

# Capacity Assessment and Integration Support for the Washington State Department of Children, Youth, and Families

Priority Performance Measures Guide  
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Chapin Hall at the University of Chicago

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# Background

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DCYF has stated that a priority of the new integrated agency is “a commitment to using data to inform and evaluate reforms, leveraging and aligning current services with desired child outcomes.”<sup>1</sup> To identify priority measures to help DCYF understand, monitor, and improve its performance, we addressed the questions: *What outcomes and drivers of outcomes should child welfare, early learning and juvenile justice agencies measure? What outcomes and drivers of outcomes does DCYF measure?* We sought guidance on performance measurement within and across the service areas from the following sources:

Type of Measures	Rationale for Measurement
<b>Policy-aligned measures</b>	Necessary for program compliance and tied to performance standards
<b>National standards</b>	Aligns with established expectations (often by policy) for a particular set of measures and broadly agreed to be the minimum level of performance
<b>Measures from the literature</b>	Aligns with the body of science on how programs and policies impact children, youth, and families
<b>Common measures across jurisdictions</b>	Facilitates comparisons with other states that are similar in geographic makeup and policy landscape

This document is the beginning of the collaborative process for putting the findings, particularly those about performance and measurement, into use in the newly integrated agency. These measures will permit DCYF to align measurement across programs so that:

1. Service area and program level metrics are specific to an appropriate evidence base.
2. Measures span the system continuum, capturing performance indicators, drivers, and system dynamics.
3. Measures span the developmental continuum, permitting standardization by age range across programs to observe key transitions and individual trajectories.
4. Aligned demographic data is collected across programs to aggregate up and drill down to observe variation, disproportionality, and disparity.
5. Measures connect to agency level goals and outcomes.

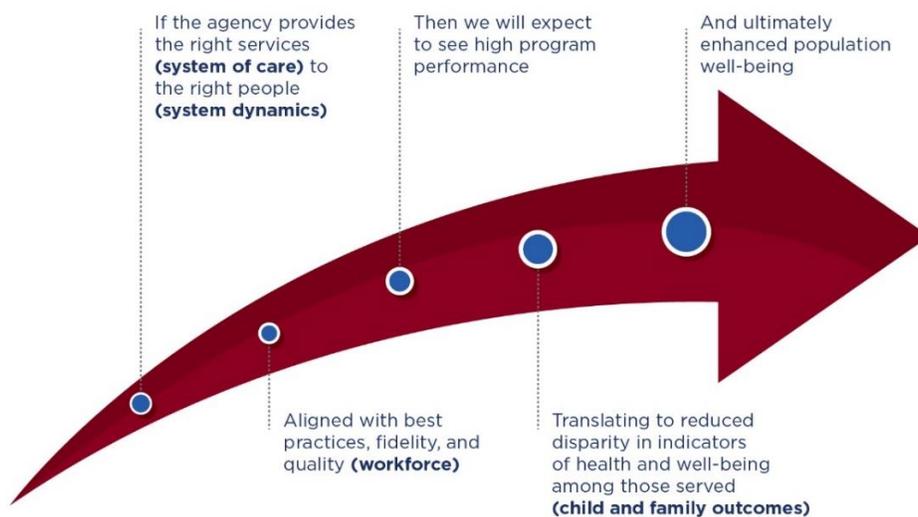
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<sup>1</sup> Washington State Department of Children, Youth, and Families. (2017, November). Mission – build a new, integrated DCYF. Retrieved from <https://www.dcyf.wa.gov/node/507>.

At the programmatic level we have included a range of measures that span the following domains of measurement:

Measurement Domains	Description	Equity Implications
<b>System Dynamics</b>	The flow in, meaning the basic descriptions about the children, youth, and families enrolled in programs or interacting with agency services in some capacity	An agency needs to understand which subpopulations have access to services, particularly early prevention services, to understand who stands to benefit from interaction with the system. It is also critical to know which subpopulations disproportionately engage with the system, particularly for child welfare and juvenile justice.
<b>Performance Measures</b> (i.e., child, youth, family outcomes)	The indicators of agency functioning and child, youth, and family well-being	These measures can also serve as leading indicators for progress toward population outcome goals and can illuminate disparities in outcomes associated with system engagement.
<b>Key Drivers</b>	<b>System of Care</b> The elements of service delivery that are hypothesized to produce desired outcomes	Variability in these measures across demographic subgroups can explain disparities in outcomes.
	<b>Workforce Capacity</b> The skills and resources of agency and program staff to execute the processes associated with positive outcomes	These measures are also drivers of outcomes, and identifying variability in interactions between clients and the workforce can explain disparities in outcomes.

It is necessary to capture metrics about the entire system to understand disproportionality in system engagement, disparities in outcomes, and variation in clients' experiences with the system that may lead to disparities. In order to assess the extent to which DCYF can measure performance, we examined the agency's data holdings within these segments of the system continuum:



In this document, we describe each set of measures by the program in which they are directly relevant (Appendix A), and we highlight essential elements of those measures, including:

- Foundational questions. A comprehensive set of questions helped to drive our data appraisal process by delineating the essential functions of each of the legacy agencies merging into DCYF. These questions reflect curiosities that analysts might have about how the agency functions, and these questions can be used to guide observations of trends over time. These questions can also be factored into a plan-do-study-act cycle in the course of performance improvement activities. The entire set of foundational questions can be found in Appendix B.
- Outcome goals for children, youth, and families. We aligned the measures associated with each program to the population outcome goals that DCYF has set in the domains of resilience, education, and health.
- Unit of analysis. The unit of analysis has both theoretical and practical implications. Theoretically, the unit of analysis for each set of measures helps to inform DCYF of which populations are of interest for observation (e.g., children, families, staff, offices, regions, etc.). In terms of outcomes for children, youth and families, the unit of analysis may signal notable transitions to observe (e.g., the transition from preschool to kindergarten for young children; the transition out of foster care for adolescents) or particular developmental implications at stake (e.g., the development of appropriate social-emotional skills in early childhood). Practically, the unit of analysis helps analysts in DCYF understand the risk set, meaning which individuals should be included in an analysis, and to look for sources of variation within and across units of analysis.

## Child Welfare

The field of child welfare unites around three major goals for children, youth, and families: **safety, permanency, and well-being**. These goals are aligned with the goals of DCYF. Ensuring the continued safety and permanency of children leads to better physical and mental health outcomes. Measures of well-being connect to children and youth exhibiting resilience, experiencing good health, and pursuing educational and employment opportunities through early adulthood. Key drivers of these performance measures include a **high quality foster caregiver network, services to meet child and family needs, skilled staff and stakeholders, and workforce turnover**. In the child welfare service area, we explored select programs including **children with child welfare involvement**, comprising **extended foster care**, and the **foster care network**.

### Children with Child Welfare Involvement

Children with child welfare involvement includes all children for whom a child investigation is conducted and provided with interventions to meet the DCYF mission to ensure all children and youth grow up safe and healthy. This is the heart of DCYF's child welfare system, which serves youth at all developmental stages. Children enter the system at any time and can remain in the system until their 18<sup>th</sup> birthday, at which point some youth may transition into extended foster care. DCYF must monitor the assessment and intake process, the availability and receipt of family supports, and the quality of out of home and after care offerings that ensure children and youth well-being. These efforts aim to keep children safe from harm and in permanent homes.

Foundational questions. The following set of proposed priority measures will allow DCYF staff to better understand, for instance:

- To what extent are children stable in their placements?
- To what extent are children who come to the attention of DCYF kept safe from future harm?
- To what extent are families stabilized and kept intact?

