



Ruth H. Young Center
for Families and Children

UNIVERSITY OF MARYLAND SCHOOL OF SOCIAL WORK

Ruth H. Young Center for Families and Children

525 West Redwood Street, Baltimore, Maryland 21201 - 410.706.3014

Quality Assurance Processes in Maryland Child Welfare

3rd Annual Child Welfare Accountability Report

Diane DePanfilis, Ph.D., MSW
Principal Investigator

Nina Esaki, Ph.D., MSW, MBA
Co-Principal Investigator

Gillian Gregory, MSW
Research Specialist

R. Anna Hayward, Ph.D., MSW
Co-Principal Investigator

Terry V. Shaw, Ph.D., MSW, MPH
Co-Principal Investigator

December 2009



UNIVERSITY OF MARYLAND
SCHOOL OF SOCIAL WORK



Maryland Department of Human Resources
Social Services Administration



Acknowledgements

This report was compiled by faculty and staff at the University of Maryland, School of Social Work's Ruth H. Young Center for Families & Children (RYC) in partnership with staff at the Department of Human Resources, Social Service Administration (DHR/SSA).

Diane DePanfilis, Sarah Kaye, and Terry V. Shaw managed the interagency agreement for the Quality Assurance process. Gillian Gregory led the Local Supervisory Review process and Foster Parent Survey. Anna Hayward oversaw the Family Centered Practice evaluation component. Nina Esaki assisted with the preparation of this report.

Carnitra White, Richard Larson, David Ayer and Linda Carter at DHR/SSA guided the activities related to the Quality Assurance process.

The Quality Assurance unit at DHR/SSA includes Linda Carter, Shirley Brown, Josephine Lambert, Dee Ritterpusch, and Jewel Wilson.

FOR MORE INFORMATION:

Diane DePanfilis, Ph.D., MSW
Professor, Associate Dean for Research
Director, Ruth H. Young Center for Families and Children
University of Maryland School of Social Work
525 W. Redwood Street, Baltimore, MD 21201
410-706-3609 (office), 410-706-1346 (fax)
ddepanfilis@ssw.umaryland.edu

Table of Contents

Acknowledgements	i
Table of Contents	1
Executive Summary	2
Highlighted Accomplishments in 2009.....	2
Priorities in 2010	2
Introduction	4
Overview of the Maryland Quality Assurance System	4
Local Supervisory Review	5
Next Steps: LSR.....	8
Maryland Foster Parent Survey	8
Next Steps: Foster Parent Survey	10
Evaluating Family Centered Practice in Maryland	10
Family Centered Practice in Maryland	11
Evaluation Components.....	11
Next Steps: Evaluation Family Centered Practice in Maryland.....	14
Data-Driven Staffing Allocation	14
Safety and Risk Based Categories.....	14
Continued Monitoring of Risk and Safety.....	14
Next Steps: Data Driven Caseload Calculation	16
References	17
Appendix A: Data Driven Caseload Calculation Processes	18

Executive Summary

The goal of the projects encompassed in the Child Welfare Accountability Act is to improve the efficiency and effectiveness of child welfare services in Maryland. The Maryland Quality Assurance (QA) unit does this through the evaluation of quality assurance processes and system implementation processes in Maryland child welfare. Although Maryland has mechanisms in place to successfully achieve objectives of a comprehensive Quality Assurance system, it has yet to realize its full potential for identifying strengths and needs and providing a framework for meaningful program and systems improvement.

