Measuring performance and building an evidence base:

Child Trends' final recommendations to National CASA

A Report from Child Trends to National CASA
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Child TRENDS

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Executive Summary

The National Court Appointed Special Advocates (CASA) Association is the membership organization for over 950 CASA and volunteer guardian ad litem programs in 49 states and the District of Columbia. In an effort to further its mission, National CASA has committed to serve all children who need a volunteer by the year 2020. In addition to expanding the program, the 2020 plan includes the design and implementation of a performance measurement system across local and state CASA member organizations. Local capacity to collect process and outcomes data is essential to measuring performance across the entire membership and demonstrating program effectiveness. It is also important in the current financial climate in that many private foundations and federal funding streams are requiring not only stronger proof of program effectiveness, but also the implementation of more evidence-based or evidence-informed programs and practices. National CASA's increased attention to performance measurement and outcomes data is particularly timely and important.

In August 2013, Child Trends began working with National CASA on a set of recommendations with the aim of developing a performance measurement system. The work had three primary phases:

- **Phase 1:** Conduct interviews and surveys of CASA programs to better understand current data collection practices and work being done across the CASA network on performance measurement and other data-related work.
- **Phase 2:** Through webinars, disseminate the findings from Phase 1 and convey information on the process of being evidence based with the CASA network.
- **Phase 3:** Provide feedback and recommendations of next steps for National CASA to continue its work toward becoming evidence based.

This report presents the takeaways and recommendations that emerged from this body of work.

Takeaways

- **National CASA has a preliminary evidence base on which to build.** While not conclusive, there have been numerous attempts to demonstrate the effectiveness of the CASA model that suggest that CASA volunteers are associated with positive outcomes.
- **CASA/GAL programs have differing capacity levels.** Capacity differs in staffing, knowledge, data expertise, and funding. All of these factors must be taken into consideration when moving forward, and plans must be feasible for all programs, not just those that are more data-savvy.
- **Programs are interested in demonstrating their effectiveness.** The phone interviews, survey, and webinars all show us that programs are proud of the work they do and want to quantify their effectiveness. This interest will serve as a strength moving forward on the journey towards becoming evidence based.

Recommendations

Fundamentally, this report suggests that National CASA view their pursuit of becoming evidence based as a process. Specifically, we recommend that National CASA take the following steps:

- **Develop a logic model for National CASA.** Based on National CASA's theory of change, clearly define the inputs, activities, outputs, and outcomes (short-term to more long-term outcomes) that form the essence of the CASA model. This process should include a discussion of potential technical assistance that will be needed to ensure local and state CASA programs have the capacity, knowledge, and resources needed to fulfill all elements of the logic model.
- **Select outcomes and measures.** As part of developing the logic model, identify a set of basic outcomes and measures the majority of member programs are able to report. Based on the survey results, this report suggests permanency, child well-being, and placement type/stability as key long-term outcomes for CASA programs to target.
- **Determine National CASA's path to becoming evidence based.** This report suggests that National CASA first engage in performance tracking and an implementation evaluation to understand how the model is being implemented around the country. After implementation is understood, a rigorous outcome evaluation should be completed to assess the effects of CASA programs on children's system experiences and outcomes.

By commissioning this report, National CASA has taken a significant step forward in initiating this process. Through the interviews and survey, National CASA gained a better understanding of what programs across the network are doing with regard to data collection and analysis, as well as the challenges these programs are facing in this work. Additionally, though the webinars, National CASA began to establish a common language around outcomes and outputs and demonstrate an interest to network programs in moving forward with both performance measurement and outcome evaluation. With this information and the foundation that has been laid, National CASA is well poised to continue its journey toward becoming evidence based.

Section 1: Background

The National Court Appointed Special Advocates (CASA) Association is the membership organization for over 950 CASA and volunteer guardian ad litem (GAL) programs in 49 states and the District of Columbia. Member organizations include statewide and community-based organizations that support and promote court-appointed volunteer advocacy. CASA volunteers across the network provide services for 238,000 children in U.S. foster care. The National CASA Association (hereafter, "National CASA") provides training, technical assistance, trademark licensing, standards, quality assurance, marketing, and competitively-awarded grants to assist local and state CASA programs.

In an effort to further its mission, National CASA has committed to serve all children who need a volunteer by the year 2020. In addition to expanding the program, the 2020 plan includes the design and implementation of a performance measurement system across local and state CASA member organizations. Local capacity to collect process and outcomes data is essential to measuring performance across the entire membership and demonstrating program effectiveness. It is also important in the current financial climate in that many private foundations and federal funding streams are requiring not only stronger proof of program effectiveness but also the implementation of more evidence based or evidence informed programs and practices.

In August 2013, Child Trends began working with National CASA on the development of a performance measurement system. The work had three primary phases. The first phase focused on understanding current data collection practices, as well as work being done across the CASA network on performance measurement and other data-related work. This work comprised in-depth interviews and a network-wide survey. The second phase involved disseminating the data collected from the survey, as well as conveying information on the process of becoming evidence based with the network via webinar. The final phase, which includes this report and a presentation at the National CASA Annual Conference, focuses on providing feedback and recommendations of next steps for National CASA to continue its work toward becoming evidence based. Each phase is described in greater detail below.

Phase 1: Scan of Current Data Collection and Use

Interviews

From September through December 2013, Child Trends conducted in-depth phone interviews with 17 respondents identified by National CASA as already engaging in the development of performance measures or other work focused on CASA/GAL outputs and outcomes. The goals of the interviews were to gain a better understanding of the data collection and analysis that was already occurring, inform the development of survey questions to ask in the network survey, and ultimately inform the development of performance measurement domains and outcomes. With feedback from National CASA, Child Trends developed an interview guide to ensure that although the interviews were open-ended, topics were addressed consistently with each participant. Following the development of the interview protocol, Child Trends staff contacted the identified state and local directors and scheduled phone interviews.

> **Network Aspects to Consider**
>
> - Differing capacities
> - Difference in CASA models
> - Current data collection and analysis
> - Differing commitment and interest in performance measurement & building an evidence base

A variety of common themes arose around the value of data collection and concerns with what is collected and how. Interview respondents indicated that they were thinking very seriously about data collection and performance measurement for two primary reasons: first, to demonstrate CASA's effectiveness and second, to fulfill data requirements for funding. However, in thinking through what a performance measurement exercise might look like from a national perspective, some respondents expressed concerns about the national work aligning with what is already occurring in some state and local CASA/GAL programs. Additionally, the respondents also stressed the importance of balancing various practical aspects surrounding data—reporting, data extraction and use, and personnel/volunteer capacity, as well as the importance of recognizing the differences between the different approaches of CASA/GAL programs across the network and how that might influence data practices and needs.

The respondents also pointed to the output-focused nature of current data collection requirements (e.g., the number of children served, number of volunteers, the reason for case closure) and expressed both an interest and a need for CASA programs to move toward more outcome focused data collection. The programs were interested in seeing greater data use at the national level—even if it is just to see trends in outputs. They were also interested in a greater use of positive youth development outputs and outcomes rather than negative framing, and looking at both outputs and outcomes based on the age of the child. Finally, respondents expressed an interest in the collection of qualitative data to understand the different and specific needs of the children served, as well as maintain comparability of samples in any data that may be collected for evaluation purposes.

> **Outputs vs. Outcomes**
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> One interview respondent talked about the way he used the difference between outputs and outcomes to frame what would be more difficult data collection work:
>
> *A good way of thinking of [the difference between outputs and outcomes] is outputs are what we do—activities and participation; describing and counting. Outcomes are "what difference is there?"—or the impact thought of as short, medium and long-term; includes things like awareness, knowledge, skills, attitudes, and behaviors.*

Survey

Drawing from what we learned during the in-depth interviews, Child Trends drafted a survey aimed at collecting data from all CASA/GAL network members. The survey was piloted in November 2013 with nine CASA/GAL directors identified by National CASA for their work in performance measurement or other current data initiatives. The pilot survey respondents provided feedback on the content of the survey, as well as practical considerations, such as the time required to complete the

survey and which staff would be best able to complete the questions. Child Trends made additions and modifications based on this feedback.

In January 2014, Child Trends administered the online survey of state and local CASA/GAL programs to better understand the ways in which they currently collect and use data and to identify any existing data collection and reporting needs.[1] We received 468 responses from CASA/GAL programs in 46 states and the District of Columbia.[2]

In addition to the current state of data collection and use, we wanted insight into future data needs, as well as information about the development of performance measures currently underway. The survey posed questions about current data collection in terms of content, motivation, and analysis, as well as data limitations and future plans. Table 1 provides an overview of the respondents that completed the survey. The survey data is discussed in greater depth in Section 3.

Table 1. Overview of CASA/GAL programs completing the survey

Category	%
Level	
local	89
state	9
state – direct advocacy	2
Age of program (in years)	
10 or fewer	20
11 – 20	36
21 or more	44
Size (by # of children served)	
50 or less	24
51 – 300	59
301 or more	18
Urbanicity	
rural	50
suburban/mixed	36
urban	14
Program Model	
friend of the court	56
guardian ad litem	28
friend of the court/attorney team	10
other	6
Type of Agency	
independent non-profit	62
part of a government agency	21

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[1] The survey was fielded between January 21 and February 19, 2014. The initial two-week period for survey completion was extended due to weather conditions that kept some programs from being able to complete the survey within the deadline.

[2] Direct invitations were sent to 545 programs, and survey instructions were sent to 16 states who distributed invitations to the programs in their respective states. Two reminder emails were sent during the survey period to encourage participation. The following states which currently have CASAs in operation were not represented in the data collected: Alaska, Connecticut, Delaware, Rhode Island, and Utah. Three of these states are statewide administered programs.

Category	%
part of a non-profit umbrella agency	16
other	2

Phase 2: Presentation of Findings

In late April and early May 2014, Child Trends conducted four webinars for state and local network members. The purpose of the webinars was twofold: first, to share the findings of the network survey and discuss the process of building an evidence base for the CASA model, and second, to determine if participants saw these findings as connected to building an evidence-base in their programs or the local programs with which they work. During each webinar, Child Trends presented an overview of both the project and the data collected with a focus on the "priority areas" for data collection identified in the survey. The webinar then focused on the topic of what it means for a program or practice to be "evidence-based" including the steps in the process, a check-in on where CASA/GAL programs saw themselves in this process, and clarification of important points in the process. The webinars included interactive components where participants weighed in by "vote," which allowed Child Trends to gauge where programs thought they were in the process of becoming evidence-based and how they viewed the priority areas.

