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Child Welfare Accountability

Evaluating Quality Assurance Processes in Maryland

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December 2007



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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 in partnership with staff at the Department of Human Resources, Social Service Administration.

Drs. Diane DePanfilis and Sarah Kaye Faraldi managed the Child Welfare Accountability project and writing of this report. Anna Hayward and Gillian Gregory participated in the design and implementation of the Quality Assurance process evaluation and led the redesign of the supervisory review instrument.

Cathy Mols, Carnitra White, and David Ayer guided the activities of the Quality Assurance Collaborative. The Quality Assurance team of the Social Services Administration includes Gloria Valentine, Shirley Brown, Josephine Lambert, Dee Ritterpusch, Elizabeth Mitchell Stemley, and Jewel Wilson.

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Child Welfare Accountability

Evaluating Quality Assurance Processes in Maryland

Executive Summary

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 (DHR) to partner with the University of Maryland School of Social Work (UMB/SSW) to develop the Maryland Quality Assurance (QA) Collaborative. The purpose of the Collaborative is to evaluate quality assurance processes and make recommendations for improvement. Section 1 describes the activities of the Collaborative over the project year.

As required by §5-1309(B), this annual report presents 1) an evaluation of existing quality assurance policies and practices and 2) recommendations on how to improve quality assurance processes in child welfare. A separate companion report, *Child Welfare Accountability: Annual Report on Maryland Performance Indicators*, describes Maryland's performance on performance indicators outlined by the Child Welfare Accountability Act.

Evaluation of Maryland's Quality Assurance System

Current Quality Assurance processes in Maryland replicate the Federal child welfare monitoring processes through the Child and Family Services Review (CFSR). Legislative policy directives guide the MD-CFSR process, which includes three phases that operate on a three-year cycle: local self assessment, onsite review, and program improvement plan. A local supervisory review is also used to collect data from each jurisdiction on a monthly basis. Section 2 describes and evaluates the quality assurance processes summarized here.

Local Self-Assessments

The local self-assessment is the first phase of the MD-CFSR process. Self-assessments provide local departments an opportunity to reflect on their strengths and areas needing improvement through completion of a structured self-assessment protocol. This process is conducted on a three-year cycle prior to the onsite review.

The quality of self-assessments completed in 2007 was inconsistent across jurisdictions. Data presented in the data profile section of the report often came from different sources, making cross-site comparisons difficult. Agency representatives responding to a survey of their experiences with the Local Self Assessments indicated that the information presented in their assessment was easily accessible and administrators used the same information for multiple purposes—including accreditation, the Citizen's Review Board for Children (CRBC), and to compile information about the demographics of their population.

Onsite Maryland Child and Family Services Reviews

The onsite review is the second phase of the MD-CFSR process. The onsite review includes 1) a case record review of 3-5 randomly selected in-home and 3-5 randomly selected out-of-home cases per site and 2) interviews and/or focus groups with internal and external stakeholders. Onsite reviews are conducted in each jurisdiction on a three year cycle and annually in Baltimore City. Findings from the onsite reviews are summarized in final reports that provide feedback to local departments on their performance.

Feedback from local sites, reviewers, and QA staff about the onsite review process was mainly positive. Stakeholders appreciated the in-depth review of cases and found that case-related interviews greatly enhanced their review. Reviewers thought that the MD-CFSR training prepared them for the review and found the mentoring partnerships helpful on their first review. The primary concern of reviewers was the intensity of the on-site schedule and rushed timelines. Local departments would appreciate receiving their final reports soon after the on-site process to facilitate immediate implementation of individualized Performance Improvement Plans (PIP).

Program Improvement Plans (PIP)

Local Program Improvement Plans (PIP) are the final step in the Maryland Child and Family Services Review process. PIPs are developed by the local department under the direction of the SSA Quality Assurance site leader for that jurisdiction. PIPs outline efforts that the local department will make to address areas needing improvement.

