

# Evaluating the Implementation of Family Centered Practice in Maryland July 1, 2009-June 30, 2010

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### Background and Purpose

Maryland's Family Centered Practice (FCP) model of child welfare is based on a set of core values and practice strategies that focus on increasing positive outcomes for children served by public child welfare to ensure their safety, well-being, and permanence.

FCP core practice values include:

- *Place Matters for Children* in Maryland
- Build upon family strength and expertise
- Respect cultural sensitivity
- Collaborate with communities
- Manage using data-driven practices

Core strategies in the FCP practice model include:

- Family Involvement Meetings (FIMS)
- Building community partnerships
- Recruitment and retention of kinship and community based resource homes
- Local department self evaluation
- Enhanced policy and practice development

As per agreement between DHR-SSA and the UMB-SSW, researchers at the Ruth H. Young Center for Families and Children are evaluating the implementation of FCP across Maryland. There are four components to the evaluation: (1) observing and assessing the implementation process; (2) assessing whether there are changes in practice related to FCP's core values and strategies; (3) determining whether there are changes in children and families' level of engagement in child welfare services; and (4) determining whether there are changes in child and family child welfare outcomes of safety, permanency, and well-being. The evaluation of Maryland's FCP initiative is informed by administrative data collected as part of regular agency practice, focus groups with staff and families, and a survey of local department staff. The evaluation of Maryland's FCP initiative is informed by administrative data collected as part of regular agency practice, focus groups with staff and families, and surveys of local department staff.

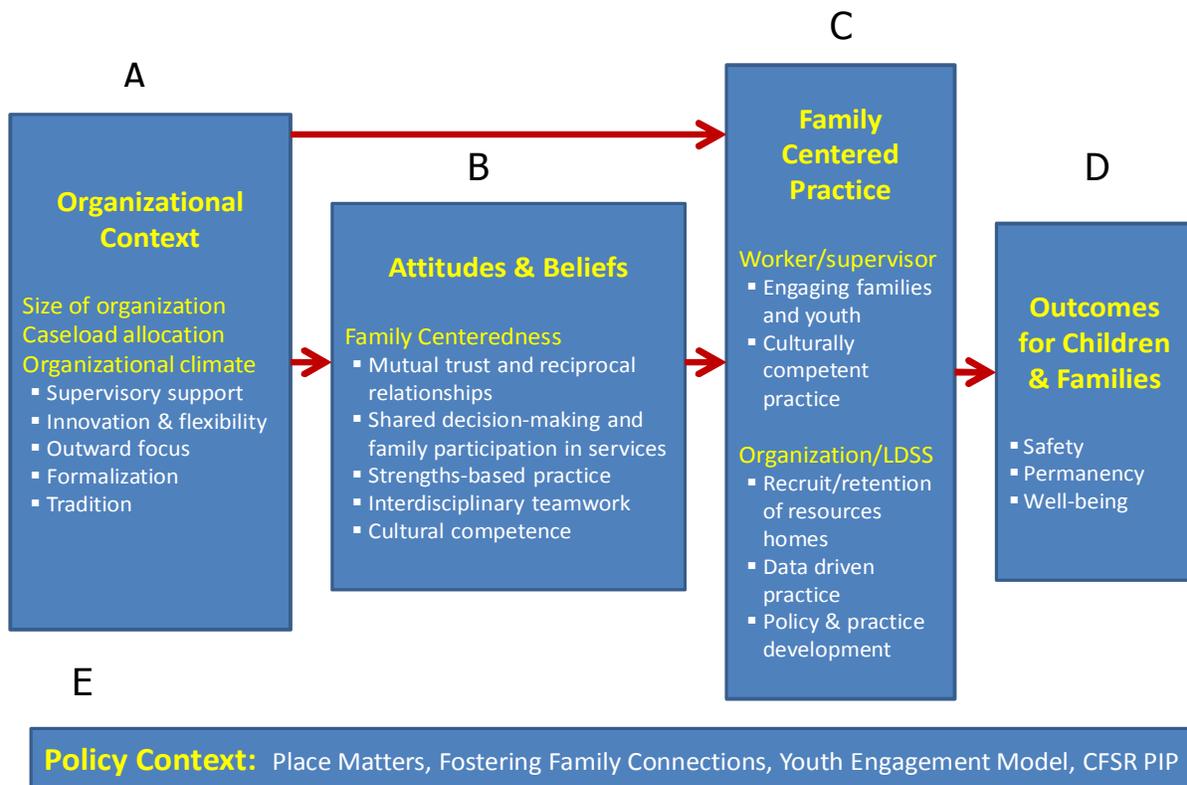
This report presents data collected between July 1, 2009-June 30, 2010 and is presented in aggregate form *by region*. The FCP initiative was rolled out regionally beginning July 2009, with strategic planning efforts focused on the level of individual jurisdiction. This report represents baseline data during the initial training and an implementation phase of FCP; for most indicators, December 2009 is used as the baseline month. Follow-up data will be collected on a rolling basis, by region, beginning July 2010 through June 2011.

The evaluation, and this report, is organized into three sections representing a process evaluation (answering the question "what did we do?"), a practice evaluation ("were there changes to practice with families and children?"), and Place Matters outcome indicators ("what

family and youth outcomes are associated with implementation of FCP?”). These sections align with the goals of the FCP model.

