Moving From Outputs to Outcomes: Phase One

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Report Submitted to: Brian Brinkerhoff, State Coordinator, CASA in Colorado
Date: October 22, 2013; Revised October 31, 2013
Contract Number: 121
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Executive Summary

The purpose of this project is to build local Colorado Court Appointed Special Advocate (CASA) programs’ capacity to capture meaningful outcomes of CASA volunteers’ service through a three-phase project, as well as to provide a structure for assessing and reporting outcomes of CASA volunteers’ service at the local and state levels. Outcome data can help executive directors manage local programs, provide funders with a better understanding of how their investments can and are making a difference in the lives of children, and give volunteers feedback on how their collective service impacts children.

The goal of the first phase of the project is to identify outcomes reflective of services that are appropriate for CASA volunteers to provide on most cases, not dependent on supplemental funding (e.g., grant funding) or urban access to resources, and that are consistent with Colorado Statute. The second phase of the project focuses on implementation and building capacity through the development of data collection tools. The third and final phase provides guidance and technical assistance in analyzing data and reporting.

The outcome recommendations presented in this report are a reflection of a collaboration with Colorado’s Office of the Child’s Representative (OCR), consultation with Child Trend (an evaluation firm working with the national CASA program), collection of perception data from stakeholder groups, and review of the literature. The process began with an initial consultation with the OCR in order to determine their expectations of CASA in Colorado’s performance measuring and outcome reporting and to align the process with the OCR’s outcome measurement work. The initial outcome areas were guided by a focus group with executive directors, refined by surveying CASA volunteers, guardians ad litem, judges, counsel for respondent parents, and other key informants’ perspectives (e.g., regional leaders, state level partners) on activities and outcomes of CASA volunteers. These data were analyzed and considered in the context of the literature. Further feedback was garnered from executive directors and OCR to prioritize and finalize the recommendations presented in this report. Outcome recommendation areas include: education, health, and mental health. CASA volunteers’ contributions to safety and permanency outcomes are also discussed in this report.

This report is organized into five sections:

- Section I: Purpose of the Project
- Section II: Review of the Literature
- Section III: Method
- Section IV: Results
- Section V: Recommendations
I. Purpose of the Project

Much of the evaluation of CASA volunteers’ work focuses on summarizing outputs. Outputs are evidence that an activity occurred or evidence of the level of services provided. For example, tallying the number of times that a CASA volunteer has contact with the child. An outcome, on the other hand, is the impact of that work or assessments of how the child is different or how the odds have been changed. For example, as a result of meeting regularly with a CASA child, a volunteer was able to reduce barriers to school attendance.

The purpose of this project is to build the capacity of Colorado CASA programs to be able to go beyond collecting output data and to place more focus on capturing the outcomes of CASA volunteers’ service. Outcomes are conceptualized through the lens of Colorado Children’s Code Revised Statute Annotated 19-1-208, which details the duties of CASA volunteers, and the National CASA programs’ mission statement:

_The mission of the National Court Appointed Special Advocate (CASA) Association, together with its state and local members, is to support and promote court-appointed volunteer advocacy so that every abused or neglected child can be safe, establish permanence and have the opportunity to thrive._

—National CASA website

The first phase of the project is detailed in this report. During phase one we identified and recommended measurements for the outcomes of CASA volunteers’ service. These outcome areas are designed to capture how CASA volunteers can “change the odds for abused and neglected children” (CASA website).

The second phase of the work will focus on implementation. Specifically, we will support local CASA programs’ abilities to collect these data and focus volunteers’ efforts by providing intake and reporting forms.

The final phase will be technical assistance and protocols for reporting and analyzing data. The final phase will help CASA programs answer the question of “how are our volunteers changing the odds for children?” at the state and local program levels.

Moving from outputs to outcomes will advance CASA programs in Colorado. Outcome data can help executive directors manage local programs, provide funders a better understanding of how their investments can and are making a difference in the lives of children, and give volunteers feedback on how their collective service impacts children.

Furthermore, this project posits CASA in Colorado as a leader in evaluation by combining CASA program data with human services and judicial data for the purposes of streamlining services without duplication and collaboratively working toward similar ends—thereby working to change the odds for some of Colorado’s most at-risk children.
II. Review of the Literature

CASA volunteers have been serving the needs of children since 1977, when Superior Court Judge David Soukup piloted a program in Seattle utilizing citizen volunteers to help judges be better informed when making decisions regarding child welfare. Since then, thousands of children have benefited from the services of CASA volunteers charged with advocating on behalf of at-risk children all over the United States. Although there are numerous testimonies speaking to the positive benefits of these volunteers’ work, the data to show effective outcomes is still lacking. In a 2006 report by the U.S. Department of Justice regarding the national CASA program, it was found that “The Office of Justice Programs (OJP) had established outcome measures for its CASA grant programs. However, the outcome measures established by OJP do not address the effectiveness of the programs in meeting the needs of children in the Child Welfare System (CWS).” It is imperative that CASA programs harness the ability to measure effective outcomes for the work that their volunteers are doing in order to appeal to funders, legislators, potential volunteers, and other key stakeholder groups.

CASA in Colorado

The Colorado Statutes explicitly outline the duties of CASA volunteers. These duties include:

**Independent Case Investigation**
Conduct an independent investigation regarding the best interests of the child that will provide factual information to the court regarding the child and the child’s family. The investigation shall include interviews with and observations of the child, interviews with other appropriate individuals, and review of relevant records and reports. Determine if an appropriate treatment plan, as described in section 19-1-103(10), has been created for the child, whether appropriate services are being provided to the child and family, and whether the treatment plan is progressing in a timely manner.

**Recommendations**
Unless otherwise ordered by the court, the CASA volunteer, with the support and supervision of the CASA program staff, shall make recommendations consistent with the best interests of the child regarding placement, visitation, and appropriate services for the child and family and shall prepare a written report to be distributed to the parties of the action.

**Reports**
The CASA volunteer shall assure that the child’s best interests are being advocated at every stage of the case and prepare written reports to be distributed to the parties of the action.

**Case Monitoring**
The CASA volunteer shall monitor the case to which he or she has been appointed to assure that the child’s essential needs are being met and that the terms of the court’s orders have been fulfilled in an appropriate and timely manner.

**Witness**
The CASA volunteer may be called as a witness in an action by any party or the court and may request of the court the opportunity to appear as a witness. (C.R.S.A. 19-1-208)
In the state of Colorado there are several different groups that advocate on behalf of children for whom placement decisions will need to be made. One of these groups is the CASA volunteers. CASA volunteers work collaboratively with numerous agencies, organizations, and individuals to make recommendations regarding children involved in court cases. Depending on the resources available in a particular location, some states utilize CASA volunteers and guardians ad litem, while in other states the guardians ad litem are volunteers whose roles are similar to CASA volunteers. During the review of the literature, it was important to review literature that referred to both types of positions, since there is often overlap in the goals and outcomes, even though the roles and/or expectations of each group may differ from state to state.

The guardian ad litem program in Florida, for example, utilizes volunteer guardians ad litem to advocate on behalf of children. In 2012, a scorecard was developed in order to help the program track effectiveness measures as well as child welfare outcomes. We examined this scorecard, as well as other states’ measures of outcomes and effectiveness, as one of the first steps when reviewing current initiatives. Washington state’s CASA program created a logic model identifying activities, outputs, and outcomes on which they will evaluate their progress. South Carolina’s guardian ad litem program surveyed judges to identify key areas in which they deemed GAL volunteers to be most effective. Nebraska surveyed not only judges, but also several group of key stakeholders in order to identify ways that their programs result in better outcomes for children.