SSA has not fully developed the local PIP process. Of the twelve sites reviewed in 2007, initial PIP planning meetings have been made with three. No sites have PIPs ready for implementation. Ongoing development of the PIP process is a priority in 2008.

Local Supervisory Reviews

Local supervisory reviews (LSR) require supervisors in local agencies to conduct a structured review of 2 randomly selected in-home and 2 randomly selected out-of-home cases per month. The first version of the LSR instrument was developed by a group of managers and supervisors with a goal of including all compliance items required for child welfare services. The LSR was first implemented in January of 2007. Early feedback on the supervisory review process was mainly negative. Supervisors and program administrators reported that the instrument was too long and cumbersome and did not provide immediate opportunities to provide staff feedback. After completing the reviews and submitting scores to DHR, local DSS staff did not feel the results were helpful for improving the quality of services for children and families.

In response to these concerns, the QA collaborative worked to revise the supervisory review instrument. It is currently in the pilot testing phase of development. In 2008, a new automated tool that focuses on using the supervisory review process to improve the quality of practice toward achieving child welfare outcomes of safety, permanency and well-being along with mandated Maryland federal PIP items will be rolled out in local departments. This new tool will be incorporated into supervisor training and can be completed as part of regular supervision activities. It will also provide ongoing information about the quality of service delivery across the state. This tool has built-in reporting mechanisms that will provide a rich source of data for improving practice at the local level and for monitoring programs at the state level.

Summary of Recommendations

Evaluation activities of the QA Collaborative were designed to inform ongoing development of the quality assurance and outcomes measurement systems. The recommendations outlined in this report are designed to provide a framework for an outcomes-based accountability system that efficiently generates data indicators that provide information about how to improve child welfare practice and support positive outcomes for children and families. When possible, data indicators should be incorporated into everyday practice. Timely reporting mechanisms and ongoing technical assistance are critical features of a quality assurance system that promotes effective use of data in program improvement planning. Section 3 describes in detail the recommendations that are summarized here.

1. Improve sampling strategies for Local Supervisory Review and onsite MD-CFSR case record reviews.
2. Offer technical assistance to local departments during the self-assessment and PIP process of the MD-CFSR.
3. Automate data collection systems to increase efficiency.
4. Provide timely feedback using Quality Assurance data.
5. Consider redesigning the onsite process to strategically recruit local reviewers to increase community participation and alleviate strain on reviewers and local staff.

Child Welfare Accountability

Evaluating Quality Assurance Processes in Maryland

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 (DHR) to partner with the University of Maryland School of Social Work (UMB/SSW) to develop the Maryland Quality Assurance (QA) Collaborative.

The purpose of the Quality Assurance Collaborative is to evaluate Quality Assurance processes in Maryland and make recommendations for improvement. UMB/SSW research staff actively participated in the QA process, providing ongoing technical assistance while gathering information for the process evaluation. Over the project year, research staff:

- Attended the Maryland Child and Family Services Review training provided by the Child Welfare Academy, and then participated in local on-site reviews as case record reviewers and external stakeholder interviewers;
- Conducted focus groups with supervisors using the Local Supervisory Review instrument, and then developed, automated and piloted a revised supervisory review instrument;
- Critically evaluated local self assessments and onsite final reports completed by all agencies participating in the MD-CFSR in 2007, and then developed a model final report and authored the final report for Baltimore City;
- Participated in bi-weekly Quality Assurance Collaborative meetings with staff from the Social Services Administration and monthly Quality Assurance Committee meetings;
- Surveyed local agency directors, site leaders, and case record reviewers to gather multiple perspectives on the MD-CFSR process.

This report presents the results of the QA Collaborative for calendar year 2007. It was written by faculty and staff at UMB/SSW and reviewed by administrators at DHR for presentation to the Maryland State Legislature. The remainder of this report is organized into two sections:

1. Description and evaluation of current Quality Assurance processes in Maryland.
2. Recommendations for improvement.

A separate companion report presents other work of the QA Collaborative in 2007. The second report describes Maryland's performance on performance indicators outlined by the Child Welfare Accountability Act. For more information see *Child Welfare Accountability: Annual Report on Maryland Performance Indicators*.