The theoretical framework that guides the evaluation is shown in Figure 1. The evaluation includes measures of the organization context of local departments of social services, including such indicators as their size, their caseload allocation, and their organizational climate (A). These factors are expected to impact family centered practice (C) directly, and also indirectly through the effect they may have on the individual attitudes and beliefs (B) of the caseworkers who are asked to use a family-centered approach in their practice. Ultimately, family centered practice is expected to result in improved outcomes for the children and families of Maryland (D). These processes take place within a larger policy context (E), in which multiple interventions and initiatives are currently underway across Maryland that also aim to improve outcomes for children and families.

**Figure 1. Theory of Change Conceptual Model**



## Process Evaluation

The purpose of the process evaluation is to evaluate the extent to which the FCP model is implemented as planned in each local jurisdiction and to document challenges to implementation at both the state and local level. Research questions related to the process evaluation include:

- How was FCP implemented?
- How were stakeholders and partners engaged to support the implementation of FCP?
- Were policies and procedures developed in support of FCP implementation activities?
- How were FCP practice components implemented across jurisdictions?
- Do organizational climate and worker attitudes toward family centered practice influence implementation?

Over the course of the first year, data were gathered on: (1) implementation activities and efforts; (2) feedback on training from participants and trainers; (3) engagement of stakeholders; (4) organizational climate and worker attitudes toward family centered practices. The following sections report the findings from each of these four areas of inquiry.

### Implementation Activities

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#### Training

During this first year of implementation, 1,735 child welfare staff participated in a two-day training on Family Centered Practice, which was provided regionally by a collaboration of Child Welfare Academy, Casey Family Services, and local program staff. **Table 1** presents the number of participants from each of the jurisdictions that have received training and the approximate total number of active child welfare staff at each jurisdiction\*. The goal of the training initiative was to reach the entire child welfare workforce, and by this standard this effort was highly successful; approximately 95% of the state's child welfare workforce has been trained in the FCP model.

**Table 1. Family Centered Practice Training Completed**

Region	Jurisdiction	Total # Trained	Approximate # Total Child Welfare Staff*	Approximate % Trained
Baltimore City	Baltimore City	731	755	97%
Western	Allegany	46	56	82%
	Carroll	22	29	76%
	Fredrick	51	41	124%

Region	Jurisdiction	Total # Trained	Approximate # Total Child Welfare Staff*	Approximate % Trained
	Garrett	23	20	100%
	Washington	85	74	100%
Southern	Calvert	22	22	100%
	Charles	43	42	100%
	St. Mary's	29	30	97%
Upper Shore	Kent	10	8	100%
	Queen Anne's	8	12	67%
	Caroline	22	20	100%
	Talbot	22	14	100%
Lower Shore	Dorchester	18	22	100%
	Wicomico	47	39	100%
	Worcester	29	22	100%
	Somerset	21	19	100%
Central	Montgomery	91	64	100%
	Howard	31	58	53%
	Ann Arundel	67	97	69%
	Prince George's	108	156	69%
Northern	Baltimore	100	132	76%
	Harford	62	58	100%
	Cecil	47	44	100%
STATEWIDE		1,735	1,834	95%

\*Based on July 2009 State Stat report

### ***Strategic Implementation Technical Assistance***

Each local jurisdiction was asked to complete a Family Centered Practice progress form, as they initiated FCP training, to provide baseline information about the extent to which they were already integrating FCP core values and strategies in their practice.

UMB-SSW researchers presented data from the progress reports and staff survey (the staff survey is described in detail beginning on page 9 of this report) to each local jurisdiction at seven regional orientation meetings, which were coordinated by DHR with support from Casey

Family Programs staff. Each local jurisdiction was then asked to develop a strategic plan for the implementation of FCP and to submit that plan to DHR within 30 days.

**Table 2** Summarizes the FCP training period, dates of orientation meetings, and submitted strategic plans for each of the seven regions. Consultants from Casey Family Programs have conducted three technical assistance conference calls to date, and on-site visits are planned during the next year.

The FCP Oversight Committee continues to meet monthly; the Committee is charged with monitoring progress on implementation activities.

**Table 2. Training and Implementation Activities Completed July, 2009-June, 2010**

Region	Jurisdiction	Training Period	Orientation Meeting	Strategic Plan Submitted	TA from Casey Family Programs Consultants
Baltimore City	Baltimore City	7/09-1/10	12/09	6/10	
Western	Allegany	9-10/09	2/10	4/10	Call held 6/10
	Carroll	9-10/09	2/10	3/10	Call scheduled 7/10
	Fredrick	9-10/09	2/10	3/10	
	Garrett	9-10/09	2/10	3/10	Call held 5/10
	Washington	9-10/09	2/10	4/10	
Southern	Calvert	11-12/09	3/10	4/10	
	Charles	11-12/09	3/10	4/10	Call held 5/10
	St. Mary's	11-12/09	3/10	4/10	
Upper Shore	Kent	1-2/10	5/10	Not yet submitted	
	Queen Anne's	1-2/10	5/10	Not yet submitted	
	Caroline	1-2/10	5/10	6/10	
	Talbot	1-2/10	5/10	Not yet submitted	
Lower Shore	Dorchester	1-2/10	5/10	Not yet submitted	
	Wicomico	1-2/10	5/10	6/10	
	Worcester	1-2/10	5/10	Not yet submitted	