In addition to examining other states’ resources, we also collected documents from local Colorado programs that might assist with the identification of appropriate outcome measures and align with other state initiatives already underway. Through collaboration with the OCR, we were able to identify key measures for which they are hoping to determine the effectiveness of the guardians ad litem, many of whom collaborate with CASA volunteers to identify the needs of and resources for children. In addition, one CASA volunteer created a matrix outlining the areas in which volunteers were able to make a difference in the lives of children across the developmental spectrum. Local documents such as these, paired with additional literature review, were incredibly useful while converting our findings into practical, applicable outcomes to measure the effectiveness of the Colorado CASA program.

Key Outcome Areas

It is evident there are four key outcome areas in which CASA volunteers are able to impact the well-being of children. Through advocacy, collaboration, and coordination of services, CASA volunteers have the ability to impact the following types of outcomes: 1) Educational Outcomes, 2) Mental Health Outcomes, 3) Health Outcomes, and 4) Safety and Permanency Outcomes. Below is a summary of the literature in each of these key outcome areas.

Educational Outcomes

Developmental Screening for Children Under 6 Years
The purpose of a developmental screening is the early identification of children who might be missing developmental milestones. Researchers have found that the use of developmental screeners increases communication between parents/guardians and primary care providers (Sices, 2008). Parents and guardians are not always familiar with typical child development timelines—therefore a developmental screener helps to highlight those skills for which a child is developing within a typical range, as well as those skills that may be delayed. Given that 13–15% of children ages 3 to 17 have a
developmental or behavioral disorder (Boulet et al., 2009), it is important to encourage 
communication about development and alert primary care physicians to potential concerns. 
Through early identification, these children may be able to receive intervention services that will 
allow them to either catch up with their peers or, at a minimum, reduce the likelihood that 
developmental delays develop into more severe issues as they age (Center for Disease Control, 
2012).

In the absence of a valid measure already being used by a local CASA program, we recommend the 
Ages and Stages Questionnaire (ASQ-3) as a widely recognized screener that is readily available and 
designed for completion by laypersons (e.g., parents/caregivers). The questionnaire consists of sub-
scales that screen development of communication, gross motor, fine motor, problem solving, and 
personal-social skills. A description of the reliability and validity of this instrument can be found at 

CASA volunteers may be able to facilitate completion of these screeners by parents or guardians 
prior to Well-Child Check appointments for children. Additionally, some preschools and early-
childhood teachers complete the ASQ-3 on students and provide results to parents/guardians. These 
tools can help primary care providers fully assess development in children under 6 years of age.

Educational Records
One of the most important ways that CASA volunteers impact the education of school-aged children 
is by acting as a hub of information and ensuring that the courts have all the information necessary 
to make the best informed decision on behalf of the child. The courts may otherwise not have access 
to documentation that could influence placement and permanency decisions. In an attempt to help 
judges make better-informed decisions about the educational needs of children, the National Council 
of Juvenile and Family Court Judges together with Casey Family Programs published a report 
entitled Asking the Right Questions II: a Judicial Checklist to Ensure that the Educational Needs of Children 
and Youth in Foster Care Are Being Addressed (2008), including an updated education checklist intended 
for use by judges and other collaborative partners of the court—specifically for youth in foster care. 
Many of the recommendations apply to children who have been assigned a CASA as well. Judges 
who have used the education checklist report multiple impacts, including a shift in court culture 
toward focusing on education, but the greatest outcome reported is the “identification and resolution 
of educational issues prior to the permanency hearing” (p. 5). Questions included focus on general 
education information (enrollment, provision of supplies, transportation, attendance, and 
performance), tracking education information, change in placement/school, health factors impacting 
education (physical health, mental health, emotional issues, special education and related services 
under IDEA and Section 504), extracurricular activities and talents, and transitioning.

Early Childhood Education
Furthermore, CASA volunteers can help reduce risk factors by encouraging early childhood 
education for children who are not yet kindergarten-aged. A meta-analysis of 161 studies that 
examined the effects of early childhood/preschool programs indicated that children who attended 
.preschool 10 or more hours a week demonstrated significant cognitive gains compared to matched 
groups (Camilli et al., 2010). These positive effects were particularly strong when there was a direct 
instruction component to the preschool experience. Social skills were also found to be a positive 
outcome of preschool enrollment.

Greater access to early-childhood preschool programs is one of the recommendations by The Future 
of Children (www.thefutureofchildren.org). According to the American Academy of Pediatrics, some 
common issues that may arise for children involved in the Child Welfare System (CWS) when
transitioning into child care include:

- Dual disruption through home placement change and school change can create difficult transition periods
- Child care workers may not fully understand the child’s home situation or be knowledgeable about how to help the child
- Enrollment in a licensed child care facility may be delayed because of a lack of records, specifically health records
- Once enrolled, children may experience disruptive behavior at school to a degree that they are not allowed to return to the child care facility

CASA volunteers may be able to help alleviate or lessen these difficulties through communication with child care workers, follow-up with health and mental health treatment plans, and by providing support for children and guardians as they transition into early childhood programs.

**Attendance**

Attending school regularly is important for children in order for them to gain the full benefit of the instructional time. Truancy is unexcused absence from school. The Office of Juvenile Justice and Delinquency Prevention (Baker et al., 2001) indicates that family factors (e.g., supervision, domestic violence, unfamiliarity with compulsory attendance laws), economic factors (e.g., transportation issues; parents with multiple jobs), school factors (e.g., school climate, cultural sensitivity), and student factors (e.g., health, mental health, social/emotional development) correlate with truancy behaviors. “Rates of severe absenteeism (11+ days) tended to be higher among adolescents than children (6.6% vs. 4.5%), among poor families than non-poor families (8.2% vs. 4.9%), and among youths with fair/poor health than youths with excellent/very good health (27.2% vs. 4.4%)” (Kearney & Bensaheb, 2006, p. 3). CASA volunteers, by virtue of the significant amount of time that they spend with each child and family, are uniquely posited to both identify any barriers to their CASA child’s school attendance and to help raise these issues to the awareness of the court and other members of the CWS.

At times it is necessary for school-aged children to transfer to a different school midway though an academic year. CASA volunteers can create supports for children that reduce barriers to school enrollment in these instances. Examples of this include making sure records are transferred from the previous school, meeting with school staff regarding the child’s situation, following up to make sure that the educational services that were provided at the previous school are made available at the current school, and supporting children as they transition to a new school placement.

**Assisting Already At-Risk Children**

Children who are assigned a CASA volunteer oftentimes have numerous risk factors present in their lives. By advocating for stable educational placements, CASA volunteers may save them from unnecessarily adding additional risk factors that can go along with changes like switching schools mid-year (e.g., creating inconsistency in schedules, peer group, academic curriculum, etc.). CASA volunteers may not be able to undo the negative experiences of children assigned to them, but by being a supportive adult and advocating on behalf of the children in their care, they may contribute to lessening the number of risk factors present when a child exits the program, or at least help make sure that additional risk factors are not added.
Mental Health Outcomes

Comprehensive Mental Health Care
The American Academy of Pediatrics recommends that children receive a mental health evaluation within 30 days of placement in the Child Welfare System (CWS). These screenings should be conducted by a mental health or health care professional. CASA volunteers may recommend that these assessments be administered on the recommended timeline, as well as follow up to encourage the completion of assessments in a timely manner. Bright Futures has made available the 35-question Pediatric Symptom Checklist for use with adolescents ages 11 and older (http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf). A positive score on this screening indicates that further evaluation might be needed by a medical doctor or mental health professional. This psychosocial screening can be completed by parents or laypeople, though interpretation and recommendations require consultation with a licensed professional.