Phase 3: Recommendations for Performance Measures and Building an Evidence Base

The final phase of Child Trends' work with National CASA comprises both this report and a presentation at the National CASA Conference. The goal of both this report and Child Trends' plenary address at the conference is to provide recommendations to National CASA for moving forward on the following: building a logic model, determining common outcome measures to be collected across the network, and laying out a research agenda to systematically build CASA's evidence base. In the sections that follow, we review the existing research on the CASA model, discuss the findings and implications of the network-wide survey, outline and suggest potential performance domains and measures, and discuss next steps for National CASA to build its evidence base.

Section 2: Literature Review

Existing research on the effectiveness of CASA programs is limited. Below we summarize the findings of the existing research base and conclude with a summary of two syntheses of the literature that present generalizations from the last several decades of research. It should be noted that these studies did not have rigorous methodological designs, and therefore we are limited in our ability to make definitive conclusions about the effectiveness of CASA programs.

Review of Individual CASA Effectiveness Studies

The first significant study of CASA programs was conducted by Duquette and Ramsey in 1986.[3] In this study, the authors compared case outcomes of children who did not have a lawyer trained in child advocacy to children who had a trained lawyer, law student, or lay volunteer (CASA) as their advocate. The authors found that the trained lawyers, law students, and lay volunteers (under the supervision of an attorney) performed their roles similarly and achieved similar case outcomes. This finding demonstrated that CASA volunteers could achieve outcomes similar to those achieved by trained lawyers, which supports the use of CASA volunteers from a cost-benefit perspective. This study also showed that having any kind of trained advocate (trained lawyer, law student, or lay volunteer) was associated with being less likely to be placed in the custody of the court. Also, these trained advocates were more likely to undertake greater advocacy on behalf of the child, which was associated with more orders for services and shorter court processing periods. The trained advocates also conducted more thorough investigations, which was associated with the child being more likely to stay in their home and have greater numbers of visits with their caregiver. While this study was well-designed, it was not a randomized controlled trial (RCT) or a quasi-experimental design (QED), which limits the strength of these results. While the treatment group (children with a trained lawyer, law student, or lay volunteer) and comparison group (children without a trained advocate) were comparable on a few observable characteristics, there is a likely possibility of systematic differences between the groups, which limits the generalizablility of the findings.

In 1988, the U.S. Department of Health and Human Services commissioned a study of five forms of child representation: law school clinics, staff attorneys, paid private attorneys, a paid private attorney teamed with lay volunteers (CASAs), and unassisted lay volunteers (CASAs).[4] The author found that staff attorneys and the CASA models were associated with more services being ordered, fewer court-ordered case plan changes, less time between court hearings and reviews, and the maintenance of a reunification goal when compared to the other forms of representation. The author also found that both of the CASA models were associated with more appropriate services being ordered. On the other hand, there were no differences found between the types of representation in terms of time spent in out-of-home placement or the number of placements. Also, the CASA/attorney team model was associated with more time for a case to get to the first disposition hearing when compared to the other forms of representation. Like Duquette and Ramsey, this study was a well-designed retrospective case file

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[3] Duquette, D. N., & Ramsey, S. H. (1986). Using lay volunteers to represent children in child protection court proceedings. *Child Abuse & Neglect*, *10*(3), 293-308.

[4] Condelli, L. (1988). *National evaluation of the impact of guardian ad litem in child abuse and neglect judicial proceedings*. Washington, DC: CSR, Inc.

analysis, but did not approach the level of rigor required to attribute these differences solely to the CASA program.

A similar study conducted by Poertner and Press compared cases with CASA volunteers to cases with staff attorney representation.[5] The authors attempted to make the two groups comparable by eliminating from the analysis the types of cases that were unique to each group, however there is no assurance that this method yielded completely comparable groups. They found that having a CASA volunteer was associated with being ordered more services and being more likely to be adopted than children with staff attorney representation. However, having a CASA volunteer was also associated with more time placed outside of their own home. No differences between the groups were found for the amount of time it took to reach final disposition and for the likelihood of reentry into care.

The only randomized controlled experiment of CASA programs was conducted by Abramson in 1991.[6] The author assigned children to have a CASA volunteer or not have a CASA volunteer and found that those with CASA volunteers were less likely to be placed in long-term foster care and more likely to be adopted. However, despite the random assignment of children to treatment and control groups, some differences between the two groups remained and sample sizes were small, which calls into question the power of these findings.[7]

Continuing to build the literature base, Leung conducted a retrospective case analysis in which he compared outcomes for children with a CASA volunteer to children without a CASA volunteer.[8] The two groups were comparable on observable characteristics, but since this study did not use random assignment, there remains the possibility that the two groups were systematically different from one another. This study did not yield any statistically significant results, although the author proposed that CASA volunteers were associated with reduced time spent in out-of-home care, reduced placement changes, and more positive placement changes. The author also suggested that the CASA intervention was most effective if it was implemented before case disposition.

A similar study was conducted by Calkins and Millar.[9] They also conducted a retrospective analysis that compared children with a CASA volunteer to those without and showed that the two groups were comparable on a few observable characteristics. In contrast to Leung, however, Calkins and Millar found statistically significant differences in case outcomes between the two groups. In particular, in a bivariate analysis without control variables they found that having a CASA volunteer was associated with fewer

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[5] Poertner, J., & Press, A. (1990). Who best represents the interests of the child in court? *Child Welfare, 69*(6), 537-549.

[6] Abramson, S. (1991). Use of court-appointed advocates to assist in permanency planning for minority children. *Child Welfare*, *70*(4), 477-487.

[7] Lawson, J., & Berrick, J.D. (2013). Establishing CASA as an evidence-based practice. *Journal of Evidence-Based Social Work, 10*(4), 321-337.

[8] Leung, P. (1996). Is the Court-Appointed Special Advocate program effective? A longitudinal analysis of time involvement and case outcomes. *Child Welfare, 75*(3), 269-284.

[9] Calkins, C. A., & Millar, M. (1999). The effectiveness of Court Appointed Special Advocates to assist in permanency planning. *Child and Adolescent Social Work Journal*, *16*(1), 37-45.

placements and less time in care. This study also examined permanency outcomes between the two groups, but did not detect any statistically significant differences.

Litzelfelner[10] structured her study in a similar way as Leung and Calkins and Millar, but conducted a more rigorous analysis. In particular, Litzelfelner matched treatment and control groups on age, race, and type of maltreatment. Like Calkins and Millar, he compared the treatment and control groups, but used several additional variables to test whether the two groups were statistically similar on observable characteristics. The author found some differences between the two groups, which he controlled for in all analyses. The results showed that among the entire sample used in the analysis, having a CASA volunteer was associated with fewer placements and more services. No statistically significant differences were found between the two groups with regard to time in care, placement types, and permanency outcomes. Siegel et al.[11] and Waxman et al.[12] used a similar approach in their analysis of CASA programs in Arizona and Houston, respectively. Like Litzelfelner, Siegel et al. found that having a CASA volunteer was associated with more services being ordered, but unlike Litzelfelner, they did not find any differences between groups with regard to number of placement changes. On the other hand, Waxman et al. found that having a CASA volunteer was associated with fewer placements in the first year of their study, but not in later years. Waxman et al. also found that children with a CASA volunteer had more protective factors and better family functioning than children without a volunteer.

Using a different methodological approach, Weisz and Thai analyzed the effects of a CASA program by comparing judicial hearings of children with a CASA volunteer to those without (most of who were on a waiting list for a volunteer).[13] To assess differences between the two groups, the authors surveyed judges, CASA volunteers, and guardians ad litem (GAL) about the hearings and compared the results. The findings showed that having a CASA volunteer was associated with more thorough and higher quality information being provided to the courts. On the other hand, having a CASA volunteer was also associated with less involvement of the GAL (this study was conducted in a jurisdiction in which the CASA volunteer supplements the role of the GAL). There are several limitations of this study that call into question the validity of these findings, particularly a low response rate to the surveys and a lack of information about the comparability of the CASA and no-CASA groups.[14]

In 2004, Caliber Associates conducted a study of thousands of cases from across the country to analyze any differences in outcomes between children that received CASA services and children that did not.[15] They found that having a CASA volunteer was associated with receiving more services, but was also associated with being more likely to be placed in out-of-home care, being less likely to be reunified or

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[10] Litzelfelner, P. (2000). The effectiveness of CASAs in achieving positive outcomes for children. *Child Welfare*, *79*(2), 179-193.

[11] Siegel, G. C., Halemba, G. J., Gunn, R. D., Zawacki, S., Bozynski, M., & Black, M. S. (2001). *Arizona CASA effectiveness study*. Pittsburgh, PA: National Center for Juvenile Justice.

[12] Waxman, H. C., Houston, W. R., Profilet, S. M., & Sanchez, B. (2009). The long-term effects of the Houston Child Advocates, Inc. program on children and family outcomes. *Child Welfare, 88*(6), 25-48.

[13] Weisz, V., & Thai, N. (2003). The Court-Appointed Special Advocate (CASA) program: Bringing information to child abuse & neglect cases. *Child Maltreatment*, *8*(3), 204-210.

[14] Lawson & Berrick (2013).

[15] Caliber Associates (2004). *Evaluation of CASA representation*. Fairfax, VA: Caliber Associates.

placed in a kinship care arrangement, and having less adult support. The authors controlled for a variety of characteristics in their analyses since they found that cases with CASA volunteers tended to be the more difficult cases (i.e., more at risk). Despite these controls, the authors believe there were unobserved differences between the two groups that were biasing their results. Another national study was conducted by the Department of Justice in 2006 that again compared cases with CASA volunteers to those without, but did not control for differences between the two groups.[16] The study found that children with a CASA volunteer tended to spend more time in foster care, were more likely to be adopted, and were less likely to be reunified. However, as Caliber Associates found, the authors pointed out that CASA cases were usually the more difficult cases, which inhibits one's ability to attribute these differences to the CASA program itself.

The final individual study reviewed here is a retrospective case analysis that compared various types of child representation, including CASA volunteers, CASA staff, contract GAL, mixed representation (which refers to cases that received CASA volunteer and CASA staff representation), or no CASA/GAL representation.[17] The authors found that having any of the four types of representation was associated with an increased likelihood of adoption when compared to having no representation. They also found that having a CASA volunteer, CASA staff, or mixed representation was associated with an increased likelihood that the case would be closed at the end of the study period when compared to cases without representation. Like several of the studies, children were not randomly assigned to the various groups, so it is uncertain whether these differences are due to the type of representation or not.

Generalizations

This brief review demonstrates that the research on CASA programs is of varying rigor and produced varying findings. Two teams of researchers have synthesized this body of literature in an effort to extract generalizations: Lawson and Berrick and Youngclarke et al.[18] The two teams agree that there is consistent evidence that having a CASA volunteer is associated with more services and a greater likelihood of adoption. Also, while there is mixed evidence about the relationship between having a CASA volunteer and the number of placements a child experiences, the evidence suggests that CASA volunteers are associated with fewer placements. They also agree that the evidence is mixed with regard to the relationship between CASA volunteers and the length of time a child is in the custody of the child welfare system. However, as Lawson and Berrick argue, these associations may not be causal, as CASA cases tend to be systematically different from non-CASA cases.