Region	Jurisdiction	Training Period	Orientation Meeting	Strategic Plan Submitted	TA from Casey Family Programs Consultants
	Somerset	1-2/10	5/10	Not yet submitted	
Central	Montgomery	2-3/10	4/10	5/10	
	Howard	2-3/10	4/10	5/10	
	Anne Arundel	2-3/10	4/10	5/10	
	Prince George's	2-3/10	4/10	Not yet submitted	
Northern	Baltimore	4-5/10	5/10	Not yet submitted	
	Harford	4-5/10	5/10	6/10	
	Cecil	4-5/10	5/10	Not yet submitted	

### Participant Evaluation of Training

At the end of each FCP training session, participants were presented with a feedback form and were asked to evaluate the training. Participants read a series of statements about their satisfaction with the training and rated each statement on a four point scale from “strongly disagree” to “strongly agree.” For the purposes of this report, the percentage of participants from each region rating an item either “agree” or “strongly agree” is presented in **Table 3**. Select items are presented here for brevity; a copy of the full evaluation form is included as Appendix A. Overall, feedback from trainees was very positive and the training was well received in local departments across the state.

**Table 3. Participant Evaluation of Family Centered Practice Training, by Region**

	Baltimore City	Western	Southern	Central	Northern	Lower Shore	Upper Shore
	<b>% agree or strongly agree</b>						
I can identify the core <u>beliefs</u> of Maryland's FCP model.	98	100	97	97	97	100	100
I can identify the core <u>strategies</u> of Maryland's FCP model.	98	98	96	97	98	100	100
The training content will be helpful in my day to day practice with families.	97	92	95	95	91	98	96

	Baltimore City	Western	Southern	Central	Northern	Lower Shore	Upper Shore
	<b>% agree or strongly agree</b>						
<b><i>After attending this training, I feel better prepared to...</i></b>							
Engage family members, resource providers, resource families and community members.	96	88	98	93	88	99	94
Use family and team input to conduct ongoing assessments of family strengths and resources.	97	89	97	93	88	99	94
Identify service interventions with families to develop capacity and resources.	95	88	95	91	89	99	94
Provide ongoing monitoring and reassessment of families' strength and resources.	96	89	94	92	88	99	94
<b><i>After attending this training, I have a better understanding of...</i></b>							
The principles of Place Matters in Maryland	95	88	95	94	89	100	96
Using families' strength and expertise in case planning.	97	91	97	95	90	99	98
Respecting cultural sensitivity in my work with families.	97	89	97	94	91	99	98
How my culture, beliefs, and biases may influence my work with families	96	90	98	95	92	98	98
The differences between adversarial and family centered practice approaches	98	91	96	94	91	100	96

## **Engagement of Stakeholders**

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DHR/SSA has made significant efforts to engage providers and stakeholders in the FCP implementation process. During the second half of the year, eight provider training sessions were held across the state (in Baltimore City, Towson, Glen Burnie, Hagerstown, Columbia, and Timonium). A total of 163 foster care provider staff were trained as of June 30, 2010 and trainings continue into the next year.

Stakeholders have also participated in the monthly FCP Oversight Committee meetings including representatives from the provider and foster parent advocacy community, the legal system, and advocacy groups.

## Survey of Workers' Perceptions of Organizational Climate, Agency Effort, and Attitudes toward Family Centered Practice

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An online survey was administered to child welfare staff at each local jurisdiction prior to training to assess staff perceptions of their jurisdiction's organizational climate, their perceptions of their agency's FCP efforts, and their personal attitudes toward family centered practices (see Appendix B). A total of 810 workers (caseworkers, supervisors, and agency administrators) statewide completed the survey between July, 2009 and March, 2010. The survey was emailed directly to LDSS staff by the each agency director and timed to coincide with the beginning of the staff training period. Given an approximate child welfare workforce of 1,834, the response rate for the survey was 44%.

### ***Organizational Climate and Extent of Agency Effort toward FCP***

Two measures included in the survey — a measure of current agency efforts and a measure of organizational climate — give us an indication at baseline of the extent to which staff feel their agency is presently using components of family-centered practice principles, and the extent to which they feel their agency is willing and likely to embrace change and innovative practices. **Table 4** presents each region's mean score on the five subscales of the organizational climate measure used in the survey: supervisory support, innovation and flexibility, outward focus, formalization, and tradition. These domains are measured on a 4-point rating scale (see Appendix B for details about this measure). The mean scores presented here are color-coded to indicate whether the region's result on that domain is likely to serve as a strength or as a challenge to the implementation of FCP within that region. Scores of 3.5 to 4.0, coded green, indicate a strength and scores below 2.5, coded red, indicate a challenge. (Scores of 2.5 to 3.4 are intermediate levels and are coded yellow.) For example, a strong sense of supervisory support and an openness to innovation could be advantageous characteristics for a local department implementing a new practice model, and so a high score (3.5 or higher) on those domains would be considered a strength and would be indicated by a green cell. Formalization and tradition, by contrast, might present challenges to the implementation of FCP if they impede the acceptance of a new model of work in the agency and so a high levels on those domains would be considered a challenge that might need to be overcome, and would be indicated by a red cell. (All subscales are scored or reverse-scored as needed so that they can all be interpreted in the same direction on the table below: the higher the score, the more favorable it is for the acceptance and implementation of FCP.)

