Counting is Not Enough

Investing in Qualitative Case Reviews for Practice Improvement in Child Welfare

The Annie E. Casey Foundation and
The Center for the Study of Social Policy

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ACKNOWLEDGEMENTS

The Annie E. Casey Foundation's Child Welfare Strategy Group and The Center for the Study of Social Policy would like to thank the advisory group and the state and local child welfare professionals who generously shared their time, expertise, and experiences with the project team. For a full listing of advisors and participants, see tables A-1 and A-2.

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INTRODUCTION

Performance monitoring in child welfare has evolved in the last two decades as state and local child welfare systems are increasingly required to respond to changing federal oversight, state and local quality assurance initiatives, and, in some jurisdictions, monitoring related to class action litigation. Today, the federal government and most state and local child welfare systems rely on a combination of quantitative and qualitative approaches[1] to identify what is working well and what needs attention. Of particular note is the growing use of qualitative case review (QCR) methods that involve "real-time" assessments, including interviews and, in some applications, structured feedback with case team members, workers, and supervisors.

In a time of very tight budgets at all levels of government, child welfare leaders are asking themselves, *"Can we afford to start or expand QCR processes?"* and *"What results can we expect from doing so?"* Those states that have invested already in the process are asking, *"How can we sustain what we have?"* In the midst of this discussion, the federal government is re-evaluating its QCR approach, the Child and Family Service Review or CFSR. This offers an opportunity to develop the next generation of qualitative reviews.

The First Detailed Review of QCRs

In response to this expanded interest in QCRs, the Center for the Study of Social Policy and the Child Welfare Strategy Group of the Annie E. Casey Foundation have assessed the experiences of state and local child welfare agencies in using QCR approaches as a core component of their overall quality improvement systems. Specifically, this study explores:

- How QCR findings can help jurisdictions achieve desired child welfare outcomes or casework practice improvements, and
- How QCR tools and components have been used in innovative ways by states and localities to achieve resource and funding economies.

This report is the first to examine how QCRs are used in the field, ask whether the current approaches help systems improve outcomes,[2] and study how this process can be strengthened and modified. The report presents lessons derived from interviews with multiple jurisdictions and experts in the field and offers a review of various source materials. It also draws on the study team's experience in implementing and conducting Quality Service Reviews (QSR) in a variety of jurisdictions. Among other results, this paper describes:

- Core elements for an effective QCR process;
- Key implementation factors; and
- An action agenda.

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[1] O'Brien, M. & Watson, P. "A Framework for Quality Assurance in Child Welfare." National Child Welfare Resource Center for Organizational Improvement, Edmund S. Muskie School of Public Service at University of Southern Maine. Portland, Maine. (March 2002). http://muskie.usm.maine.edu/helpkids/rcpdfs/QA.pdf

[2] This study emphasizes lessons learned in the use of QCRs for practice improvement in public child welfare systems. As evidenced later in this report, the study team also reviewed the literature on this topic. It is noteworthy that the QCR evidence-base, like research on many system-level interventions in child welfare, is limited. Among the other recommendations in Chapter 4, we suggest a research agenda for more rigorous evaluation of QCR results.

Definitions

For purposes of this study, *qualitative case review* is defined as a "real time" assessment that includes interviews and, in some applications, structured feedback with case team members, workers, and supervisors. Often, the process also includes interviews with clients. The QCR methods studied include the two most frequently used QCR tools used in child welfare systems:

- The Quality Service Review or QSR, which was originally developed for state mental health quality assurance systems by the founders of Human Systems and Outcomes, Inc., in the early 1990s, and
- The Child and Family Service Reviews or CFSR, a federal monitoring tool first used in 2000.

In addition, this study includes observations of ChildStat[3] [described further on page 19], an emerging approach to child welfare quality improvement.

QCR Approaches

The QSR uses an interview protocol and process to assess different aspects of a particular child and family's current status and recent progress and system performance. The protocol is system specific and co-designed with local practice leaders and developers of the approach. Sample cases are reviewed over two days by teams of two that participate in file reviews and interviews with the child, family members, nonfamily caregivers, professional team members, and others who might have relevant information. Reviewers conclude the assessment by scoring the status of each aspect being studied; providing feedback to individual caseworkers; exploring family and system themes with other reviewers; and, typically, summarizing the case in a narrative that explains the assessed scores. A final report presents aggregate scores and themes, illustrated with specific case examples.

The CFSR uses an interview protocol and process to assess system efforts to promote safety, permanence, and well-being for families served by public child welfare agencies. The protocol was designed by the U.S. Department of Health and Human Services with input from national, state, and local experts. It is used on a sample of cases as part of federal monitoring. Teams of two review sample cases in one day, conduct file reviews and interviews with case managers, foster parents, youth, and, often, birth parents. Reviewers conclude the assessment by scoring efforts in each applicable area as a "strength" or "needing improvement." Results are shared in exit conferences. Jurisdictions use the results of the case reviews and aggregate data to prepare Program Improvement Plans (PIPs).