Highlighted Accomplishments in 2009

- DHR/SSA in collaboration with the RYC implemented a revised Local Supervisory Review (LSR) process that responded to 2008 recommendations through automated data collection, improved sampling strategy, training for local departments, and integrated QA data collection with clinical supervision (see Local Supervisory Review).
- RYC provided DHR/SSA and local departments with aggregate data on caseworker quality of practice through the LSR process (see Local Supervisory Review).
- RYC in collaboration with DHR/SSA developed and implemented a survey to solicit feedback on Maryland foster parents' perceptions of the training and supports available to them through DHR/SSA (see Maryland Foster Parent Survey).
- RYC developed a comprehensive evaluation plan for Maryland's Family Centered Practice model of service delivery (see Evaluating Family Centered Practice in Maryland).
- DHR/SSA developed a revised Quality Assurance Process for Maryland based on experiences in 2008 and subsequent recommendations by the RYC (see Overview of the Maryland Quality Assurance System).

Priorities in 2010

In the past two years, Maryland's Quality Assurance system has improved and now has the ability to critically examine issues pertaining to quality of child welfare practice through improvements in the quality of state-wide data in the

MD CHESSIE system and increasing use of data to drive policy and programmatic decisions. Other components of an enhanced system have included implementation of the improved Local Supervisory Review (LSR) process and ongoing implementation of the Foster Parent Survey. However, the QA system needs further development to use these data to drive continuous program improvement in Maryland. The following priority areas should be targeted in 2010:

- Implement the newly designed Quality Assurance Process (see Overview of the Maryland Quality Assurance System).
- Evaluate the revised LSR process in practice and assess the supervisory review data to inform ongoing development of this process (see Next Steps: Local Supervisory Review).
- Continue the Foster Parent Survey in order to provide ongoing recommendations for foster parent recruitment and retention (see Next Steps: Foster Parent Survey).
- Evaluate the ongoing implementation of Family Centered Practice in Maryland, including documenting changes to outcomes (see Next Steps: Evaluation Family Centered Practice in Maryland).
- Continue to monitor the completeness of data elements related to safety and risk assessments (see Next Steps: Data Driven Caseload Calculation).
- Build the capacity of local departments to be sophisticated users of data to inform program development.

Introduction

The Child Welfare Accountability Act of 2006 increased legislative oversight of the Maryland Quality Assurance processes in child welfare. The Act also provides a framework for the Department of Human Resources Social Services Administration (DHR/SSA) to partner with the University of Maryland, Baltimore, School of Social Work (UMB/SSW), Ruth H. Young Center for Families and Children (RYC) to develop and refine the Maryland Child Welfare Quality Assurance (QA) process.

The purpose of the Quality Assurance unit within DHR/SSA is to evaluate Quality Assurance processes in Maryland and to make recommendations for improvement. During the 2009 calendar year, RYC research staff actively participated in the QA process, providing ongoing technical assistance and recommendations for process improvements.

This report presents the results of the QA initiatives for calendar year 2009. It was written by faculty and staff at RYC and reviewed by administrators at DHR for presentation to the Maryland State Legislature.

A separate companion report, *Maryland Child Welfare Performance Indicators: 3rd Annual Child Welfare Accountability Report*, describes Maryland's performance on the outcome and performance measures outlined by the Child Welfare Accountability Act.

Overview of the Maryland Quality Assurance System

Based on recommendations from the QA Collaborative in 2008, most of 2009 was devoted to a substantial redesign of the Maryland Child and Family Services Review (MD-CFSR) process. DHR/SSA reorganized their QA unit and developed an outline for a new QA Process to better meet the needs of the organization. The DHR/SSA – Local Department of Social Services (LDSS) Continuous Quality Improvement (CQI) Process is designed to improve outcomes for children and families served by the Maryland child welfare system, utilizing a collaborative DHR/LDSS partnership to evaluate current outcomes, assess areas of strengths and areas needing improvement, and develop and monitor a plan to improve outcomes for children and families.

The major components of the CQI Process are the Quality Assessment Review (QAR), the Targeted QA Review, and the Continuous Quality Improvement Plan (CQI Plan). The LDSS develops the QAR through a

process of self-assessment, data analysis, and local stakeholder focus groups. The Targeted QA Review includes case reviews and an on-site review, both based on the QAR and led by DHR/SSA QA staff. The CQI Plan is developed by the LDSS (in consultation with DHR/SSA) and uses the QAR and the Targeted QA Review as its basis, and includes strategies to improve outcomes and target goals. The CQI Plan will be designed to implement and measure changes over a three year period, and will be monitored on a semi-annual basis.

