

Minnesota
Collaborative
Outcome-Focused Reporting

Resource #4:
Preparing a Community Progress Report

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Introduction

Background

Minnesota collaboratives are encouraged to report on the status of their community on a core set of outcomes and performance indicators as part of a community progress report. Ideally, this report would be issued annually and include year-to-year trend data related to each indicator.

Why the focus on outcomes? According to Lisbeth B. Schorr:

- The public wants proof of results;
- Outcomes accountability can free programs from rigid regulation;
- Information about outcomes enables communities to be more deliberate in support of *shared purposes*;
- An outcomes orientation illuminates whether current investments are adequate to achieve expected results.

In Minnesota, family service collaboratives are assembling and using *available* trend data regarding children, youth, and families to facilitate cross-systems reflection, planning, and reporting progress to the community. By collectively examining it's status on a set of agreed upon core outcomes and performance indicators, collaboratives are in a better position to establish community-wide priorities and (a) search out best practice information associated with these priorities, (b) plan cooperative efforts, (c) allocate new funding/resources, and (d) re-allocate existing funds and resources.

Focusing on outcomes, however, is not the whole evaluation story. Having a community-wide outcomes orientation will not:

- Serve as effective evaluation of short-term accomplishments of particular initiatives;
- Diagnose what needs to be done to address “red flags” raised by the outcome data;
- Diagnose what needs to be done related to service integration or systems change.

Outcome Versus Process Measures

Collaboratives will benefit from *both* a community-wide outcomes orientation and more process-oriented evaluation of particular initiatives. The key differences in these two orientations are summarized below.

Outcome Orientation	Process Orientation
<ul style="list-style-type: none">• Focus on data related to the condition of children, youth, and families• Community-wide• Rely primarily on existing trend data• Results are dependent on efforts of more than one agency or group	<ul style="list-style-type: none">• Focus on data related to implementation or immediate impacts• Intervention or program specific• Rely primarily on locally developed/implemented data collection strategies• Results dependent on particular intervention or program

Collaborative and Children's Mental Health Collaborative Integrated Reporting

In March 1998, Minnesota family service collaboratives came to consensus on a core set of outcomes and performance indicators. By consensus, we mean that 75% or more of the collaboratives indicated in a written survey that these indicators were a priority for at least some of their members. As part of outcome reporting, collaboratives are encouraged to report the status of their community on these outcomes and indicators annually as part of a community progress report.

State legislation requires that children's mental health collaboratives perform evaluation of their programs. A document titled *Statewide Evaluation Plan for Collaboratives* (May 1997) outlines (a) a description of 17 statistical outcome indicators that currently comprise the statewide outcome-based evaluation system for children's mental health programs, and (b) the plan for implementing this system.

Collaboratives (both Family Services and Children's Mental Health) have the option of preparing one combined report as long as the statutory reporting requirements of each initiative are met.

What is Included Here

This monograph includes the following sections:

1. Overview of a collaborative data-based decisionmaking process
2. Core outcomes and indicators (for both family service collaboratives and children's mental health)
3. Planning steps for producing an annual community progress report
4. A bare-bones model report

Section 1:

Overview of Collaborative Decisionmaking Process

Section 2:

Core Outcomes and Indicators

**MN Family Service Collaboratives
Core Outcomes and Performance Indicators as of July 1998**

Outcome: Families and communities provide a safe and stable environment for all children and youth.

Indicators	Population	Data Source
Rate of teenage pregnancy (younger than 18 years of age).	All children & youth	DPH
Number and rate of cases of substantiated child maltreatment.	All children & youth	DHS
<i>Number and proportion of children placed in out-of-home service settings.</i>	All children	DHS
<i>Number and proportion of children who receive home-based or community-based mental health services.</i>	All children	DHS
Number and rate of children who have experienced multiple placements prior to family reunification or permanent placement.	DHS clients	Collab.

Outcome: All families are supported by their communities.

Indicator	Population	D.S.
Percent of expectant and new parents supported by their families and communities.	All parents	Collab.

Outcome: All families have adequate economic resources to appropriately provide for their children.

Indicator	Population	D.S.
Percent of children living in households below the poverty line. [need to identify proxy measures]	All children	DEC/ DCFL

Outcome: All children and families are healthy and well nourished.