As the shown in Table 4, no region has an average score that exceeds 3.5 on any of the domains; at this level of aggregation (i.e., by region), organizational climate does not stand out as a particular strength for the likelihood of adoption of FCP in Maryland. The data from the

individual jurisdictions (data not shown here), however, shows that several individual counties have mean scores above 3.5 (i.e., areas of strength) on some of the domains.

**Table 4. Organizational Climate Measure (Patterson, et al., 2004), Mean Scores by Region**

	Region						
	Baltimore City	Western	Southern	Central	Northern	Lower Shore	Upper Shore
<b>Organizational Climate (scale 1-4)</b>							
<i>Supervisory Support</i>	2.8	3.0	3.0	3.1	3.3	3.3	3.3
<i>Innovation and Flexibility</i>	2.2	2.5	2.6	2.5	2.9	2.9	2.9
<i>Outward Focus</i>	2.7	3.0	3.4	3.0	3.3	3.4	3.3
<i>Formalization</i>	3.1	3.1	3.2	3.0	2.9	3.0	3.2
<i>Tradition</i>	2.8	2.7	2.6	2.4	2.8	2.9	2.8

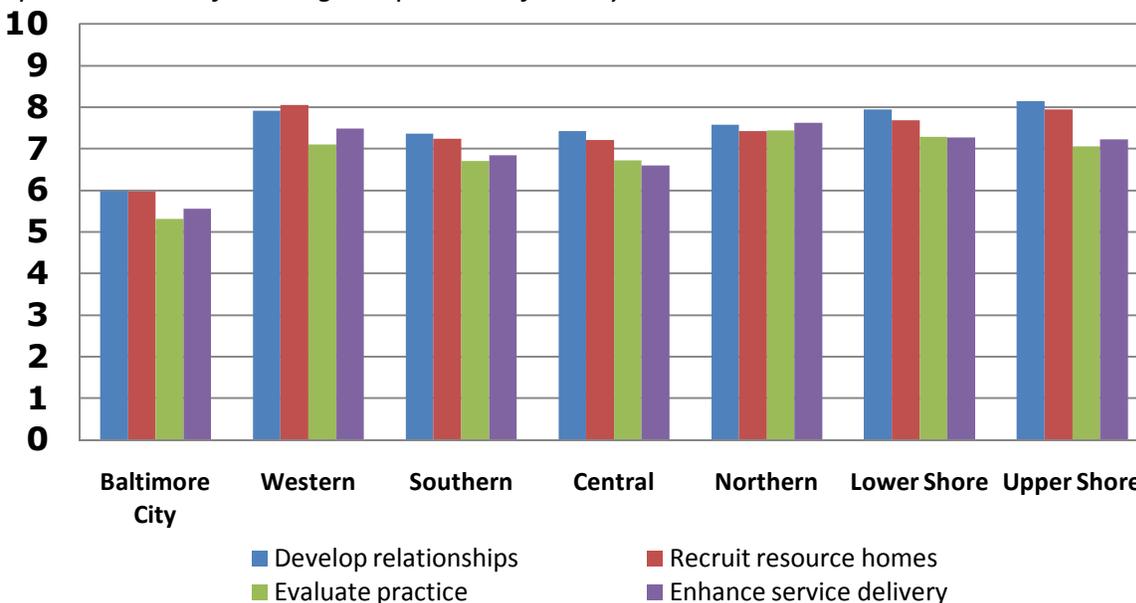
Score	Implication for the Implementation of FCP
3.5-4.0	A strength that may facilitate implementation
2.5-3.4	
<2.5	A possible challenge to implementation

***Worker’s Perception of Agency Effort***

Survey respondents were asked to rate their local department’s level of effort on four of the five core strategies in Maryland’s FCP model: developing relationships with community partners, recruiting and retaining resource homes, evaluating practice, and enhancing service delivery. (Actual effort on the fifth core strategy, Family Involvement Meetings, is reported beginning on page 14.) Overall, respondents rated their agencies as medium-high (all regions had a mean score above 5, on a scale of 1 to 10) and tended to rate them similarly across practice areas. **Figure 2** and **Table 5** present results from this measure, by region.

**Figure 2. Workers' Perception of Agency Effort (scale 0-10)**

*“On a scale of 0-10 identify the extent to which your local department of social services has implemented the following components of Family Centered Practice.”*



**Table 5. Workers' Perceptions of Agency Effort (scale 0-10)**

*“On a scale of 0-10 identify the extent to which your local department of social services has implemented the following components of Family Centered Practice.”*

Core Strategy	Baltimore City	Western	Southern	Central	Northern	Lower Shore	Upper Shore
Develop relationships with community partners	6.0	7.9	7.4	7.4	7.6	8.0	8.2
Recruit and retain kinship and resource homes	6.0	8.1	7.2	7.2	7.4	8.7	7.9
Internally evaluate own practice	5.3	7.1	6.7	6.7	7.4	7.3	7.1
Develop policies and practice to enhance service delivery	5.6	7.5	6.9	6.6	7.6	7.3	7.2

**Workers' Attitudes toward Family-Centered Principles and Practice Innovations**

The online survey that was administered to child welfare staff at each local jurisdiction prior to the start of FCP training also contained measures of individual workers' attitudes toward family-centered principles and evidence-based practice (see Appendix B). Positive attitudes toward an intervention or change suggest a greater likelihood that the intervention would be adopted by individual workers and so these data provide an indication of how accepting the workforce may

be of family-centered principles. Mean scores on measures of attitudes toward family-centered approaches to child welfare are summarized in **Table 6**. This measure is color-coded similarly to the organizational climate measure; cells in red indicate a domain that is likely to present a challenge to implementation of FCP, and cells in green indicate a domain that is likely to be a strength to implementation

Results from this measure indicate that workers hold very favorable attitudes toward family-centered practice; they are receptive to the core principles of FCP and may be willing to integrate them in their ongoing case practice.