The new QA system addresses RYC recommendations for process improvement by providing a structure for:

- careful reflection on each department's strengths and areas needing improvement,
- in-depth reviews of specific cases to assess quality of services provided,
- integration of the perspectives of internal and external stakeholders, and
- data-driven needs and strengths assessments that are used for ongoing program improvement.

The main components of the revised QA system in Maryland provide the structure necessary to successfully achieve each of these objectives. QA activities must accurately assess the quality of services delivered in local departments and the results must be incorporated into a feedback loop in a timely manner in order to provide a basis for ongoing program and practice improvements.

Advances have been made in 2009 to build upon QA activities over the past two years, and 2010 will be a critical year to implement this revised QA system. Significant progress made on other projects that will be incorporated in the new DHR/SSA – LDSS Continuous Quality Improvement Process is covered in the remainder of this report. When relevant, findings and recommendations from the 2008 review with improvements that were implemented in 2009 are presented. The final chapter of this report reviews progress made in 2009 for use of data to estimate staffing needs for in-home services.

Local Supervisory Review

SSA developed the Local Supervisory Review (LSR) process to provide supervisors a standardized instrument to assess caseworker's quality of practice toward achieving child welfare outcomes of safety, permanency,

and well-being. The original instrument was implemented in January 2007 and was revised based on stakeholder feedback to reflect a stronger emphasis on quality of practice. The new instrument was piloted in November 2007 and changes were made as the result of recommendations made by the pilot sites. The final version was automated and placed on DHR's intranet for State-wide use as of November 2008. After the initial round of data collection and instrument critique, the LSR was further improved in 2009.

LSR Findings from 2008

An updated supervisory review instrument was created in 2008 that achieved many of the recommendations made in 2007. In an effort to incorporate QA activities into everyday practice, the new instrument had a broader scope than the original instrument while continuing to provide data about the quality of services provided to support the child welfare outcomes of safety, permanency, and well-being. It also provides supervisors with a standardized instrument to assess caseworkers' quality of practice. LSR training began in October 2008 with jurisdictions beginning to use the instrument one month after training.

LSR Activities & Findings from 2009

Supervisors and administrators from local jurisdictions were trained on the LSR instrument between October 2008 and February 2009. By March 2009, all local departments were trained and using the new automated instrument. Similarly, a policy describing the instrument including procedures for completion, sampling strategy, reporting, and coordination with the Council on Accreditation (COA) review was released by DHR/SSA in March 2009. Specific updates to the LSR process in 2009 are described below.

RYC continued to provide ongoing training and technical assistance to LSR users throughout the State. Two LSR trainings were conducted by the Maryland Child Welfare Academy for new supervisors and administrators and for those who were unable to attend previously scheduled training sessions for their local department. QA staff and RYC staff provided technical assistance to users via e-mail and phone support.

A new sampling strategy was implemented. The new sampling methodology results in a sample size that is large enough to make meaningful generalizations to the population of children and families in each program assignment in the local department and across the

State. Since June 2009, RYC has been providing monthly samples to QA staff to distribute to each county. There have been some challenges regarding the accuracy of the samples, specifically identifying in-home cases and alternates. The primary sampling challenges have been due to changes in case status (i.e. from in-home to out-of-home) between the time a case is identified and sent to the local departments, as well as how in-home cases are defined. Gatekeepers were identified within each local department to assist in addressing and resolving problems with case samples and case review completion. Gatekeepers have regular contact with QA staff and submit quarterly LSR submission reports.