Furthermore, the American Academy of Pediatrics states that “psychotropic medication use should be part of a larger mental health treatment plan that includes therapy, support for the child and his or her parents, education about the diagnosis, etc.” CASA volunteers often have access to information regarding the medications children are currently taking. If a child is taking a psychotropic medication, a recommendation to the court that includes comprehensive mental health services, including counseling, would be beneficial to the child and/or family.

Health Outcomes

Comprehensive Health Care
Well-Child Checks are often a gateway into access to the larger health care system. The American Academy of Pediatrics has recommended a schedule for Well-Child Checks that is considered best practice in the United States. The Well-Child Check allows health care providers to gather baseline data for children’s health, and allows for early identification of any developmental delays or other health issues that require additional referrals. Referrals may be made to community resources, nutritionists, dentists, physical therapists, occupational therapists, counselors, or other health care specialists. In addition, they allow providers to ensure that children are on track with the recommended immunization schedule.

Primary Care Medical Homes
Well-Child Checks and sick visits with the same primary care provider also help children establish a permanent medical home—one that allows their provider to act as a hub for all of the pertinent information relevant to their health status. Having one person making all referrals and following up on care means that children are less likely to have misdiagnosed or overlooked health issues. CASA volunteers can help support the use of a primary medical and dental care home.

Reducing Barriers to Health Care
One barrier to children obtaining regularly scheduled Well-Child Checks is access to health insurance. Although the state of Colorado offers health insurance to children whose families qualify, there are often additional barriers that prevent families from taking advantage of these programs. Examples of these barriers might include transportation issues, literacy issues, transiency, lapses in coverage for non-renewal, and unstable home environments in which health insurance is not always a priority.
**Timely Health Screenings**

The recommendation of The Future of Children (www.thefutureofchildren.org) is that “child welfare agencies should ensure that all children in foster care receive health screenings at entry, receive comprehensive pediatric assessments within 30 days of placement, are assigned to a permanent ‘medical home’, and receive ongoing assessments and related treatment.” Although their recommendation is specifically for foster children, it easily applies to all children who are assigned a CASA volunteer as well. CASA volunteers are not responsible for each of these steps independently, but they do have the ability to make recommendations to the court and help support, encourage, and follow up in order to help these recommendations happen.

**Health Records**

CASA volunteers can help the courts by providing a copy of all current and relevant health records for review. The American Academy of Pediatrics has devoted a portion of their work to focus solely on children involved in the Child Welfare System (CWS), specifically focusing on children in foster care (temporary or permanent). This division is named Healthy Foster Care America (www.aap.org/fostercare). The AAP has created specific health care forms devoted to meeting the needs of children involved with the CWS to ensure that this special population is receiving comprehensive care that takes into account the whole child and their unique home situations. Follow-up by a CASA volunteer, ensuring that primary care providers are aware of these forms and have completed them as part of the case file, can assist with placement decisions for children exiting the system.

**Safety and Permanency Outcomes**

**Statewide Data Collection**

The Colorado Department of Human Services publishes an annual Data Book describing outcomes of the CWS for the state. Specifically, they report the state of Colorado’s progress toward permanency composites, and compare Colorado’s performance to the national standard. These data are disaggregated by county and available to the public. For example, it reports the percent of children that make it to reunification in fewer than 12 months and compares this percentage to the federal standard.

**Parent Screening Questionnaire**

CASA volunteers are charged with making recommendations for temporary and permanent placements for children. A parent-screening questionnaire called SEEK (a Safe Environment for Every Kid) is available through www.pediatrics.org. This 20-question survey identifies common factors associated with potentially risky or unsafe environments for children. Although this is not a survey that could be utilized in every family situation, it may be a starting point when further developing screening tools to assess the safety of both temporary and permanent placements for children.

**Post Placement Follow-up**

Although permanent placement is the ultimate goal for children with an assigned CASA volunteer, it is imperative that some level of follow-up occurs for children and families after permanency is achieved. This is in an attempt to make sure families receive appropriate support and services, as well as to decrease the likelihood that children will return to foster care or other temporary placements in the future (Bass, et al). The ultimate goal is to preserve permanent placements—not just to achieve them.
III. Method

The process of moving from reporting outputs to capturing outcomes was guided by the BACKS measurement found in Penna’s (2011) *The Nonprofit Outcomes Toolbox* and the philosophy that CASA volunteers focus, not on fixing all the issues encountered by families that receive services, but on changing the odds for children toward more favorable outcomes. *The Nonprofit Outcomes Toolbox* is a reading that executive directors were engaging with prior to the onset of this project. The goal of aligning the evaluation approach to Penna’s text was to build from a common language and understanding of outcome evaluation.

BACKS is an acronym that stands for Behavior, Attitude, Condition, Knowledge, Status. This acronym is helpful in identifying outcomes as the broad-based framework pushes past first reactions to think more comprehensively about the activities in which CASA volunteers engage and how they might change the odds for at-risk children.

This section of the report details the research questions, data collection process, and data analytic strategies. The research questions and data collection process were grounded in BACKS measurement. The data analysis consists of descriptive statistical summaries and qualitative analysis of the data into themes.

**Research Questions**

*Overarching Question:*

How do CASA volunteers change the odds for children toward more favorable outcomes?

*Guiding Questions:*

  * **Behavior:** What are the risky or harmful behaviors affecting children that CASA volunteers are impacting?
  * **Attitude:** What are the underlying attitudes and beliefs of children, family, or caregivers that CASA programs address?
  * **Condition:** What are the states of the youth or families that CASA programs are seeking to achieve?
  * **Knowledge:** What knowledge is a stakeholder intended to retain as a result of information shared through CASA programs?
  * **Status:** What are the labels that CASA programs work to shift?
Data Collection

Data were collected through focus groups, individual interviews, and online surveys. The intent behind data collection methods was to answer the guiding questions and use the data to achieve the goal of developing outcome statements. Table 1 depicts the data collection participants, goals, and methods.