Child Welfare Accountability

Evaluating Quality Assurance Processes in Maryland

Evaluation of Maryland's Quality Assurance System

Quality Assurance mechanisms in Maryland replicate the Federal child welfare monitoring processes through the Child and Family Services Review (CFSR). The MD-CFSR process includes three phases: local self assessment, local onsite review, and program improvement plan (PIP). It is conducted every three years for 23 local departments and every year in Baltimore city. Maryland also collects information from a Local Supervisory Review (LSR) instrument on a monthly basis. This section of the report describes all QA activities and assesses their strengths and areas needing improvement.

Local Self-Assessment

The local self-assessment is the first phase of the MD-CFSR process. Local departments complete the self-assessment every three years, prior to the onsite MD-CFSR. Self-assessments provide local departments an opportunity to reflect on their strengths and areas needing improvement. Each local jurisdiction receives a 3-page outline of requested information. Self-assessments include:

- general information about the agency's structure, child welfare programs, local demographics, and child welfare data highlights;
- systemic factors including the local internal and external factors impacting child welfare service delivery;
- a data profile of the local child welfare population and outcomes data;
- a narrative assessment of safety, permanency, and well-being outcomes for children and families; and
- agency-identified strengths and areas needing improvement in the areas of systemic factors or child and family outcomes.

Local jurisdictions have 90 days to complete the self-assessment process following an initial meeting with SSA QA staff. Although technical assistance is available from SSA QA, local departments have sought little assistance to complete their self-assessments. Primary authorship varies from a local Assistant Director to Quality Assurance staff, depending on the department's internal capacity. The self-assessment is distributed to QA staff and case record reviewers to provide contextual understanding about the agency prior to the onsite review. The self-assessment is also included in the final MD-CFSR report for each jurisdiction.

Strengths

Information requested in the local self-assessment provides a comprehensive picture of the local agency. Jurisdictions are asked to provide general information about their population, services, and local department to provide contextual information about the agency.

Agency burden is minimized by requesting information that is required for multiple purposes. Agency representatives responding to a survey of their experiences with the Local Self Assessments indicated that the information presented in their assessment overlapped with information required for accreditation, so they were able to use the same information for multiple purposes.

Examining jurisdiction-specific data profiles encouraged the agency to examine their strengths and areas needing improvement. Agency representatives indicated that the self-assessment gave them the opportunity to reflect on their performance in the areas of safety, permanency, and well-being.

Areas Needing Improvement

Self-assessments completed in 2007 were not consistent across jurisdictions. Although a standard protocol was used to collect self-assessment data, local departments provided inconsistent levels of detail in some areas of the assessment outline. Data presented in the data profile section of the report often came from different sources, making cross-site comparisons difficult.

“Areas Needing Improvement” assessments could be improved. In several jurisdictions, the “Area Needing Improvement” assessment more closely resembled a wish list of additional resources from DHR rather than a critical assessment of agency performance. In the future, this section should highlight efforts within the agency’s control that move toward enhanced quality of practice and improved outcomes for children and families.

Data profiles are not meeting their full potential. The current data profiles rely on simple counts that do little to describe trends over time or differential outcomes by subpopulation. The local department is asked to discuss trends in narrative form but most do not include, and may not have access to, data indicators in these areas. Data profiles could be greatly enhanced by offering sites technical assistance in design and implementation of more detailed reports. In particular, examining trends over time, outcomes by entry cohort, and disaggregated data examined by racial or age groups could be particularly useful in examining outcomes and informing ongoing program improvement.