Unit of analysis. Analysts can aggregate these measures, which are relevant at the child and family levels, up to the program, community, and regional levels. These measures are applicable to children and youth from birth through age 21 – meaning, **early childhood, middle childhood, adolescence, and emerging adulthood**. As such, the drivers and outcomes should be operationalized in a developmentally appropriate way for all children across the developmental spectrum. Since these measures capture the entire developmental spectrum, it may also be informative for DCYF to link measures to other developmentally relevant services across the agency, such as with **early learning** measures for infants, toddlers, and children in the **early childhood** stage and with **juvenile justice** measures for youth in the **adolescence** and **emerging adulthood** stages of development.

Outcome goals for children, youth, and families. Children with child welfare involvement commonly experience trauma related to their safety and stability, which may be associated with long-term developmental implications. Therefore, the outcomes in this program are leading indicators for the agency-wide goals of **education**, **health**, and **resilience**.

Proposed Categories	Proposed Measures	System Dynamics	Key Drivers	Performance Measures
Assessment/ Investigation	Child and family demographics	X		
	Investigations	X		
	Removals	X		
	Reports of abuse/neglect	X		
	Request for intervention	X		
	Screened-in reports	X		
Intake	Children placed	X		
	Investigation completion	X		
	Meeting response times	X		
Family Supports	Families receiving in-home services		X	
	Family needs assessment completed		X	
	Re-referral after case closure		X	
	Time to case closure		X	
	Visits from social worker		X	
Out of Home Care	Existence of permanency plan		X	
	Exit type		X	
	Length of stay		X	
	Out of home placements		X	
	Placement stability		X	
	Placement type		X	
Child Well-being	Running away		X	
	Maltreatment in out of home care		X	X
	Placement with siblings		X	
	Visits with parents		X	
Child Outcomes	Visits with siblings		X	
	Entry into care			X
	Exit type			X
	Maltreatment			X
	Recurrence of maltreatment			X
	Re-entry			X
	Time to permanency			X

## Extended Foster Care

Extended foster care provides an opportunity for young adults to continue to receive supports and services as they make the transition to adulthood. Young adults can remain in foster care past their 18<sup>th</sup> birthday through voluntary placement agreements. This program aligns with DCYF’s mission to support high need young people through challenging life transitions and prepare them for educational and economic advancement into adulthood.

Foundational questions. The following set of proposed priority measures will allow DCYF staff to better understand, for instance:

- What are the demographics of youth receiving independent living services?
- To what extent are youth in independent living receiving services?
- To what extent are youth in independent living services also involved in the justice system?

Unit of analysis. The population this program serves are in the **emerging adulthood** stage of the developmental continuum. Their primary developmental concerns relate to the transition to adulthood. Young people come into this program through involvement in the child welfare system, so linking these with measures for **children with child welfare involvement** may help to illuminate the trajectories of youth in the extended foster care program. Linking youth-level measures between **extended foster care** and **juvenile justice** will provide additional information to DCYF on the well-being and economic mobility of youth in extended foster care. As youth aging out of foster care begin having children, it may also be useful to link measures for this program to **home visiting, early intervention, and early childhood education** programs as youth enroll their children in such programs to enhance child and family well-being. This would permit DCYF to leverage opportunities for prevention across family life cycles.

Outcome goals for children, youth, and families. The youth outcomes in this program are leading indicators for the agency-wide goals of **resilience, education, and health**. As youth mature into adults, the essential goals include advancing their education, obtaining employment, and ultimately thriving as a productive member of society.

Proposed Categories	Proposed Measures	System Dynamics	Key Drivers	Performance Measures
Program In Flow	Age of youth	X		
	Demographics of eligible youth in independent living	X		
	Eligible youth in independent living	X		
	Entering youth	X		
Services	Court review		X	
	Dental care		X	
	Medical care		X	
	Referrals to community resources and supports		X	

	Youth receiving services	X	
	Youth receiving transitional living services	X	
Supports/ Achievements	Case planning occurred	X	
	Financial assistance received	X	
	Mentoring services received	X	
	Transitional living plan completed	X	
Youth Outcomes	Juvenile justice involvement		X
	Enrollment in/completion of academic/vocational training	X	X
	Participation in employment-promoting activity	X	X
	Stability of living arrangement		X

Foster Caregiver Network

The foster caregiver network is comprised of all foster homes in Washington, including kinship care foster homes and non-relative foster homes. Non-relative foster homes and relatives not closely related to a child need to be licensed. The network is attentive to the in and out flows of foster care providers in the network, the recruitment and licensing of said providers, and the outcomes these providers report on the children and youth they serve.

Foundational questions. The following set of proposed priority measures will allow DCYF staff to better understand, for instance:

- To what extent are DCYF staff delivering recruiting messages?
- To what extent are licensed foster homes retained?
- To what extent does DCYF maintain children stable in kinship homes?

Unit of analysis. The service population of this program is at the facility/foster home level, and therefore is not tied to a particular developmental stage of children or youth in the system. The network engages with youth of all ages who are involved with the child welfare system, including **early childhood, middle childhood, adolescence, and emerging adulthood**. Linking the **outcome measures** for **children with child welfare involvement** who are in foster care may shed light on how well this service addresses the needs of children and youth in its care. Measurement about the quality of the foster caregiver network can be assessed using some of the proposed **protective factor** measures, such as caring adults and parenting competencies.

Outcome goals for children, youth, and families. The outcomes associated with the foster caregiver network are leading indicators for the agency-wide outcome goal of **resilience**. Healthy relationships with adults and caregivers in high-quality foster homes can support youth and promote positive developmental trajectories.

Proposed Categories	Proposed Measures	System Dynamics	Key Drivers	Performance Measures
Foster Care Network In Flow	Closed homes (annually)	X		
	Geographic distribution of new and existing homes	X		
	New homes (annually)	X		
	Who homes are licensed to serve (child demographics)	X		
Foster Care Network Characteristics	Children in foster home	X		
	Homes with/without placements	X		
	Licensed beds vs. children in foster care	X		
	Placement disruptions for youth		X	
	Reason for closure		X	
	Maltreatment in care		X	X
	Youth removals from home			X
Foster Parent Recruitment and Licensing	Substantiations			X
	Completion of background check		X	
	Completion of CA/N check		X	
	First inquires		X	
	Home studies completed		X	

**Child Welfare Workforce Measures**

A capable, highly skilled and experienced child welfare workforce is critical to effective service provision and the achievement of positive child and family outcomes. Conversely, workforce deficiencies negatively affect the quality of child welfare practice, and in turn, the attainment of safety, permanency and well-being goals. This means that the most important resource in which a child welfare agency can invest is its workforce. Standardized pre-service and in-service training are essential to ensuring that CW workers have the knowledge and skills needed to engage with children and families and improve outcomes through the services they provide. Providing staff with training opportunities also has the added benefit of increasing retention.

A stable workforce is critical to the delivery of high quality child welfare services. High turnover rates can disrupt service continuity, reduce family engagement, and interfere with relationship building. The majority of turnover in child welfare agencies is due to organizational factors, such as heavy caseloads and excessive workloads. The consequences of high turnover rates include placement instability, longer stays in care, maltreatment recurrence, and foster care reentries as well as a decline in child welfare worker morale. The costs associated with high turnover rates can also be significant; resources spent on recruiting, hiring and training new child welfare workers cannot be spent on services for children and families.