The QSR is jurisdiction-specific. Each QSR protocol reviewed as part of this study was developed by design teams in a particular jurisdiction. While there are similarities across jurisdictions, there are also differences based on local priorities. In contrast, the CFSR protocol was introduced in 2000 as part of the

[3] ChildStat's definition of quality case review differs from the one outlined above in a number of ways. But we explored ChildStat in this study in a limited way because it is an emerging qualitative case-based accountability process.

federal child welfare monitoring process. The current protocol used for federal monitoring is standard across all jurisdictions, and guidance for its use is available free of charge on the U.S. Children's Bureau website.[4]

Many states have adopted the CFSR protocol as their regular qualitative tool for practice improvement, modifying the federal tool and review process to fit their local practice, policies, and priorities. In fact, the CFSR protocol is the most widely used means of assessing child welfare systems in the nation. Internal state CFSR-based case reviews vary widely in process, content, and intensity. These reviews are used in addition to, or as replacements for, traditional case record reviews, which are widely believed to be less well suited to measuring quality and more focused on tracking procedural compliance.

Study Methodology

To prepare this report, the study team purposely limited its assessment to jurisdictions implementing some form of QCR. The team used expert informants and a literature scan to identify states and local jurisdictions currently employing one or more forms of a QCR in child welfare and other service systems. Twenty-four jurisdictions completed an online survey with specific questions about their process. The team conducted extensive telephone interviews with representatives of 18 jurisdictions and five national experts to gather more in-depth information. Some of the participants also formed an advisory group to review the draft survey instrument and provide comments on themes and recommendations. Table I at the end of this chapter provides a summary of the jurisdictions and of other participants that provided information and helped guide this study. Appendix A provides more detail about the data collection approach.

Study Results

The study indicates that tremendous QCR expertise currently exists in states that have chosen to invest in practice improvement by developing QCR tools. In addition, experts who initially designed and implemented QCR approaches continue to expand their knowledge of the subject. This report recommends a number of ways to further foster, deepen, incentivize, and spread expertise from these current champions to more child welfare settings.

The team found widespread agreement among those surveyed about the overall value and importance of QCRs, even though the process requires significant investment in human and economic capital. Although important differences exist between QSR and CFSR implementation, users of each approach cite QCR approaches as important diagnostic tools for "getting behind the numbers," or looking more deeply at forces that shape and could improve practice. According to participants, QCRs have been instrumental in broadening system change efforts.

[4] http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/onsitefinal.htm.

Core Elements

Participants helped articulate a set of core steps necessary for robust QCRs, including:

- Use interviews – in addition to record reviews – to gather information.
- Link case review indicators to practice standards or a practice model.
- Ensure frequent reviews in all offices within the jurisdiction.
- Provide clear mechanisms for reviewer selection, development, and inter-rater[5] reliability.
- Identify mechanisms to interpret findings and provide feedback to field staff and plan for system-wide "take up" of QCR findings by focusing on learning, continuous improvement, and accountability.
- Involve agency leaders in reviewing cases, providing feedback to the field, and encouraging "take up" (adoption) of the findings.

Implementation Components

QCRs are resource-intensive processes that vary widely across jurisdictions. Participants identified four implementation components that ensure the best return on QCR investments. These components include:

- Start-up activity;
- Organizational capacity building;
- Integration with other systems components; and
- Sustainability mechanisms.

Participants identified involved and committed agency leadership as another element critical to both short and long-term QCR implementation.

QCR Adaptation

States and local jurisdictions are experimenting with a number of ways to use QCRs during a time of limited budgets. State leaders and national experts articulated a number of tradeoffs and fidelity considerations when adapting the existing review tools and processes. Participants listed a number of ways to make the most of the investment in robust QCRs. For example, they noted that formal and informal mechanisms for accountability and organizational learning must be institutionalized at all levels of an organization, starting with top and mid-level regional or county leaders and including field staff, who must ultimately take ownership of quality efforts.

[5] Inter-rater reliability is the extent to which two or more individuals (coders or raters) agree. Inter-rater reliability addresses the consistency of implementation of a rating system.

An Action Agenda

Following are highlights of report recommendations, aimed at three different audiences:

The QCR Proficient

States and local departments that are already using QCR tools should continue to refine and deepen their QCR experience and consider sharing their knowledge with others. Some strategies to take these tools to the next level include:

- Identifying stronger links between QCR outcomes (e.g., scores on practice skills such as teaming) and quantitative metrics already tracked by the system (e.g., reunification).
- Developing stronger connections between QCR methods for field training and supervision. Some states have supervisors use an abbreviated QCR method in regular supervisory sessions with caseworkers. Others do not. Additional study needs to identify the pros and cons of each approach.
- Forging – perhaps with federal or foundation support – peer-to-peer networks to spread lessons about QCRs.

QCR Initiators

Steps for states and localities considering implementation or expansion of a robust QCR tool include:

- Contacting a state or local department already using a tool.
- Considering how one of these tools could help a department further its practice model for working with families. The tool adopted should reflect the type of casework practice expected from field staff. Thinking about this upfront will deepen early conversations about tool design.
- Identifying specific results desired from a QCR tool. This will help in tool design and in communicating with field staff about the diagnostic purpose of QCRs.