Table 1. Data Collection Process

(greyed rows indicate support requested from executive directors to accomplish goal)

<table>
<thead>
<tr>
<th>Date Range</th>
<th>Participants</th>
<th>Goal</th>
<th>Method</th>
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<tbody>
<tr>
<td>July 22, 2013</td>
<td>CASA executive directors</td>
<td>Orientation to evaluation process</td>
<td>Focus group and brainstorm activity (1 hour)</td>
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<td></td>
<td></td>
<td>Begin process of creating an outcome statement framed in BACKS measurement</td>
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<tr>
<td>July 23–Sept 23, 2013</td>
<td>Key informants (representative from community resources/partnership, and CASA Board)</td>
<td>Determine process for utilizing CASAs</td>
<td>Individual phone interviews (20 minutes)</td>
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<tr>
<td></td>
<td></td>
<td>Assess key informants' perceptions of milestones, performance targets, and outcomes using BACKS survey</td>
<td></td>
</tr>
<tr>
<td>Aug 5–Sept 23, 2013</td>
<td>Families</td>
<td>Determine process for utilizing CASAs</td>
<td>Sentence stems</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assess families' perceptions of milestones, performance targets, and outcomes using BACKS survey</td>
<td>Demographic data to determine relationship</td>
</tr>
</tbody>
</table>

Provide names and contact information of key informants

Provide guidance on most appropriate/practical way to facilitate data collection
| August 5–Sept 23, 2013 | CASA volunteers | Determine patterns of activities compared to assumptions  
Identify strengths and gaps in training (knowledge)  
Determine process for CASAs’ services  
Assess volunteers’ perceptions of milestones, performance targets, and outcomes using BACKS survey | Survey (30 minutes) |
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<tbody>
<tr>
<td><strong>August 5: Local CASA Leadership forward survey and request to participate</strong></td>
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</table>
| Aug 5–Sept 23, 2013 | Guardians *ad litem* Counsel for respondent parents | Determine process for utilizing CASAs  
Assess GALs’ and counsel for respondent parents’ perceptions of milestones, performance targets, and outcomes using BACKS survey | Survey (10–15 minutes) |
| **August 5: Colorado CASA (or OCR) forward survey and request to participate** | | | |
| August 5–Sept 23, 2013 | Judges | Determine process for utilizing CASAs  
Assess judges' perceptions of milestones, performance targets, and outcomes using BACKS survey | Survey (10 minutes) |
| **August 5: Colorado CASA forward survey and request to participate** | | | |
Sept 23, 2013 | Executive directors | Preview survey data; refine list of activities’ possible outcomes | Focus group (2 hours)

Sept 26–Oct 9, 2013 | Executive directors | Prioritize outcome areas
Finalize activities that lead to outcomes | Survey (10–15 minutes)

Initial review during proposal design phase | Office of the Child’s Representative (OCR) | Align with the OCR’s evaluation processes | Review of current and planned evaluation methods

Final review Oct 7, 2013

Survey invitations were distributed via local CASA programs to CASA volunteers, community partners/caseworkers, judges, and guardians ad litem. Additionally, the OCR distributed the survey link and information about the project via a listserv for guardians ad litem, and the State Court Administrator's Office distributed a link inviting counsel for respondent parents (also via listserv).

Data Analysis

The goal of data analysis is to synthesize the qualitative data into meaningful units that capture the essence of participants’ experiences with CASA volunteers.

The process for analyzing the data used traditional qualitative methods (see Penna’s *The Nonprofit Outcomes Toolbox*). Specifically, the evaluation team reviewed notes from all interviews, focus groups, and survey responses, after which lists of themes were generated and the team came to a consensus on the definitions of the themes. Data were then coded into themes and exemplary quotes were extracted to represent the themes.
IV. Results

This section of the report opens with a description of the participants and is followed by the results of the qualitative analysis of the data. The results related to the overarching research question of “how do CASA volunteers change the odds for children and youth?” are presented first. A section that focuses on guiding or sub-research questions follows. The results section concludes with a description of the limitations of the project that may inform readers’ interpretations and applications of the findings.

Participants

Perception data were solicited from key stakeholder groups: executive directors, CASA volunteers, judicial system respondents, key informants, families, and caseworkers/community partners. The process for recruiting participation from each stakeholder group is described, as well as the number of respondents serving as applicable representation across local CASA programs or judicial districts.

Executive Directors:

There are 16 local CASA programs in Colorado. Fourteen of the local CASA programs have an executive director, while two programs are administered by an adjacent CASA program. Two focus groups were conducted (in July and September) with executive directors during their monthly meetings. Additionally, executive directors were invited to provide guidance on prioritizing the outcomes and appropriateness of activities that emerged through the data collected via online survey. Twelve executive directors began the survey and 11 executive directors completed it.

CASA Volunteers:

CASA volunteers in the state of Colorado are laypersons who participate in a minimum of 30 hours of training and are typically assigned one case by a judge. The duties of a CASA volunteer are defined in Colorado Children’s Code Revised Statute Annotated 19-1-208. CASA volunteers are associated with one of 16 local CASA programs. A link to an online survey was distributed to CASA volunteers via local CASA programs. Volunteers responded from nine of the 16 local CASA programs:

- CASA of Adams and Broomfield Counties (n = 9)
- CASA of Jefferson and Gilpin Counties (n = 30)
- CASA of Larimer County (n = 1)
- CASA of Pueblo (n = 12)
- CASA of the Continental Divide (n = 1)
- CASA of the 7th Judicial District (n = 12)
- Heart of Colorado CASA (n = 2)
- Northwest Rocky Mountain Colorado CASA (n = 10)
- Voices for Children CASA (n = 8)

Additionally, 44 CASA volunteers began the survey but did not respond to the item “which CASA program are you associated with as a volunteer?”—some of these 44 responded to other items. All data reported were used in analyses, including incomplete responses.
Judicial System Respondents:

The category of judicial system respondents include judges who preside over dependency and neglect (D&N) cases, guardians *ad litem* who are the attorneys that provide legal representation to children with a D&N case, and counsel for respondent parents, who are the attorneys that represent parents in D&N cases. Judges were invited to participate in the data collection process by local CASA programs. The survey link was sent to guardians *ad litem* and counsel for respondent parents via listservs managed by their respective state offices. Figure 1 below depicts judicial system respondents by role and district.

Figure 1. Judicial system respondents by role and district

![Judicial Respondents Chart]

| Role                        | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | 13th | 14th | 15th | 16th | 17th | 18th | 19th | 20th | 21st | 22nd |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|------|------|------|------|------|------|
| Judge                       | 1   | 1   | 0   | 0   | 1   | 0   | 2   | 0   | 0   | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    | 0    |
| Guardian ad litem           | 5   | 8   | 1   | 6   | 0   | 2   | 1   | 3   | 0   | 3    | 2    | 0    | 0    | 0    | 1    | 5    | 12   | 4    | 2    | 1    | 1    |
| Counsel for Respondent Parent | 0  | 2   | 0   | 0   | 0   | 0   | 0   | 0   | 0   | 0    | 0    | 2    | 0    | 0    | 1    | 0    | 1    | 0    | 0    | 0    | 0    |
**Key Informants:**
Recommendations for key informants were solicited from executive directors and the State Coordinator for Colorado CASA. Eight interviews were conducted. Key informants included:

- Office of the Child's Representative
- Court Improvement Program
- CASA leadership (state & regional)
- Child Trend (evaluation group working with National CASA)

**Families:**
Local CASA programs invited families with a child who has been assigned a CASA or individuals with whom a child who has a CASA has been placed (e.g., kinship care, foster care) to participate. The evaluators provided a link to an online survey and a paper-pencil version of the survey. As anticipated by the executive directors, the response was minimal.

No respondents indicated that they were a biological family member of a child with a CASA. Three respondents indicated that they were an individual with whom a child with a CASA had been placed.

**Caseworkers/Community Partners:**
Data were collected from caseworkers or community partners via a survey distributed by local CASA programs. Ten respondents indicated that they belonged to this category.

The goal of data collection was to reach ‘saturation’: when consistent patterns of responses are emerging and significant new information is being reported (see Penna’s *The Nonprofit Outcomes Toolbox*). Review of all data by the evaluation team determined that saturation was achieved for the following stakeholder groups:

- CASA volunteers
- Guardians *ad litem*
- Judges
- Executive directors
- Key informants

There was not enough data to reach saturation for:

- Families
- Caseworkers
- Counsel for respondent parents

All data were included in analyses regardless of whether or not saturation was achieved for a particular group.
Overarching Research Question

*Question:* How do CASA volunteers change the odds for children and youth?