Frontline supervisors play a critical role in child welfare. The best known framework for child welfare supervision identifies three key supervisory roles: *education* (i.e., addressing the knowledge, attitudes and skills required to do the job effectively), *support* (i.e., improving morale

and job satisfaction and giving staff a sense of worth, belonging, and security), and *administration* (i.e., providing oversight to ensure adherence to agency policy and procedures, accountability, and effectiveness). High quality supervision that goes beyond mere compliance tracking to include coaching and mentoring can facilitate effective service delivery, improve caseworker functioning, increase staff retention, and lead to better outcomes.

Foundational questions. The following set of priority measures will allow DCYF staff to better understand: To what extent can we describe staff capacity to deliver high-quality services?

Proposed Categories	Proposed Measures
Qualifications and Training	Staff experience level
	Staff level of education
	Receipt of staff training
Workforce Turnover/Retention	Staff tenure
	Vacancy rate
	Worker turnover (new vs. 2+ years)
	Retention rates
Workload	Caseload size (children, families)
	Supervisor caseloads
	Worker caseloads by program area

## Early Learning

High-quality early learning programs can promote child development, increase school readiness, build a foundation for later academic success and social competence, and provide countless opportunities to parents for social support and economic mobility. Investments in early learning are part of a larger prevention and early intervention strategy that help to establish positive educational trajectories for children, ensure that they are physically safe and healthy, and have the proper social and emotional supports to learn to be resilient in the face of challenges. Because early learning programs serve children from the prenatal stages through age five, the child-level outcomes they prioritize vary from program to program. In general, programs focus on **child health and development** and **parent capacity and well-being**. Key drivers of these performance measures include the **use and availability of early learning programs, the quality of programs**, and the extent to which **families engage in services and supports**. The programs we explored in depth included **home visiting, early intervention, and early childhood education**.

### Home Visiting

Home visiting programs have been operating for decades, but the Maternal, Infant, and Early Childhood Home Visiting legislation in 2010 provided the first federal funding for a comprehensive system of home visiting services that includes data collection, evaluation, and a CQI infrastructure. Existing home visiting models aim to improve maternal health, increase family self-sufficiency, reduce intimate partner violence, promote positive parenting practices, and improve early childhood development. Home visiting programs serving pregnant women also aim to improve birth outcomes. In WA, there are various home visiting programs that exist across the state, but DCYF implements nine evidence-based and evidence-informed programs funded by the Home Visiting Services Account.

Foundational questions. The following set of proposed priority measures will allow DCYF staff to better understand, for instance:

- To what extent can we describe program and enrollment characteristics?
- How well are programs working with families?
- To what extent are programs using evidence-based models/approaches to deliver and monitor services to children?

Unit of analysis. Children in this program are in the **prenatal and early childhood** stage of the developmental continuum. Home visiting programs are dual-generation programs, meaning that they intend to serve both children and families with the aim of enhancing parental competence and well-being so that children experience the benefits of program participation both directly, as a result of engagement with a nurse or other trained home visitor, and indirectly, through improved parenting capacity. As a result, these programs may also include pregnant and parenting youth in the **emerging adulthood** stage. Families with multiple risks or

low protective factors may be referred to home visiting programs, so these services provide a pathway to prevention and early intervention for young children and families.

Outcome goals for children, youth, and families. The addition of a young child to a family is a key transition point for families where targeted support may drive better long-term outcomes. Children who participate in home visiting services may continue into another early learning program, such as **early intervention** or **early childhood education**. Linking home visiting measures with other sources of data internal to DCYF, like **child welfare** measures, may provide additional information about child well-being and the effectiveness of home visiting programs to prevent harm to children. Similarly, linking home visiting measures with external measures, such as K-12 education data, may illuminate the trajectories of program participants. The child and family outcomes in this program are leading indicators for the agency-wide goals of **resilience, education, and health**.

Proposed Categories	Proposed Measures	System Dynamics	Key Drivers	Performance Measures
Program in Flow	Caregiver demographic characteristics	X		
	Child demographics characteristics	X		
	Program slots	X		
	Service initiation date	X		
	Service termination date	X		
Exposure to Child Health Services	Child has health insurance		X	
	Developmental screening		X	
Exposure to Development-Promoting Experiences	Types of supports provided		X	
	Use of evidence-based practices		X	
Exposure to Family Health and Well-Being Services	Visit frequency		X	
	Caregiver has exposure to prenatal care		X	
	Caregiver receives mental health consultation		X	
Family Engagement	Family needs assessment completed		X	
	Program retention		X	
Child Outcomes	Behavioral/social skills			X
	Cognitive skills			X
	Emergency room visits			X
Family Outcomes	Breastfeeding			X
	Family needs met			X
	Low birthweight baby			X
	Child maltreatment			X

## Early Intervention

The goal of early intervention is to support the development of children with disabilities, birth to three, to meet early developmental milestones life. These programs also support and help families to care for children with disabilities. Part C of the Individuals with Disabilities Education Act (IDEA) requires that states offer early intervention services to infants, toddlers, and their families. In general, early intervention programs aim to promote children’s **age-appropriate cognitive and behavior skills** and **family strengthening**. These outcomes are driven by exposure to **development-promoting experiences** and **exposure to health services**.

Foundational questions. The following set of proposed priority measures will allow DCYF to understand, for instance:

- To what extent can we describe program and enrollment characteristics?
- How well are programs working with families?
- To what extent are children exhibiting normative child development?

Unit of analysis. Children in this program are in the **early childhood** stage of the developmental continuum. However, since early intervention is a dual-generation program, family services may also focus on pregnant and parenting youth in the **emerging adulthood** stage.

Outcome goals for children, youth, and families. Families of children with disabilities may require additional supports and information to ensure that their children reach their full potential. Children who participate in early intervention may simultaneously enroll in **home visiting** and may later enroll in **early childhood education**. Additionally, linking early intervention measures with K-12 education data may illuminate the trajectories of these program participants, particularly those who continue to receive services under IDEA Part B in preschool. The child and family outcomes in this program are leading indicators for the agency-wide goals of **resilience, education, and health**.

Proposed Categories	Proposed Measures	System Dynamics	Key Drivers	Performance Measures
Program in Flow	Caregiver demographic characteristics	X		
	Child demographics characteristics	X		
	Eligibility evaluation	X		
	IFSPs completed	X		
	IFSPs active	X		
	Service initiation date	X		
	Service termination date	X		
Exposure to Child Health and Developmental Services	Child has a medical home		X	
	Number of days receiving services		X	
	Number served		X	
	Received services in a timely manner		X	

Child Outcomes	Knowledge and skills	X
	Positive social relationships	X
	Takes action to meet needs	X
	Special education designation	X
Family Outcomes	Family understands child's needs	X
	Child maltreatment	X

## Early Childhood Education

Early childhood education (ECE) is designed to help prepare children socially and academically for the transition to formal schooling and to support families during a critical period of children's development. ECE typically involves center-based early learning opportunities and has been the subject of notable state-level policy investments across the country in recent decades. In WA, the Early Start Act of 2015 governs the development and operation of a high-quality, integrated ECE system as the means to provide a foundation for children's long-term success.

Foundational questions. The following set of proposed priority measures will allow DCYF to understand, for instance:

- To what extent can we describe program and enrollment characteristics?
- How well are programs working with families?
- To what extent are children prepared for kindergarten?

Unit of analysis. The service population for this program are children in the **early childhood** stage of development. Children who participate in **early childhood education** may receive or have received services through **home visiting** or through **early intervention**. They may also have received services through **child welfare**. Further, parents of children participating in ECE may be in the **emerging adulthood** stage of development, which has its own set of developmental expectations and needs that some ECE programs aim to support.