National Leaders

National leaders charged with improving child welfare quality and outcomes can increase the range of opportunities for spreading QCR knowledge. For example:

- QCR-experienced jurisdictions need national forums to share their experiences and learn from others. Although the National Resource Center for Organizational Improvement provides support to states on implementing the CFSR, it has not – to date – offered technical assistance on the QSR approach.
- States need support to understand qualitative methods specifically. But just as importantly, they need to understand how to combine qualitative and quantitative data. As a first step, requiring or encouraging federal regional offices to participate in development of state QCR tools would ensure better integration between the federal review process and state efforts. More specifically, the Administration for Children, Youth, and Families (ACYF) could certify the process being used by a state (such as the QSR) as an acceptable substitute for the federal review.
- ACYF could invest in peer learning networks or technical assistance through its existing center, through grants directly to states, and/or through a new center focused more specifically on qualitative methods and case reviews.
- More investment is needed in researching and evaluating the efficacy of QCRs as a means to improve quantitatively measured outcomes for children and families.

A Promising Approach

All told, QCRs offer a unique value to child welfare systems seeking to improve their ability to meet the needs of children and families. States and localities that have invested significant resources and effectively implemented these approaches should be encouraged to share their knowledge with colleagues at all levels. The federal government can both underscore the value of qualitative reviews as they strengthen the CFSR and find ways to foster QCR experimentation, evaluation, and innovation. Indeed, counting is not enough to spark system improvement: Significant practice reform requires mechanisms for understanding what's behind the numbers. A thorough understanding of system performance, and ultimately how well children and families are served, requires a full set of analytical tools that includes both quantitative and qualitative approaches.

Table 1 Study Data Sources and Methods

Quality Case Review Tool	Jurisdictions/Expert Informants	Data Collection Method
CFSR-based Tool	- Idaho - Minnesota - New Hampshire - Virginia: Fairfax County - Indiana	Web-based Survey
CFSR-based Tool	- Arizona - California - Florida - Maryland - Iowa - Georgia - Maine - Oklahoma - Pennsylvania - Tennessee	Web-based Survey *and* Interview
QSR Tool	- Alabama - Indiana - Iowa - Tennessee - Missouri: Jackson County - Pennsylvania - Utah - Virginia - Wisconsin	Web-based Survey *and* Interview
ChildStat	- New York City - Philadelphia - Washington, DC	Observation
	- National Resource Center on Organizational Improvement - Human Systems and Outcomes, Inc. (HSO) - Child Welfare Policy and Practice Group - Annie E. Casey Foundation's Center for Effective Family Services and Systems	Interview

CHAPTER 1 :
THE VALUE OF QCRs

Participants in this study are unified in their view of the QSR and CFSR as important components of quality assurance monitoring of child welfare case practice, but jurisdictions' experience in using these tools differs.

For example, all states are held accountable for federal performance metrics, such as length of foster care stay, rates of maltreatment, and measures of expedient permanency. In addition, most jurisdictions use jurisdiction-specific quantitative benchmarks for their internal improvement efforts. In the survey and interviews, participants shared that both the QSR and CFSR help jurisdictions understand the story behind these numbers. Both tools are considered effective vehicles for:

- Articulating practice quality to staff;
- Connecting practice to the principles of a case practice model;
- Establishing and/or promoting a culture of continuous improvement;
- Focusing staff on practice skills and activities used in every day casework;
- Providing meaningful feedback to field staff and agency leadership about the quality of practice;
- Engaging frontline staff and supervisors in peer review with multiple system actors; and
- Teaching and training staff on the practice standards.

In addition to these commonalities, jurisdictions also described differences between using QSR protocols and the CFSR protocol; these differences are described in the remainder of this chapter.

The Quality Service Review Experience

Participants who use QSRs report that the tools are most effective for assessing how well a child and his or her family is doing as a means of providing context for system performance. To support this claim, participants cite the ability of the QSR to probe child safety, stability, permanency, health, mental health, and educational status as well as parental capacities and challenges. They also cite the use of QSRs to assess whether a team has been formed and is engaging the child and family in effective case planning.

QSR proponents believe the process helps establish and promote practice standards and spread accountability beyond quality assurance units in a number of ways. For example:

- The process engages all organizational levels within an agency. The practice of using staff – particularly supervisors – as reviewers and QSR coordinators encourages staff investment in the process. Providing immediate feedback to supervisors and workers is an effective training and reflective practice exercise.
- QSR scoring forces reviewers to form sufficiently precise judgments to permit comparisons across cases, creating clearer standards for individual workers, supervisors, and systems.

- Discussions among reviewers to ensure inter-rater reliability promote an exchange of ideas about good practice criteria.
- Interaction between reviewers and frontline workers promotes a common language and set of expectations about how to score cases. This reinforces and promotes a set of practice standards for staff.

In one example of this thinking, an architect of the Hawaii System of Care QSR notes that implementing a QSR shifted organizational thinking. It helped integrate the practice model with data collected and made system and practice improvement more straightforward. This assessment was supported by outside observers, who wrote, "The Hawaii System of Care has evolved a data collection and utilization process that is persistently focused on informing real-time, real world problem solving at all levels of the organization."[6]

A few jurisdictions have a sufficiently long track record with QSR to observe its ability to produce tangible evidence of system reform. Observers of the Hawaiian approach wrote, "Examination of … child status indicators reveals a general pattern of improvement across the 10 years of reform." They concluded, "youth receiving public mental health services today are more likely to function better than the youth receiving services before the reform."[7]

However, while some participants applaud the QSR's unique feature of assessing case practice improvement, many acknowledge the absence of an explicit link between QSR indicators and federal quantitative performance metrics. Participants want to see a more direct connection between a measure (such as length of stay) and a QSR score, such as how well teams are formed around families and how well or poorly teams function. This type of connection would help managers understand how to prioritize practice improvements.