Onsite Review

The onsite review is the second phase of the MD-CFSR process. Onsite reviews are conducted in each jurisdiction on a three year cycle, as required by §5-1309(B). The onsite review includes (1) a case record review of 6-10 randomly selected in-home and out-of-home cases per site, and (2) interviews or focus groups with internal and external stakeholders. Prior to the review, each member of the review team is mailed a packet of information that includes the local self-assessment so that reviewers have time to get to know the demographics, systematic issues, and other relevant contextual information about the site.

Reviewer Recruitment and Training

DHR recruits reviewers from in-house solicitations and reminders to the local departments. QA staff members have also reached out to private providers, Court Appointed Special Advocates, members of the Child Welfare Steering Committee, Child Welfare Advisory Board, and the Foster Parent Association. SSA staff members have also used participation on various steering committees and workgroups throughout the state to recruit community partners to participate in the review process. The use of diverse review teams that offer multiple perspectives is a critical component of the CFSR process.

The Child Welfare Academy at the UMB/SSW trains reviewers in a one-day training that introduces prospective reviewers to the MD-CFSR purpose, instruments, and scoring procedures. Case record reviews are conducted in teams of two. SSA onsite review coordinators match first-time reviewers with partners who have previously conducted reviews to facilitate on-the-job training for new reviewers.

Case Record Review

Each team is assigned one in-home case and one out-of-home case to review over a three day period. In July, the U.S. DHHS Children's Bureau released a revised version of their tool that decreased subjectivity in ratings by including precise definitions and step-by-step rating criteria. The MD-CFSR uses a version of the federal CFSR case record review tool that was modified by Quality Assurance staff to incorporate Maryland-specific terminology and state regulation. This Maryland-specific, pencil-and-paper version of the July 2007 federal CFSR instrument is currently used to review cases. This instrument measures service provision and outcomes as they relate to safety, permanency, and well-being. Review of the record is supplemented with case-related interviews with caseworkers, supervisors, children, parents, and providers. Interviews provide reviewers the opportunity to better understand case dynamics and encourage internal stakeholders to voice their perspectives.

Interviews with External Stakeholders

As review teams work on cases, QA staff members conduct interviews and focus groups with external stakeholders. Examples of stakeholders include: workers, supervisors, mental health service providers, foster parents, youth receiving independent living services, lawyers, judges, and advocates. External stakeholders are identified by local departments and are invited to participate in interviews.

Final Report

After the review is complete, findings from the onsite reviews are summarized in final reports to provide feedback to sites on their performance. The site leader sends the agency a preliminary report 60 days after the review. The agency has 30 days to contest any areas of disagreement, though no reports completed in 2007 were disputed by a local department. Early in 2007, SSA staff struggled to meet the 60 day deadlines because they were new to the MD-CFSR process and report formats. The QA team has worked to streamline the process and now preliminary final reports are presented to the local departments within the allotted timeframe.

Relationship to CRBC Intensive Case Record Review

The relationship of the Citizens' Review Board for Children to the onsite MD-CFSR has changed over the project year. Initially, CRBC was using the supervisory review tool to conduct a secondary review of cases randomly selected for the local supervisory review. When DHR decided to develop a new tool for the supervisory review, the CRBC also changed their instrument. Currently, both MD-CFSR and CRBC reviews are conducted on random samples of cases using the July 2007 version of the federal CFSR tool. CRBC is in the process of revising their sampling strategy to review a sample of 264 cases each year, stratified by type of case (investigation only, in-home, and out-of-home) and report finding (ruled out, unsubstantiated and indicated).

Strengths

Local agency administrators and reviewers appreciate an in-depth review that focuses on quality of practice. Reviewers noted that case-related interviews greatly enhance the quality of information included in the review. Agency administrators were pleased to see a different kind of review where reviewers took the time to get to know their cases and the contexts in which children and families are served.

The SSA Quality Assurance team is professional and helpful. Reviewers and agency representatives appreciated the QA staff who worked with them during the onsite review process. Site leaders make every effort to accommodate reviewer personal preferences and limitations during the review. They work closely with the agency contact to facilitate a smooth review, troubleshoot areas of discrepancy, and organize the array of logistical challenges that are required for a successful review.