**Table 6. Family Centered Service Questionnaire (Craft-Rosenberg & Kelley, 2006) (scale 1-4)**

Worker's Attitudes Toward.....	Baltimore City	Western	Southern	Central	Northern	Lower Shore	Lower Shore
<b>Mutual Trust</b> <i>...establishing personal relationships with each member of the family, hearing and respecting each member, and sharing crucial information with the family as well as asking them for information</i>	3.5	3.5	3.7	3.5	3.6	3.7	3.6
<b>Shared Decision Making</b> <i>...the active involvement of and collaboration with the family in decision making regarding planning and services for the client.</i>	3.6	3.6	3.9	3.6	3.7	3.6	3.7
<b>Reciprocal Relationships</b> <i>...treating clients and families with dignity and respect, and in hearing and understanding the individual needs and beliefs of each family.</i>	3.8	3.8	3.9	3.8	3.8	3.8	3.9
<b>Facilitation of Family Participation in Service</b> <i>...seeing family members as mutual partners in the planning and carrying out of services, and respecting them as experts on their own family's needs.</i>	3.6	3.6	3.7	3.6	3.6	3.6	3.7
<b>Strengths-Based Practice</b> <i>...identifying and utilizing individuals and families' strengths through experiences that enhance feelings of control and independence.</i>	3.6	3.7	3.9	3.7	3.8	3.7	3.8
<b>Interdisciplinary Teamwork</b> <i>...ensuring family-centered practice is comprehensive, integrated, and across disciplines by including referrals and community advocacy.</i>	3.6	3.7	3.7	3.7	3.8	3.8	3.7
<b>Cultural Competency and Sensitivity</b> <i>...demonstrating respect for persons of diverse racial, ethnic, and cultural backgrounds.</i>	3.6	3.6	3.8	3.7	3.7	3.6	3.6

Score	Implication for the Implementation of FCP
3.5-4.0	A strength that may facilitate implementation
2.5-3.4	
<2.5	A possible challenge to implementation

## **Process Evaluation Key Findings & Recommendations**

### ***Findings:***

- Training sessions were successful in reaching almost all (98%) of all staff across the state with positive feedback on training content, delivery, and applicability to practice.
- Stakeholders were engaged in the process through provider training and FCP Oversight Committee.
- Orientation meetings were conducted with all local jurisdictions.
- Workers hold very positive attitudes toward family-centered practice and principles, but the organizational climate of the jurisdictions they work in may present some challenges to the implementation of FCP.

### ***Next steps:***

- Focus groups are planned to coincide with the implementation of each local jurisdiction's strategic plan. A protocol for conducting regional focus groups during FY2011 has been approved by the University of Maryland Institutional Review Board. Focus groups in Baltimore City and the Western and Southern regions will take place during the first quarter of FY11. The purpose of the focus groups is to gather qualitative feedback from case-load carrying staff on the implementation of FCP across the five core practice strategies. Data gathered during the focus groups will be used to inform the strategic planning efforts and evaluate changes in institutional practice related to the implementation of FCP.

### ***Recommendations:***

- A clear plan for provision of technical assistance should be developed in conjunction with each local jurisdiction.
- The oversight committee should be engaged to oversee the development, approval, and implementation of strategic plans.
- Feedback mechanisms for implementation strategies should be developed following implementation planning at the local level.
- Jurisdictions should consider how aspects of their organizational climate might present a barrier to the implementation of FCP and develop strategies for overcoming those barriers.

## Practice Evaluation

The purpose of the practice evaluation is to evaluate fidelity to the FCP model and changes in practice related core values and strategies. Specific research questions related to the practice evaluation include:

- Is FCP associated with an increase in Family Involvement Meetings (FIMS) overall?
- Is FCP associated with an increase in FIMS at specific triggers?
- Is FCP associated with an increase in the number of out-of-home placements diverted after a FIM?
- Are workers integrating FCP principles into their work with families?
- Is FCP associated with improvements in practice as measured by the Local Supervisory Review Instrument (LSRI)?

The practice evaluation component includes measuring fidelity to the FCP model in terms of: (1) Family Involvement Meetings (FIMS); and (2) efforts to engage family members in assessment, planning, and intervention. Focus groups with staff are planned for the next fiscal year.

### Family Involvement Meetings (FIMS)

In an effort to document current practice and changes to practice related to FIMS following FCP implementation, local jurisdictions are required to submit aggregate reports of FIMS conducted, related triggers, family and community participants, and child placement outcomes after FIMs. Data from these reports is aggregated quarterly and will serve as baseline data and inform strategic implementation plans. **Table 7** summarizes data collected on FIMS from July 1, 2009 through February 28, 2010 (the latest month for which data were available at the time of this report).