The Child and Family Service Review Experience

Participants report that they use the CFSR protocol because it enables them to mirror the federal process in between reviews, allowing them to "teach to the test." However, the majority also indicate that their primary use of the CFSR, like the QSR, is to provide field staff with feedback on the quality of practice with families. As such, participants report that local implementation of the protocol has been useful in:

- Identifying challenges to family involvement in case planning, family visitation, assessment, and general engagement;
- Articulating quality practice to staff and connecting it to the values and principles of a defined case practice model; and,
- Informing and reinforcing staff understanding of practice standards.

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[6] Hodges, S., Ferreira, K., Israel, N., & Mazza, J. "Leveraging Change in the Hawaii System of Care, Child and Adolescent Mental Health Division, Hawaii Department of Health. Site Report for Case Studies of System Implementation." The Research and Training Center for Children's Mental Health, Department of Child & Family Studies, Louis de la Parte Florida Mental Health Institute, Tampa, Florida. (July 2006): 7.

[7] Daleiden, E.L., Chorpita, B.F., Donkervoet, C., Aresndorf, A.M., & Brogan, M. "Getting Better at Getting Better: Health Outcomes and Evidenced-Based Practice Within a System of Care." *Journal of the American Academy of Child and Adolescent Psychiatry.* (June 2006): 753.

The extent to which the process is used to ensure compliance with federal requirements varies across jurisdictions. For example, in states or locales where there is considerable concern about "passing" the next federal review, jurisdictions have placed greater emphasis on knowing and improving specific practice areas assessed (such as monthly visits) and reviewing larger and more "statistically valid samples" of cases. In areas where the CFSR case review has been adopted primarily as a means of practice improvement, there has been greater emphasis on its connection to a practice model and its value as a diagnostic and teaching tool for field staff.

One participant from a CFSR jurisdiction says the "qualitative case review provides a learning opportunity (for field staff) when the focus is on what is done as opposed to what is documented in the case record." This distinction in the way CFSRs are used is also reflected in the skills deemed necessary for reviewers. Some jurisdictions emphasize familiarity with federal requirements as a priority, while other jurisdictions – particularly those focusing on the link to practice improvement – tend to select reviewers with advanced practice skills.

Though the CFSR is part of the federal "package" that attempts to review qualitative and quantitative information together, the link is not always clear. One state leader says that "without some of the CFSR (case review) items, like permanence and family visits, for example, you can't get to positive outcomes." But in general, participants acknowledge that at times, clear and significant improvement in practice (as measured in the case review) is not reflected in the quantitative metrics as might be expected. Participants attribute part of this disconnect to the measures selected by the federal government. They suggest that the federal approach may not be the most effective means to improve case practice or system outcomes.

While a critique of the national quantitative metrics is outside of the scope of this report,[8] it is worth noting that some experts believe flaws in the metrics have the potential to "lead states astray."[9] Furthermore, participants report that the CFSR approach could be more helpful as a vehicle for demonstrating case practice improvement over time. CFSRs are scored using a scale that only allows for one aspect of a case to be identified as a "strength" or "area needing improvement" or "not applicable," thus limiting choices and minimizing the opportunity to show improvement.

[8] For a critique, see John Schuerman and Barbara Needell, "The Child and Family Services Review Composite Scores: Accountability off the Track." Chapin Hall at the University of Chicago. Chicago, Illinois. (2009).

[9] Courtney, M.E., Needell, B., & Wulcyzn, F. "Unintended Consequences of the Push for Accountability: The Case of National Child Welfare Performance Standards." *Children and Youth Services Review* 26 (2004): 115.

CHAPTER 2 :
REQUIREMENTS FOR BUILDING AND SUSTAINING A ROBUST QUALITY CASE REVIEW PROCESS

Developing a robust and sustainable quality case review process requires investment in four sets of implementation activities, described in this chapter, which can be both overlapping and sequential. They include:

- Start-up activities;
- Capacity-building activities;
- Integration activities; and
- Sustainability activities.

Even though QCR start-up involves distinct activities and decision points for state or local departments, it makes sense to undertake these activities with long-term sustainability in mind. The reality is that systems with the best QCR processes view these activities as reinforcing, not linear. They expect to return, for example, to questions asked at start-up to refine and modify the QCR tool as they and field staff learn more about best practice.

Start-Up Activity

Survey and interview participants describe the intensive work involved in the first one to two years of QCR implementation. While the cost and commitment to the processes varied by tool – QSR costs tended to be higher than those associated with the CFSR – both QCR processes required substantial amounts of staff time and careful attention to communicating with field staff. Start-up activities may include up to four facets, as described below.