Indicators	Population	D.S.
Rate of infant mortality.	All children	DPH
Percent of children who are immunized on an appropriate schedule.	All children	DPH/ DCFL
Percent of children and families covered by health insurance.	All children	DPH
Percent of children who receive regular child examinations and anticipatory guidance, diagnosis, maintenance, and treatment services.	All children	Collab.
Percent of children with previously undetected vision and hearing problems at time of entry into kindergarten.	All children	DCFL
Percent of infants born with 2 or more health and environmental risks such as later or no prenatal care, low maternal weight gain, smoking during pregnancy, alcohol use during pregnancy, 3 or more older siblings, or closely spaced births.	All children	DPH
Percent of children ages xxx to xxx who receive their primary care and education from adults who are committed and emotionally connected to them. [need to operationalize]	All children	Collab.
Percent of women who receive appropriate prenatal care and anticipatory guidance, diagnosis, and treatment services.	All women	DPH

Outcome: All parent and child relationships are supportive.

Indicators	Population	D.S.
Percent of families with parenting knowledge and skills to anticipate and meet the developmental needs of their children [will need to operationalize based on instruments found to measure].	All families	Collab.
Percent of parents who take positive action to support the expectations they have for their children's success [will need to operationalize based on instruments found to measure].	All parents	Collab.
Percent of families who participate together in physically, emotionally, spiritually or intellectually stimulating activities [will need to operationalize based on instruments found to measure].	All families	Collab.

Outcome: Children and youth make academic progress and achieve competencies in school.

Indicators	Population	D.S.
<i>Rate of school attendance.</i>	All students	DCFL
Rate of students dropping out of school.	All students	DCFL
Percent of 3 rd graders scoring "proficient" or better on statewide reading & math tests.	All students	DCFL
Percent of 5 th graders scoring "proficient" or better on statewide reading & math tests.	All students	DCFL
Percent of 8 th graders passing the statewide graduation test in math, reading, & writing.	All students	DCFL
Rate of high school graduation.	All students	DCFL
Rate of school suspensions and expulsions.	All students	DCFL

Indicators that appear in italics have also been adopted by MN Children's Mental Health Collaboratives.

**MN Children's Mental Health Collaboratives
Goals and Performance Indicators as of May 1997**

Goal: Reduction of placements into out-of-home settings, due to SED/EBD.

Indicators	Population	Data Source
<i>Reduction in the number of children placed in out-of-home service settings, per 10,000 population.</i>	All children	DHS
<i>Reduction in the number of children placed in out-of-home service settings, per 100 clients.</i>	MH clients	DHS
Reduction in the number of total days that children live in out-of-home placement settings, per 10,000 population.	All children	DHS
Reduction in the number of total days that children live in out-of-home placement settings, per 100 clients.	MH clients	DHS
Reduction in the number of children receiving inpatient mental health treatment, per 10,000 population.	All children	DHS
Reduction in the number of children receiving inpatient mental health treatment, per 100 clients.	MH clients	DHS
Reduction in the number of total days that children spend in inpatient treatment settings, per 10,000 population.	All children	DHS
Reduction in the number of total days that children spend in inpatient treatment settings, per 100 clients.	MH clients	DHS
Reduction in the number of children who receive residential treatment (Rule 5), per 10,000 population.	All children	DHS
Reduction in the number of children who receive residential treatment (Rule 5), per 100 clients.	MH clients	DHS
Reduction in the number of total days of residential treatment (Rule 5), per 10,000 population.	All children	DHS
Reduction in the number of total days of residential treatment (Rule 5), per 100 clients.	MH clients	DHS
<i>Increase in the number of children who receive home-based or community-based services, per 10,000 population.</i>	All children	DHS
<i>Increase in the number of children who receive home-based or community-based services, per 100 clients.</i>	MH clients	DHS
Increase in the amount of MH expenditures used for home-based or community-based services, per 10,000 population.	All children	DHS
Increase in the amount of MH expenditures used for home-based or community-based services, per 100 clients.	MH clients	DHS
Increase in the proportion of clients who show reduced severity of suicide risk.	MH clients	Collab.

Goal: Improved functioning of children with SED/EBD and their families

Indicators	Population	D.S.
<i>Increase in the attendance rate among clients enrolled in public school.</i>	MH clients	DHS/ DCFL
Increase in the proportion of clients who are enrolled in non-restrictive instructional settings.	MH clients	DHS/ DCFL
Reduction in the rate of felony charges against clients.	MH clients	Collab.
Reduction in the rate of misdemeanor charges against clients.	MH clients	Collab.
Increase in the proportion of adolescent services grant clients showing improved scores on violence measure.	MH clients in program	Collab.
Increase in the proportion of clients showing improved level of functioning scores.	MH clients	Collab.
Increase in the proportion of client families showing improved functioning scores.	MH clients	Collab.

Goal: Reduced clinical symptoms of emotional disturbance among children with SED/EBD.

Indicator	Population	D.S.
Increase the proportion of clients showing improved clinical symptoms since start of service episode.	MH clients	Collab.

Goal: Client and family satisfaction with services.

Indicator	Population	D.S.
Increase in the proportion of clients and families showing improved program satisfaction scores.	MH clients	Collab.