Outcome goals for children, youth, and families. Children in ECE will eventually transition to kindergarten. Linking these measures with **child welfare** measures may help to contextualize measures of children's outcomes. Additionally, linking these measures with K-12 education data may illuminate the trajectories of these program participants. The child and family outcomes in this program are leading indicators for the agency-wide goals of **resilience, health** and **education**.

Proposed Categories	Proposed Measures	System Dynamics	Key Drivers	Performance Measures
Program in Flow	Caregiver demographic characteristics	X		
	Child demographics characteristics	X		
	Enrollment of children with disabilities/IEPs	X		
	Programs slots	X		
	Program type	X		
	Service initiation date	X		
	Service termination date	X		
Exposure to Child Health Services	Child has a medical home		X	
	Child has health insurance		X	
	Child has dental home		X	
	Child has dental insurance		X	
	Health screenings		X	
Exposure to Development-Promoting Experiences	Program quality		X	
	Evidence-based, culturally-relevant curriculum		X	
	Classroom quality		X	
	Daily attendance		X	
Family Engagement	Family needs assessment completed		X	
Child Outcomes	Kindergarten readiness			X
Family Outcomes	Family needs met			X
	Access to community resources			X

### Early Learning Workforce Measures

Providers of early learning programs vary widely across many dimensions, including funding sources, staff qualifications, the nature and quality of the experiences they provide to children, and the rules and requirements that govern their eligibility to provide services. Across programs, studies show that behavior towards children such as empathy and warmth, respect, closeness, cognitive stimulation, and verbal immediacy positively impact children’s early academic and social-emotional skills.

Much of the ongoing work to strengthen the workforce in DCYF’s EL programs relate to the Performance Based Contracting (PBC) initiative. Since EL programs primarily draw on contracted providers to deliver services to children and families, in the future, PBC may be responsible for ensuring that all programs meet minimum thresholds for education, training, and such. PBC may also generate the workforce measures that will inform EL’s quality improvement initiatives. Though we did not thoroughly examine expectations across WA for program and staff capacity expectations, we drew on the scientific literature and conversations with experts to highlight considerations for measuring staff capacity. The measures below specifically highlight broader

categories of measurement and may not be exactly in line with the set of measures attached here. This is in part due to the fact that some programs have specific expectations for the workforce (e.g., the completion of the Child Outcome Summary in line with best practice for early intervention staff), whereas other programs have unclear expectations for optimal staff capacities (e.g., home visiting staff).

Foundational questions. The following set of foundational questions will allow DCYF staff to better understand: To what extent can we observe staff capacity to deliver high quality services?

Unit of analysis. As with the other workforce measures, staff are the unit of analysis in EL. Staff capacity may vary by provider, program, and region, among other important characteristics that can be sources of variation to explore.

Proposed Categories	Proposed Measures
Qualifications and Training	Education level
	Certifications and credentials
	Receipt of staff training
	Experience working with young children
Workforce Turnover/Retention	Staff tenure
Workload	Caseload size (children, families)
	Classroom size
	Use of data/evidence for decision-making

## Juvenile Justice

Historically, the only commonly accepted measure of success for juvenile justice systems was the **recidivism rate**, that is, the rate at which youth involved in the system committed new offenses. Although recidivism is an important indicator of whether juvenile justice systems are helping to prevent subsequent delinquency, measuring other youth outcomes is critical for determining whether juvenile justice systems are helping youth to productively transition to adulthood.

Systems should use validated risk-need-responsivity assessments or screening tools, which are more accurate at predicting the likelihood of reoffending than professional judgment alone, to match youth with the right level of supervision. Youth who receive a higher or lower level of supervision than indicated by a risk assessment are more likely to recidivate than youth who receive the right level of supervision. Additionally, rather than imposing the same conditions of supervision on all youth, juvenile justice systems should impose conditions of supervision that are developmentally appropriate, ameliorate the harm caused to victims and communities, and address the causes of delinquent behavior.

### Juvenile Justice System

Washington State's Juvenile Rehabilitation (JR) agency provides juvenile justice programming for the state's highest-risk youth. Juvenile courts adjudicate case of youth, and youth served by JR are brought into custody based on the courts' decisions. Youth have generally committed low-level offenses, though in some case they have committed serious crimes. The agency provides treatment and rehabilitative services during custody. Following residential treatment and community facility services for juvenile justice-involved youth, the agency supervises a subset of youth receiving parole after release.

Key outcomes for juvenile justice include reducing **recidivism**, which is supported by drivers such as **re-entry planning** and **supervision, staff capacity, assessment of youth's risk and needs, evidence-based rehabilitative programming**, and **facility quality and safety**.

Foundational questions: The following set of proposed priority measures will allow DCYF to understand, for instance:

- To what extent are youth's need's assessed?
- To what extent are youth supported in their re-entry into the community?
- How well are programs working with families?

Unit of analysis. The unity of analysis for juvenile justice is youth, many of whom are **adolescents** when they come into care and are preparing for the transition into the **emerging adulthood** stage of development.

Outcome goals for children, youth, and families. Juvenile justice-involved youth are expected to receive services that support their development and rehabilitation over the course of their

confinement. Therefore, the outcomes in juvenile justice are leading indicators of agency-wide goals of **resilience**.

Proposed Categories	Proposed Measures	System Dynamics	Key Drivers	Performance Measures
Sentencing	Sentence length	X		
	Sentence type	X		
	Status petition types	X		
	Transfer to adult court	X		
	Youth demographic characteristics	X		
Facility Assignment	Assessment disposition	X		
Assessment of Youth's Needs	Mental health screener		X	
	Risk/needs assessment		X	
	Treatment plan		X	
	Treatment plan date	X		
	Treatment plan services		X	
Facility Quality and Safety	Incidents x facility x type		X	
Family Engagement	Family contacts		X	
Re-entry Planning	Aftercare plan		X	
	Date services initiated	X		
	Date services completed	X		
	Service referrals made		X	
	Rehabilitative Programing	EBP participation		X
EBP fidelity scores			X	
EBP completion			X	
EBP slots by community program			X	
EBP slots by facility			X	
Education and vocational programming			X	
Length of stay			X	
Mental health treatment			X	
Mentor program			X	
Psychosocial skills programming			X	
Youth Return to the Community	Incongruent release dates			X
	Parole length			X
	Risk assessment			X
Youth and Community Well-Being	Adjudication for new offense			X
	Disposition for new offense			X
	Education			X
	Employment			X
	Mental/behavioral health			X
	Probation revocation			X

## Juvenile Justice Workforce Measures

Supervision and case management practices are critical to improving youth outcomes and increasing public safety. Juvenile justice systems are moving away from a focus on monitoring and enforcing compliance and more towards a wider array of case management practices often performed by professionals in other health and human services sectors. This shift reflects a growing understanding that traditional surveillance-oriented supervision is ineffective. Another key to effective supervision is an individualized, strength based, trauma-informed case planning process that is inclusive of youth and their families. Agencies can use structured processes such as family teaming to ensure that youth and their families are active participants in case planning. The Annie E. Casey Foundation has supported the development of the Family-Engaged Case Planning Model, which emphasizes youth and family engagement, realistic expectations for change, and the achievement of tangible goals. A primary focus of case planning should be on strengthening the connections between youth and caring adults, positive peers, and community supports so that youth can maintain those connections upon the termination of supervision. Extant literature has also emphasized the importance of smaller caseloads to benefit these more intensive case management responsibilities. Current recommendations for probation offices should ideally be set at a maximum of 8 to 12 youth per officer to enable more enriched engagement with youth and their families.