Building on a Case Practice Model

Many jurisdictions have or are establishing a case practice model to guide casework, decision making, and interventions. QSR protocols, more so than the CFSR protocols, typically reflect an implicit case practice model because components that are scored (as described in Appendix A) include, among other components, analysis of how well a child and family were engaged by a system, what type of team was developed to wrap around the family, and whether planning and intervening was appropriate and mindful of the child and family's long-term outcomes (e.g., permanence).

Jurisdictions surveyed offer differing perspectives about what should come first: design and development of a case practice model or conducting case practice reviews. Sequencing depended on local philosophy, capacity, and context. One state had a case practice model in place before seeking a means of assessing the fidelity of the practice to the model. In that state, leadership wanted the entire workforce trained in its practice model before beginning a quality review process.

Some participants cite tensions between state oversight and county autonomy as one reason to begin QSR implementation before developing a formal case practice model. They report that regions that have established greater local autonomy have difficulty accepting definitions of case practice developed by a central office. Standards regarding practice that develop out of the findings from the QSR are more likely to be accepted by local regions.

A third approach is to develop a case practice model simultaneously with a QCR process, an approach adopted by one of the states with extensive experience using child welfare QSRs. That state had not developed a formal case practice model before it began its QSR process. Rather, the quality improvement unit started reviewing cases and identifying practice strengths and areas for improvement while, in a parallel process, the state leadership began case practice model design and development. Here, the difficulty of training large portions of a state while conducting QSRs was often a challenge. As a result, some areas of the state were not trained prior to undergoing the review. However, this state reports that the practice model training was taken more seriously because staff knew the QSR would shortly be assessing the quality of their case practice.

Developing a Protocol

Participants stress that QCR protocols must reflect local language, practice standards, priorities, policy, and stages of reform. Some states report that they made a range of substantive revisions to their case review tools after the initial period of use. This process can be time consuming, especially for the QSR, though some states have begun this process by using another state's tool for an initial pilot round of reviews and then adapting their own tool based on that on-the-ground application.

Engaging External Experts

The CFSR case review process was launched internally in many states following an initial experience with the federal on-site review process.[10] The federal review generally arranges for teams of two – one local reviewer and one external reviewer. Some states, however, engaged outside consultants to conduct CFSR reviews in anticipation of the first federal round of reviews. The QSR architects strongly believe in reviewer training and certification of individuals as lead reviewers. Therefore, jurisdictions employing a QSR process generally contract with external experts to lead reviews and train their staff as they build capacity.

Messaging to the Field

Many study participants describe proactive communications strategies to introduce QCR to field staff. These strategies include presenting at regional meetings and local offices, providing QCR orientations during worker training, distributing brochures, and sharing written information through websites, "Frequently Asked Questions" documents, and condensed summaries. In many jurisdictions, Quality Assurance (QA) staff members meet with local staff prior to the review to ensure that everyone understand the QCR's purpose, processes, and their roles in it.

Perhaps more critical than identifying which communications vehicles were effective, participants emphasize which messages worked. They note that during initial implementation, QCR is best received by field staff when

[10] The on-site review is one part of the Administration for Children, Youth, and Families' routine mechanisms for monitoring the performance of state child welfare systems, referred to broadly as the Child and Family Services Review (CFSR). As discussed earlier, states have adopted the case review component of the CFSR as their internal quality improvement tool.

described as being a method to learn about and improve quality and consistency of practice at the system level. While accountability for practice improvement is essential, participants emphasize that introducing QCR as a non-punitive, learning-focused process is essential for buy-in.

Additionally, participants describe the importance of concrete descriptions that explain how review findings would be useful to field staff. A few jurisdictions note that in offices in which QA staff members are former frontline caseworkers and supervisors, messages about introducing QCR have been particularly well received. Multiple participants cite the pitfalls associated with using QCRs as tools for performance evaluation at the individual worker level.

Capacity-building Activities

Participants and experts note that building a QCR process requires investment in people (staff and experts), training, and the integrity of the process.

Designating Staff

In many states, staff members are designated in local, regional, and central offices for organizing, managing, and following up on the case review process. Frequently, central office staff members provide project management, identify the samples, coordinate with local/regional offices, produce post-review reports, and follow up on improvement efforts. Regional and local staff members, in addition to being points of contact, manage local logistics, and, in some jurisdictions, help local staff translate review feedback into improvement efforts.

Selecting and Training Reviewers

Survey participants indicate the importance of having highly skilled practitioners serve as case reviewers. In particular, QSR jurisdictions indicate that having an internal training and certification process for all reviewers is critical. While CFSR jurisdictions did not describe an internal certification process, most had a structured process in place for training reviewers. They also emphasize that reviewers' familiarity with the federal process was important. Both QSR and CFSR jurisdictions note the value of internal reviewers who are not from the review site. One benefit of using front-line workers and supervisors to review cases in other jurisdictions was improved practice in their local offices.

Ensuring Process Integrity

The credibility of the process is critical to its ability to measure case practice performance and to guide improvements. A credible process relies on having procedures in place to minimize reviewer bias and achieve maximum case rating consistency among reviewers. These procedures should start with and build on reviewer selection and training. After that, there can be several actions aimed at ensuring inter-rater reliability during a review, such as:

- Assign cases to two-person teams. Although this approach doubles the number of personnel required, it provides two perspectives and an opportunity to discuss and reach agreement about practice standards.