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[16] U.S. Department of Justice (2006). *National Court-Appointed Special Advocate program*. Washington, DC: Office of the Inspector General, Audit Division.

[17] Brennan, K, Wilson, D., George, T., & McLaughlin, O. (2010). *Washington state Court Appointed Special Advocate Program evaluation report*. University of Washington School of Social Work and Washington State Center for Court Research.

[18] Lawson & Berrick (2013); Youngclarke, D., Ramos, K. D., & Granger-Merkle, L. (2004). A systematic review of the impact of Court Appointed Special Advocates. *Journal of the Center for Families, Children & the Courts*, *5*, 109-126.

In some instances, Youngclarke et al. go further than Lawson and Berrick in making generalizations from this body of literature. In particular, Youngclarke et al. suggest that the research shows that having a CASA volunteer is associated with increased representative contact with the child, reduced court appearances, and a decreased likelihood of reentry into care. Lawson and Berrick do not address the first two outcomes and explicitly disagree with Youngclarke et al.'s assertion that CASA programs decrease reentry into care.

While there are some areas of agreement about the conclusions that can be drawn from the current state of CASA literature, the caveats and disagreements that remain illustrate that there is still no consensus about the generalizable effects of CASA programs. Drawing on this understanding of the state of the evidence base for CASA from current literature, we turn to the results of the on-the-ground survey.

Section 3: Survey Results

Survey of Local and State Programs

As discussed above, Child Trends fielded an online survey with all CASA member programs. The survey focused on different aspects of the data collection in CASA/GAL programs. Topics included type of data collected, data collection responsibility and the associated burden, data collection systems currently in use and how well they meet program needs, how data is currently being used, and priorities for future data collection and use. We discuss each topic in further detail below.

Data Currently Collected

Programs were asked to indicate what types of information they currently collect and/or report, both in terms of volunteers and children served. Table 2 below shows the types of information collected by programs that provide direct services (either local or state).[19] All programs reported that they keep track of the number of volunteers in the program (100%), and almost all collect volunteer (97%) and child (97%) demographics, training information (97%), volunteer hours (94%),reasons for leaving the program (95%), as well as the child's reason for removal/coming into care (81%). Programs also reported that they collect information on miles driven by volunteers, length of service, medical needs of children, and length of time in care. These data show that there is more consistency across programs in the type of volunteer information collected than child information.

Table 2. Data collected on volunteers and children served

Data on volunteers	%	Data on children	%
# of volunteers	100	child demographics	97
volunteer demographics	97	removal reason	90
training information	97	placement information	87
volunteer hours	94	sibling information	84
reasons for leaving program	95	permanency goals/plans	82
recruitment method	88	status of parental rights	81
application status	84	court-related information	78
reason application was denied	73	services received	70
		child well-being	69
		educational goals/needs	62

Data Collection and Burden

In the majority of programs, survey respondents reported that data entry is performed by CASA supervisors/coordinators (70%), followed by CASA administrators (56%), with volunteers and other administrative staff conducting a much smaller percentage of the data entry (see Table 3). It is

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[19] Please note that while programs were asked which topics they collected and/or report, there was not an option for "do not collect." We cannot say for sure that the programs that did not answer the question do not collect or report on these topics. We can only present those that reported collecting the information.

interesting to note that while supervisors/coordinators were reported more frequently to be responsible for data entry, administrative or support staff spend more time on this activity.

Table 3. Data entry responsibility

Type of staff	%	hours per month
CASA supervisors/coordinators	70	20
CASA administrators	56	21
volunteer	16	4
assistant or support staff	9	31
other	5	19

When asked about the perceived level of burden of data entry, ranging from "not burdensome at all" to "very burdensome," the most common response for all groups, with the exception of support staff, was "somewhat burdensome." See Figure 1 below for a further breakdown of responses. It is possible that administrators, supervisors, or coordinators find data entry more burdensome than assistants/support staff when data entry is paired with other responsibilities.

Figure 1. Perception of data entry burden (%)

Legend: Don't know · Very burdensome · Somewhat burdensome · Not very burdensome · Not burdensome at all
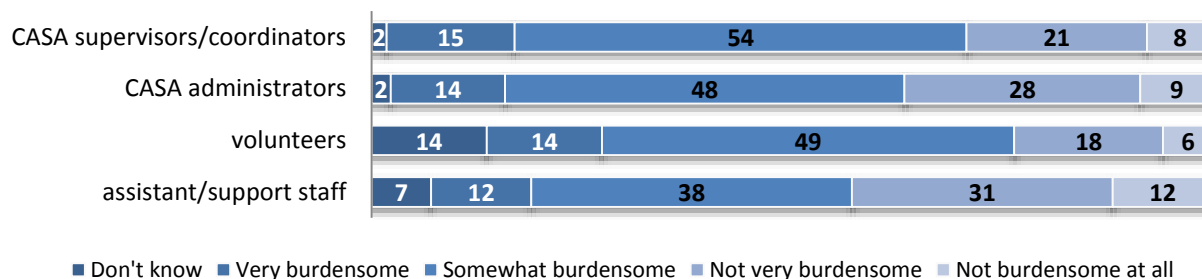
Data Collection Systems and Satisfaction

The survey also included questions about types of data collection and analysis systems or software packages. In general, programs report using a variety of different software packages to track data. CASA Manager and Excel are the two most commonly used software packages (38% and 36%, respectively) (see Table 4 below for more information.) The survey allowed respondents to report use of multiple systems, and 27 percent reported doing so. Local, longer tenured (21 years or more), government, and urban programs are more likely to use more than one data system.

Table 4. Current data systems

Current Data System	%
CASA Manager	39
Microsoft Excel	36
COMET	16
State system	12
Efforts to Outcomes (ETO)	6
Optima	4
CASA Tracker	4
Own system	2
Microsoft Access	2
Other	4

Programs were also asked the extent to which their current data collection system meets their needs. There was not one system reported as meeting the majority of its user's needs "very well." As seen in Figure 2 below, for the most commonly used systems, between one half and two-thirds of respondents feel their current data system meets their needs "somewhat well." In particular, users of CASA Manager—the most frequently used system—think it meets their needs "somewhat well" (55%) to "very well" (35%). The two areas reported to be most in need of improvement, particularly across the most frequently used systems, were customizable reports and more streamlined data entry. This corresponds with the feedback received in the in-depth interviews from programs that changed data collection systems.

Figure 2. How well data collection system meets needs (%)

	Not at all	Not very well	Somewhat well	Very well
CASA Manager	1	10	55	35
COMET		27	59	15
Excel	2	20	60	18
State System		24	56	20
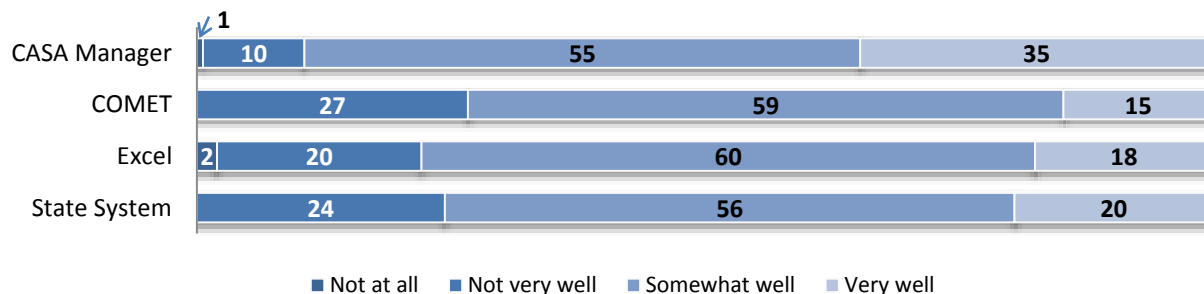
Nearly a quarter of programs (24%) indicate that they are planning to change data systems in the next year. Almost one-third of those programs (31%) are changing to "other" systems (e.g., state-sponsored system or were not sure), or CASA Manager (29%). A few programs mentioned their desire to move towards a cloud-based system to allow for more flexibility in when and where staff can complete data entry.

The primary reasons for changing data systems include the system not aligning with data collection needs (49%), not aligning with reporting needs (44%), or not being customizable (44%). "Other" responses for changing data systems include a lack of technical support for the system or a change to a new statewide system. Programs get the data they collect into a usable format by hand-counting (45%),

using pre-written or customizable reports (43% and 42% respectively), or by using Excel (41%). One program commented that it finds it easier to manipulate data in Excel than other methods.

Data Use

Programs use data in a variety of ways, as shown in Table 5. The most common use is reporting requirements (90%). Programs also use data to demonstrate program effectiveness (73%) and make program improvements (62%). Data use also seems to reflect data priorities; when asked to identify the most important way in which they use data, respondents identified reporting requirements (65%) and demonstrating program effectiveness (46%) as the most important.

Table 5. How programs use data

Activity	%
reporting requirements	90
demonstrate effectiveness	73
make program improvements	62
fundraising	58
service improvements	43

Programs were asked to specify how data informs program improvements, reporting requirements, and service improvements. As shown in Table 6 below, program improvements include goal setting (87%) and strategic planning (87%); reporting requirements include reports to NCASA (81%), State CASA (80%), and funders (61%); and service improvements include identifying areas of need (86%) and service gaps (83%).

Table 6. Specifics on data use

Program Improvements	%	Reporting Requirements	%	Service Improvements	%
goal setting	87	to National CASA	81	identify areas of need	86
strategic planning	87	to state CASA	80	identify service gaps	83
		to funders	61		

Data Priorities

Respondent programs were asked to identify the three domains for which it would be the most beneficial for local programs to collect child-level information. As shown in Table 7 below, the top three reported domains are permanency (60%), child well-being (44%), and placement information (43%). When compared across different program characteristics, priorities vary. Fewer programs that are part of government organizations prioritize permanency while more state programs prioritize permanency. Newer programs, as well as programs that are part of an umbrella non-profit organization, more frequently reported child well-being as beneficial information to collect. Middle-aged and larger programs less frequently reported placement information as an important domain. It should be noted that while programs were asked to identify their top three priorities, many indicated they feel that ALL domains are important and did not feel comfortable choosing only three.

Table 7. Data collection priorities

Domain	%
permanency	60
well-being	44
placements	44
education	39
mental health	31

In addition to thinking CASAs should collect data across particular domains, half (51%) of the programs report that there are things they would like to do with data, above and beyond current use. These programs are interested in how to report on meaningful outcomes (77%) and manipulate data (71%).