**Table 7. Summary of Family Involvement Meeting (FIM) Activity by Jurisdiction, July 1, 2009-February 28, 2010**

	Baltimore City	Western	Southern	Lower Shore	Upper Shore	Central	Northern
<b>Number of Family Involvement Meetings Completed</b>	431	205	236	173	110	764	600
<b>Number of Children Involved in FIMs</b>	723	423	257	213	188	1124	781
<b>Type of Program Assignments</b>							
<i>Investigation</i>	190	84	65	23	26	261	177
<i>In-Home Services</i>	146	57	35	43	38	115	97
<i>Out-of-Home Services</i>	95	154	131	88	43	318	145

	Baltimore City	Western	Southern	Lower Shore	Upper Shore	Central	Northern
<i>Subsidized Guardianship</i>	0	3	0	2	0	1	0
<i>Independent Living</i>	0	1	9	2	1	59	169
<i>Adoption</i>	0	2	0	10	2	9	12
<b>Total</b>	431	301	240	168	110	763	600
<b>Type of Triggers for FIMs Completed</b>							
<i>Removal/Considered Removal</i>	340	132	117	68	53	332	256
Prior to Removal	187	98	101	47	46	241	159
After Removal	153	37	20	18	9	92	97
<i>Placement Change</i>	64	89	46	59	21	239	277
Emergency Placement Change	13	32	16	11	6	106	87
Planned Placement Change	51	57	31	48	15	133	190
<i>Permanency Change</i>	27	49	49	20	20	49	23
<i>Youth Transitional Plan</i>	0	20	28	14	8	93	21
<i>Voluntary Placement Agreement</i>	0	19	1	2	3	41	23
<b>Total</b>	431	293	241	163	107	752	600
<b>Number of OHP Diverted after FIM</b>	525	171	138	86	97	436	245
<b>Number of In-Home Services Referrals</b>	234	131	95	57	77	184	227
<b>Number of Children Remaining with Parents After FIM</b>	273	130	67	74	103	346	147
<i>Number Remaining with Parents</i>	269	114	59	61	92	306	115
<i>Number Placed with Parents</i>	4	19	8	12	13	40	32
<b>Number of Children Placed with Relatives After FIM</b>	197	75	77	43	53	150	184
<i>Number Diverted with Relatives</i>	192	57	45	31	44	112	130
<i>Number Placed with Relatives</i>	5	25	32	11	9	37	54
<b>Number of Parent/Legal Guardian Participants</b>	523	380	222	161	152	712	628
<b>Number of Child/Youth Participants</b>	264	162	132	93	59	549	386
<b>Number of Relative Participants</b>	515	357	274	212	140	633	761
<b>Number of Service Providers/Community Participants</b>	560	592	299	265	233	1110	799
<b>Number of Foster Parent Participants</b>	45	159	80	68	42	152	106
<b>Number of Private Provider Participants</b>	64	48	35	103	13	255	242

### **Efforts to Engage Family Members in Assessment, Planning, and Intervention**

Several approaches are used to assess workers' efforts to engage family members in assessment, planning, and intervention. The Local Supervisory Review (LSR) instrument is

completed on a random sample of cases statewide monthly. Preliminary results from the LSR for the period July 1 – December 30, 2009 are presented in **Table 8**.

Reports of FIMS (presented in **Table 7**) also provide information on the number of family and community participants in the FIM process.

As part of DHR/SSA's Quality Assurance efforts, a research informed case review instrument is being developed to help identify and clarify possible *underlying* causes for child welfare outcomes across the state of Maryland. The DHR/SSA QA group in collaboration with UMB/SSW researchers is developing the case review instrument which will provide for more in depth analysis of caseworker practices related to FCP core values. The case review process will be pilot tested in two jurisdictions the latter half of 2010 and revised to incorporate improvements before full implementation across the state. It is unlikely that these data would be available statewide for use before the FCP evaluation period ends, however.

**Table 8. Case Practice by Region, measured by Local Supervisory Report (LSR) Scores**

	Baltimore City	Western	Southern	Lower Shore	Upper Shore	Northern
<b><i>In-Home</i></b>	<b>N=43</b>	<b>N=65</b>	<b>N=48</b>	<b>N=67</b>	<b>N=35</b>	<b>N=80</b>
<i>Assessment</i>	90	94	87	86	90	86
<i>Planning</i>	89	91	77	79	91	85
<i>Intervention</i>	93	94	88	88	98	93
<i>Services</i>	86	91	79	78	94	86
<i>Re-Evaluation</i>	79	90	74	80	92	73
<b><i>Out-of-Home</i></b>	<b>N=131</b>	<b>N=87</b>	<b>N=31</b>	<b>N=33</b>	<b>N=16</b>	<b>N=84</b>
<i>Assessment</i>	93	91	93	89	93	90
<i>Planning</i>	89	91	90	78	97	86
<i>Intervention</i>	88	89	85	86	87	83
<i>Services</i>	78	83	81	87	79	77
<i>Re-Evaluation</i>	86	89	84	78	91	80
<b><i>APPLA</i></b>	<b>N=29</b>	<b>N=19</b>	<b>N=11</b>	<b>N=24</b>	<b>N=8</b>	<b>N=19</b>
<i>Assessment</i>	83	86	88	85	86	80
<i>Planning</i>	91	81	94	85	96	84
<i>Connections</i>	92	95	96	89	94	96
<i>Intervention</i>	94	86	98	89	100	90
<i>Services</i>	76	75	77	84	79	82
<i>Transition</i>	100	100	100	100	100	100
<i>Reevaluation</i>	79	64	77	76	74	84
<i>Aftercare</i>	50	50	33	33	50	46