The revised CFSR instrument is an improvement. Reviewers working with the revised federal tool believed that it was an improvement over the previous tool. The revised instrument is less subjective and more descriptive, leading reviewers step-by-step through the rating of each item and outcome. Reviewers, agency representatives, and QA staff generally felt that the instrument captures necessary information for improving quality of practice and promoting positive outcomes for children and families.

Areas Needing Improvement

The current sampling plan yields samples that are too small to develop meaningful generalizations. While random selection is an appropriate way to select an unbiased sample from the total population, it can only be a true representation of the population when the sample size is large enough to allow for generalization. Existing sample sizes must be substantially increased before meaningful generalizations can be made to the larger population. However, this must be balanced with the existing challenges of recruiting reviewers and SSA QA staff time needed to increase the number of reviews completed each cycle.

Current data collection and reporting mechanisms do not take advantage of available technology. All instruments are completed in hard copy using paper and pencil so that corrections can be made. Incorporating technology into the process – with computers and an automated instrument – would increase efficiency and ease the burden on reviewers and site leaders. Reviewers noted that site leaders could probably get more detailed responses in type-written versus hand-written format.

The intensive onsite review schedule creates difficulties for external reviewers. Reviewers complained about the intensity of the schedule marked by long days and rushed timelines. Several external reviewers noted that the process needs to be easier on reviewers to encourage them to agree to participate in additional reviews.

Local agencies are waiting too long for their final report to be approved. Stakeholders noted that long waits for the final report causes the process to lose momentum. Without a final report, local departments cannot move on to the program improvement phase of the MD-CFSR. Many of the delays present early in 2007 have been addressed through the addition of QA staff and a streamlined report writing process, though the DHR sign-off period can still be lengthy. Efforts to increase the timeliness of reports should continue into 2008.

Community stakeholders are under-represented on review teams. Though QA staff members have reached out to community partners in recruitment efforts, case record reviewers are mainly employees of DHR or local departments. To be consistent with the CFSR perspective, community partners should be included as part of review teams. Increasing recruitment efforts and training opportunities in specific jurisdictions prior to the review could increase the presence of local community partners as reviewers. Better recruitment could increase the number of cases that could be reviewed, reduce the number of QA staff members that need to attend every review, and increase the diversity of perspectives for the reviews.

Reviewer training could be improved. Reviewers thought that the MD-CFSR training prepared them for the review. They found the mentoring partnerships helpful and comforting during their first reviews. Both SSA reviewers and site leaders have identified that a brief booster session could remind reviewers what is expected of them during the review. It would be ideal for the MD-CFSR reviewer trainers to have experience on one or more MD-CFSR so they are very familiar with the process and are better equipped to meet reviewers' training needs.

Program Improvement Plan (PIP)

Local Program Improvement Plans (PIP) are developed by the local department under the direction of the SSA Quality Assurance unit site leader for that jurisdiction. PIPs outline efforts that the local department will make to address areas needing improvement. This is the final step in the Maryland Child and Family Services Review process.

SSA has not fully developed the local PIP process. Of the twelve sites reviewed in 2007, initial PIP planning meetings have been made with 3 of them. No sites have PIPs ready for implementation. Interviews with QA staff indicate that they face challenges completing PIPs due to delays in finalizing the final report and limited time to follow up with early sites because of the time needed for planning upcoming reviews. Ongoing development of the PIP process is a priority in 2008.

Local Supervisory Review

The state initiated a local supervisory review process in 2007 because Maryland's federal Performance Improvement Plan required that a statewide supervisory/peer record review process be incorporated into Quality Assurance activities (PIP Item No. 3.2). The Local Supervisory Review provides information about the quality of service provision in local departments that are not reviewed through the MD-CFSR process in a given year.