Current Needs

In order to identify data support needs, respondent programs were asked to identify the ways in which they currently receive support and ways in which they would *like* to receive support. Approximately one-third (35%) of respondents report receiving some training on data collection and use, while other respondents report utilizing peer-to-peer support (29%) or receiving funding that supports data collection (12%). Table 8, below, presents the training and technical assistance needs reported by programs, which include data analysis (53%) and guidance on how to collect data (46%). Responses vary by program characteristics; fewer newly established, larger, and government-related organizations sought guidance on data collection.

Table 8. Desired areas of support

Area of support	%
training on how to analyze data	53
guidance on collecting data	46
funding for software	44
guidance in identifying outcomes	44
funding for personnel	40

Lessons Learned

The survey not only confirms some of National CASA's knowledge of program needs, but also provides insight into the types of data programs are already collecting, where they see themselves going, and how they think they can get there. Capacity is limited in many programs, either in terms of staffing, knowledge, or data systems. But even with this limitation, the survey demonstrates the desire of CASA/GAL programs to do more with the data they collect. In addition to differing capacity, CASA/GAL programs also expressed different priorities in terms of what to collect and the importance of collecting it. As described in greater depth below, differences in capacity and priorities are two challenges in being able to perform a more rigorous evaluation of the CASA model on a national level.

Limited Capacity

As reported earlier, programs feel they would benefit from training on how to analyze data, guidance on collecting information and identifying outcomes, and funding for data collection software or personnel. This is an indication of a lack of capacity in terms of staff skill level and time, knowledge of appropriate measures, and adequate data collection systems. Each of these gaps is described further below.

Staffing

As evidenced in the average number of hours spent per month on data collection, staff could spend anywhere from one hour a month to upwards of 160 hours a month (the equivalent of a full-time data entry position) collecting data. While the most commonly reported level of burden when it comes to data entry is "somewhat burdensome," the perception of burden varies widely. Staff could spend two hours a month on data entry and find it "very burdensome" or they could spend upwards of 40 hours a month and not find it burdensome at all.

In addition to the perceived burden, the open-ended responses from the survey also offer insight into the skill limitations of data collection staff. In particular, several programs commented on what they felt were special skills needed to comply with data collection and reporting requirements. One program said, "it has taken dedicated staff hours from a person who has specific skills to provide oversight and understand this process." Many staff members tend to lack formal training in data collection and/or analysis, as many come from a social service or legal background. Another program felt that staff needed to be "computer programmers" to be able to get the data it collects into a usable format. Such staff capacity limitations—whether perceived or actual—could inhibit some programs' ability or interest in engaging in additional data collection or participating in outcome evaluations.

Knowledge

Related to staff skill capacity, many programs felt like they lacked sufficient knowledge of appropriate outcomes and how to measure them. The survey showed that programs desire to increase their knowledge of appropriate measures, with 44 percent of programs saying they could benefit from training or support on how to identify appropriate measures. As one program put it, they acknowledge that "data is an essential part of [a] larger narrative about [their] children," but they "do not know what data will tell [the] story." Another issue raised by a more data-savvy program is the "difficulty [of] isolating CASA or any [other] input as reason for an outcome." Such a comment speaks to the realities of trying to perform more rigorous evaluations of the CASA intervention. When there are multiple agencies interacting with a child and providing services, it is difficult to isolate the causal factor.

Data Systems

Another factor contributing to limited capacity is finding appropriate data collection systems that meet program needs. Even though most programs feel their system meets their needs "somewhat well," around one-quarter of programs still reported that the system does not meet their needs very well. Some programs commented that pulling data is "cumbersome" and it is hard to "pull the information [they] need," or that there are "too many options for reporting" and they just need "the basics." Another program expressed the need to "quickly and more easily pull information requested by different funders." While around one-quarter of programs are planning on changing systems, this is

often cost-prohibitive for smaller programs as many have invested heavily in their current system and lack additional funds for upgrades.

The perceived inadequacy of data collection systems could also contribute to the level of burden of data entry in CASA/GAL programs. The use of multiple data collection systems necessitates double data entry and a duplication of efforts. One respondent cited the lack of confidence in their data collection system as the reason for double data entry.

Discussion about data systems revolved around customization, versatility, and usability. When asked how systems can be improved or reasons for changing systems, programs talked about the need for systems to be customizable and to align with data collection and reporting needs. Respondents also expressed their need to use the systems for case management purposes as well; not just data collection and reporting. Others talked about the need for more streamlined data entry, and more user-friendly systems. Different program structures, service delivery models, and court jurisdictions all contribute to the need for versatile and customizable systems.

Desire to Do More

In general, programs want to do more with the data they already collect. As mentioned above, around three-quarters of programs would like to be able to report on more meaningful outcomes (77%) or manipulate data (71%). In the open-ended responses, programs expressed the desire for benchmarks with which to compare their programs to others in their state or nationally, as well as outcomes that are "relevant to helping children." To be able to achieve these goals, CASA/GAL programs expressed the need for continued support in the form of training on analyzing data (53%) and guidance on collecting relevant information (46%).

This desire to do more with data is also reflected in the number of programs currently undergoing some type of performance measurement initiative. While not explicitly defined, nine percent of programs reported that they have been doing some sort of quality assessment or performance measurement. Some programs are working with local universities, non-profits, or consultants to "improve services" and/or "streamline some processes." Others are taking part in statewide initiatives, or completing the National CASA four-year "Quality Assessment" process. One program mentioned that it is "just beginning" the process and that it has been "scary" for many staff members as it is an increased level of accountability. Another is working with "a local consultant with significant experience and expertise in performance measurement and [they] are currently seeking private funding to retain her to help develop outcome measures and to identify appropriate indicators for [the] program."

Some programs may be limited in their ability to do more with their data because of limited time and resources. The survey showed that 90 percent of programs use the data they collect for reporting requirements, whereas only 75 percent use data for demonstrating program effectiveness. If programs have reporting requirements tied to their funding sources, then it makes sense that their energies and priorities will go to those requirements, which may not focus solely on demonstrating effectiveness.

Differing Priorities

As is to be expected with such a wide network of programs, program priorities varied widely in terms of their opinions on the importance of collecting data, what data to collect, and how to collect it. Each of these topics is discussed further below.

The survey showed that in general, programs understand the importance of collecting data in order to demonstrate program effectiveness, monitor program outputs, and improve services. However, the open-ended responses showed that some programs do not view data collection as "time well spent." One program expressed their concern that it can "take away from adequate volunteer management and child advocacy." Another commented that CASA programs are not "naturally data-driven," but that they are moving in that direction. This could be a capacity issue as well if data collection and analysis is not built in to someone's regular job responsibilities and is outside of staff's scope of expertise or allotment of time.

Respondents also differed in their data collection priorities. While we were able to identify three priority domains for data collection, there was not one domain that stood out in the survey responses. The priorities varied by program age and type. For example, 58 percent of newer programs reported child well-being as a priority area, where only 42 percent of older programs did the same. A similar trend was seen in prioritizing data collection on permanency, where more programs that were part of an umbrella non-profit (68%) listed permanency as a priority domain than programs that were part of a government organization (54%). This could be a result of numerous factors. One respondent commented that "court influence and emphasis on certain practices/outcomes" impact the areas in which they can collect data.

The survey provided vital information about the strengths and limitations of data collection across programs, as well as insights into differing priorities around data collection. The information gathered should be taken into consideration moving forward. The next section provides additional background information and definitions for the priority domains identified above, along with recommendations for potential long-term outcomes.

Section 4: Recommended Constructs and Associated Measures

Potential Long-Term Outcomes

As mentioned in the survey results, program respondents identified three domains that they feel are the most beneficial in terms of data collection: permanency, placement, and child well-being. Below we provide some background information and suggested outcomes on each of these domains. We present two levels of outcomes: basic outcomes as well as more advanced options. Child Trends' recommendation is to select a set of basic outcomes on which the majority of programs would be able to report, but invite the programs that are more advanced in performance measurement to report on the more intricate outcomes. The selection of these outcomes should be guided by National CASA's theory of change and logic model; that is outcomes should be chosen based on National CASA's careful examination of the activities, inputs, and outputs of its child advocacy model and consideration of the outcomes that the model is most likely to impact (this process is discussed further in section 5 below). More detail on the outcomes, measures, and their definitions can be found in the Appendix.

Based on feedback from the survey, phone interviews, and participatory webinars, it is important that the outcomes and measures chosen are simple, easy to measure, and well-defined. The varying capacities of programs, in terms of knowledge and skills discussed above, further speaks to this need. Detailed documents explaining the data points needed to measure these outcomes, along with the expected sources of the data, should be prepared and distributed to all programs.

Permanency

Permanency is defined by the Children's Bureau as achieving a "legally permanent, nurturing family for every child."[20] More specifically, permanency is characterized by a relationship that is lasting, legal, and whose members "share a common future."[21] Permanency is important for child well-being over the short and the long term. For instance, a recent study showed that among infants placed in foster care, those who were reunified or adopted experienced better outcomes than those who remained in foster care five years later.[22] A lack of permanency is also associated with lower levels of social capital, which is vital for adolescent development and support during the transition to adulthood.[23] In particular, an increased level of social capital has been linked to positive educational, occupational, and health outcomes.[24] Youth who age out of the foster care system lack permanency and, therefore, have been shown to be at risk for a wide range of negative outcomes such as homelessness, dependence on public

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[20] Children's Bureau (n.d.). *Overview*. Child Welfare Information Gateway. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from: https://www.childwelfare.gov/permanency/overview/.

[21] Children's Bureau (n.d.). *Concept and history of permanency in U.S. child welfare*. Child Welfare Information Gateway. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Retrieved from https://www.childwelfare.gov/permanency/overview/history.cfm.

[22] Lloyd, E. C., & Barth, R. P. (2011). Developmental outcomes after five years for foster children returned home, remaining in care, or adopted. *Children and Youth Services Review*, *33*(8), 1383-1391.

[23] Avery, R. J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review*, *32*(3), 399-408.

[24] Avery, R. J. (2010)

assistance, criminal justice involvement, and more.[25] In recognition of the importance of promoting permanency among youth in the child welfare system, Congress passed the Adoption and Safe Families Act in 1997 and the Fostering Connections to Success and Increasing Adoptions Act in 2008—two laws that are meant to encourage and support state efforts to increase the number of foster children achieving permanency.