Indicators that appear in italics have also been adopted by MN Family Service Collaboratives.

Section 3:
Planning Steps

Make a Plan

- Establish an evaluation committee
- Agree on community-wide core outcomes and performance indicators
 - Start with the “core list” and think community-wide (outcomes and indicators are broader than any one initiative or program)
 - Achieve consensus among key stakeholder groups
- Agree on a format for presenting information about collaborative initiatives and performance on established indicators; a format might include sections on:
 - An overview of the collaborative effort (mission, purpose/membership, history, list of initiatives)
 - Status on core list of indicators (present trend data covering a number of years)
 - Brief descriptions of particular initiatives, including accomplishments
- Assign ownership for assembling available trend data or collecting additional data (may involve use of evaluation consultants)
- Assign someone to assemble the information in the agreed format
- Set a due date
- Identify opportunities for introducing results
 - as part of collaborative planning activities
 - reporting to the public

Section 4:
A Model Report

Part 1: Narrative Summary

- Background giving historical development of the collaborative
- Purpose/members
- History of key events/accomplishments in timeline form
- Vision statement
- List and brief description of initiatives currently being funded/implemented collaboratively

Part 2: Trend Data
XXXX Family Service Collaborative

[Suggest reporting data at 2 or 5 year intervals and most recent year. In addition, selected indicators might be reported by race/ethnicity, age group of children/youth, school district, or geographic area. Also, you could jazz up the format and make available on a website. Subsequent pages could give a paragraph explanation of each indicator such as done in Children's Report Card and MN Milestones.]

How are we doing: Y = getting better B = getting worse P = remaining about the same

Outcome: Families and communities provide a safe and stable environment for all children and youth

Indicators	1990	1995	1997	Change
Rate of teenage pregnancy (younger than 18 years of age) Source of data:				
Number and rate of cases of substantiated child maltreatment Source of data:				
Number and proportion of children placed in out-of-home service settings Source of data:				
Number and proportion of children who receive home-based or community-based mental health services Source of data:				
Number and rate of children who have experienced multiple placements prior to family reunification or permanent placement Source of data:				

Outcome: All families are supported by their communities.

Indicator	1990	1995	1997	Change
Percent of expectant an new parents supported by their families and communities. Source of data: Special collaborative study				

Outcome: All families have adequate economic resources to appropriately provide for their children.

Indicator	1990	1995	1997	Change
Percent of children living in households below the poverty line. Source of data:				

Outcome: All children and families are healthy and well nourished.

Indicators	1990	1995	1997	Change
Rate of infant mortality. Source of data:				
Percent of children who are immunized on an appropriate schedule. Source of data:				
Percent of children and families covered by health insurance. Source of data:				
Percent of children ages xxx to xxx who receive regular child examinations and anticipatory guidance, diagnosis, maintenance, and treatment services. Source of data: Special collaborative study				
Percent of children with previously undetected vision and hearing problems at time of entry into kindergarten. Source of data:				
Percent of infants born with 2 or more health and environmental risks such as later or no prenatal care, low maternal weight gain, smoking during pregnancy, alcohol use during pregnancy, 3 or more older siblings, or closely spaced births. Source of data:				
Percent of children ages xxx to xxx who receive their primary care and education from adults who are committed and emotionally connected to them. Source of data: Special collaborative study				
Percent of women who receive appropriate prenatal care and anticipatory guidance, diagnosis, and treatment services. Source of data:				

Outcome: All parent and child relationships are supportive.

Indicators	1990	1995	1997	Change
Percent of families with parenting knowledge and skills to anticipate and meet the developmental needs of their children [will need to operationalize based on instruments found to measure]. Source of data: Special collaborative study				
Percent of parents who take positive action to support the expectations they have for their children's success [will need to operationalize based on instruments found to measure]. Source of data: Special collaborative study				
Percent of families who participate together in physically, emotionally, spiritually or intellectually stimulating activities [will need to operationalize based on instruments found to measure]. Source of data: Special collaborative study				

Outcome: Children and youth make academic progress and achieve competencies in school.

Indicators	1990	1995	1997	Change
Rate of school attendance. Source of data:				
Rate of students dropping out of school. Source of data:				
Percent of 3 rd graders scoring "proficient" or better on statewide reading & math tests. Source of data:				
Percent of 5 th graders scoring "proficient" or better on statewide reading & math tests. Source of data:				
Percent of 8 th graders passing the statewide graduation test in math, reading, & writing. Source of data:				
Rate of high school graduation. Source of data:				
Rate of school suspensions and expulsions. Source of data:				

Other indicators to consider reporting:

- Data from assessments of youth assets.
- Data related to Children's Mental Health Collaboratives (see enclosed master list of indicators).