Proposed Categories	Proposed Measures
Qualifications and Training	Receipt of staff training
Workforce Turnover/Retention	Staff turnover
Workload	Caseload size

## Agency-wide Use of Measures

The measures proposed here are intended to support the operations of individual programs within the integrated DCYF. We also selected them because they connect across service areas and support the integration of practice along the developmental continuum. For example, measures about outcomes for adolescents can be a starting point for data-informed conversations about best practice in child welfare and juvenile justice programs that promote the transition to adulthood. We learned that staff across DCYF discussed practices for helping young people engaged in the child welfare and juvenile justice system to connect with behavioral health services in community-based settings. Additionally, practitioners with experiences working with vulnerable youth may be able to work with early learning program providers to tailor supports and interventions to engage young people when they are pregnant and parenting. Ultimately, this may reduce the intergenerational transfer of risk.

We also selected these measures because they align with DCYF's population outcome goals for children, youth, and families. In each program, we have identified where foundational questions and measures align with the agency's goals of promoting **resilience, education, and health**. Within each program, staff provide supports specific to the needs of their service population, but they are collectively driving towards common goals. These measures allow the agency to quantify how each program acts as a lever to improve service quality and to provide equitable experiences for children, youth, and families. For example, economic stability and self-sufficiency programming exists across all three service areas. Using the measures here, programs can speak to each other about approaches for working with different segments of the population or working together to target particular communities or demographic groups using a coordinated set of strategies.

Alongside these existing administrative measures, we recommend agency-wide adoption of a strengths-based framework such as the Administration on Children, Youth, and Families' protective factors framework. This framework comes with a validated instrument, the Protective Factors Survey (2<sup>nd</sup> edition; PFS-2) that is a self-report tool that direct service staff can administer. It is sensitive to change over time, is brief, and is easy to administer.<sup>2</sup> DCYF has adopted strengths-based goals and will need appropriately aligned leading indicator measures to demonstrate that programs are achieving the desired results. The protective factors framework captures strengths at the child, family, and community levels, which map onto the different levels of at which DCYF programs operate. These measures were designed to support agency improvement and are aligned to the DCYF definition of resilience with subscales measuring family functioning/resilience, nurturing and attachment, social supports, relationships, and concrete supports.

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<sup>2</sup> Sprague-Jones, J., Counts, J., Rousseau, M., & Firman, C. (2019). The development of the Protective Factors Survey, 2<sup>nd</sup> edition. A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, 89, 122-134.

Our proposed collection of priority measures is centered on the idea of evidence-informed drivers of change. The drivers listed here are leading indicators that are specific to programs and within the agency's control for change and improvement. In essence, these measures are a road map for coordinated movement toward program and agency goals. Such measures will be integral in helping the agency identify areas where it can have the greatest impact as it looks to strategically invest its resources in performance improvement.

## Appendix A. Proposed Measures

*Program Area:* CCWI = children with CW involvement  
 EFC = extended foster care  
 FCN = foster care network  
 CWWF = CW workforce  
 HV = home visiting  
 ESIT = Early Support for Infants and Toddlers  
 ECEAP = Early Childhood Education Assistance Program

*System Continuum:* SD = system dynamics  
 KD = key drivers  
 WF = workforce  
 CFO = child, youth, family outcome

*Developmental Continuum:* EC = early childhood  
 MC = middle childhood  
 AD = adolescence  
 EA = emerging adulthood

Proposed Categories	Proposed Measures	Service Area	Program Area	System Continuum	Developmental Continuum
Staff training	Receipt of staff training	CW	CCWF	WF	
Staff training	First year of employment training completed	CW	CCWF	WF	
Assessment/investigation	Child and family demographics	CW	CCWI	SD	1. EC
Assessment/investigation	Investigations	CW	CCWI	SD	1. EC
Assessment/investigation	Removals	CW	CCWI	SD	1. EC
Assessment/investigation	Reports of abuse/neglect	CW	CCWI	SD	1. EC
Assessment/investigation	Request for intervention	CW	CCWI	SD	1. EC
Assessment/investigation	Screened-in reports	CW	CCWI	SD	1. EC
Assessment/investigation	Child and family demographics	CW	CCWI	SD	2. MC
Assessment/investigation	Investigations	CW	CCWI	SD	2. MC
Assessment/investigation	Removals	CW	CCWI	SD	2. MC
Assessment/investigation	Reports of abuse/neglect	CW	CCWI	SD	2. MC
Assessment/investigation	Request for intervention	CW	CCWI	SD	2. MC
Assessment/investigation	Screened-in reports	CW	CCWI	SD	2. MC
Assessment/investigation	Child and family demographics	CW	CCWI	SD	3. AD
Assessment/investigation	Investigations	CW	CCWI	SD	3. AD
Assessment/investigation	Removals	CW	CCWI	SD	3. AD
Assessment/investigation	Reports of abuse/neglect	CW	CCWI	SD	3. AD
Assessment/investigation	Request for intervention	CW	CCWI	SD	3. AD
Assessment/investigation	Screened-in reports	CW	CCWI	SD	3. AD

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Child outcomes	Entry into care	CW	CCWI	CFO	1. EC
Child outcomes	Exit type	CW	CCWI	CFO	1. EC
Child outcomes	Maltreatment	CW	CCWI	CFO	1. EC
Child outcomes	Recurrence of maltreatment	CW	CCWI	CFO	1. EC
Child outcomes	Re-entry	CW	CCWI	CFO	1. EC
Child outcomes	Time to permanency	CW	CCWI	CFO	1. EC
Child outcomes	Entry into care	CW	CCWI	CFO	2. MC
Child outcomes	Exit type	CW	CCWI	CFO	2. MC
Child outcomes	Maltreatment	CW	CCWI	CFO	2. MC
Child outcomes	Recurrence of maltreatment	CW	CCWI	CFO	2. MC
Child outcomes	Re-entry	CW	CCWI	CFO	2. MC
Child outcomes	Time to permanency	CW	CCWI	CFO	2. MC
Child outcomes	Entry into care	CW	CCWI	CFO	3. AD
Child outcomes	Exit type	CW	CCWI	CFO	3. AD
Child outcomes	Maltreatment	CW	CCWI	CFO	3. AD
Child outcomes	Recurrence of maltreatment	CW	CCWI	CFO	3. AD
Child outcomes	Re-entry	CW	CCWI	CFO	3. AD
Child outcomes	Time to permanency	CW	CCWI	CFO	3. AD
Family supports	Families receiving in-home services	CW	CCWI	KD	1. EC
Family supports	Family needs assessment completed	CW	CCWI	KD	1. EC
Family supports	Re-referral after case closure	CW	CCWI	KD	1. EC
Family supports	Time to case closure	CW	CCWI	KD	1. EC
Family supports	Visits from social worker	CW	CCWI	KD	1. EC
Family supports	Families receiving in-home services	CW	CCWI	KD	2. MC
Family supports	Family needs assessment completed	CW	CCWI	KD	2. MC
Family supports	Re-referral after case closure	CW	CCWI	KD	2. MC
Family supports	Time to case closure	CW	CCWI	KD	2. MC
Family supports	Visits from social worker	CW	CCWI	KD	2. MC
Family supports	Families receiving in-home services	CW	CCWI	KD	3. AD
Family supports	Family needs assessment completed	CW	CCWI	KD	3. AD
Family supports	Re-referral after case closure	CW	CCWI	KD	3. AD
Family supports	Time to case closure	CW	CCWI	KD	3. AD
Family supports	Visits from social worker	CW	CCWI	KD	3. AD
Intake	Children placed	CW	CCWI	SD	1. EC
Intake	Investigation completion	CW	CCWI	SD	1. EC
Intake	Meeting response times	CW	CCWI	SD	1. EC
Intake	Children placed	CW	CCWI	SD	2. MC