Permanency is typically measured in the child welfare field by whether children are reunified with their birth parents, adopted, or placed under guardianship. In particular, the Child Welfare Outcomes Report Data website[26] presents several permanency measures that draw from elements of the National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis and Reporting System (AFCARS). Measures include:

- Number of waiting children whose parent's rights have been terminated
- Exits of children from foster care to adoption, guardianship, reunification, or other
- Exits to emancipation
- Time to reunification/adoption

There are also composite measures of permanency outcomes that have been developed by the Children's Bureau, as a part of the Child and Family Services Review (CFSR):

- *Timeliness and permanency of reunification*: this is a composite of four items that measure:
    o the percentage of children who were reunified in less than 12 months from the date of their latest removal from the home (measured among those discharged that year and among those who entered foster care in the last six months of the previous year),
    o the median length of stay for children who were discharged from foster care to reunification and were in care for eight days or longer, and
    o the percentage of children who were reunified in the last year that reentered care in less than 12 months from the date of discharge.
- *Timeliness of adoption*: this is a composite of five items that measure:
    o the percentage of children discharged to adoption in the last year who had a finalized adoption completed less than 24 months from the date of their latest removal from the home,
    o the median length of stay for children who were discharged from foster care to adoption during the last year,
    o of all children in foster care on the first day of the year who were in care for 17 continuous months or longer (and who, by the last day of the year, were not discharged from foster care with a discharge reason of reunification, living with relative, or guardianship), the percentage that were discharged from foster care to a finalized adoption by the last day of the year,

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[25] Courtney, M.E., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at the University of Chicago.
[26] Accessible at: http://cwoutcomes.acf.hhs.gov/data/overview

- o the percentage of children in foster care for 17 months or longer at the beginning of the year who were not legally free for adoption that became legally free for adoption by the middle of the year, and
- o the percentage of children who became legally free in the last year who were discharged to adoption in less than 12 months of becoming legally free.
- *Achieving permanency for children in foster care for long periods of time*: this is a composite of three items that measure:
  - o the percentage of children in foster care for 24 months or longer at the beginning of the year who were discharged to a permanent home before their 18th birthday and by the end of the year,
  - o the percentage of children who were discharged from foster care and legally free for adoption who were discharged to a permanent home before their 18th birthday, and
  - o the percentage of children who were in foster care for three years or longer and were discharged to emancipation before their 18th birthday or reached their 18th birthday while in foster care.

Potential Long-term Outcomes on Permanency

As reported above, 82 percent of CASA/GAL programs that provide direct services already collect and/or report on permanency plans for the children they serve, and 81 percent collect/report on the status of the parent's rights. This type of information is available from the child welfare agency and it is feasible for programs to collect easily. We recommend reporting on outcomes that either mirror or complement the CFSR outcomes mentioned above. This makes cross-site comparisons possible among children served by CASA volunteers and those in the general child welfare population. However, any differences in outcomes between the two populations cannot be directly attributed to the child-volunteer pairing without a rigorous randomized control trial. Below we present some basic outcomes and measures, as well as more advanced options.

Basic outcomes
- **Outcome: Increase permanency for children served**
  - o The number/percentage of children who exit foster care to permanency
- **Outcome: Reduce time in foster care to reunification**
  - o The average number of days/months from removal to reunification with either birth parent
- **Outcome: Reduce time in foster care to adoption**
  - o The average number of days/months from removal to adoption

Advanced options
- **Outcome: Reduce time in foster care to reunification**
  - o The number/percentage of children reunified with either birth parent in less than 12 months from the date of entry into care
- **Outcome: Reduce time in foster care to adoption**
  - o The number/percentage of children discharged to a finalized adoption within 12 months from the most recent date of removal

- **Outcome: Increase timeliness of permanency for children served**
  - Of all children in foster care for 24 months or longer on the first day of the reporting year, the percentage discharged to a permanent home prior to their 18th birthday and by the end of the year

Placements

Child welfare placements include home-based foster care and kinship care arrangements, group homes, and institutional settings. Research shows that children in out-of-home placements fare worse than children maintained in the home, although there is an active debate about whether this is due to the characteristics of children placed outside of their home or due to the placement itself.[27] It is also generally recognized that the least restrictive appropriate placement (i.e., a family-based setting) is the best for a child[28] and that placement instability is associated with negative child outcomes such as increased behavioral problems[29] and delinquency.[30]

Placement related outcomes are typically measured by type of placement (i.e., family, group, or institutional setting) and number of placements/placement stability. As with the permanency domain, the Child Welfare Outcomes Report Data website[31] presents several placement measures that draw from elements of NCANDS and AFCARS. Measures include:

- Number of placements a child experienced by the amount of time he or she has been in care.
- Most recent placement settings of children who entered care during the fiscal year and were age 12 or younger at the time of the placement: group homes, institution, other settings.
- A composite measure of placement stability that measures the percentage of children in foster care in the last year who were in care for at least eight days but less than 12 months who had two or fewer placements, the percentage of all children in foster care who were in care for at least 12 months that had two or fewer placement settings, the percentage of all children in foster care who were in care for at least 24 months that had two or fewer placement settings.

Potential Long-term Outcomes on Placement
The survey told us that 87 percent of programs that provide direct services collect information on placements. For the same reasons mentioned for the permanency outcomes, we recommend the

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[27] Berger, L. M., Bruch, S. K., Johnson, E. I., James, S., & Rubin, D. (2009). Estimating the "impact" of out-of-home placement on child well-being: Approaching the problem of selection bias. *Child development*, *80*(6), 1856-1876; and Doyle Jr, J. J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *The American Economic Review*, *97*(5), 1583-1610.

[28] Harden, B. J. (2004). Safety and stability for foster children: a developmental perspective. *Future of Children*, *14*(1), 31-47.

[29] Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, *119*(2), 336-344.

[30] Jonson-Reid, M., & Barth, R. P. (2000). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Children and Youth Services Review*, *22*(7), 493-516.

[31] Website accessible at: http://cwoutcomes.acf.hhs.gov/data/overview.

following outcomes that are closely tied to CFSR and AFCARS, as it allows for comparability across programs and to the general child welfare population. Below are basic and more advance options.

Basic outcomes
- **Outcome: Increase the number of children in family-based settings**
  - The number and percentage of children in family-based placements (e.g., foster homes, kinship arrangements, etc.)
- **Outcome: Increase placement stability**
  - Average number of placements experienced by children served (in total)

Advanced options
- **Outcome: Increase placement stability**
  - Number/percentage of children who experienced two or fewer placements while in care

Child Well-being

Child well-being is a multi-dimensional concept that can include a variety of domains such as economic well-being, physical health, mental health, safety, education, family relationships, peer relationships, risky behaviors, and more. The child welfare field is particularly focused on child well-being since maltreatment can have a negative impact on many aspects of a child's life over the short and long term.[32] For example, trauma experiences have been linked to poor academic performance and developmental problems[33] as well as severe health problems later in life.[34]

Recognizing the importance of promoting well-being among child welfare involved youth, the federal government has focused on this issue in recent years. For instance, the Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that state child welfare agencies attend to children's education, health, and family connection needs.[35] In 2011, Congress also passed the Child and Family Services Improvement and Innovation Act that provides some states with waivers from federal requirements in an effort to promote innovative practices that support child and youth well-being.[36] More recently, in 2012 the Children's Bureau issued a memorandum to all state and tribal child welfare agencies emphasizing the social and emotional well-being of children in the child welfare system as a

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[32] Center for the Study of Social Policy (2013). *Raising the bar: Child welfare's shift toward well-being*. Washington, DC: The State Policy Advocacy and Reform Center. Retrieved from: http://childwelfaresparc.files.wordpress.com/2013/07/raising-the-bar-child-welfares-shift-toward-well-being-7-22.pdf

[33] National Scientific Council on the Developing Child (2010). *Persistent fear and anxiety can affect young children's learning and development: Working paper No. 9*. Cambridge, MA: Center on the Developing Child, Harvard University. Retrieved from: www.developingchild.harvard.edu.

[34] Felitti, M. D., Vincent, J., Anda, M. D., Robert, F., Nordenberg, M. D., Williamson, M. S.,... & James, S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, *14*(4), 245-258.

[35] Center for the Study of Social Policy (2013)

[36] Center for the Study of Social Policy (2013)

top Children's Bureau priority.[37] The memo laid out the Children's Bureau's framework for child well-being and provided information and strategies to states on how they can become more focused on social and emotional well-being.

While child well-being can be defined and measured in a variety of ways, there are two main compilations of child well-being measures. The first is *America's Children: Key National Indicators of Well-Being* which is a set of child well-being measures created by the Federal Interagency Forum on Child and Family Statistics.[38] This compilation includes numerous measures within seven domains, such as:

- *Family and social environment*: family structure/living arrangements; child care; adolescent births; child maltreatment
- *Economic circumstances*: poverty; secure parental employment; food security
- *Health care*: insurance coverage; immunization; oral health
- *Physical environment and safety*: air quality; water quality; housing problems; victimization
- *Behavior*: smoking and substance abuse; sexual activity; involvement in serious crimes
- *Education*: math and reading achievement; high school completion; youth neither enrolled in school nor working
- *Health*: low birth weight; infant mortality; emotional and behavioral difficulties; depression; obesity; asthma

The other main compilation of child well-being measures is the Child and Youth Well-Being Index (CWI) developed by the Foundation for Child Development.[39] Unlike the *America's Children* indicators, the CWI produces a composite index of child well-being. The CWI is comprised of seven domains with various measures within each domain:

- *Family economic well-being*: poverty; parental employment rate; median income; health insurance
- *Safe/risky behavior*: teenage birth rate; victimization; juvenile offender rate; smoking and substance abuse
- *Social relationships*: single parent families; mobility
- *Emotional/spiritual well-being*: suicide rate; religious attendance; importance of religion
- *Community engagement*: rate of people with a high school/college degree; youth not working or in school; pre-kindergarten enrollment; voting rate
- *Educational attainment*: reading and math test scores

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[37] Samuels, B. (2012). *Promoting social and emotional well-being for children and youth receiving child welfare services*. Memorandum. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

[38] Website accessible at: http://www.childstats.gov/americaschildren/.

[39] Foundation for Child Development (2013). *2013 National Child and Youth Well-Being Index (CWI)*. Retrieved from: http://fcd-us.org/sites/default/files/Child%20Well-Being%20Index%202013%20Final.pdf.

- *Health*: infant mortality/child mortality; low birth weight; health status; activity limitations; obesity

Potential Long-term Outcomes on Child Well-being

As evidenced above, while an important aspect of work within child welfare populations, child well-being is more difficult and burdensome to measure. Only 69 percent of programs that provide direct services collect data on specifically on child well-being; 62 percent collect data on education goals and attainment, which falls under the well-being umbrella. During the participatory webinars, programs told Child Trends that they would need to use or implement additional assessments to measure child well-being. Feedback from the survey and phone interviews indicates that programs would prefer not to take on this additional burden. Taking this into consideration, we propose the following basic options, which can be influenced by advocacy for services provided by volunteers, as well as an advanced option that would require additional assessments.