Rating	Score on LSR Instrument
Strength	90-100
Area Needing Improvement	89 and below

## **Practice Evaluation Key Findings & Recommendations**

### ***Findings:***

- Small sample sizes for local LSR data limit ability to interpret or generalize findings (new sampling strategies are being implemented).
- There is variability across jurisdictions in the use of FIMS for various triggers.
- The quality of FIM reporting is not consistent across jurisdictions.

### ***Recommendations:***

- Mechanisms for capturing family engagement are needed. Quality Assurance case reviews will include measures of family engagement; however, it is unlikely that these data will be available statewide during the FCP evaluation period.
- FIM reporting standards and consistent policy regarding triggers may be needed across the state.
- Participant satisfaction with the FIM process should be regularly collected in a standardized format.
- More information on the FIM process is needed to make meaningful conclusions about out-of-home placement diversions and inclusion of family members.

## Outcome Indicators

The purpose of focusing on outcome indicators is to determine changes in youth and families' safety, permanency, and well being associated with the implementation of FCP. Indicators are aligned with *Place Matters* success indicators related to family centered practice. Performance indicators included in this evaluation are: (1) the number of children in out-of-home care; (2) length of time in out of home care; (3) the percent of children in out-of-home care who are in family homes; and (4) the percent of children in out-of-home care who are placed with siblings.

Data on these indicators is compiled monthly and quarterly. For the purposes of this evaluation and report, the baseline period of December, 2009 is selected. Baseline data is presented in **Table 9**. Data will be analyzed at 6 and 12 months following the conclusion of training in each jurisdiction.

**Table 9. Success Indicators related to Family Centered Practice, December, 2009**

	Jurisdiction	Children in out-of-home care*	Median time in out- of-home care in months <sup>†</sup>	% Children in Family Homes <sup>‡</sup>	%Children in out-of-home care placed w/ siblings
<b>Baltimore City</b>	Baltimore City	4,946	47	82%	61%
<b>Western</b>	Allegany	99	13	88%	81%
	Carroll	37	12	51%	36%
	Frederick	175	20	69%	66%
	Garrett	55	17	78%	50%
	Washington	191	16	74%	81%
<b>Western Region</b>		557 total	16	72%	63%
<b>Southern</b>	Calvert	60	30	83%	93%
	Charles	113	19	79%	58%
	St. Mary's	98	26	78%	85%
<b>Southern Region</b>		271 total	25	80%	79%
<b>Upper Shore</b>	Kent	18	32	83%	50%
	Queen Anne's	20	32	85%	100%
	Talbot	30	37	77%	75%
	Caroline	34	11	79%	100%
<b>Upper Shore</b>		102 total	28	81%	81%
<b>Lower Shore</b>	Dorchester	29	32	55%	22%
	Wicomico	74	46	59%	32%
	Worcester	35	30	89%	87%
	Somerset	45	28	78%	50%

\* Children in any out-of-home placement

<sup>†</sup> Of all children in care in the month, what was the median length of stay in months from the data of most recent entry into out-of-home care until December, 2009.

<sup>‡</sup> Does not include trial home visits

	Jurisdiction	Children in out-of-home care *	Median time in out- of-home care in months †	% Children in Family Homes ‡	%Children in out-of-home care placed w/ siblings
<b>Lower Shore</b>		183 total	34	70%	48%
<b>Central</b>	Montgomery	546	19	70%	66%
	Howard	64	27	56%	55%
	Anne Arundel	158	27	55%	48%
	Prince George's	599	31	67%	68%
<b>Central</b>		1,367 total	26	62%	59%
<b>Northern</b>	Baltimore	594	27	64%	64%
	Harford	284	20	72%	79%
	Cecil	125	17	81%	93%
<b>Northern</b>		1,003 total	21	72%	58%
<b>STATEWIDE</b>		8,429 total	28	74%	64%

### Outcome Indicators Key Findings & Recommendations:

- Due both to the design of this evaluation and to the fact that there are other state initiatives that are being implemented that may also impact child welfare and out-of-home placement, one cannot conclude that any improvements in these child welfare outcomes, measured pre- and post-FCP implementation, are causally associated with the rollout of FCP.
- Local jurisdictions may need technical assistance related to using data to inform and improve practice at the organization and case levels.