Four outcome themes emerged from the data: Education, Mental Health, Health, and Safety & Permanency. The data revealed that CASA volunteers engage in activities that shift the odds for at-risk children through direct service and several key processes. The four process themes that emerged are serving as Voices for Children, Another Set of Eyes, Connecting the System, and Promoting Family Connections.

**Education**

The activities that CASA volunteers engage in to help youth be more successful in school include (but are not limited to) helping with school work, contacting the school, advocating for students’ educational needs, attending IEP/504 meetings, sharing and celebrating academic achievements, reducing barriers to attendance, and helping with school transitions that result from placement changes.

When asked about the most significant impact of their work, here are some quotes from CASA volunteers that are representative of the education theme:

\[
\text{A truancy case [was] resolved quickly, simply because of the positive impact that my child felt from my involvement and support.}
\]

\[
[I] \text{ worked with adolescents to get their GEDs and/or graduate from school and go on to work or get further education.}
\]

\[
[I] \text{ make sure they [CASA children] go to school no matter what age they are.}
\]

\[
[I] \text{ Obtained special education support for a dyslexic student and got another into a position to be able to obtain a high school diploma.}
\]

\[
\text{My boy is doing well in school.}
\]

Similarly, an executive director stated:

\[
[CASA volunteers] \text{ have the ability to really monitor school systems; they can get onto infinite campus, know the kids, and make it clear to the court and school if the kids have educational needs that are not being met.}
\]
Mental Health

Executive directors and key informants emphasized the importance of finding a balance between the role of the CASA volunteer and the job of caseworkers and/or the larger Child Welfare System (CWS). For example, CASA volunteers reported being directly involved in ‘getting kids counseling.’ An executive director framed that activity by stating:

*We [CASA volunteers] may link a child with appropriate social service programs if the caseworker and the GAL are in agreement and they ask us [CASA volunteer] to make the connection. However, if these are services that DHS [Department of Human Services] pays for, then that is their mandated role.*

—Executive director

The mental health-related activities that CASA volunteers reported that are consistent with the guidance from executive directors and key informants include: following up on the completion of recommended court-ordered mental health assessments, tracking time from recommendation to completion of assessment, monitoring attendance for mental health services, documenting instances of trauma or mental health concerns occurring after a CASA is assigned, helping to reduce barrier to utilizing services, following up with parents/guardians to monitor the child’s treatment plan, and providing information related to the aforementioned activities to the judge.

The data regarding CASA volunteers’ interactions with parents raised questions as to whether or not some CASA volunteers may be stepping outside the bounds of a layperson role specific to teaching parenting skills:

*I offer alternative positive behavior modification techniques, [and I] brainstorm and act out alternatives so that the person "owns" the new techniques and knows how to use them.*

—CASA volunteer

CASA volunteers additionally indicated that they contribute positively to the mental health of CASA children through the development of a positive and consistent relationship. CASA volunteers described their roles as:

*Being an adult that a child can trust. Never make promises I can’t keep. Always being available to listen.*

—CASA volunteer

*Encourage [CASA children] as often as possible by telling them they are strong, smart, capable, and loved.*

—CASA volunteer
Health

The health-related activities reported ranged from more typical activities that could apply to most cases to activities that were a result of unique needs of a particular CASA child or their family. Typical activities include (but are not limited to) documenting the degree to which a child is receiving preventative care (e.g., date of last Well-Child Check, date of last dental exam, immunization records), diagnoses, active medication lists, and insurance status or eligibility. When CASA volunteers noted that children were not receiving health care, they report working with caseworkers to reduce barriers such as no insurance, helping families understand how to make appointments, or accessing community resources to move toward health care utilization.

*We are able to help families seek . . . medical insurance such as Medicaid, CHP, and yellow cards through the family service center at DSS and the community health center.*

—CASA volunteer

Safety & Permanency

Safety and permanency are important outcomes for youth in the welfare system. The data from the current study indicates that CASA volunteers contribute at the process level to the goals of safety and permanency. Through serving as voices for children and being another set of eyes, keeping the system moving, and promoting family connections, CASAs can help the whole system achieve these goals.

Process Themes

*Voices for Children:*
The data indicated that CASA volunteers serve as voices for children: both ensuring that their needs are met and that their voices are heard. Activities that CASAs report engaging in to serve as voices for children include (but are not limited to) making youth aware of court dates, reporting instances of abuse or neglect at current placement, and recommending placements.

Judges’ and GALs’/counsel for respondent parents’ responses indicated a pattern of recognizing that the amount of time that CASA volunteers are able to spend with the children, and the relationship that develops, impacts the strength of CASA volunteers’ recommendations:

*They often have a more personal relationship with the children/families on a case. As such, they provide more detailed information and suggestions.*

—Judge

*The fact that [CASA volunteers] are able to form a relationship with the family and the children that is more in-depth than those created with other team members is invaluable. CASA provides a common-sense perspective based upon their observations.*
Some stakeholders also voiced concern that at times CASA volunteers may overstep in their advocacy efforts, or that they may present biased perspectives. For example, an executive director described a time when a CASA volunteer moved beyond the layperson role and offered the court her/his professional expertise on child development. A counsel for respondent parents described her/his perspective on biased reports:

*Very seldom have I seen a CASA that wasn't basically a rubberstamp for the GAL or DHS, or an advocate for 'poster' adopt families. I have often read the bias against [the] parents in their reports and have heard it when they speak in court.*

—Counsel for respondent parent

Another Set of Eyes:

Stakeholders also indicated that CASA volunteers can help the system work toward safety and permanency outcomes by serving as an additional set of eyes:

*[CASA volunteers] give another set of 'eyes on,' allowing us to be somewhat more assured of the children’s safety.*

—GAL

*They have a different perspective, a fresh perspective; they question things we sometimes take for granted, and we get new information because of that dialogue—we have to justify some of the things we are doing and sometimes we find out that maybe we could do things differently. [They also] help kids get out and do normal things.*

—GAL

*Being in attendance with the family and listening for ‘red flag’ conversations and letting the child know that you are there to hear him/her.*

—CASA volunteer

*Observations of children with biological parents and foster/adoptive parents that are reported in court; information gathered by a CASA that shows the competency (or incompetency) of biological or foster/adoptive parents.*

—Family (foster care or kinship care) of a child with a CASA
Connecting the System:
CASA volunteers typically serve one case at a time. Therefore, they are often able to monitor and bring to the court’s attention key information in order to connect aspects of the system together and encourage progress toward outcomes:

*My experience is that the [CASA] volunteers fill in the gap between the department, foster or relative placement, GALs, and respondent counsel.*

—Judge

*I develop relationships with others involved in an individual child's life, (teachers, doctors, therapists, etc.), so that consistent information can be shared and better problem solving can occur.*

—CASA volunteer

*Ongoing and consistent support throughout the duration of the case.*

—Caseworker

An executive director described CASA volunteers’ work as similar to the complexity and interworkings of a clock:

*This is a picture of the interworkings of a clock: there are about 1,000 pieces in the picture, and that’s what the families come into. Families and children that come into this find that there's so much that it is very difficult for them to figure [the system] out . . . CASAs have to sit down and put all these pieces together with the help with caseworker and the other people that they work with, and sometimes pieces change or break: sometimes you have to pick out a different piece. CASA [volunteers] know that their volunteer job is more difficult than most volunteer jobs, and because of this they are ready to help put together the pieces of the clock and make sure they are [working in] the appropriate way.*

Promoting Family Connections:
Key informants indicated that CASA volunteers can and often do ‘beat the bushes’ to locate family members that may be a positive connection for children. CASA volunteers and CASA programs are at times instrumental in conducting diligent searches to locate family. Supervising visits and promoting sibling visits are other ways that CASA volunteers contribute to permanency through promoting family connections:

*I have worked very hard communicating, transporting many miles, supervising visits, and facilitating in order to keep my CASA child connected with her biological grandmother.*

—CASA volunteer
Guiding Questions

Data gathered through the guiding questions listed below were used to answer the overarching question of “how do CASA volunteers change the odds for children toward more favorable outcomes?” Additionally, results are provided related to the guiding questions related to conditions and status. These data that emerged from these two sub-questions is supplementary.