Local supervisory reviews also provide a process that can assist jurisdictions as they apply for accreditation through the Council on Accreditation (COA). COA standards require all cases to be reviewed quarterly (COA Standard G9.6.01). According to COA,

"Case supervision is an in-depth review of the clinical or direct service work performed by the worker with respect to his/her caseload. It is conducted by the worker and his/her supervisor or by a clinical, service or peer team" (COA Standard G9.6).

The Local Supervisory Review process implemented in January 2007 required local departments to review a sample of two in-home and two out-of-home cases every month. Feedback on the initial supervisory review process revealed numerous challenges. In particular:

- The *Local Supervisory, Peer, and Citizens Review Instrument for Child Welfare Services* was too long (over 200 items for an out-of-home case) and took up to 8 hours to complete.
- The instrument did not provide information directly relevant for the supervision of workers.
- The format of the instrument was awkward and difficult to navigate.
- Reports were tallied by hand and mailed to DHR/SSA for compilation.
- Local staff did not receive feedback on their performance from these reviews.

In an effort to better understand the needs of the field, UMB/SSW research staff held focus groups with local supervisors to learn about their needs for a supervisory tool. The salient findings from those focus groups included:

- Supervisors want a tool that could guide their supervision by focusing on workers' quality of practice.
- The tool must be user-friendly and take less time to complete.
- Supervisors and program administrators need a feedback mechanism to observe trends in their local department and how their performance compares to the state.

In collaboration with local and state agency staff, research staff at UMB/SSW developed a new instrument that responded to feedback from the field and incorporated COA supervision requirements. The revised instrument is designed to capture practice areas presented in the in-service training provided by the Child Welfare Academy, including engagement, assessment, planning, intervention, and services. It also assesses the CFSR priority outcomes of safety, permanency, and well-being. All items mandated by Maryland's federal Program Improvement Plan (PIP) are also included. The new instrument is automated in an Access database with built-in reporting capabilities.

After a draft of the tool was developed, staff from UMB/SSW distributed a draft copy to DHR stakeholders including administrators, supervisors, IT staff, and QA team members for feedback. All feedback was included in the revisions that led to the current pilot version tool. The new automated instrument is in the pilot and testing phase with the intention of DHR rolling out a final version statewide in 2008.

Strengths

The revised Supervisory Review Instrument is a step toward incorporating ongoing Quality Assurance data collection activities into everyday practice.

Using the new instrument, supervisors can assess the quality of workers efforts in the core practice areas. This information should be useful in standardizing supervision activities throughout the state while providing supervisors with a tool to guide their supervision process. Meanwhile, the tool is providing Quality Assurance staff with critical information relating to core child welfare outcomes of safety, permanency and well-being. Detailed information about quality of services will help QA staff inform their understanding of how services are provided across the state and can point directly to strengths and areas needing improvement.

Areas Needing Improvement

The current sampling plan creates samples that are too small to develop meaningful generalizations. While random selection is an appropriate way to select an unbiased sample from the total population, it can only be a true representation of the population when the sample size is large enough to allow for generalization. Existing sample sizes must be substantially increased before meaningful generalizations can be made to the larger population. Following COA standards for quarterly case supervision on every case would support the accreditation process in each jurisdiction while substantially increasing the sample size available for quality assurance purposes.

Supervisors and Program Administrators have not received feedback on LSR data. During focus groups with supervisors about the supervisory review tool, supervisors noted that they have not received feedback on the data they have been submitting in 2007. Data collected in 2007 will be presented back to the sites at year-end. The revised supervisory review instrument was automated in Microsoft Access with built-in reporting capabilities. The QA Collaborative is developing a feedback mechanism so that local supervisors and program managers can have regular access to their quality of practice information in real-time. Timely feedback on LSR data will be improved in 2008.