Basic options
- **Outcome: Improve child health**
    - Number and percentage of children who have current medical appointments
    - Number and percentage of children with health insurance coverage
- **Outcome: Increase school success**
    - Number and percentage of children who graduate from high school or attain a GED

Advanced option
- **Outcome: Decrease in trauma symptoms**
    - Number and percentage of children who show a decrease in trauma symptoms

Additional Considerations

The outcomes presented here are outcomes that measure how the National CASA model impacts children in terms of permanency, placement, and well-being in the long term. While often influenced by recommendations made to the court by CASA volunteers, these outcomes cannot always be directly attributed to the actions of volunteers as there are so many other players in the child welfare decision-making process. However, more short-term or interim outcomes can be attributed to CASA volunteers. Outcomes such as services recommended, ordered, and received can be directly linked to volunteer advocacy efforts. For example, a participant in one of the webinars pointed out that "no one would fault a CASA volunteer if a child's behavior radically changed. But a CASA volunteer could be faulted if therapy sessions were not occurring, and the CASA volunteer failed to follow up or mention this in court."

Similarly, CASA volunteers also have an impact on the programs and/or policies of other agencies and stakeholders in child welfare. One of the primary roles of a CASA volunteer is to ensure that children are receiving the services and supports they need to achieve permanency in a timely manner. As another webinar participant put it, "we are most frequently working to shape the behavior of other organizations or individuals in a manner that affects improved outcomes for children."

The literature on the CASA model also points to the importance of considering the short-term and interim outcomes mentioned above, as evidenced by how often the number of services ordered and

received appears as an outcome measure. But those same studies also show the importance of looking at outcomes that could be compared to the general child welfare population, such as rates of reunification or adoption. During the development of a logic model we recommend careful consideration of how the activities performed by volunteers impact shorter-term direct outcomes that lead to the more distal outcomes of permanency, placement stability, and well-being.

Section 5: Recommendations for Building CASA's Evidence Base

Drawing from the survey data recommendations above, this section presents next steps for National CASA to continue systematically building an evidence base of the CASA model. At Child Trends, we view establishing an evidence base as a process. To begin, evidence itself should be thought of as existing on a triangle.[40] Figure 3 below shows not only the potential range of evidence, but also the relative likelihood of programs having a particular study as part of their evidence base. At the "top" of this triangle are the most rigorous—and rarest—evaluations: replicated experimental evaluations. This means that not only has a randomized controlled trial (RCT) (widely acknowledged to provide the highest level or "gold standard" of evidence of a program's impact) been completed, but there have been multiple RCTs with impacts demonstrated across these studies. Evidence-informed, non-experimental studies—that is, programs that are guided by theory, practitioner knowledge, or qualitative studies—comprise the largest rung, but also the lowest level of evidence.

Figure 3. Levels of evidence

All programs on the pyramid have some evidence supporting their effectiveness, however, what is considered "enough evidence" for saying that a program "works" or is effective varies across sources. Some funders, for example, will only consider programs that have been evaluated via RCT to demonstrate effectiveness; in contrast, others may require some form of evaluation as a condition of funding, but not specify the level of rigor required. Although there is variation across sources in terms of the level of evidence that is required and the understanding of what effectiveness *is*, funding sources,

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[40] Terzian, M., Moore, K. A., Williams-Taylor, L., & Nguyen, H. (2009). Online resources for identifying evidence-based, out-of-school time programs: A user's guide. *Child Trends: Research-to-Results Brief. Washington DC: The Atlantic Philanthropies*.

online registries, and, increasingly, programs themselves are moving toward RCTs or well-designed quasi-experimental evaluations (QED) as being necessary to be considered an "evidence-based" program.

As illustrated in the literature above, the CASA model has limited evidence supporting a number of different outcomes and outputs—in particular, placements and increased receipt of services. This evidence places the CASA model squarely in the base of the evidence triangle. These studies show positive outcomes on increased services and potential placements; however, as indicated above, the studies that have been conducted are severely limited by design. In addition, there is limited consistency in outcomes, and it is unknown if these are the outcomes that National CASA views as the essential elements of CASAs' work.

To build a stronger evidence base, Child Trends recommends that National CASA be more systematic in its approach to both performance measurement and outcome evaluation. This project is one step in this systematic approach. Through the interviews and survey, National CASA gained a better understanding of what programs across the network are doing with regard to data collection and analysis, as well as the challenges these programs are facing in this work. This knowledge will help build a national-level logic model. Additionally, though the webinars, National CASA has begun to establish a common language around outcomes and outputs and demonstrate an interest to network programs in moving forward with both performance measurement and outcome evaluation. Figure 4 presents a visual representation of how Child Trends views the process of building an evidence base.

Figure 4. The process to becoming evidence based
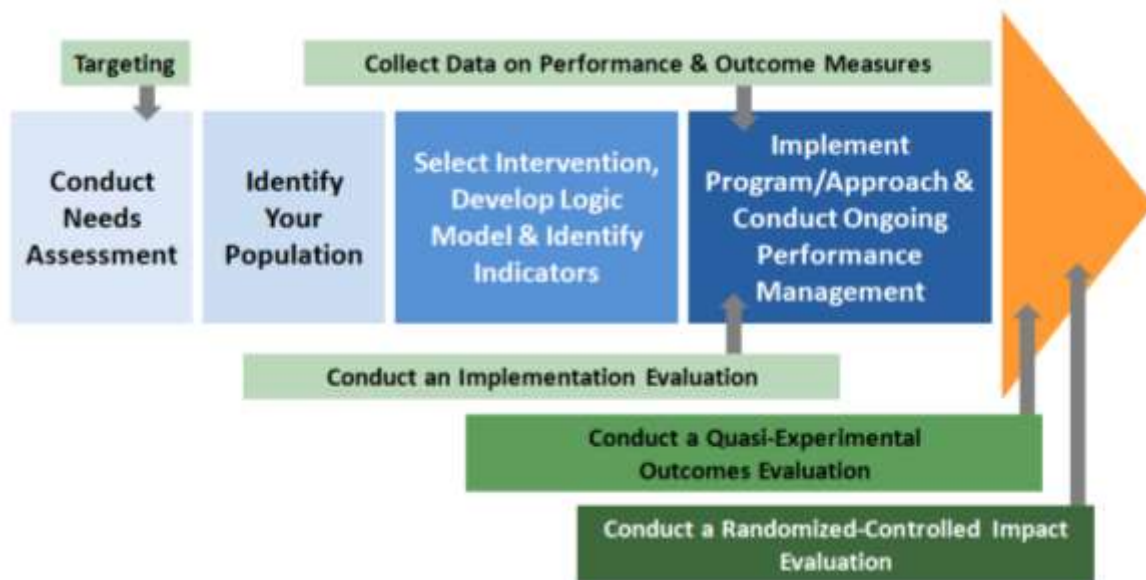
Similar in some ways to the triangle in Figure 3, the arrow in Figure 4 demonstrates that building an evidence base is a step-by-step process. Indeed, it is not in the interest of National CASA or any of the state or local network partners to jump to the end of the process until the earlier aspects are established. Outcome evaluations—shown in the orange arrow head—are most effective, and best

understood when the prior steps have been completed; that is, the logic model and indictors connected to this model are delineated, the program model is fully established, key measures are being collected for the performance of the program, and implementation is well-understood.

As discussed above, National CASA is working to establish the CASA model along this arrow, and state and local CASA programs vary in their individual placement on the arrow. However, we feel that this work should be undertaken both more systematically and in conjunction with one another to provide all CASA programs with the benefits of building this evidence base. We discuss this process in more detail below.

National CASA's Potential Evidence-building Process

The interviews, survey findings, and webinar feedback indicate that, across the CASA network, there is a strong interest in developing CASA's evidence base. However, the data collected also make it clear that programs bring different capacities to work on building this evidence base, as well as different levels of motivation toward participating in this process. Another related practical concern is the varying ways the CASA program "model" is enacted across the country. With these aspects in mind, we outline what the evidence building process might look like for National CASA.

Developing a National Logic Model

When thinking through the identification of measures, as well as the broader goal of building an evidence base, one of the earliest and most fundamental steps is developing a logic model. The logic model is an integral part of the process of building an evidence base in part because it acts as a point of reference in all subsequent steps of the arrow—including determining the key outputs for performance measurement, establishing outcomes for evaluation, and thinking through the design of an evaluation.

Although National CASA has developed a few project-specific logic models, developing an overarching program logic model would provide guidance in determining the best measures to select for system-wide performance measurement and helping to systematically determine on which aspects evaluations should focus. A logic model would not restrict programs, but rather offer them a framework on which to build. In addition, because the alliance of state directors is working to develop a state-level logic model, National CASA could both collaborate and provide guidance to the states' alliance to ensure that the logic models align.

This overarching logic model would detail the essential elements of the National CASA advocacy model, and help answer the question: *What inputs and activities are common to ALL network members, without which they would not be considered a CASA program?* This model could serve as a template that individual programs could tailor to meet their needs or reflect their unique program characteristics. This would be different than a logic model developed for the National CASA Association itself, which would revolve around the support and guidance offered to local and state programs that implement the CASA advocacy model.

Logic models should be guided first by a theory of change, which should be thought of as the "framework within which an organization can examine what works and what does not work within its

programming."[41] It is a statement of the overarching goals of the organization and how the organization supposes it will achieve those goals. A logic model is a detailed specification of what is required to achieve outcomes with respect to resources, activities, and participation in those activities. It builds upon an organization's theory of change by depicting specific aspects of programming and the connections among these aspects that are expected to lead to outcomes.

In practice, National CASA's logic model will help guide decision-making by allowing leaders, managers, and staff to consider whether decisions align with the strategic mission of the organization. For this reason, Child Trends recommends an interactive and iterative process to develop National CASA's theory of change and logic model. This process would draw in part from the data already collected by Child Trends in this project, as well as the logic models already in existence. The survey puts National CASA in a good position to work through the development of a logic model by providing an understanding of the work and the data already being collected on the ground. In addition, because the CASA model has been evaluated in the past, we would recommend drawing from the literature base in thinking through the logic model.

