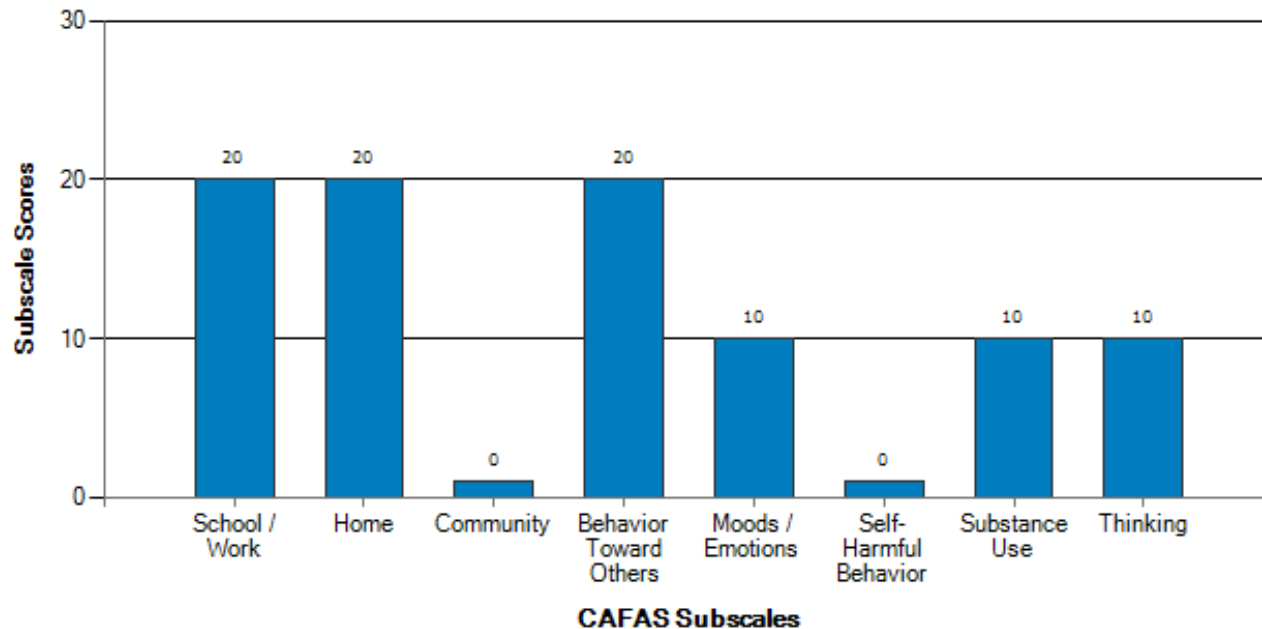
Total Youth Score	90
CAFAS Tier	Behavior problems (without moderate mood)
Pervasive Behavioral Impairment	Present
# Severe impairments	0
Child Management (PMT)	Consider



Real Time Dashboard for Each Child

Total Score	High Risk Behavior	Severe Impairments	Pervasive Impairment	CAFAS Tier	Child Management
90				Behavior problems (without moderate mood)	Consider