Behavior: What are the risky or harmful behaviors affecting children that CASA volunteers are impacting?

Attitude: What are the underlying attitudes and beliefs of children, family, or caregivers that CASA programs address?

Condition: What are the states of the youth or families that CASA programs are seeking to achieve?

Knowledge: What knowledge is a stakeholder intended to retain as a result of information shared through CASA programs?

Status: What are the labels that CASA programs work to shift?

Conditions

As part of the survey, CASA volunteers, guardians ad litem, and counsel for respondent parents were asked to describe the characteristics of families on a continuum of conditions. This continuum ranged from “families in crisis” to “thriving families.” The descriptor labels (in crisis, vulnerable, stable, safe, and thriving) and associated definitions were drawn from Penna’s The Nonprofit Outcomes Toolbox and provided to participants during the data collection process. The results are the typical characteristics of families by category or an operational definition of each category on the continuum.

Families in Crisis: still experiencing most or all of the negative effects of their situation

- Substance abuse
- Poverty
- Parental relationships (including domestic violence)
- Mental health issues
- Homelessness
- Unemployment

Vulnerable Families: some negative circumstances are temporarily better or some may still be present

- Financial issues
- Health care issues
- Housing
- Employment
- Limited support
- Unexpected changes
- Lack of transportation
**Stable Families**: things may not be ideal but are not getting worse
- Change of social environment
- Support from community resources
- Hopefulness, optimistic about the future
- Secure employment, housing, schooling (PK–12)
- Basic needs are met
- Health care needs met
- Consistency

**Safe Families**: negative circumstances have passed but further support might be needed
- Permanent housing, employment, schooling (PK-12)
- Coordinated, ongoing support in place
- Celebration of milestones and successes
- Ongoing counseling/therapy
- Utilization of community resources
- Ability to handle future challenges

**Thriving Families**: things are going well and support is no longer needed
- Family support
- Strong parenting skills; empowered parents
- Financially and emotionally secure
- Sufficient resources
- Healthy children and parents
- Long-term plans in place

Executive directors also provided insight into *conditions* during both focus groups. Guidance from executive directors indicates that if CASA programs choose to use these data to develop measures of risk or resilience that the labels of “stable” and “safe” may need to be adjusted or reordered so that “safe” is aligned more closely with how the words “safe” and “safety” are used by stakeholders in the Child Welfare System (CWS).
Statuses

The following status shifts were reported by stakeholders. Many times respondents reported that caseworkers help with these status shifts as well.

- Unemployed to employed
- Food instability to food stability
- Homeless to renters
- Uninsured to insured
- No health care utilization to utilization
- Not enrolled in child care to enrolled

Limitations

The results of the data collection are a reflection of the themes that emerged from those who were invited and those who chose to participate in the data collection processes. Limited participation from families, caseworkers/community partners, and counsel for respondent parents may have impacted the results. Similarly, not all local CASA program volunteers were represented. The description of the participants section is designed to inform readers as they make determinations regarding the transferability of these findings to inform other projects or settings.
V. Recommendations

The recommendations section of the report is organized into four sub-sections. First, the outcome sub-section includes our recommendations for outcome measures that are based on a comprehensive review of the literature, the American Academy of Pediatrics’ recommendations for children and adolescents in foster care, the National Child Welfare Resource on Legal and Judicial Issues’ Proposed Well-Being Measures for Courts: Physical and Emotional Well-Being (2012), as well as data collected as part of this evaluation project. The second sub-section is on comparison data. Sources of comparison data are provided so that executive directors and grant writers have a means of locating national and state level data that align with recommended outcome measures. The third sub-section, outputs, are data that CASA programs are recommended to collect for the purposes of contextualizing the outcome measures. This sub-section focuses on data management and specifies the fields recommended for inclusion in local CASA programs’ data management systems (e.g., Optima, Efforts to Outcomes, CASA Manager).

Outcome Recommendations

Table 2. Education Outcomes

<table>
<thead>
<tr>
<th>Age or Grade Range</th>
<th>Education Outcome</th>
<th>Comparison Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–5</td>
<td>Percentage of cases where completed developmental screener is submitted to the court</td>
<td>No Comparison Data</td>
</tr>
<tr>
<td></td>
<td>No Comparison Data</td>
<td>Goal: 100%</td>
</tr>
<tr>
<td>0–5</td>
<td>Percentage of children participating in services (if recommended based on developmental screening) within 30 days of submission to the court</td>
<td>No Comparison Data</td>
</tr>
<tr>
<td></td>
<td>No Comparison Data</td>
<td>Goal: 100%</td>
</tr>
<tr>
<td>Kindergarten– 12th</td>
<td>Percentage of cases in which full documentation of academic progress is submitted to court</td>
<td>No Comparison Data</td>
</tr>
<tr>
<td>grade</td>
<td>No Comparison Data</td>
<td>Goal: 100%</td>
</tr>
<tr>
<td>3–5</td>
<td>Percentage of 3- to 5-year-old children enrolled in nursery school, preschool facilities, or kindergarten</td>
<td>69% were enrolled in nursery school, preschool, or kindergarten in 2010–2011</td>
</tr>
<tr>
<td>6–17</td>
<td>Percentage of youth who are absent from school 11 or more days a year.</td>
<td>7.9% were absent due to illness or injury in 2011</td>
</tr>
</tbody>
</table>

1 Recommended developmental screeners: Ages & Stages questionnaire or Pediatric Symptoms checklist.
2 Attendance, grades, TCAP/CSAP scores (grades 3–10), presence or absence of IEP/504; and disciplinary record including but not limited to suspensions and expulsions.
3 The share of children ages 3 to 4 not enrolled in nursery school or preschool during the previous two months. "Nursery school" and "preschool" include any group or class of institution providing educational experiences for children in the years preceding kindergarten. Places where instruction is an integral part of the program are included, but private homes that primarily provide custodial care are not. Children in programs sponsored by federal, state, or local agencies to provide preschool education to young children—including Head Start programs—are considered as enrolled in nursery school or preschool. Children in first grade are excluded from this analysis.
5 Includes both excused and unexcused absences from school. Ages 6–17 is the range for compulsory attendance in Colorado.
6 The state-level data used here come from the National Survey of Children’s Health (NSCH).
Table 3. Mental Health Outcomes

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Mental Health Outcome</th>
<th>Comparison Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2–21</td>
<td>Percentage of children receiving a mental health screening within 30 days and within 60 days of first hearing(^7,^8)</td>
<td></td>
</tr>
<tr>
<td>2–21</td>
<td>Median time from recommendation of assessment to completion of assessment(^9)</td>
<td></td>
</tr>
<tr>
<td>2–21</td>
<td>Percentage of children participating in active counseling (if recommended based on screening) within 30 days(^10)</td>
<td></td>
</tr>
</tbody>
</table>


\(^8\) 30 days is consistent with National Child Welfare Resource on Legal & Judicial Issues’ Proposed Well-Being Measures for Courts W20. Sixty days is based on feedback from stakeholders regarding practical targets.