Child Trends recommends that executive staff, selected board members, and representatives from state and local programs meet together to articulate the program's theory of change and the "essential elements" of the CASA model and the role played by National CASA. This process will allow partners to critically consider and discuss vital aspects of National CASA's strategic mission, such as mechanisms of change and key short- and long-term outcomes. Moreover, the group will have the opportunity to raise questions, offer suggestions, and address concerns before moving forward. Similar to the interviews and webinars, this also acts as a "vetting process" for the final logic model, as its development is participatory and allows for consensus building. Partners can use National CASA's existing logic models as a starting point, as well as the literature review and survey findings provided by Child Trends, to identify the critical components of the program and the short-, medium-, and long-term outcomes of interest. The primary issues to address are "what are the key components without which a program could not be part of the CASA network?" and "what inputs, activities, outputs, and outcomes connect to those components?" This discussion should include potential technical assistance related to various components of the logic model, as well as the appropriateness and feasibility of the planned activities for the models implemented across the country.

Developing a logic model will allow National CASA to think more strategically about how program resources and activities can be connected with desired outcomes. Assessing whether and how desired outcomes are actually being attained requires performance measurement. Such measurement is a process of organizational and program improvement, which entails continually creating and responding to insights based on internal data collection and analysis.

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[41] Hunter, D.E.K. (2006). Using a theory of change approach to build organizational strength, capacity, and sustainability with not-for-profit organizations in the human services sector. *Evaluation and Program Planning,* 29(2), 193-200.

Selecting Performance Measures

In order to track organizational and programmatic progress, National CASA will then need to choose from the measures of success to align with the various elements of its logic model. Much of the work in determining potential measures has occurred as a result of National CASA's current work with Child Trends, as outlined above. However, in order to be systematic in this process, the ultimate measures chosen should reflect the logic model. Selecting measures for performance measurement requires careful consideration regarding a number of factors, including appropriateness, burden, and timing (see text box for more detail).

Considerations in Selecting Measures

Appropriateness
- Do these measures reflect our logic model?
- Do they measure what we want them to measure?

Burden
- Who will collect these measures?
- What is the difficulty (time, data capacity) associated with this data collection? Is this data already being collected?
- Is data readily available across CASA programs?

Timing
- When will these data be collected?
- What is the time frame for achieving success on this measure?

As discussed above, it may be useful for National CASA to think of the measures on a continuum, with programs with more capacity collecting more complicated/difficult measures, and those with lower capacity working towards collection of these measures, but all programs reporting on a simple standard set of measures. In addition, given the myriad of data collection systems in use across the network, it will also be important to offer technical assistance or establish a repository for data collection tips/advice for those programs that need it. Finally, as indicated in feedback from the interviews and survey, keeping measures simple and connected to the logic model will be key to the success of selecting and implementing network-wide performance measures.

National CASA's Potential Movement Down the Evidence Based Arrow

Finally, as discussed in various ways throughout the report, although National CASA's network structure presents some challenges regarding development of a logic model and alignment on performance measures, if the network's strengths are harnessed, the network also offers an opportunity for building a strong evidence base for the CASA model. In particular, taking a systematic approach to evaluation offers the possibility for engaging in replicated random assignment studies. Some programs have a greater capacity to participate in a randomized controlled trial (RCT)/quasi-experimental design (QED) study. One suggestion is to identify suitable sites to participate in a pilot RCT/QED. Identified sites should not only demonstrate capacity in data measurement and management, as well as necessary staffing, but also have a strong understanding of their program operation, as evidenced through an implementation or similar evaluation. We recommend that such an evaluation occur either in advance of or in concurrence with the RCT/QED. In this way, sites will gain an understanding of the "why" behind their programs RCT/QED outcomes. After an evidence base is established, other sites could use implementation not only to understand program operation, but also to assess whether or not they are adhering to the model as prescribed in the RCT/QED. An implementation evaluation provides information that continues to build the evidence base, and provides evidence of replicability.

Beyond capacity issues, two other limitations should be acknowledged: concern with random assignment and differences in the CASA model across the network. The first potential limitation came up in both interviews and webinar discussion: concern that random assignment is not acceptable or will not be acceptable across all parties involved with CASA (including leadership and judges). Child Trends understands this concern, particularly with a program model such as CASA's that is focused on serving the highest need children and youth. We also understand that not all programs have the capacity to undertake such an evaluation, but for those that do, we think that National CASA should stress three key points to the broader network. First, without an evidence base CASA cannot be certain if programming is actually making a difference. Second, random assignment can actually be used to encourage fairness in CASA assignment where waiting lists or other capacity issues exist. And finally, the outcomes of RCTs offer the potential for increased funding and therefore the chance to serve more children.

The second potential limitation is the differences that exist across CASA models in the network. We see this issue as being addressed by National CASA in two ways. First, the development of a National CASA logic model (in conjunction with the state logic model) would help to determine the essential aspects of the CASA model that should be included in all outcome studies. Additionally, the differences in program models could be acknowledged and studied with either concurrent or preceding implementation evaluations. Finally, similar program models could be paired or grouped for evaluation.

Conclusion

In conclusion, we would like to review the main takeaways and recommendations of this project.

Takeaways

- **National CASA has a preliminary evidence base on which to build.** While not conclusive, there have been numerous attempts to demonstrate the effectiveness of the CASA model that suggest that CASA volunteers are associated with positive outcomes.
- **CASA/GAL programs have differing capacity levels.** Capacity differs in staffing, knowledge, data expertise, and funding. All of these factors must be taken into consideration when moving forward, and plans must be feasible for all programs, not just those that are more data-savvy.
- **Programs are interested in demonstrating their effectiveness.** The phone interviews, survey, and webinars all show us that programs are proud of the work they do and want to quantify their effectiveness. This interest will serve as a strength moving forward on the journey towards becoming evidence based.

Recommended Next Steps

- **Development of a logic model for National CASA.** Based on National CASA's theory of change, clearly define the inputs, activities, outputs, and outcomes (short-term to more long-term outcomes) that form the essence of the CASA model.
- **Selection of outcomes and measures.** As part of developing the logic model, identify a set of basic outcomes and measures on which the majority of member programs are able collect data and report.
- **Determine National CASA's path on the arrow to becoming evidence based.** Keeping in mind the information provided in this report, consider where National CASA sees itself on the arrow of becoming evidence based, and determine a feasible goal to reach on that arrow.

Appendix

Suggested Long-Term Outcomes

Permanency Outcome 1: Increase permanency for children served

Level: Basic

Measure 1: Of all children who exited foster care during the last year, what percentage left to permanency (i.e., reunification, adoption, or legal guardianship)?

Data Elements Needed:
- Date of exit from care
- Reason for discharge from foster care

How Measure is Calculated:
- A: Identify all the children who exited foster care during the target year/time period.
- B: Of those children identified in A, identify the number of children who had a discharge reason of reunification, living with other relatives, adoption, or guardianship.
- C: Divide the number of children exiting to permanency (B) by the total number of children who exited foster care during the year (A) and multiply by 100. This gives you the percentage.

Example:
- 200 children exited foster care during 2013.
- 123 of those children had a discharge reason of reunification, living with other relatives, adoption, or guardianship.
- 123 divided by 200 is 0.615, multiplied by 100 is 61.5. Therefore, 61.5% of children exiting care in 2013 left to permanency.

Related Measures:
This measure corresponds to CFSR Measure 3.1, which allows for comparison to the general child welfare population.

Permanency Outcome 2: Reduce time in foster care to reunification

Level: Basic

Measure 1: Of all children who were discharged from foster care to reunification, the median length of stay in care (in months) from most recent removal to reunification with either birth parent.

Data Elements Needed:
- Date of exit from care
- Reason for discharge from foster care
- Date of most recent removal from home

How Measure is Calculated:
A. Identify all children who exited foster care during the target year/time period.
B. Of those children identified in A, identify the children who had a discharge reason of reunification or living with other relatives.
C. For each child identified in B, calculate the number of months between the child's most recent removal from home and their date of exit from care.
D. Add the number of months identified in C for each child identified in B and divide by the number of children identified in B.

Example:
A. 200 children exited foster care during 2013.
B. 50 of those children had a discharge reason of reunification or living with other relatives.
C. Child 1 exited care on June 1, 2013, and the most recent removal from home was on August 1, 2012. The number of months between the two dates is 10 months. [Repeated for each child identified in B.]
D. The total number of months identified in C was 650, divided by the 50 children in B is 13. Therefore, the average time between removal and reunification for children exiting care to reunification is 13 months.

Related Measures:
While not a CFSR measure, this measure can be used to show changes over time and improvements in time to reunification. It can also be converted easily to days or years.

Permanency Outcome 2: Reduce time in foster care to reunification

Level: Advanced

Measure 2: Of all children who were discharged from foster care to reunification, what percentage was reunified in less than 12 months from the time of entry into care.

Data Elements Needed:
- Date of exit from care
- Reason for discharge from foster care
- Date of most recent removal from home
  OR
- Number of months from removal to reunification (identified in Permanency Outcome 2, Measure 1)

How Measure is Calculated:
A. Identify all children who exited foster care during the target year/time period.
B. Of those children identified in A, identify the children who had a discharge reason of reunification or living with other relatives.
C. For each child identified in B, calculate the number of months between the child's most recent removal from home and their date of exit from care.
D. Based on the number of months calculated in C, identify the number of children who were reunified within 12 months of the most recent removal. In other words, identify the children where C is less than or equal to 12.
E. Take the number of children identified in D, divide that by the number of children identified in B, and multiply by 100. This gives you the percentage.

Example:
A. 200 children exited foster care during 2013.
B. 50 of those children had a discharge reason of reunification or living with other relatives.
C. Child 1 exited care on June 1, 2013, and the most recent removal from home was on August 1, 2012. The number of months between the two dates is 10 months. [Repeated for each child identified in B]
D. There were 20 children where the number of months calculated in C were less than or equal to 12.
E. 20 divided by 50 is 0.4, multiplied by 100 is 40%. Therefore, 40% of children who exited care to reunification in the target year did so within 12 months.

Related Measures:
This measure corresponds to CFSR Measure 4.1, which allows for comparison to the general child welfare population.

Permanency Outcome 3: Reduce time in foster care to adoption

Level: Basic

Measure 1: Of all children who were discharged from foster care to a finalized adoption, the median length of stay in care (in months) from the date of the latest recent removal to adoption.

Data Elements Needed:
- Date of exit from care
- Reason for discharge from foster care
- Date of most recent removal from home

How Measure is Calculated:
- A. Identify all children who exited foster care during the target year/time period.
- B. Of those children identified in A, identify the children who had a discharge reason of adoption.
- C. For each child identified in B, calculate the number of months between the child's most recent removal from home and their date of exit from care.
- D. Add the number of months identified in C for each child identified in B and divide by the number of children identified in B.

Example:
- A. 400 children exited foster care during 2013.
- B. 126 of those children had a discharge reason of adoption.
- C. Child 1 exited care on February 25, 2013, and the most recent removal from home was on April 11, 2010. The number of months between the two dates is 34.5 months. [Repeated for each child identified in B.]
- D. The total number of months identified in C was 6,300, divided by the 126 children in B is 50. Therefore, the average time between removal and adoption for children exiting care to reunification is 50 months.