RYC provided individual LSR reports to local departments that included scores for the outcomes of safety, permanency, and well-being, in addition to the practice areas. The reports included data from all case reviews that were submitted by each local department during the period of November 1, 2008 to September 8, 2009, with the exception of the Investigation and Resources Home sections which will be added after enhancements to the LSR instrument by the Office of Technology for Human Services (OTHS) in 2010. Aggregate data for the local departments and the State were provided to support supervisors to use the instrument to identify strengths and areas needing improvement on a case-by-case basis and to develop strategies for improving quality of practice with their caseworkers. Analysis of aggregate data could also assist in identifying systemic issues and training needs.

Further enhancements to the LSR instrument have been submitted to OTHS. Based on stakeholder feedback and the developers' assessment, additional changes were made to each section of the instrument to ensure clarity, as well as accuracy and consistency with respect to policy changes. Changes were also made to the desk guide to reflect the adjustments made to the instrument. These enhancements are expected to be completed by the end of the 2nd quarter of 2010.

Findings from the 2007 and 2008 Local Supervisory Reviews (Closson & Kaye, 2009¹; DePanfilis & Kaye, 2008²) can be found on the Ruth H. Young Center for Families and Children website.

Next Steps: LSR

Now that the new LSR process has been successfully implemented, RYC staff will continue to monitor data integrity and quality and make enhancements to the instrument as needed. Investigation and Resource Home cases will be sampled and included in the monthly case reviews and reporting for each local department. RYC will continue to have ongoing communication with local department staff to minimize existing sampling problems. To assess whether recommended changes are achieving the objectives of a more efficient review process, RYC will also evaluate how the new instrument is used in practice through ongoing discussions with local supervisors and administrators who have questions regarding items within the instrument and technical use of the instrument. This type of ongoing assessment of the LSR process is critical to understanding how LSR data should be interpreted and utilized for QA purposes. As the tool continues to be utilized, RYC will work with DHR to develop direct reporting capabilities from the LSR tool allowing local departments to obtain quality service information at any time. Additionally, RYC will continue to provide technical assistance related to use of the LSR tool and will begin to provide training in using LSR information in a data driven quality improvement process. Quarterly trainings will continue to be held to support new local department staff in the LSR process.

Maryland Foster Parent Survey

The Maryland Foster Parent Survey was developed, with assistance from the Annie E. Casey Foundation, to solicit feedback on foster parents' perceptions of the training and support provided to them by The Maryland Department of Human Resources, Social Services Administration, and to collect suggestions for improvement. In partnership with DHR/SSA,

1

http://www.family.umaryland.edu/ryc_research_and_evaluation/child_welfare_research_files/2008%20Local%20Supervisory%20Review%20Report.pdf

2

http://www.family.umaryland.edu/ryc_research_and_evaluation/child_welfare_research_files/2007%20LSR%20Report%20010509%20Final.pdf

researchers at the RYC created a phone survey, collected survey data, and analyzed the foster parent survey data. Quarterly reports of quantitative data and thematic memos of qualitative data have kept DHR/SSA informed of emerging findings throughout the project year.

Sampling

New samples of exited foster parents are provided to RYC by DHR/SSA quarterly. In addition, a sample of over five thousand continuing foster parents was provided to RYC by DHR/SSA in which a stratified random sample, based on geography, is pulled each quarter. Three hundred ninety-five (395) foster parents and former foster parents were interviewed between November 1, 2008 and September 30, 2009.

Reporting

RYC submitted three quarterly reports to DHR/SSA summarizing the quantitative data and two thematic memos highlighting the qualitative themes. A list of exited foster parents wanting to return was submitted to DHR/SSA quarterly in addition to a list of foster parents who wanted to be contacted about service improvement ideas. A final report that fully processes the quantitative and qualitative data and provides recommendations for recruitment and retention practices was also submitted for the period of November 1, 2008 to June 30, 2009.