- Debrief cases across review teams with an experienced facilitator in the grand rounds style.[11] Again, this approach requires an investment of time and expertise for the organization. A group debriefing, along with case presentations and follow-up questions, can help review teams see similarities and differences among cases better to achieve scoring consistency and gain a common understanding of practice standards.
- Develop the "case story." This is an integral part of the QSR process. In a case story, reviewers articulate the case facts that led them to their scoring judgments. Composing case stories, however, often requires additional reviewer time beyond the hours or days devoted to the file review, review interviews, case scoring, and debriefing.

Integration Activities

In survey responses for this study, the vast majority of participants indicate that establishing a clear connection between the case review process and other management interventions such as training and supervision helps strengthen QCR practice. Some strategies for doing so follow.

Training Field Staff

Most QSR participants and a few CFSR survey participants indicate that providing information about QCR indicators is a routine part of field staff training. States that have not integrated their case review indicators into staff training noted that doing so would enhance the ability of QCR findings to improve practice quality.

Developing Supervision Processes and Tools

Many jurisdictions report they have integrated qualitative review processes into routine supervisory practice. Participants report using a range of tools for supervision based on indicators outlined in their case review protocol, although this is much more frequently true in QSR jurisdictions than CFSR jurisdictions. In one jurisdiction, for example, supervisors use a series of questions based on the QSR protocol to review one case per caseload in each unit each month. Other states report similarly adapting the QSR or CFSR protocol for supervisors to use to emphasize reflective practice. In jurisdictions where the case review process is not integrated with supervision, survey respondents consistently rated this strategy as one that would be "very useful" for practice improvement.

Building Ability to Manage with QCR Data

Study participants describe how their jurisdictions have worked to understand the relationship between improvements in practice quality (as evidenced by improvements on case review indicators) and improvements on outcome measures. Using qualitative data as a part of overall efforts to improve child and family outcomes varied widely. One jurisdiction that is currently implementing a

[11] Grand rounds are a formal meeting at which physicians discuss the clinical case of one or more patients. Grand rounds originated as part of residency training to teach new information and enhance clinical reasoning skills. Grand rounds today are an integral component of medical education. For more information, visit http://www.medterms.com/script/main/art.asp?articlekey=40370

QSR describes its plans for using qualitative and quantitative data as follows: *"If we look at (improving) practice, what outcomes do we expect to see change? For example, we believe that family engagement has an impact on the number of children placed with relatives. Over time, we will track this by including aggregated case review findings in our management reports that are drilled down to the county level. We plan to use all of the data together, like a dashboard, tracking CFSR measures and placement data reports along with aggregate QSR findings."*

Jurisdictions with several years experience using QCR data shared examples of correlations between improvements on QCR findings and gains in broad outcomes. One jurisdiction notes that it made significant improvements in permanency outcomes while at the same time improving the quality of engagement and assessment (as indicated in the case review). Another participant describes a similar example. In this instance, the increased use of family team meetings resulted in a "rise in efforts to preserve family connections," which in turn led to more timely adoption and more frequent placement in settings that became permanent connections.

Many participants identify the need to better link QCRs with other data collection activities and overall strategic planning, which they acknowledge can be challenging. Staff at the state and regional or local levels need ample time and analytical capacity to integrate these activities. Participants also note that multiple "non-practice" drivers of performance on key outcomes (for example, contracts management, funding, and state policy) can make it difficult to identify clear correlations.

Finally, many jurisdictions use the CFSR national standards as outcome measures, while acknowledging serious flaws in these measures (as noted on page 13). Participants cite several instances in which limitations in the definitions of the outcome measures resulted in disconnects between performance on quantitative and qualitative measures.

Using QCR in Combination with Other Qualitative Data Activities

No jurisdiction relies on just one process to gather qualitative information about quality case practice. Participants report that they often use multiple strategies – with different data collection goals – to create a comprehensive picture of practice strengths and to identify areas for further work. Some jurisdictions use customer satisfaction surveys, focus groups, and supervisory case reviews along with the QCR process.

ChildStat is a good example of a new process being used in combination with other quality improvement efforts. ChildStat is based on the CompStat model pioneered by the New York City Police Department. CompStat involves regular meetings of key departmental leadership to review crime statistics "to manage its policing activities and to hold front-line commanders accountable."[12]

[12] Helbig, N. "Thinking Beyond Performance Indicators: A Holistic Study of Organizational Information Use" Unpublished dissertation, Rockefeller College of Public Affairs and Policy, Department of Public Administration, University of Albany, State University of New York, Albany, New York. (2009): 17.

Similarly, ChildStat meetings focus on current local data related to an area of interest, an identified systemic problem, or a set of standard measures. Examples of measures include caseload dispersion, safety assessment approvals, indication rates, and service outcomes.

ChildStat meetings often include intensive reviews of one or two child/family cases using a grand rounds style format. Responsible management and supervisory staff are questioned about the data and decisions in the identified case(s) to tease out the effect of case-level decisions and system-level norms. At least two participating jurisdictions use both the QSR and ChildStat meetings to improve overall system performance.