Child Welfare Accountability

Evaluating Quality Assurance Processes in Maryland

Recommendations for Improvement

Evaluation activities of the QA Collaborative were designed to inform ongoing development of the quality assurance and outcomes measurement systems. The recommendations outlined in this report are designed to provide a framework for an outcomes-based accountability system that efficiently generates data indicators that describe the services provided, the quality of services provided, and the degree to which services lead to child safety, permanency, and well-being outcomes for children. Ultimately, results of this review process should lead to improved child welfare practice and support positive outcomes for children and families. When possible, data indicators should be incorporated into everyday practice. Timely reporting mechanisms and ongoing technical assistance is a critical feature of a system that promotes effective use of data in program improvement planning.

Improve Sampling Strategies

Ongoing Quality Assurance activities are designed, in part, to provide an in-depth review of a sub-sample of cases. Currently, very small samples of cases are randomly selected from all children in care for both the Local Supervisory Review and MD-CFSR onsite case record review. While random selection is an appropriate way to select an unbiased sample from the total population, it can only be a true representation of the population when the sample size is large enough to allow for generalization. Existing sample sizes must be substantially increased before any meaningful generalizations can be made to the larger population.

Understanding that ideal sample selection would require a substantial increase in resources; research staff members at UMB/SSW have developed strategies for increasing the utility of QA activities without drastically increasing required resources. Namely:

- **QA activities should be incorporated into everyday practice.** For example, the revised supervisory review instrument can be used as a tool for supervisors to assess workers' quality of practice as part of regular supervision activities. Completed supervisory review instruments will also populate a database to provide QA staff with relevant information about the quality of practice in the local departments. The current automated version of the review tool provides the option of using the tool with a case that is not part of the QA sample, which will enable supervisors to use the tool on any case and can help standardize supervision across the state.
- **Samples should be strategically selected.** If it is infeasible to conduct reviews of a representative sample of cases because the sample size requirements are too large, samples should not be randomly selected. To maximize the value of in-depth reviews, samples should be targeted to learn as much as possible about

the outcomes agencies are struggling to achieve. Thus, local performance on outcome indicators could drive the selection of cases in service areas where a local jurisdiction is not meeting performance standards. Understanding more about the barriers to outcome achievement should then lead to targeted program improvements. This will provide a tailored and individualized approach to improving services and outcomes for children and families across the state.

These strategies provide the basis for recommendations to improve the sampling plan for the LSR and onsite MD-CFSR case record review.

- **Local Supervisory Review.** To support local sites through the required accreditation process, the revised local supervisory review instrument should be used to review every case on a quarterly basis (COA Standard G9.6.01). This revised sampling strategy will substantially increase the size of the sample currently reviewed through a LSR. As CHESSIE reports become more accessible, supervisors could run reports to identify cases that are not meeting timelines (e.g., reunification) or might present unique decision-making challenges, and then they could conduct additional reviews of those cases. Ultimately, the revised tool should become part of routine supervisory practice that will provide real-time feedback for the worker and increase consistency of supervision provided to workers across the state.
- **Onsite MD-CFSR Case Record Review.** Sample selection for the MD-CFSR onsite case record review should be individually tailored to each local department based on their strengths and areas needing improvement. The local self assessment conducted by each agency allows staff to self-identify areas needing improvement. In addition, the data profile provides insight into outcomes that are not meeting state and national standards. Findings on the self assessment should be used to identify subgroups that could be adversely affected by weak performance in the department. A stratified sample can then be used to pull cases with information about each subgroup to ensure that target cases are included in the final sample. In the event that the agency has no self-identified areas needing improvement and the data profile indicates the department is on target with all outcome indicators, a simple random sample would be appropriate.