Related Measures:
This measure corresponds to CFSR Measure C2.2, which allows for comparison to the general child welfare population.

Permanency Outcome 3: Reduce time in foster care to adoption

Level: Advanced

Measure 2: Of all children who were discharged from foster care to a finalized adoption, what percentage were discharged in less than 12 months from the date of the most recent removal from home.

Data Elements Needed:
- Date of exit from care
- Reason for discharge from foster care
- Date of most recent removal from home
  OR
- Number of months from removal to adoption (identified in Permanency Outcome 3, Measure 1)

How Measure is Calculated:
A. Identify all children who exited foster care during the target year/time period.
B. Of those children identified in A, identify the children who had a discharge reason of adoption.
C. For each child identified in B, calculate the number of months between the child's most recent removal from home and their date of exit from care.
D. Based on the number of months calculated in C, identify the number of children who were adopted within 12 months of the most recent removal. In other words, identify the children where C is less than or equal to 12.
E. Take the number of children identified in D, divide that by the number of children identified in B, and multiply by 100. This gives you the percentage.

Example:
A. 400 children exited foster care during 2013.
B. 126 of those children had a discharge reason of adoption.
C. Child 1 exited care on February 25, 2013, and the most recent removal from home was on April 11, 2010. The number of months between the two dates is 34.5 months. [Repeated for each child identified in B.]
D. There were 35 children where the number of months calculated in C were less than or equal to 12.
E. 35 divided by 126 is 0.277, multiplied by 100 is 27.7%. Therefore, 27.7% of children who exited care to adoption in the target year did so within 12 months.

Related Measures:
This measure corresponds to CFSR Measure 5.1a, which allows for comparison to the general child welfare population.

Placement Outcome 1: Increase the number of children in family-based settings

Level: Basic

Measure 1: Of all children currently in out-of-home care, the percentage of children in family-based placements.

Data Elements Needed:
- Status in the system
- Current placement setting

How Measure is Calculated:
A. Identify the number of children who are currently in out-of-home care.
B. Of those children identified in A, identify the number of children in family-based placements (e.g., foster home, kinship arrangement, etc.).
C. Take the number of children identified in B, divide that by the number of children identified in A, and multiply by 100. This gives you the percentage.

Example:
A. There are currently 450 children in out-of-home care.
B. Of those 450 children, 123 are in family-based placements.
C. 123 divided by 450 is .273, multiplied by 100 is 27.3%. Therefore 27.3% of children are in family-based placements.

Related Measures:
While not a CFSR measure, this measure can be used to show changes over time and improvements in the number of children placed in family-based settings.

Placement Outcome 2: Increase placement stability

Level: Basic

Measure 1: Of all children served, the average number of placements experienced per child.

Data Elements Needed:
- Date of most recent removal from home
- Date of discharge from foster care
- Number of placement settings during most recent removal from home

How Measure is Calculated:
A. Identify the number of children who were in foster care at any point during the target year/timeframe.
B. For all of the children identified in A, add together the total number of placement settings.
C. Take the number of placement settings identified in B, and divide that by the number of children served in A.

Example:
A. In 2013, there were 345 children in foster care.
B. Child 1 had 2 placements in the most recent removal, Child 2 had 4 placements, Child 3 had 1, etc. 2 + 4 + 1 +...=810 placements.
C. 810 placements divided by 345 children is 2.3. Therefore, the average number of placements experienced by a child in foster care is 2.3.

Related Measures:
While not a CFSR measure, this measure can be used to show changes over time and improvements in placement stability.

Placement Outcome 2: Increase placement stability

Level: Advanced

Measure 2: Of all children served in foster care during the target year that were in care for at least 12 months, percentage of children that experienced two or fewer placements while in care.

Data Elements Needed:
- Date of most recent removal from home
- Date of discharge from foster care
- Number of placement settings during most recent removal from home

How Measure is Calculated:
A. Identify the number of children who were in foster care at any point during the target year.
B. Of the children identified in A, calculate their length of time in care (in months), from the date of their most recent removal from home to either the last day of the target year OR their date of discharge from foster care.
C. Using the length of time in care from B, identify the children who were in care for at least 12 months. In other words, identify the children where B is less than or equal to 12.
D. For all of the children identified in C, identify the children who had two or fewer placement settings during the most recent removal. In other words, identify the children where the number of placement settings is less than or equal to 2.
E. Take the number of children identified in D, and divide that by the number of children in C, and multiply by 100. This gives you the percentage.

Example:
A. In 2013, there were 500 children in foster care.
B. Child 1 exited care on February 25, 2013, and the most recent removal from home was on April 11, 2010. The number of months between the two dates is 34.5 months. Child 2 was still in care on September 30, 2013, and the most recent removal from home was on December 1, 2011. The number of months between the two dates is 21.9 months. [Repeated for each child identified in A.]
C. There were 400 children who were in care for at least 12 months.
D. There were 300 children who had two or fewer placements during the most recent removal episode.
E. 300 divided by 400 equals 0.75, multiplied by 100 is 75.0%. Therefore, 75% of children that were in care for at least 12 months had two or fewer placement settings.

Related Measures:
This measure corresponds to CFSR Measure 6.1a, which allows for comparison to the general child welfare population.

Well-Being Outcome 1: Improve child health

Level: Basic

Measure 1: Of all children served in foster care during the target year, the percentage of children who have current medical appointments.

Data Elements Needed:
- Date of most recent removal from home
- Date of discharge from foster care
- Indicator that medical appointments are current

How Measure is Calculated:
A. Identify the number of children who were in foster care at any point during the target year.
B. Of the children identified in A, identify whether or not the child's medical appointments are current.
C. Divide the number of children identified in B by the number of children in care, A, and multiply by 100. This gives you the percentage.

Example:
A. In 2013, there were 200 children in foster care.
B. 125 children had current medical appointments.
C. 125 divided by 200 is 0.625, multiplied by 100 is 62.5%. Therefore, 62.5% of children have current medical appointments.

Related Measures:
While not a CFSR measure, this measure can be used to show changes over time.

Well-Being Outcome 1: Improve child health

Level: Basic

Measure 2: Of all children served in foster care during the target year that are eligible for health insurance, the percentage of children with health insurance coverage.

Data Elements Needed:
- Date of most recent removal from home
- Date of discharge from foster care
- Indicator that child is eligible for health insurance (e.g., financially or by immigration status)
- Indicator that child has health insurance coverage

How Measure is Calculated:
A. Identify the number of children who were in foster care at any point during the target year.
B. Of the children identified in A, identify whether or not the child is eligible for health insurance (e.g., financially or by immigration status).
C. Of the children identified in B, identify the children who have health insurance coverage.
D. Divide the number of children identified in C by the number of children eligible for insurance, B, and multiply by 100. This gives you the percentage.

Example:
A. In 2013, there were 350 children in foster care.
B. 340 children were eligible for health insurance coverage.
C. 330 children had health insurance coverage.
D. 330 divided by 340 is 0.971, multiplied by 100 is 97.1%. Therefore, 97.1% of children who are eligible have health insurance coverage.

Related Measures:
While not a CFSR measure, this measure can be used to show changes over time.

Well-Being Outcome 2: Increase school success

Level: Basic

Measure 1: Of all children served in foster care during the target year, the number/percentage of school-aged children enrolled in primary or school, or a GED program.

Data Elements Needed:
- Date of most recent removal from home
- Date of discharge from foster care
- Indicator that child is enrolled in school or GED program
- Child age

How Measure is Calculated:
A. Identify the number of children who were in foster care at any point during the target year.
B. Of the children identified in A, identify the number of school-aged children (e.g., between the ages of 5 and 19).
C. Of the children identified in B, identify whether or not the child was enrolled in primary or secondary school, or a GED program during the target year.
D. Divide the number of children in C by the total number of school-aged children, in B, and multiply by 100. This gives you the percentage.

Example:
A. In 2013, there were 125 children in foster care.
B. 56 children were between the ages of 5 and 19.
C. 42 children were enrolled in primary or secondary school, or a GED program.
D. 42 divided by 56 is 0.75, multiplied by 100 is 75.0%. Therefore, 75% of school-aged children are enrolled in primary or secondary school, or a GED program.

Related Measures:
While not a CFSR measure, this measure can be used to show changes over time.

Well-Being Outcome 2: Increase school success

Level: Basic

Measure 2: Of all children served in foster care during the target year, the number/percentage of children eligible for graduation or program completion that graduated from high school or attained a GED.

Data Elements Needed:
- Date of most recent removal from home
- Date of discharge from foster care
- Indicator that child is eligible for graduation or program completion
- Indicator that child graduated from high school or attained a GED

How Measure is Calculated:
A. Identify the number of children who were in foster care at any point during the target year.
B. Of the children identified in A, identify the number of children who are eligible for graduation (e.g., in 12th grade or that took the GED exam)
C. Of the children identified in B, identify whether or not the child graduated or attained a GED.
D. Divide the number of children in C by the total number of eligible children, in B, and multiply by 100. This gives you the percentage.

Example:
A. In 2013, there were 125 children in foster care.
B. 22 children were either in 12th grade or took the GED exam.
E. 15 children either graduated from high school or attained a GED.
F. 15 divided by 22 is 0.681, multiplied by 100 is 68.1%. Therefore, 68% of eligible children graduated from high school or attained a GED.

Related Measures:
While not a CFSR measure, this measure can be used to show changes over time.

Well-Being Outcome 3: Decrease in trauma symptoms

Level: Advanced

Measure 1: Of all children served in foster care during the target year, the number/percentage of children who showed a decrease in trauma symptoms

Data Elements Needed:
- Date of most recent removal from home
- Date of discharge from foster care
- Indicator of trauma symptoms (pre/post measures)

How Measure is Calculated:
A. Identify the number of children who were in foster care at any point during the target year.
B. Of the children identified in A, identify the number of children who completed a trauma assessment (e.g., Child and Adolescent Needs and Strengths (CANS) assessment, Trauma Symptoms Inventory)
C. Of the children identified in B, identify whether or not the child showed a decrease in trauma symptoms.
D. Divide the number of children in C by the total number of children in B, and multiply by 100. This gives you the percentage.

Example:
A. In 2013, there were 355 children in foster care.
B. 122 children completed trauma assessments
C. 89 children showed decreases in trauma symptoms
D. 89 divided by 122 is 0.729, multiplied by 100 is 72.9%. Therefore, 73% showed a decrease in trauma symptoms.

Related Measures:
This measure can be used to show changes over time, and requires the use of additional assessment tools. For additional information on trauma assessments, visit:
http://www.nctsnet.org/resources/online-research/measures-review