In another jurisdiction, participants report using focus groups with QCRs to inform improvement efforts. In this case, layered QA strategies were used to address high rates of reentry, a problem for which initial improvement strategies had failed. Through the use of stakeholder focus groups and quantitative data, staff identified the underlying causes of the reentry problem and noted that the majority of re-entering children were age 12 and older. The case review process helped them to understand that many of these children had unaddressed emotional and health issues, which fueled the development of more effective strategies to curb reentry. Participants say the use of these tools together helped staff understand the underlying problems and craft more precise ways to address them.

Sustainability Activities

As previously discussed, investment in a QCR process requires certain start-up costs and capacity building. Many jurisdictions recognize that if these efforts are not sustained, the long-term return on investment will be limited. Survey participants and experts suggest that sustaining a QCR process as part of a jurisdiction's overall quality assurance program requires active leadership, an ongoing commitment to using QCR data, and the ability to hold people accountable for the results, as well as stakeholder and partner involvement.

Leveraging Leadership

As is the case with other QCR activities, leadership involvement was cited as an essential component in sustainability. Participants were unanimous in reporting that leadership support was key; in fact, they cite leadership support as the primary reason they are using their current QCR process. Although some jurisdictions began using QCR as a result of class action litigation, many continue to do so even after the consent decree ended because their leadership is committed to the process. Participants note that caseworkers and other key stakeholders pay close attention to how and where leaders spend time. Involved leaders signal the importance of taking time from otherwise busy schedules to reflect and refine practice and policies. Active involvement is characterized by such actions as directors attending facilitated review debriefings and community results sharing meetings; regional directors going out on reviews and becoming certified reviewers; and agencies choosing new leaders who are invested in quality improvement.

Using QCR Data Over Time

Managers learn to examine what sorts of performance questions can and cannot be answered by the data and follow through on addressing areas that need improvement. Over time, they align actual practice with a practice model to help produce better outcomes. The manner in which staff members are coached and mentored is deepened by participating in reviews. In both QSR and CFSR jurisdictions, caseworkers and supervisors learn that they can test and refine practice using QCR results. One jurisdiction notes, for example, that its kinship cases were receiving low marks on QSR reviews. When they looked more closely at cases in a particular region, they found that kinship placements tended to be prioritized differently than foster care placements. The assumption was that kinship foster parents did not need further help because they were related, when in fact these parents needed at least the same amount of support if not more than other foster parents.

Holding People Accountable for Results

Jurisdictions showing the most progress using QCRs are those that hold staff at all levels accountable for results. In many jurisdictions, program managers, not just workers and supervisors, are responsible for reporting on the results of the QSR in their geographic areas and outlining plans to use results to change practice. Spreading responsibility both for conducting QCRs and acting on recommendations encourages accountability across staff levels and reinforces the value of the process. The manner in which QCR results are used often influences how and what resources are devoted to the process and what other activities are needed to support improved performance.

Stakeholders and Partner Involvement

All participants agreed that QCRs are improved when stakeholders are involved, whether that means including service providers, advocates, judges, or legislators. In addition, as an observer of a mental health QCR noted, the vigilance and commitment of stakeholders can really help sustain change. Participating in reviews gives stakeholders a deeper appreciation for the complexity of tough cases and the decision-making that takes place. One participant notes that implementing QSR was as much a community development strategy as an evaluation strategy because of the perspective it provides for people outside the system. Legislators and other stakeholders unfamiliar with child welfare discover that some practices, including successful family meetings, make a real difference to the work. Participation can take many forms, such as training stakeholders to become reviewers, including participants in grand rounds, or sharing the data.

CHAPTER 3 :
ADAPTATIONS WITHIN LIMITED STATE BUDGETS

Participants and experts agree that maintaining a robust QCR process that adds value to child welfare systems requires a considerable investment in organizational capacity, whether the chosen approach is a QSR or a CFSR.[13] In both approaches, jurisdictions must devote staff time and travel costs to conduct reviews in different locations within the jurisdiction. In any given review, staff must spend time reviewing case files, conducting interviews and/or focus groups, documenting findings, and sharing those findings with stakeholders, frontline staff members, and leadership. These steps are critical to the reliability and usefulness of review results.

As stated earlier, when AECF and CSSP started doing this work, one goal was to understand more about the adaptations occurring with qualitative case reviews at the local and state level. States report experimenting for a variety of reasons: some cite cost and the need to reduce the resources (staff and costs) required to do reviews; some cite their conclusion that some parts of the review could be tailored or eliminated based on their experience on the ground; still others share that they were doing "mini-reviews" in addition to more formal reviews. These mini-reviews seemed to involve fewer cases and local reviewers. The goal of the mini-reviews was not so much to collect overall system information, but instead to learn more about local practice or provide feedback to caseworkers.

After extensive information gathering from state and national experts, the question of whether adaptations described in this chapter result in a diluted quality improvement approach is still open. Many of the experts strongly recommend that jurisdictions proceed cautiously with adaptations intended solely to trim costs. These experts caution that cost savings may undermine the integrity and effectiveness of the case review process.

While state leaders clearly share some of these concerns, many are also moving forward with efforts to adapt, refine, and identify QCR efficiencies. It is probably too soon to gauge the impact of state adaptations or determine what might be gained or lost from such efforts.