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Intake	Investigation completion	CW	CCWI	SD	2. MC
Intake	Meeting response times	CW	CCWI	SD	2. MC
Intake	Children placed	CW	CCWI	SD	3. AD
Intake	Investigation completion	CW	CCWI	SD	3. AD
Intake	Meeting response times	CW	CCWI	SD	3. AD
Out of home care	Exit type	CW	CCWI	KD	1. EC
Out of home care	Length of stay	CW	CCWI	KD	1. EC
Out of home care	Length of stay x age	CW	CCWI	KD	1. EC
Out of home care	Out of home placements	CW	CCWI	KD	1. EC
Out of home care	Existence of permanency plan	CW	CCWI	KD	1. EC
Out of home care	Placement stability	CW	CCWI	KD	1. EC
Out of home care	Placement type	CW	CCWI	KD	1. EC
Out of home care	Running away	CW	CCWI	KD	1. EC
Out of home care	Exit type	CW	CCWI	KD	2. MC
Out of home care	Length of stay	CW	CCWI	KD	2. MC
Out of home care	Length of stay x age	CW	CCWI	KD	2. MC
Out of home care	Out of home placements	CW	CCWI	KD	2. MC
Out of home care	Existence of permanency plan	CW	CCWI	KD	2. MC
Out of home care	Placement stability	CW	CCWI	KD	2. MC
Out of home care	Placement type	CW	CCWI	KD	2. MC
Out of home care	Running away	CW	CCWI	KD	2. MC
Out of home care	Exit type	CW	CCWI	KD	3. AD
Out of home care	Length of stay	CW	CCWI	KD	3. AD
Out of home care	Length of stay x age	CW	CCWI	KD	3. AD
Out of home care	Out of home placements	CW	CCWI	KD	3. AD
Out of home care	Existence of permanency plan	CW	CCWI	KD	3. AD
Out of home care	Placement stability	CW	CCWI	KD	3. AD
Out of home care	Placement type	CW	CCWI	KD	3. AD
Out of home care	Running away	CW	CCWI	KD	3. AD
Well-being	Maltreatment in out of home care	CW	CCWI	KD	1. EC
Well-being	Placement with siblings	CW	CCWI	KD	1. EC
Well-being	Visits with parents	CW	CCWI	KD	1. EC
Well-being	Visits with siblings	CW	CCWI	KD	1. EC
Well-being	Maltreatment in out of home care	CW	CCWI	KD	2. MC
Well-being	Placement with siblings	CW	CCWI	KD	2. MC
Well-being	Visits with parents	CW	CCWI	KD	2. MC
Well-being	Visits with siblings	CW	CCWI	KD	2. MC
Well-being	Maltreatment in out of home care	CW	CCWI	KD	3. AD
Well-being	Placement with siblings	CW	CCWI	KD	3. AD

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Well-being	Visits with parents	CW	CCWI	KD	3. AD
Well-being	Visits with siblings	CW	CCWI	KD	3. AD
Workforce climate and culture	Employee tenure (existing staff)	CW	CWWF	WF	
Workforce climate and culture	Vacancy rate	CW	CWWF	WF	
Workforce climate and culture	Worker turnover (new vs. 2+ years)	CW	CWWF	WF	
Workforce system dynamics	Existing staff experience level	CW	CWWF	WF	
Workforce system dynamics	Existing staff level of education	CW	CWWF	WF	
Workforce system dynamics	Retention rates	CW	CWWF	WF	
Workload	Caseload size (children, families)	CW	CWWF	WF	
Workload	Supervisor caseloads	CW	CWWF	WF	
Workload	Worker caseloads by program area	CW	CWWF	WF	
Program in flow	Age of youth	CW	EFC	SD	4. EA
Program in flow	Demographics of eligible youth in IL	CW	EFC	SD	4. EA
Program in flow	Eligible youth in IL	CW	EFC	SD	4. EA
Program in flow	Entering youth	CW	EFC	SD	4. EA
Program in flow	Geographic distribution of participating youth	CW	EFC	SD	4. EA
Program in flow	Independent living needs assessment	CW	EFC	SD	4. EA
Program in flow	Maltreatment deaths	CW	EFC	SD	4. EA
Services	Court review	CW	EFC	KD	4. EA
Services	Dental care	CW	EFC	KD	4. EA
Services	Medical care	CW	EFC	KD	4. EA
Services	Referrals to community resources and supports	CW	EFC	KD	4. EA
Services	Youth receiving services	CW	EFC	KD	4. EA
Services	Youth receiving transitional living services	CW	EFC	KD	4. EA
Supports/achievements	Case planning occurred	CW	EFC	KD	4. EA
Supports/achievements	Enrollment in/completion of academic/vocational training	CW	EFC	KD	4. EA
Supports/achievements	Financial assistance received	CW	EFC	KD	4. EA
Supports/achievements	Mentoring services received	CW	EFC	KD	4. EA
Supports/achievements	Participation in employment-promoting activity	CW	EFC	KD	4. EA
Supports/achievements	Transitional living plan completed	CW	EFC	KD	4. EA
Youth outcomes	In school	CW	EFC	CFO	4. EA

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Youth outcomes	JJ involvement	CW	EFC	CFO	4. EA
Youth outcomes	Employed	CW	EFC	CFO	4. EA
Youth outcomes	Stability of living arrangement	CW	EFC	CFO	4. EA
Foster care network in flow	Closed homes (annually)	CW	FCN	SD	
Foster care network in flow	Geographic distribution of new and exiting homes	CW	FCN	SD	
Foster care network in flow	New homes (annually)	CW	FCN	SD	
Foster care network in flow	Who homes are licensed to serve (child demographics)	CW	FCN	SD	
Foster care network outcomes	Children in foster home	CW	FCN	SD	
Foster care network outcomes	Homes with/without placements	CW	FCN	SD	
Foster care network outcomes	Licensed beds vs. children in foster care	CW	FCN	SD	
Foster care network outcomes	Maltreatment in care	CW	FCN	SD	
Foster care network outcomes	Placement disruptions	CW	FCN	SD	
Foster care network outcomes	Reason for closure	CW	FCN	SD	
Foster care network outcomes	Removals	CW	FCN	SD	
Foster care network outcomes	Substantiations	CW	FCN	SD	
Foster parent recruitment & licensing	Applications	CW	FCN	KD	
Foster parent recruitment & licensing	Completion of background check	CW	FCN	KD	
Foster parent recruitment & licensing	Completion of CA/N check	CW	FCN	KD	
Foster parent recruitment & licensing	Completion of Caregiver Core Training	CW	FCN	KD	
Foster parent recruitment & licensing	First inquires	CW	FCN	KD	
Foster parent recruitment & licensing	Home studies completed	CW	FCN	KD	
Child outcomes	School readiness	EL	ECEAP	CFO	1. EC
Exposure to child health services	Child has health insurance	EL	ECEAP	KD	1. EC
Exposure to child health services	Child has medical home	EL	ECEAP	KD	1. EC
Exposure to child health services	Child has dental insurance	EL	ECEAP	KD	1. EC
Exposure to child health services	Child has dental home	EL	ECEAP	KD	1. EC
Exposure to child health services	Health screenings	EL	ECEAP	KD	1. EC