\(^9\) For purposes of tracking progress toward 30- and 60-day targets.

Table 4. Health Outcomes

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Health Outcome</th>
<th>Comparison Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–21</td>
<td>Percentage of children who have received a physical (Comprehensive Health Assessment) within 30 days of initial hearing(^ {11} )</td>
<td></td>
</tr>
<tr>
<td>0–21</td>
<td>Median number of days between first hearing and follow-up physical (Well-Child Check)(^ {12} )</td>
<td></td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of children and youth with insurance coverage</td>
<td>91% of children &lt; 18 years of age were insured in 2010(^ {13} )</td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of children who have received preventative dental care in the last year(^ {14, 15} )</td>
<td>14% of children ages 1–14 years did not have a regular source of dental care(^ {16} )</td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of children who are up to date on immunizations at exit(^ {17, 18} ** )</td>
<td>70.8% of 2-year-olds were up to date in 2011(^ {19} )</td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of cases with full health documentation submitted to the court(^ {20, 21} * )</td>
<td>No Comparison Data</td>
</tr>
</tbody>
</table>

*See AAP Form for Children in Foster Care (might be helpful for CASAs as well).

**Immunization Catch Up Schedule (American Academy of Pediatrics):

\(^ {11} \) AAP recommends a health screening within 72 hours of placement, a comprehensive health admission visit within 30 days of placement, and a follow-up health visit within 60 to 90 days of placement for children and teens in foster care. This is consistent with National Child Welfare Resource on Legal & Judicial Issues’ Proposed Well-Being Measures for Courts W20.


\(^ {13} \) U.S. Census Bureau, Current Population Study (March supplement).

\(^ {14} \) The American Academy of Pediatric Dentistry recommends that children begin receiving dental care when their first tooth appears or no later than her/his first birthday. Preventative dental visits are recommended every six months.

\(^ {15} \) AAP recommends that children in foster care should have a dental evaluation within 30 days of placement.

\(^ {16} \) Colorado Department of Public Health and Environment, Health Statistics Section, 2007-2011 Child Health Surveys.

\(^ {17} \) 4:3:1:3:3:1 Series Coverage is four or more doses of diphertheria and tetanus toxoids and pertussis (DTP) vaccine, three or more doses of polioivirus vaccine, one or more doses of measles-containing vaccine, plus three or more doses of Haemophilus influenzae type b (Hib) vaccine, three or more doses of hepatitis B vaccine (HepB), one or more doses of varicella vaccine.


\(^ {20} \) Full health documentation: date of last Well-Child Check, date of last dental visit, immunization record, insurance status, active medications, diagnoses, provider list.

\(^ {21} \) Consistent with the role of CASA toward National Child Welfare Resource on Legal & Judicial Issues’ Proposed Well-Being Measures for Courts (W18). the percentage of ASFA hearings where child’s preventative healthcare was addressed.
**Safety & Permanency**

Safety and permanency are the work of the collective system. Outcome measures related to safety and permanency are already being captured by the Colorado Department of Human Services and published in their annual Data Book. These data are disaggregated by county. However, these data do not answer questions such as “do CASA volunteers reduce time in the system?” or “are children with a CASA whose placement outcome is reunification less likely to enter the system?” These types of questions are best addressed through research studies that can compare cases. It is our recommendation that CASA work collaboratively with the Office of the Child’s Representative (OCR) and the Colorado Department of Human Services to identify and engage in opportunities to share data and conduct research questions related to safety, permanency, and the role of CASA volunteers.

The following recommendations for permanency outcomes are guided by feedback from local CASA programs and discussion on October 22, 2013.

Table 5. Safety & Permanency Outcomes

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Permanency Outcome</th>
<th>Comparison Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–21</td>
<td>Percentage of children with family involvement facilitated by a CASA volunteer.</td>
<td>No Comparison Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goal: 100% (when in best interest of the child)</td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of CASA volunteers’ recommendations for placement that align with court decision.</td>
<td></td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of cases where GALs, caseworkers, and judges indicate that information from CASA volunteers informed their placement recommendations or decisions.</td>
<td>CASA recommendation to GAL and caseworker recommendations.</td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of children for whom a credit report has been run to check for identity fraud.</td>
<td>No Comparison Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goal: 100%</td>
</tr>
<tr>
<td>0–21</td>
<td>Percentage of children for whom the locating of personal documentation (e.g., birth certificate, social security card, and Colorado ID) is known and secure.</td>
<td>No Comparison Data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Goal: 100%</td>
</tr>
</tbody>
</table>

A possible outcome approach recommended by key informants that CASA programs could consider is whether or not children and youth have a consistent, caring, and supportive adult that they know how to contact. This does not have to be a legal guardian, simply someone who the child or youth feels they can reach out to for guidance and emotional support while they are in the system and after they exit the system.
Comparison Data Sources

Comparison data was drawn from the Kids Count Data Center, a project of the Annie E. Casey Foundation that pools data from various sources including U.S. Census data, U.S. Department of Health and Human Services, the Adoption and Foster Care Analysis and Reporting System (AFCARS), Centers for Disease Control and Prevention (CDC), and various other national- and state-level data sources. These data can be accessed online for future reference and comparison at http://datacenter.kidscount.org.

Outputs

Outputs are evidence that an activity occurred. Intentionally collecting key output data is part of the outcomes evaluation process. Specifically, output data can help contextualize the outcomes. The outputs help executive directors to understand the degree to which activities are occurring that are intended to lead to a given outcome. Note that these output recommendations are only those that relate specifically to recommended outcomes and are not intended to replace any required reporting or a program’s ability to collect additional outputs.

Output Recommendations:

Mental Health & Health

- Document when CASA volunteers bring to the court, caseworkers, GAL, or other members of the system that assessments or services have not been implemented within the recommended time frame (or note that the time frame is approaching).

Education

- Document activities aimed at reducing barriers to attendance.
- Document activities related to supporting nursery school, preschool, or kindergarten enrollment.
- Document follow-up with school regarding enrollment, attendance, and academic progress.

Safety & Permanency

- Document suspected abuse or neglect in current placement.
- Document the number of positive family contacts facilitated or made possible by the CASA volunteer.
- CASA recommendation for placement.

Phase Two of this project entails developing progress note forms for documentation.