Initial analysis of the responses from foster families regarding their experiences suggests that recruitment and retention efforts should focus on activities that empower foster parents in ways that can assist them in sustaining the foster family. Several strategies have been identified as possible ways to attract potential foster parents and to sustain current foster parents. Engaging satisfied foster parents as recruiters could be helpful in enlisting new foster parents, considering that they often have a great deal of knowledge and experience regarding the system and could serve as models and provide guidance. Based on the quantitative and qualitative survey responses the following strategies could help Maryland to effectively retain current foster parents:

- Clarifying expectations for relative caregivers,
- Providing guidance on behavior modification techniques for children who exhibit emotional and behavioral problems,
- Sharing accurate and timely information on matters such as services and resources available, and
- Providing empathetic and supportive responses to foster parents on issues as they arise.

Foster parent recruitment and retention strategies should focus on meeting the needs of the foster parent by providing them with the necessary tools, information, support, and resources to educate themselves about being a foster parent and to successfully parent children in care.

The complete annual report of the Maryland Foster Parent Survey (Gregory & Kaye, 2009³) can be found on the Ruth H. Young Center for Families and Children website.

Next Steps: Foster Parent Survey

RYC will continue to contact both exiting and continuing foster families in order to collect important information related to the experience of Maryland's foster families. This information will be shared with DHR quarterly, along with semi-annual thematic memos summarizing prominent qualitative themes, and a final report that analyzes the qualitative and quantitative data in aggregate and on a county level, and provides recommendations for foster parent recruitment and retention.

Evaluating Family Centered Practice in Maryland

Family Centered Practice (FCP) is being implemented across the state of Maryland during FY09-10, integrating components of family centered practices already in place in local jurisdictions with the Child Welfare Academy's two day comprehensive training for all workers and supervisors across the state. As per agreement between DHR/SSA and the UMB/SSW, a formal evaluation of FCP will be conducted on an ongoing basis. The components of the formal evaluation will focus on (1) the process of implementing Family Centered Practice across the state, (2) initial changes in practice, (3) tracking of changes in children and families' level of engagement in child welfare services, and (4) ongoing documentation of child and family child welfare outcomes of safety, permanency, and well-being.

3

http://www.family.umaryland.edu/ryc_research_and_evaluation/child_welfare_research_files/Foster%20Parent%20Survey%20Annual%20Report%20July%202009.pdf

Family Centered Practice in Maryland

Maryland's FCP model is based on a set of core values and practice strategies that focus on increasing positive outcomes for children served by public child welfare in order to increase the safety, well-being, and permanence for children. The Maryland FCP practice model is built on a set of core practice values including: (1) an understanding that place matters for children in Maryland, (2) the need to build upon family strength and expertise, (3) respect for families and cultural sensitivity, (4) the recognition that to be successful we need to collaborate with communities, and (5) the desire to manage using data driven practices. Core strategies in the FCP practice model include: (1) the consistent and effective use of Family Involvement Meetings (FIMS), (2) the need for building community partnerships, (3) recruitment and retention of kinship and community based resource homes, (4) local department self evaluation, and (5) enhanced policy and practice development.

A comprehensive training package will be provided in collaboration with the Child Welfare Academy on the FCP practice model, and ongoing technical assistance will be provided by partners from The Annie E. Casey Foundation and Casey Family Services.

Evaluation Components

Researchers at UMB/SSW, in collaboration with DHR/SSA staff have developed a three component evaluation plan for measuring changes in organizational climate (in relation to family centered practice), worker attitudes and practices, and outcomes for children and families.

Process Evaluation

The process evaluation will focus on the implementation efforts at each local DSS as well as across the state. The purpose of the process evaluation is to determine the extent to which the training and paradigm change is implemented and includes evaluation of program inputs, activities, and outputs. The process evaluation will focus on training and implementation efforts at each local DSS during FY10. The process evaluation will include: (1) documentation of all program activities and efforts, (2) debriefing focus groups with FCP trainers, (3) focus groups with local departmental staff, and (4) ongoing feedback of implementation challenges throughout the roll-out phase.