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Exposure to development-promoting experiences	Program quality (Early Achievers metrics)	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Evidence-based, culturally-relevant curriculum	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Instructional quality	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Emotional quality	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Classroom organization	EL	ECEAP	KD	1. EC
Exposure to development-promoting experiences	Daily attendance	EL	ECEAP	KD	1. EC
Family engagement & satisfaction	Family needs assessment	EL	ECEAP	KD	1. EC
Family outcomes	Family needs met	EL	ECEAP	CFO	1. EC
Family outcomes	Access to community resources	EL	ECEAP	CFO	1. EC
Program in flow	Child demographic characteristics	EL	ECEAP	SD	1. EC
Program in flow	Caregiver demographic characteristics	EL	ECEAP	SD	1. EC
Program in flow	Enrollment of children with disabilities/IEPs	EL	ECEAP	SD	1. EC
Program in flow	Program slots	EL	ECEAP	SD	1. EC
Program in flow	Program type	EL	ECEAP	SD	1. EC
Program in flow	Service initiation date	EL	ECEAP	SD	1. EC
Program in flow	Service termination date	EL	ECEAP	SD	1. EC
Workforce capacity	Education	EL	ECEAP	WF	
Workforce capacity	Experience working with young children	EL	ECEAP	WF	
Workforce capacity	Classroom size	EL	ECEAP	WF	
Workforce capacity	Receipt of staff training	EL	ECEAP	WF	
Child outcomes	Knowledge and skills	EL	ESIT	CFO	1. EC
Child outcomes	Positive social relationships	EL	ESIT	CFO	1. EC
Child outcomes	Takes actions to meet needs	EL	ESIT	CFO	1. EC
Child outcomes	Special education designation	EL	ESIT	CFO	1. EC
Exposure to child health and developmental services	Child has medical home	EL	ESIT	KD	1. EC
Exposure to child health and developmental services	Number of days receiving services	EL	ESIT	KD	1. EC
Exposure to child health and developmental services	Numbers served	EL	ESIT	KD	1. EC
Exposure to child health and developmental services	Received services in timely manner	EL	ESIT	KD	1. EC

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Family outcomes	Families understand child's needs	EL	ESIT	CFO	1. EC
Family outcomes	Maltreatment	EL	ESIT	CFO	1. EC
Program in flow	Child characteristics	EL	ESIT	SD	1. EC
Program in flow	Caregiver characteristics	EL	ESIT	SD	1. EC
Program in flow	Eligibility evaluation	EL	ESIT	SD	1. EC
Program in flow	Service initiation date	EL	ESIT	SD	1. EC
Program in flow	Service termination date	EL	ESIT	SD	1. EC
Workforce capacity	Education	EL	ESIT	WF	
Workforce capacity	Caseload size	EL	ESIT	WF	
Workforce capacity	Receipt of staff training	EL	ESIT	WF	
Child outcomes	Cognitive skills	EL	HV	CFO	1. EC
Child outcomes	Behavioral/social skills	EL	HV	CFO	1. EC
Child outcomes	ER visits	EL	HV	CFO	1. EC
Exposure to child health services	Developmental screening	EL	HV	KD	1. EC
Exposure to child health services	Child has health insurance	EL	HV	KD	1. EC
Exposure to development-promoting experiences	Types of supports provided	EL	HV	KD	1. EC
Exposure to development-promoting experiences	Visit frequency	EL	HV	KD	1. EC
Exposure to development-promoting experiences	Use of evidence-based practices	EL	HV	KD	1. EC
Exposure to family health & well-being services	Caregiver receives mental health consultation	EL	HV	KD	1. EC
Exposure to family health & well-being services	Caregiver has exposure to prenatal care	EL	HV	KD	1. EC
Exposure to family health & well-being services	Family needs assessment	EL	HV	KD	1. EC
Family engagement & satisfaction	Program retention	EL	HV	KD	1. EC
Family outcomes	Low birthweight baby	EL	HV	CFO	1. EC
Family outcomes	Maltreatment	EL	HV	CFO	1. EC
Family outcomes	Family needs met	EL	HV	CFO	1. EC
Family outcomes	Breastfeeding	EL	HV	CFO	1. EC
Program in flow	Child demographic characteristics	EL	HV	SD	1. EC
Program in flow	Caregiver demographic characteristics	EL	HV	SD	1. EC
Program in flow	Program slots	EL	HV	SD	1. EC
Program in flow	Service initiation date	EL	HV	SD	1. EC
Program in flow	Service termination date	EL	HV	SD	1. EC
Workforce capacity	Education	EL	HV	WF	
Workforce capacity	Caseload size	EL	HV	WF	
Workforce capacity	Receipt of staff training	EL	HV	WF	

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Assessment of youth's needs	Risk/needs assessment	JJ		KD	3. AD
Assessment of youth's needs	Mental health screener	JJ		KD	3. AD
Assessment of youth's needs	Treatment plan	JJ		KD	3. AD
Assessment of youth's needs	Treatment plan services	JJ		KD	3. AD
Assessment of youth's needs	Risk/needs assessment	JJ		KD	4. EA
Assessment of youth's needs	Mental health screener	JJ		KD	4. EA
Assessment of youth's needs	Treatment plan	JJ		KD	4. EA
Assessment of youth's needs	Treatment plan services	JJ		KD	4. EA
Assessment of youth's needs	Treatment plan date	JJ		SD	3. AD
Assessment of youth's needs	Treatment plan date	JJ		SD	4. EA
Facility assignment	Assessment disposition	JJ		SD	3. AD
Facility assignment	Assessment disposition	JJ		SD	4. EA
Facility quality & safety	Incidents x facility x type	JJ		KD	3. AD
Facility quality & safety	Incidents x facility x type	JJ		KD	4. EA
Family engagement	Family contacts	JJ		KD	3. AD
Family engagement	Family contacts	JJ		KD	4. EA
Re-entry planning	Aftercare plan	JJ		KD	3. AD
Re-entry planning	Service referrals made	JJ		KD	3. AD
Re-entry planning	Aftercare plan	JJ		KD	4. EA
Re-entry planning	Service referrals made	JJ		KD	4. EA
Re-entry planning	Date services initiated	JJ		SD	3. AD
Re-entry planning	Date services completed	JJ		SD	3. AD
Re-entry planning	Date services initiated	JJ		SD	4. EA
Re-entry planning	Date services completed	JJ		SD	4. EA
Rehabilitative programming	Mental health treatment	JJ		KD	3. AD
Rehabilitative programming	Substance use treatment	JJ		KD	3. AD
Rehabilitative programming	Mentor program	JJ		KD	3. AD
Rehabilitative programming	Education and vocational programming	JJ		KD	3. AD
Rehabilitative programming	Psychosocial skills programming	JJ		KD	3. AD
Rehabilitative programming	EBP slots by community program	JJ		KD	3. AD