Data Management and Collection

Local CASA programs use a variety of data management systems (e.g., CASA Manager, Optima, Efforts to Outcomes). Building capacity to implement outcome evaluation is not dependent on a specific data management/software system. However, key fields are necessary to transition toward outcome evaluation. The table below depicts each outcome alongside the data that needs to be collected in order to capture that outcome. It is recommended that local CASA programs add fields to their existing data management system to capture needed data.
Table 5. Outcome vs. Data Needed to Capture Outcome

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Data Collected</th>
<th>Purpose</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of cases with developmental screener submitted to court</td>
<td>Date developmental screener administered</td>
<td>Screening for developmental delays and issues</td>
<td>Identify children who may need interventions because of developmental delays</td>
</tr>
<tr>
<td>% of children participating in services within 30 days of developmental screener</td>
<td>Date of initial intervention following developmental screener results</td>
<td>Early intervention for developmental issues</td>
<td>Provide intervention services for children experiencing developmental delays before gap worsens</td>
</tr>
<tr>
<td>% of cases in which full documentation of academic progress is submitted to court</td>
<td>Enrollment in school, attendance, grades, TCAP/CSAP scores, IEP/504, progress toward graduation</td>
<td>Full documentation of educational records for review by court</td>
<td>Inform the court of educational progress and needs of children</td>
</tr>
<tr>
<td>% of 3- to 5-year-olds enrolled in early childhood programs</td>
<td>Enrollment status of all 3- to 5-year-old children</td>
<td>Enrollment of young children in early education programs</td>
<td>Encourage early childhood education to develop foundational knowledge in preparation for K–12</td>
</tr>
<tr>
<td>% of youth who are absent from school fewer than 11 days per year</td>
<td>Absences YTD</td>
<td>Identify students at-risk because of absences and identify causes and/or barriers to attending school</td>
<td>Children who attend school are more likely to make academic progress and stay on grade level</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of children receiving a mental health screening within 30 days</td>
<td>Date of mental health screening</td>
<td>Preventative screening to assess for cognitive, emotional, or behavioral issues</td>
<td>Early intervention for any mental health issues that may exist</td>
</tr>
<tr>
<td>Median time from recommendation of assessment to completion of assessment</td>
<td>Date of recommended mental health screening</td>
<td>Ensure mental health screenings occur in a timely manner with follow-up</td>
<td>Children in need of mental health screenings are screened in a timely manner</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>% of children participating in active counseling sessions within 30 days post-screening</td>
<td>Date of initial counseling sessions; frequency</td>
<td>Ensure mental health services are received in a timely manner when issues are identified</td>
<td>Children in need of mental health services receive these services in a timely manner</td>
</tr>
<tr>
<td>Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of children who have received a Comprehensive Health Assessment within 30 days of first hearing</td>
<td>Date of Comprehensive Health Assessment</td>
<td>Establish a primary care medical home and assess health issues in accordance with AAP recommendations</td>
<td>Ensure children are receiving health care as recommended by the American Academy of Pediatrics, specific to their unique needs</td>
</tr>
<tr>
<td>Median # of days between first hearing and follow-up Well-Child Check (within 90 days)</td>
<td>Date of Well-Child Check</td>
<td>Follow-up health care with primary care provider</td>
<td>Establish comprehensive treatment plan and follow-up health care plan for preventative and specialty care based on children’s needs</td>
</tr>
<tr>
<td>% of children with health insurance coverage</td>
<td>Insurance status; if eligible and not enrolled, date of recommendation and enrollment date</td>
<td>Ensure children who are eligible for health insurance receive coverage</td>
<td>When a health care need arises, having health insurance in place eliminates many barriers to care</td>
</tr>
<tr>
<td>% of children who are up to date on immunizations</td>
<td>Immunization status</td>
<td>Ensure children are up to date on immunizations or have a “catch up” plan in place if not</td>
<td>Abide by the recommendations set by the state of Colorado and the American Academy of Pediatrics</td>
</tr>
<tr>
<td>% of cases with full health documentation submitted to court</td>
<td>Healthy Foster Care America Health Information and Summary Forms</td>
<td>Full documentation of health records for review by court</td>
<td>Inform the court of health status and needs of children</td>
</tr>
<tr>
<td>Safety &amp; Permanency</td>
<td>% of children with family involvement</td>
<td>% of CASA Volunteer recommendations for placement that align with court decisions</td>
<td>% of cases where GAL, Caseworker, and Judges say CASA Volunteers inform final decision</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>----------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Contact log of family involvement</td>
<td>Track number of contacts with family members facilitated by CASA Volunteers</td>
<td>Facilitate contact and communication between children and family members</td>
<td>Comparison data of recommendations and final decision</td>
</tr>
<tr>
<td>Track number of contacts with family members facilitated by CASA Volunteers</td>
<td>Compare recommendations between CASA volunteers and final court decisions regarding permanent placements</td>
<td>Identify the number of instances in which CASA volunteers inform final placement decisions</td>
<td>Inform final placement decisions that are in the best interest of children</td>
</tr>
<tr>
<td>Facilitate contact and communication between children and family members</td>
<td>Maintain safety and integrity of children’s financial credit and other financial information</td>
<td>Inform final placement decisions that are in the best interest of children</td>
<td>Inform final placement decisions that are in the best interest of children</td>
</tr>
</tbody>
</table>
VI. References


Gaurdian ad litem program scorecard (2012).


South Carolina Volunteer Guardian ad Litem Program. 2009 Judicial survey: Evaluation of volunteer guardian ad litem impact on child abuse and neglect cases.

Appendix A: Logic Model

Depicts the connection among resources, activities, outputs, and outcomes specific to this project. The activities are a reflection of data collected through this project and are not intended to represent the “only” activities of CASA volunteers. Instead, the activities emerged from the data as typical and related to the recommended outcomes. It is recommend that local CASA programs use this as a foundation for discussions about that program and consider revising to add unique foci, resources, and priorities.
### Colorado CASA – Moving from Outputs to Outcomes: Phase One

<table>
<thead>
<tr>
<th>Long Term Outcomes</th>
<th>Short Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children will:</strong></td>
<td><strong>Children will:</strong></td>
</tr>
<tr>
<td>(1) make academic progress toward postsecondary and workforce readiness</td>
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</tr>
<tr>
<td>(2) have a comprehensive mental health &amp; health assessment and treatment plan in place</td>
<td>(2) have a comprehensive mental health &amp; health assessment and treatment plan in place</td>
</tr>
<tr>
<td>(3) receive regular preventative health care, (3) receive regular preventative health care,</td>
<td></td>
</tr>
<tr>
<td>(4) have safe, appropriate permanent placement</td>
<td>(4) have safe, appropriate permanent placement</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td>- Helping with school work/counseling the school via the CASA, educational needs, attending school, follow up with schools, and helping with school transitions, the treatment plan, and providing information related to the recommended care in the treatment plan</td>
<td>- Helping with school work/counseling the school via the CASA, educational needs, attending school, follow up with schools, and helping with school transitions, the treatment plan, and providing information related to the recommended care in the treatment plan</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td><strong>Outcomes</strong></td>
</tr>
<tr>
<td>- Mental Health</td>
<td>- Mental Health</td>
</tr>
<tr>
<td>- Education</td>
<td>- Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety &amp; Permanency</th>
<th>Health</th>
<th>Mental Health</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Children with identified mental health issues receive mental health services from a trained mental health professional</td>
<td>- Mental health services are integrated into the child’s education plan</td>
<td>- Mental health services are integrated into the child’s education plan</td>
<td></td>
</tr>
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</tr>
</tbody>
</table>
Appendix B: American Academy of Pediatrics Health Information Sheet

This resource has been developed by the American Academy of Pediatrics and is included in the hard copy of the report. The PDF can also be found online at:

Appendix C: American Academy of Pediatrics Health Summary Form

This resource has been developed by the American Academy of Pediatrics and is included in the hard copy of the report. The PDF can also found online at:

Appendix D: Judicial Checklist

The Judicial Checklist is an excerpt from:


The full technical report is recommended reading. The checklist is included in this document as a resource and to highlight the utility of a formal tool for gathering information.