Practice Evaluation

The purpose of the practice evaluation is to develop initial fidelity criteria for the FCP model and to evaluate changes in practice around the FCP core values and strategies. The practice evaluation component will include documenting implementation of the FCP model in terms of: (1) Family Involvement Meetings (FIMS), (2) worker's attitudes towards integration of FCP principles in practice, and (3) efforts to engage family members in assessment, planning, and intervention.

Outcome Evaluation

The purpose of the outcome evaluation is to determine changes in youth and families' safety, permanency, and well being following the implementation of FCP. The outcome evaluation is focused on using child welfare data to examine the effectiveness of FCP on: (1) increased out-of-home placement diversion, (2) increased permanent placement with relative caregivers, and (3) decreased time in out-of-home care.

Data Sources

The evaluation and ongoing 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 that will be used to evaluate Maryland's FCP include:

- **Local Supervisory Review (LSR) Data.** The LSR is a tool to help supervisors examine caseworker quality of practice and is completed by supervisors on a randomly selected sample of cases each month. Data from the LSR will be analyzed quarterly in relation to FCP evaluation requirements.
- **Report of Family Involvement Meetings (FIMs).** These reports are provided to DHR/SSA monthly by LDSS directors; tracks FIMS conducted by LDSS. Data will be compiled quarterly.
- **Family Centered Practice Progress Report.** Completed by LDSS directors at the initiation of training, and at 6 and 12 months following. This document will be used to target TA efforts as well as evaluate systemic changes at each local department.
- **Case Record Review.** Targeted electronic record reviews will be completed by experienced, trained staff on a random sample of cases throughout the evaluation process to evaluate FCP fidelity.

- **Family and Youth Feedback.** FIM feedback forms from family members are currently collected by LDSS and will be standardized and analyzed quarterly.
- **Survey of Attitudes & FCP Practices.** An electronic survey will be administered to all local department staff to measure organizational climate, attitudes and practices related to FCP. Survey data will be collected at baseline and at 6 and 12 months.

Implementation of FCP Evaluation

Training activities began in Baltimore City (July 14, 2009) and Western Maryland (September 8, 2009). As of September 30, 2009, 636 child welfare workers from Baltimore City and Western Jurisdictions (including Allegany, Carroll, Frederick, Garrett, and Washington Counties) have been trained in Maryland's Family Centered Practice model. Implementation technical assistance meetings are being scheduled for the second quarter of 2010.

UMB/SSW research staff participated in three DHR/SSA sponsored FCP Oversight Committee Meetings where training and implementation activities are planned.

Data Collection

Survey

Beginning with Baltimore City, the staff survey was made available to the child welfare workforce in August, 2009. Baseline data collection is underway for Baltimore City and the Western jurisdictions. Approximately 27% (N=205) of the Baltimore City workforce and 69% (N=101) of the workforce in Allegany, Frederick, Garrett, and Washington Counties participated in the (voluntary and anonymous) survey. Data from Baltimore City and the Western region are being collected and analyzed.

Local Supervisory Review

Results of the Local Supervisory Review (LSR) tool are being analyzed for Baltimore City and the Western Jurisdictions. Preliminary baseline results for the Survey of Staff and the LSR will be provided during an Implementation & Technical Assistance meeting scheduled for Baltimore City and the Western Jurisdictions in November and December 2009.

Next Steps: Evaluation Family Centered Practice in Maryland

With the approval of the FCP evaluation RYC will move forward with the implementation of the evaluation process. As data are collected and assessed, DHR will receive quarterly updates and annual reports as to the findings of the FCP evaluation.

Data-Driven Staffing Allocation

The Child Welfare Accountability Act referencing Human Services Article §4–301 requires that “sufficient numbers of qualified child welfare staff...are hired and retained in order to achieve caseload ratios in child welfare services consistent with the Child Welfare League of America caseload standards.” (Maryland Family Law, Section 1310). Given their influence on the quality of child welfare services, outcomes for children and families served by child welfare, and retention of child welfare staff, staffing allocation is an important component of the work of the QA unit.