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Rehabilitative programming	EBP slots by facility	JJ		KD	3. AD
Rehabilitative programming	EBP fidelity scores	JJ		KD	3. AD
Rehabilitative programming	EBP participation	JJ		KD	3. AD
Rehabilitative programming	EBP completion	JJ		KD	3. AD
Rehabilitative programming	Length of stay	JJ		KD	3. AD
Rehabilitative programming	Mental health treatment	JJ		KD	4. EA
Rehabilitative programming	Substance use treatment	JJ		KD	4. EA
Rehabilitative programming	Mentor program	JJ		KD	4. EA
Rehabilitative programming	Education and vocational programming	JJ		KD	4. EA
Rehabilitative programming	Psychosocial skills programming	JJ		KD	4. EA
Rehabilitative programming	EBP slots by community program	JJ		KD	4. EA
Rehabilitative programming	EBP slots by facility	JJ		KD	4. EA
Rehabilitative programming	EBP fidelity scores	JJ		KD	4. EA
Rehabilitative programming	EBP participation	JJ		KD	4. EA
Rehabilitative programming	EBP completion	JJ		KD	4. EA
Rehabilitative programming	Length of stay	JJ		KD	4. EA
Sentencing	Youth demographic characteristics	JJ		SD	3. AD
Sentencing	Sentence type	JJ		SD	3. AD
Sentencing	Sentence length	JJ		SD	3. AD
Sentencing	Transfer to adult court	JJ		SD	3. AD
Sentencing	Status petition types	JJ		SD	3. AD
Sentencing	Youth demographic characteristics	JJ		SD	4. EA
Sentencing	Sentence type	JJ		SD	4. EA
Sentencing	Sentence length	JJ		SD	4. EA
Sentencing	Transfer to adult court	JJ		SD	4. EA
Sentencing	Status petition types	JJ		SD	4. EA
Staff capacity	Receipt of staff training	JJ		WF	
Staff capacity	Staff turnover	JJ		WF	
Staff capacity	Caseload size	JJ		WF	

<b>Proposed Categories</b>	<b>Proposed Measures</b>	<b>Service Area</b>	<b>Program Area</b>	<b>System Continuum</b>	<b>Developmental Continuum</b>
Youth & community well-being	Adjudication for new offense	JJ		CFO	3. AD
Youth & community well-being	Disposition for new offense	JJ		CFO	3. AD
Youth & community well-being	Probation revocation	JJ		CFO	3. AD
Youth & community well-being	Education	JJ		CFO	3. AD
Youth & community well-being	Employment	JJ		CFO	3. AD
Youth & community well-being	Mental/behavioral health	JJ		CFO	3. AD
Youth & community well-being	Adjudication for new offense	JJ		CFO	4. EA
Youth & community well-being	Disposition for new offense	JJ		CFO	4. EA
Youth & community well-being	Probation revocation	JJ		CFO	4. EA
Youth & community well-being	Education	JJ		CFO	4. EA
Youth & community well-being	Employment	JJ		CFO	4. EA
Youth & community well-being	Mental/behavioral health	JJ		CFO	4. EA
Youth return to the community	Parole length	JJ		CFO	3. AD
Youth return to the community	Risk assessment	JJ		CFO	3. AD
Youth return to the community	Incongruent release dates	JJ		CFO	3. AD
Youth return to the community	Parole length	JJ		CFO	4. EA
Youth return to the community	Risk assessment	JJ		CFO	4. EA
Youth return to the community	Incongruent release dates	JJ		CFO	4. EA

## Appendix B. Foundational Questions

### Child Welfare

#### Child, Youth, & Family Outcomes

- How likely is that a youth will exit as a runaway?
- To what extent are children stable in their placements?
- To what extent are children who come to the attention of DCYF kept safe from future harm?
- To what extent do children have been in foster care maintain lasting permanency after exit?
- To what extent do children in foster care have timely, permanent exits?
- Where do children exit when they leave care?

#### Key Drivers

- How quickly are children with a goal of adoption getting TPRs?
- To what extent are DCYF staff delivering recruiting messages?
- To what extent are case planning efforts focused on permanency?
- To what extent are children placed in family settings?
- To what extent are children receiving regular visits from case managers?
- To what extent are families stabilized and kept intact?
- To what extent are investigations into reports of maltreatment handled in as timely a manner as possible?
- To what extent are licensed foster homes retained?
- To what extent are prevention opportunities identified?
- To what extent are recruiting messages linked to foster care training participation?
- To what extent are recruiting messages linked to interest in participating in foster care?
- To what extent are recruiting messages linked to submitted license applications?
- To what extent are services delivered to/received by children and families in as regular or timely a manner as possible?
- To what extent are services delivered to/received by children and families in as regular or timely a manner as possible?
- To what extent are youth in Independent Living receiving services?
- To what extent do foster homes close?
- To what extent is DCYF able to maintain children stably in kinship homes?
- To what extent does DCYF promote the placement of children with kin?
- To what extent does case practice support/promote the continuation or strengthening of family relationships?
- To what extent does the agency maintain and promote the parent/child relationship for children in placement?
- To what extent are case manager caseloads within expected standards?
- To what extent can we describe staff capacity to deliver high quality services?
- To what extent is case manager turnover minimized?

#### System Dynamics

- How likely is it that a child will be investigated for the first time?
- How likely is it that a child will be removed from the community and placed in care?
- How likely is it that a child will have a substantiated investigation?
- How many children are served by DCYF in a given month?
- How many children enter care each year for the first time?

How many children enter care year in total?  
 How many children typically exit from care each year?  
 How many CPS referrals are there annually?  
 How many families are served by DCYF in a given month?  
 To what extent are new foster care homes licensed?  
 To what extent are youth in Independent Living receiving services?  
 To what extent are youth in Independent Living also involved with the criminal justice system?  
 To what extent does DCYF promote the placement of children with kin?  
 What are the demographics of youth receiving Independent Living Services?  
 What is the placement experience for children placed in care?  
 What proportion of children enter with an actionable diagnosis?  
 What proportion of CPS referrals are substantiated each year?

## Early Learning

### Child, Youth, & Family Outcomes

How well are programs working with families?  
 To what extent are children and families safe from harm?  
 To what extent are children exhibiting normative early childhood development?  
 To what extent are children served by EACAP programs prepared for kindergarten?  
 To what extent are programs supporting/promoting children's physical well-being?  
 To what extent are programs supporting/promoting children's social-emotional well-being?  
 To what extent are programs supporting/promoting children's cognitive skills?  
 To what extent do racial/ethnic/income disparities exist in early learning outcomes?  
 To what extent does the program support/promote family well-being?

### Key Drivers

How well are programs working with families?  
 To what extent are facilities safe for children and youth?  
 To what extent are programs supporting/promoting children's attendance and engagement?  
 To what extent are programs supporting/promoting children's physical well-being?  
 To what extent are programs using evidence to inform decision making/performance improvement planning?  
 To what extent are programs using evidence-based models/approaches to deliver and monitor services to students?  
 To what extent can we describe HV program and enrollment characteristics?  
 To what extent can we describe staff capacity to deliver high quality services?  
 To what extent do programs exhibit full adherence to QRIS standards?

### System Dynamics

To what extent are programs serving eligible children/families?  
 To what extent can we describe ECEAP program and enrollment characteristics?  
 To what extent can we describe ESIT program and enrollment characteristics?  
 To what extent can we describe HV program and enrollment characteristics?  
 To what extent can we describe the characteristics of children and families ECEAP serves?  
 To what extent can we describe the characteristics of children and families ESIT serves?  
 To what extent can we describe the characteristics of children and families HV serves?

## Juvenile Justice

### **Child, Youth, & Family Outcomes**

- To what extent are children and families safe from harm?
- To what extent are youth discharged with an aftercare plan?
- To what extent are youth provided resources for rehabilitation?
- To what extent are youth supported in their re-entry into the community?
- To what extent do youth thrive upon re-entry into the community?

### **Key Drivers**

- How well are programs working with families?
- To what extent are youth grievances addressed?
- To what extent are youth provided resources for rehabilitation?
- To what extent are youth supported in their re-entry into the community?
- To what extent are youth's needs assessed?
- To what extent do youth have a treatment plan?
- To what extent do youth have access to legal support?
- To what extent can we describe staff capacity to deliver high quality services?

### **System Dynamics**

- How long are youth in residential care?
- To what extent can we describe youth's sentences and obligations?
- To what extent can we describe facility capacity?
- To what extent can we describe youth characteristics?
- What are the demographics of staff working with JR youth?



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