CAFAS[®] Profile - Impairment Level for Each Subscale on Current Assessment



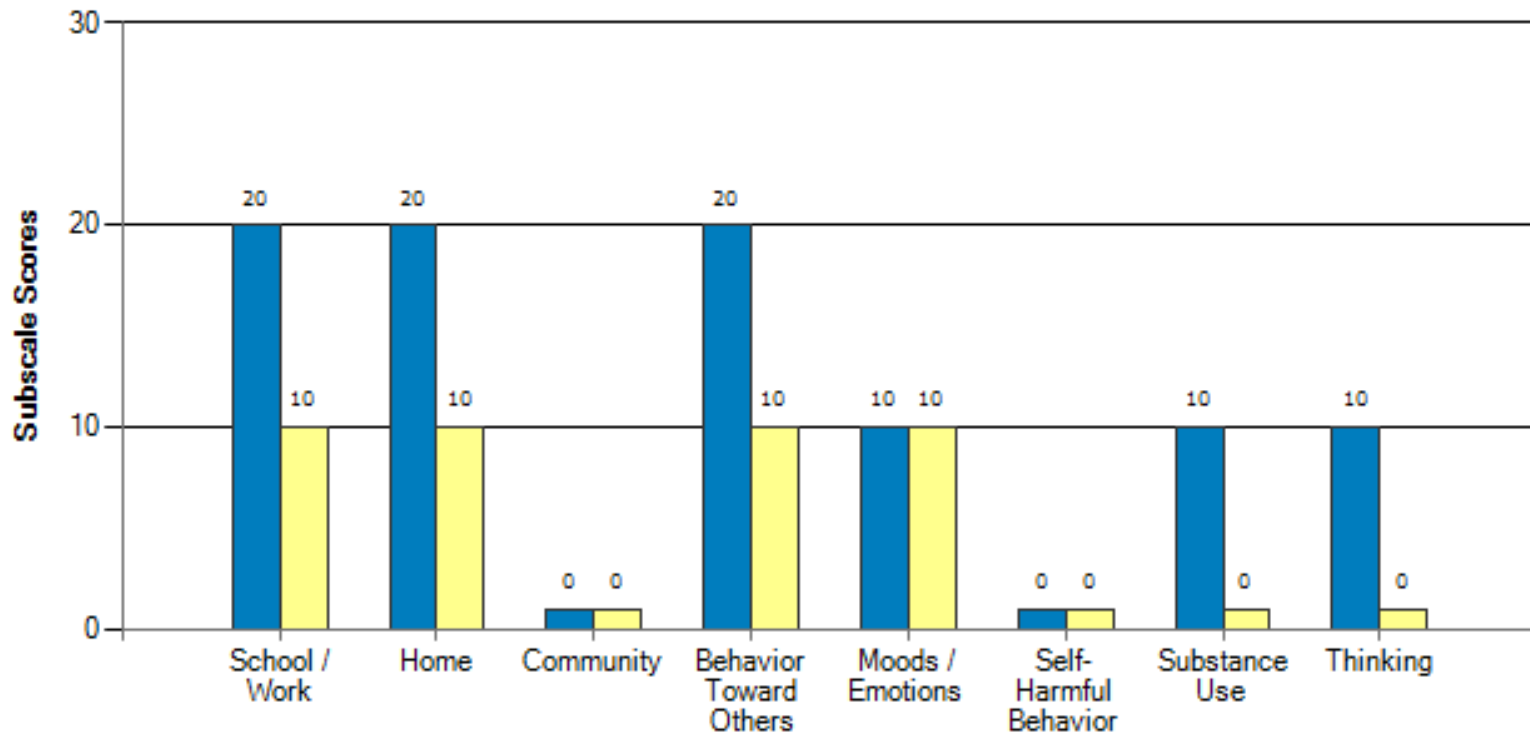


Dashboard Tracks Change Over Time

Can track progress during treatment; modify plan as needed

■ Initial - 04/13/2009 - (90)
■ Most Recent - 07/27/2009 - (40)

Impairment by Subscale: Initial and Most Recent Assessments



Family Engagement and Empowerment with the CAFAS



Family Report



One-page report for the family to take home.



Youth Strengths

- Easily follows adult guidance
- Will help do household "chores" when asked
- Benefits from assistance when problems arise
- Acknowledges substance use

Youth Goals

School / Work

- Does not disrupt learning of others
- Good behavior in classroom

Home

- Complies easily and routinely with adult requests

Substance Use

- No use of substances

The family uses the CAFAS[®] Scores to help them set the next goal

Home is down. GREAT!



School is still at 20.



Let's work on that next.

The Family is at the Center of Assessment

- CAFAS focuses on behavioral impairment rather than diagnosis
- Case manager and family identify...
 - Growth opportunities for youth
 - Pinpoint youth's strengths
 - Choose goals and identify services to achieve goals

Family-centered, Periodic Adjustments Help Achieve Goals

- With periodic assessments, family is part of ongoing review of service plan
 - Mid-course corrections can be made to plan
- CAFAS generates strengths-based progress reports
 - Families value these reports because they help sustain hope and look towards more progress in the future

Brochures for Parents and Youth: Encourage Active Involvement



Management and Supervision of Caseworkers/Practitioners



Purpose:

- Improve outcomes for families
- Deliver services in the most efficient and most helpful way for the family



Supervisor Dashboard: Family Needs

Proactively support staff and families

At a glance, can see the needs of families at intake

- Aggregated data (rolled-up for all families served)
- Drill down to individual youth-level information
 - Same information that is shared with families



Supervisor Dashboard: Youth Progress

At a glance, supervisors can easily identify youth who do not improve or whose functioning worsens

- Increase problem-solving with case worker and family with potential change in array of services, if needed
- Important: stop ineffective services while in treatment

JIFF[®] – Juvenile Inventory for Functioning[®]



The JIFF[®] Interview

- Self-administered
- Computer reads questions aloud
- Youth and Caregiver informant versions – both inquire about the youth's functioning
- Requires no formal trainings – front line staff can administer
- Available in English and Spanish
- Derived from CAFAS
- Gives youth and caregivers a direct voice

JIFF[®] Subscales



At School/ Your Job



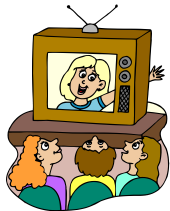
Your Feelings



At Home



Dealing with Bad Feelings



Family Life*



Alcohol & Drugs



You & Your Friends



Thinking



You & Your Neighborhood

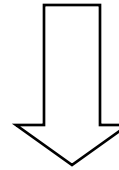


Your Health*

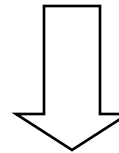
Rapid Assessment Gives Family a Goal-based Plan



JIFF Interview
(15 - 30 minutes)



JIFF Service Plan



JIFF Goes Home & to Provider



Demonstration



The JIFF Helps Families

- JIFF reports and service plans are based on youth and/or caregiver interview answers
- JIFF program “sets up” a one-page Service Plan that is completed by the practitioner and family
 - Specifies goals and assigns services for accomplishing each goal
- Identifies youth’s needs for mental health, skill development, etc.
- Service Plan can be shared among collaborating agencies
 - Holds all agencies accountable to the family!!

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