

AGENCY OF HUMAN SERVICES: Integrating Family Services

Population Indicators

Discussion points from IFS Accountability and Oversight Work Group

- Population indicators should be provided to IFS regions annually
- IFS regions are not solely responsible for bending the curve on population indicators; rather there will be performance measures IFS regions have and the thought is those measures will positively impact trend data in whole population health. An entire community is responsible for population level indicators.
- Discussed concern with reporting data in a positive manner:
 - Creates more work and possibly think of a data development agenda.
 - This is an opportunity to shift some data to report the way we think is most effective communication.

BLUE HIGHLIGHT MEANS THIS PI HAS BEEN CONFIRMED FOR RECOMMENDATION TO SENIOR LEADERSHIP TEAM

IFS Outcomes	1. Pregnant women and young children thrive/Children are ready for school	2. Families are safe, stable, nurturing and supported	3. Youth choose healthy behaviors/Youth successfully transition to adulthood	4. Communities are safe and supportive
Population Indicators	a. % of pregnant women who receive first trimester care b. % of children who receive developmental screenings c. Depression screenings for pregnant moms? d. % of children receiving well child checks according to periodicity e. % of children who are ready for kindergarten f. in all five domains of healthy development g. % of pregnant/parenting moms who have stable housing	a. Rate of child abuse and neglect b. Rate of children living below the 200% poverty rate c. Number of children living in out of home care d. % of single parent households e. Mobility Rates of children in schools	a. Percent of adolescents age 12-17 binge drinking in the past 30 days b. Youth feel valued by community c. % of youth who have a plan following high school d. Number of youth who have well-child visits e. % of adolescents in grades 9-12 who drank alcohol before age 13 f. STD/Pregnancy rates? g. Youth involvement in juvenile and criminal justice systems.	a. The number of VT children (0-17) who are experiencing homelessness. b. Number of unaccompanied youth (12 to 22) who are homeless annually? c. Free reduced lunch data – AOE? d. Three squares (% eligible enrolled) e. o WIC data relief organization

As we decide which population indicators to keep we need to consider:

1. Which are the best proxy for the outcome we are looking to measure?
2. Which ones will IFS contribute to most?

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Outcome	Indicator	Measure	Data Source	Definition	Rationale
Pregnant women and young children thrive/ Children are ready for school	Pregnant women receive appropriate prenatal care	% of pregnant women who receive first trimester care	AHS VDH Vital Statistics (DVHA Claims are administrative only-use VDH vital statistics data)	<i>numerator:</i> women with a doctor's visit in the first trimester; <i>denominator:</i> all pregnant women with a medical home	It's easy to get and best correlates to appropriate care Linked to Act 186
		% of planned pregnancies			This has not changed for many (almost 30) years—steady at about 50%
	Focus on screenings, not development milestones.	% of children who receive developmental screenings	AOE/CIS/Headstart Medicaid Administrative Claims Data—will be reported in 2015 for 1 st time		
		Depression screenings for pregnant moms?			
		% of children receiving well child checks according to periodicity	National Survey of Children's Health Medicaid Claims Data-Reported annually		HEDIS Measure
		% of children who are ready for kindergarten in all five domains of healthy development	AOE/AHS Shared Data: Kindergarten Readiness Survey		Act 186 measure Measures: <ul style="list-style-type: none"> • social emotional development • approaches to learning

Outcome	Indicator	Measure	Data Source	Definition	Rationale
			In Vermont Insights		<ul style="list-style-type: none"> communication cognitive development wellness
		% of pregnant/parenting moms who have stable housing			
Families are safe, stable, nurturing and supported		Rate of child abuse and neglect	DCF Database (SSMIS), Child Abuse Registry	Numerator: # of substantiated cases Denominator: Total population	
		Rate of children living below the 200% poverty rate	WIC reports >312 AHS DCF Annie E. Casey Foundation Report		Direct link to Act 186 population indicators
		Number of children living in out of home care	AHS DCF FSD Database		Act 186 population level indicator
		% of single parent households			
		Mobility Rates of children in schools	AOE-statewide in report and usually listed by SU as well		Great proxy measure for stable housing and other community issues
Youth choose healthy behaviors/ Youth successfully transition to adulthood		Percent of adolescents age 12-17 binge drinking in the past 30 days	AHS-VDH Youth Risk Behavior Survey		
		Youth feel valued by community	AHS-VDH Youth Risk Behavior Survey		Act 186 –if we have room we would like to keep this one
		% of youth who have a plan following high school	YRBS		Added in 2013
		Number of youth who	Claims data		*We recognize this PI isn't

Outcome	Indicator	Measure	Data Source	Definition	Rationale
		have well-child visits	Medicaid Claims Data Reported annually		whole population and there is strong value
		% of adolescents in grades 9-12 who drank alcohol before age 13	YRBS		Research shows the later a youth starts using alcohol the less likely they will have an issue later in life
		STD/Pregnancy rates?			Act 186 measure We may want to eliminate this as the data trend hasn't shifted much over the years
		Youth involvement in juvenile and criminal justice systems.			
Communities are safe and supported		The number of VT children (0-17) who are experiencing homelessness.	Point in time-HUD annually available in June		Act 186
		Number of unaccompanied youth (12 to 22) who are homeless annually?	VCHRYP		
		Free reduced lunch data – AOE? <ul style="list-style-type: none"> ○ Three squares (% eligible enrolled) ○ WIC data relief organization 			Find out from Economic Services