Increase Technical Assistance for Local Departments

Local departments vary in their capacity to incorporate research into practice. The MD-CFSR presents an ideal opportunity to enhance the capacity of local agencies to use data to inform best practice. Providing technical assistance to the local departments as part of their self-assessment and program improvement planning can build their capacity into the future. The mechanisms for providing technical assistance could be incorporated into the existing collaborative agreement in a way that maximizes the strengths and expertise of UMB/SSW. In particular:

- **UMB/SSW should assist local departments in compiling a comprehensive data profile as part of their local self-assessment.** Research staff at UMB/SSW have access to key administrative and quality assurance data sources that could be used to provide detailed information about each department. Researchers could assist the agency in exploratory analyses designed to highlight trends, strengths, and areas needing improvement that can inform program priorities. As mentioned in the “Case Record Review Sampling Recommendations” section, above, a careful self-assessment could guide selection of cases for the onsite review. Having the data profile compiled by the same set of researchers across jurisdictions will increase the consistency of data obtained in the self-assessment and ease comparisons between jurisdictions and across the state.
- **UMB/SSW should assist QA and SSA program staff and local departments in identifying the opportunity to implement evidence-based practices.** Once the data profile identifies indicators that do not meet standards and the onsite review provides information about barriers that may affect performance, QA staff and the local department must design a plan to address areas needing improvement. PIP planning should be informed by existing research about promising practices that may improve outcomes in a given program area.
- **The QA Process should lead to specific technical assistance and training to aid local departments in the implementation of their PIPs.** As the QA implementation moves forward to the stage of implementing PIPS for each local jurisdiction, it is essential that appropriate technical assistance and training is provided either by DHR program staff or by outside consultants (e.g., National Resource Centers provide technical assistance in areas that will improve outcomes).
- **UMB/SSW should assist QA staff and local departments in designing an effective program monitoring plan.** After the course of action is determined between QA staff and the local departments, the PIP must include a plan for monitoring progress. Researchers can help to define a monitoring plan that incorporates best-practices in research methodology to assess the implementation and outcomes of the PIP.

Automate Data Collection

The two primary data collection activities of the QA process – Local Supervisory Review and onsite MD-CFSR – have been primarily collected through pencil-and-paper methods that impede efficient data processing and timely reporting. Since all deliverables are in type-written form, and many analyses are conducted on electronic data, it is reasonable to collect data electronically to reduce steps and errors involved with data entry. Three different QA process could be automated, including:

- **Local Supervisory Review.** The revised supervisory review instrument is moving in this direction. Supervisors will complete the instrument online and submit the data electronically to SSA. Built-in reporting mechanisms will automate the feedback process and increase efficiency.
- **Case Record Reviews.** The Children's Bureau has an automated version of the onsite review instrument that could be used to reduce the burden on onsite reviewers and thereby have data entered in a usable form to reduce the burden on site leaders during the report writing process. The QA team has inquired about the possibility of using the federal automated instrument. However, the consulting group that created the electronic form, JBS, says that it is not available for purchase. If the request for the federal automated tool is not met, Maryland should develop a new automated system for recording and storing data collected during the onsite review.
- **External Stakeholder Interviews/Focus Groups.** To meet the objectives of the external stakeholder interviews, qualitative technical support is more appropriate than the primarily quantitative computer assisted interviewing software programs. Stakeholder interviews require the freedom and flexibility of interactive questioning in order to collect relevant information. Qualitative analysis software is available to code text data for easy organization and analysis. If notes were taken using a word processing program instead of hand-written during stakeholder interviews, data could be easily imported into qualitative software, coded, and analyzed across stakeholder groups.

Consider Redesigning the Onsite Review Process

In light of the observations from QA staff and reviewers about the challenges with the intense three and a half day review, SSA should explore the possibility of redesigning the review process. With most of the state is within driving distance, and there is a pool of local reviewers, Maryland has fewer constraints than those that require the federal CFSTRs to be condensed into a four-day schedule. When exploring the onsite review process, QA should consider:

- Strategically tailoring recruitment activities to increase the participation of local community partners in upcoming reviews;
- Offering reviewers a refresher training at the beginning of the site visit to remind reviewers what is expected of them, discuss the self-assessment, and answer any questions;
- Requiring at least one local agency representative involved in planning the onsite review to participate in at least one onsite review at another site to learn the process;
- Shortening the work days to ease the burden on reviewers and staff at the local agency;
- Holding debriefings in the morning when there is time to immediately address discrepancies in ratings.