**Appendix A**  
FCP Staff Training Feedback Form

**Location:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Trainer 1:** \_\_\_\_\_

**Trainer 2:** \_\_\_\_\_

1. With what local DSS are you affiliated? \_\_\_\_\_
2. How long have you worked for DSS?  Less than 1 year  1-3 years  4-6 years  7-9 years  10-12 years  13+ years

<i><b>Please place an X in the box that best describes how much you agree or disagree with the following statements:</b></i>	<b>Agree Strongly</b>	<b>Agree</b>	<b>Disagree</b>	<b>Disagree Strongly</b>
3. The training objectives were identified.				
4. The training objectives were achieved.				
5. I can identify the core <u>beliefs</u> of Maryland's Family Centered Practice model.				
6. I can identify the core <u>strategies</u> of Maryland's Family Centered Practice model.				
<i><b>After attending this training, I have a better understanding of...</b></i>				
7. The principles of Place Matters in Maryland.				
8. Using families' strengths and expertise in case planning.				
9. Respecting cultural sensitivity in my work with families.				
10. How my culture, beliefs, and biases may influence my work with families.				
11. I have a better understanding of the differences between adversarial and family centered practice approaches.				
<i><b>After attending this training, I feel better prepared to...</b></i>				
12. Engage family members, resource providers, resource families and community members.				
13. Use family and team input to conduct ongoing assessments of family strengths and resources.				
14. Identify service interventions with families to develop capacity and resources.				
15. Provide ongoing monitoring and reassessment of families' strengths and resources.				

<b><i>Please place an X in the box that best describes how much you agree or disagree with the following statements:</i></b>	<b>Agree Strongly</b>	<b>Agree</b>	<b>Disagree</b>	<b>Disagree Strongly</b>
16. The training content will be helpful in my day-to-day practice with families.				
17. The handouts/materials enhanced my learning.				
18. The audio/visual aids enhanced my learning.				
19. The training was interesting and held my attention.				
20. The time allotted for the training was sufficient.				
21. The training met my expectations.				
22. The trainer(s) encouraged the exchange of ideas and experiences.				
23. The trainer(s) asked and encouraged questions which assisted my learning.				
24. The trainer demonstrated a professional level of knowledge and competence related to the topic.				
25. The trainer met my expectations.				
26. The trainer(s) did NOT meet my expectations.				

**27. What changes, if any, would you suggest for this training?**

**28. Identify any barriers that might prevent you from implementing Family Centered Practice:**

**29. Additional comments:**

## Appendix B

### Data Sources

The evaluation assessment of Maryland's FCP initiative is enhanced by data collected as part of regular agency practice and supplemented by targeted case record reviews and a survey of local department staff attitudes towards FCP. Data sources include:

1. **Local Supervisory Review (LSR).** Completed by supervisors on a randomly selected sample of cases each month. Data are analyzed quarterly.
2. **Report of Family Involvement Meetings.** Provided to DHR/SSA monthly by LDSS directors; tracks FIMS conducted by LDSS. Data are compiled quarterly.
3. **Case Record Review.** As part DHR/SSA's Quality Assurance collaborative, a research informed case review instrument is being developed to help identify and clarify possible *underlying* causes for child welfare outcomes across the state of Maryland. UMB/SSW researchers are developing the case review instrument which will provide for more in depth analysis of caseworker practices related to FCP core values.
4. **Family and Youth Feedback.** Family engagement will be assessed as part of the case review system. Youth engagement will be assessed as part of the Youth Engagement Model (YEM) development.
5. **Survey of Attitudes and FCP Practices.** An online survey is administered to all local department staff prior to FCP training to measure organizational climate, attitudes and practices related to FCP. Survey data will be collected at baseline and at 6 and 12 months. Validated scales used in the survey include:

#### **Organizational Climate Measure (OCM)**

Patterson, M.G., West, M.A., Shackleton, V.J., Dawson, J.F., Lawthom, R., Maitlis, S., Robinson, D.L., Wallace, A.M. (2005). Validating the organizational climate measure: Links to managerial practices, productivity and innovation. *Journal of Organizational Behavior*, 26, 379 – 408.

The OCM measures employees' perceptions of the effectiveness of their work environment. The OCM was developed based on the competing values model which recognizes the existence of opposing values within organizations. These opposing values are subsequently reflected in the organization's outcomes and its means by which to attain them. The OCM can effectively discriminate between organizations allowing the examination of specific aspects of the climate and organizational effectiveness. The OCM comprises 17 distinct subscales, and it can be used in whole or in part by selecting only those subscales applicable to the research study. The following subscales were selected for use in *this* study based on organizational barriers impacting implementation of new innovation identified in the literature: Supervisory Support ( $\alpha=.88$ ), Innovation and Flexibility ( $\alpha=.86$ ), Outward Focus ( $\alpha=.83$ ), Formalization ( $\alpha=.77$ ), and Tradition ( $\alpha=.73$ ). The response scale for each item is: 1 = definitely false, 2=mostly false, 3=mostly true, and 4=definitely true. The scores under each subscale are averaged and the higher the score, the more that workers feel that the particular attribute exists within their agency.

#### **Family-Centered Care Questionnaire (FCCQ)**

Craft-Rosenberg, M., Kelley, P. & Schnoll, L. (2006). Family centered care: Practice and preparation. *Families in Society*, 87, 17- 26.

The FCCQ is a 39- item scale asking participants to rate the extent to which they practice the principles or concepts of family-centered care. The 5-point Likert scale ranges from 1=never, 2=occasionally, 3=usually, 4=almost always, and 5=not applicable or uncertain. The 39 items on the questionnaire address the key concepts of family-centered practice including: mutual trust and reciprocal relationships, shared decision-making and family participation in services, strengths-based practice, interdisciplinary teamwork, and cultural competence. The higher the score, the more that workers feel that the particular attribute exists within their agency.