Safety and Risk Based Categories

RYC assisted DHR/SSA to develop a methodology to calculate caseload ratios in child welfare services for the state. This methodology was designed in partnership with members of an In-Home Services Workgroup that was called to discuss the development of a safety and risk based system of in-home service delivery and to examine staffing patterns needed to meet Child Welfare League of America’s (CWLA) caseload recommendations. Members of the workgroup included SSA program staff, leadership from local DSSs, the National Resource Center for Child Protective Services, and faculty from RYC.

The methodology developed in Maryland was reviewed and approved by the Child Welfare League of America (CWLA) and reported as part of the 2008 Child Welfare Accountability legislative report: *Quality Assurance Process in Maryland Child Welfare: 2nd Annual Child Welfare Accountability Report*. In their review, CWLA commended Maryland for the use of the data in making staffing allocation decisions. The Risk and Safety based methodology and processes are included in Appendix A.

Continued Monitoring of Risk and Safety

The initial analysis of the in-home and investigations files from the data tables in MD CHESSIE revealed missing safety assessment, risk assessment, or both in the electronic record data fields in some cases. In the 2008 analysis, only 53% of required data were available for in-home

cases through the electronic record data fields and only 63% of required data were complete in the electronic record data fields for investigations. Local departments were asked to supply the missing information, which increased data completeness to 85% for in-home and 87% for investigation. The ability of local departments to supply missing information suggested that these assessments are not truly missing, but rather stored in a manner that is not easily accessible through the electronic record for analyses. Anecdotal information suggested that these assessments were being stored in MD CHESSIE using an electronic filing system (the storage of a document in MD CHESSIE) instead of being entered into the available data fields. Without the information being stored in the available data fields it is difficult to assess the overall caseload staffing needs using data from MD CHESSIE as the data would not be complete.

During this year the completeness of the data elements for the Risk and Safety assessments in the MD CHESSIE system has been monitored. Reports on data completeness have been submitted to DHR/SSA quarterly. Below are updated reports on the presence of Risk and Safety assessment information for investigations and in-home services.

Presence of Safety/Risk Assessment Information for Investigations

	Safety Assessment present	Risk Assessment present	Risk or Safety Assessment present	Both Risk and Safety Assessment present
June, 2009	91.14	88.00	95.92	83.22
May, 2009	93.16	92.34	98.22	87.29
April, 2009	93.80	93.42	98.68	88.53
March, 2009	93.70	94.73	97.84	90.59
February, 2009	95.11	94.13	99.02	90.22
January, 2009	94.50	95.44	98.95	90.99

Presence of Safety/Risk Assessment Information for In-Home Services

	Safety Assessment present	Risk Assessment present	Risk or Safety Assessment present	Both Risk and Safety Assessment present
June, 2009	58.8	70.2	78.2	50.8
May, 2009	59.4	69.0	77.7	50.7
April, 2009	59.8	67.8	77.2	50.4
March, 2009	59.6	66.3	76.6	49.4
February, 2009	59.1	66.7	76.6	49.2
January, 2009	59.2	65.9	76.3	48.7

Next Steps: Data Driven Caseload Calculation

As the completeness of the required data elements increases in MD CHESSE, these data will be used to reevaluate the caseload calculations. Quarterly updates will be sent to SSA related to the overall completeness of these data elements.

References

- Closson, S., & Kaye, S. (2009). *Findings from the 2008 Local Supervisory Review*. Retrieved November 30, 2009, from the University of Maryland School of Social Work, Ruth H. Young Center for Families and Children Web site: http://www.family.umaryland.edu/ryc_research_and_evaluation/child_welfare_research_files/2008%20Local%20Supervisory%20Review%20Report.pdf
- DePanfilis, D., & Kaye, S. (2008). *Findings from the 2007 Local Supervisory Review*. Retrieved November 30, 2009, from the University of Maryland School of Social Work, Ruth H. Young Center for Families and Children Web site: http://www.family.umaryland.edu/ryc_research_and_evaluation/child_welfare_research_files/2007%20LSR%20Report%2010509%20Final.pdf
- Gregory, G., & Kaye, S. (2009). "The experience of being a foster parent is invaluable to the children" *Annual Report of the Maryland Foster Parent Survey*. Retrieved November 30, 2009, from the University of Maryland School of Social Work, Ruth H. Young Center for Families and Children Web site: http://www.family.umaryland.edu/ryc_research_and_evaluation/child_welfare_research_files/Foster%20Parent%20Survey%20Annual%20Report%20July%202009.pdf

Appendix A: Data Driven Caseload Calculation Processes

Risk

Maryland utilizes the Maryland Family Risk Assessment (MFRA) instrument to assess five domains that, if present, may indicate the likelihood of child maltreatment in the future. The five domains are child, caretakers, family, ecological environment, and maltreatment history. Workers rate each family at low, moderate, or high risk based on clear rating guidelines and then provide an overall rating.

Categories of Risk	
Level	Description
High Risk	Extensive negative family conditions and circumstances are present and influencing family functioning
Moderate Risk	Even distribution of positive and negative conditions and circumstances; negative influences are serious
Low Risk	More positive than negative conditions and circumstances; negative influences are low to moderate seriousness
No Risk	Generally positive family conditions and circumstances; negative conditions are low to none

Safety

Maryland utilizes the SAFE-C to assess 19 safety influences that, if present, suggest possible harm now or in the future. Workers assess each item as present or absent and provide an overall rating of safety.

Categories of Safety	
Level	Description
Unsafe	At least one safety threat identified without a safety plan in place; the caregiver will not agree to a safety plan, or the danger cannot be addressed with a safety plan
Conditionally Safe	At least one safety threat was identified but there is a safety plan in place to address safety threat
Safe	No identified safety threats

Level of Service Definitions

Three levels of service were defined to coincide with CWLA's service definitions and caseload ratio recommendations. The level of effort and caseload associated with each level of service is shown below.

Levels of Service

Levels	Level of effort (case closure criteria):	Caseload
L1 Intensive	Minimum of 3 hours of face to face time by the social worker (case workers) for each case, face to face time does not include travel (unless transportation includes the child) or paperwork. Step down when safety can be managed by the caregivers to the appropriate level based on risk to the child. Safety and Risk will be reassessed every 3 months with an administrator level review at 6 months.	1-6
L2 Placement Prevention	Minimum casework intervention per week is 1.5 hours face to face per week. Step down based on the level of risk to the child. Safety and Risk will be reassessed every 3 months with an administrator level review at 6 months. Instances where a child is informally placed with relatives and services are provided to the relatives with the goal of reunifying fit into this category.	1-12
L3 Stabilization - Family Services	Minimum of 1 hour face to face per week (possibly set up as 2 hours over 2 weeks). Safety and Risk will be reassessed every 3 months with an administrator level review at 6 months. Level 3, could be a step down level only with families not starting here, unless the family is a repeat admission as this level is Safe and low risk.	1-15

Assignment to Levels of Service

The methodology assigns families to levels of service based upon their risk and safety assessments as depicted above. Families where the child is unsafe will be placed into level 1 for intensive services. Families where the child is safe will be assigned to other levels based on the risk assessment as seen below.

Risk/Safety-Based Service Provision

	High Risk	Moderate Risk	Low Risk	No Risk
Unsafe	Level 1: Intensive			
Conditionally Safe	Level 2: Placement Prevention		Level 3: Stabilization-Family Services	
Safe	Level 2: Placement Prevention		Level 3: Stabilization-Family Services	