However, it is not too soon to track site experimentation in order to describe it and begin to collect lessons learned. According to study participants, current QCR adaptations include:

- Shortening review periods and using more telephone interviews;
- Reducing feedback;
- Limiting use of external consultants;
- Streamlining written reports; and
- Targeting the scope of the QCR.

[13] States employing the QSR approach generally have greater start-up costs for design consultation and initial reviewer training. The CFSR protocol is publicly available online in a ready-to-use format, and all states have become familiar with the process through the federal on-site CFSRs.

Shortening Review Periods and Using More Telephone Interviews

In both the QSR and CFSR approach, a dozen or more cases are often reviewed by multiple on-site teams over a five-day time frame. In experimenting with QCRs, some jurisdictions are reducing travel costs by shortening the review week to three days. Others may schedule an extended review time but conduct interviews with case informants by telephone instead of in face-to-face meetings. In one jurisdiction, when the cost of hotel rooms became prohibitive, the quality improvement team figured out how to complete the same number of reviews in half as many days. Other sites reported similar belt-tightening activities to maintain the frequency and number of reviews while reducing staff time per case.

Reducing Feedback

Both the QSR and CFSR process typically incorporate a final "results sharing" meeting that is agency-wide and includes members of the community. This allows the team to publicly report on practice strengths and improvement areas. While study participants note the value of such meetings, some have eliminated them or now use phone conferencing to present findings. More are relying on final written reports to communicate QCR results. Likewise, the QSR process is designed to include exit conversations with workers and supervisors directly responsible for cases reviewed. Some states have eliminated this step. Many note, however that this opportunity for providing feedback is a core component of the QSR and should not be abandoned.

Limiting Use of External Consultants

As previously described, start-up efforts often include relying on outside experts to help launch a QCR practice. Some participants cite the advantages of having outside experts serve as reviewers and expert coaches to train staff between reviews. However, many note the prohibitively high cost of this approach and are reducing use of external consultants in favor of in-house, trained staff.

Streamlining Written Reports

The QSR process typically requires reviewers to develop case stories – sometimes lengthy narratives – about the child and family and system performance to explain the case scoring and the quality of case practice. A couple jurisdictions have modified and shortened the case narrative process to make it easier for staff to complete during the case review week. Other QSR states have eliminated the use of case narratives altogether because in-state reviewers (in contrast to what were once paid, out-of-state consultants) did not have time to write them. Eliminating case narratives is seen by some jurisdictions and national experts as having a potentially negative impact on ensuring inter-rater reliability and driving case practice improvement, the hallmark and primary focus of QSRs.

Targeting the Scope of the QCR

Many states using the QSR process report targeting the reviews to specific issues or subpopulations such as children in congregate care or children ages 0 to 5 in foster care better to assess local challenges. Others note that a focus on improving specific indicators (such as "teaming and engaging") can help to highlight priority areas for improvement. Done carefully, such targeting can reduce review costs (since reviews may be less time intensive) and maintain sufficient information gathering to improve practice.

CHAPTER 4 :
AN ACTION AGENDA AND CONCLUSION

This study set out to understand the value of QCRs, how states are testing adaptations (including cost and design efficiencies), and what these adaptations tell us about where the field is headed with QCRs. Feedback from the field suggests that investment in a QCR process – no matter which approach is used – adds value to practice. However, the argument in favor of a QCR component in a child welfare quality improvement system could be strengthened with more clearly compelling evidence of the relationship between practice and outcomes achieved.

The qualitative review process is acknowledged to be resource intensive. Cost savings are elusive, in part, because little is known about the extent to which some components provide a greater return than other components, or whether the whole truly is greater than the sum of the various parts. This study did not produce definitive answers about the ability of jurisdictions to do more with fewer resources. There is no accepted formula for determining which specific implementation components are more valuable than others or which economies can be achieved without sacrificing learning and quality. What is evident is that jurisdictions find peer-to-peer learning an invaluable facet of their QCR and quality improvement efforts overall.

During the same period in which this study was underway, public child welfare system performance was receiving renewed attention at the national and local levels. First, the Children's Bureau and other agencies have started to consider the next evolutionary step in the federal Child and Family Service Review process. Second, a growing number of jurisdictions are embarking on reform through development of a practice model. Finally, the field as whole is looking to move beyond promising practices to strategies that reflect practice-based evidence.

Findings from this study suggest several action steps for QCR improvement at the national and local levels. The Children's Bureau examination of the CFSR provides an opportunity to consider how a new CFSR process might further encourage states and support use of real-time qualitative case analysis better to understand outcomes and improve case practice. In addition, the growing number of jurisdictions exploring QCRs are likely to be interested in the role QSRs have played in implementing case practice models. Perhaps most importantly, studying effective QCRs may guide and expand knowledge of "what works" in child welfare practice.

The following recommendations are offered to three audiences:

- Those that are QCR proficient (jurisdictions that use the QSR or a comprehensive CFSR process);
- QCR initiators (those considering a more robust quality case review process); and
- National leaders.

Recommendations for QCR Proficient Jurisdictions

Jurisdictions already using a QCR process can continue to improve, refine, and ultimately maintain their practice by deepening their QCR use. Some strategies to take QCRs to the next level include:

- Improve the link between QCR outcomes (e.g., scores on "teaming") and quantitative metrics that are already being tracked (e.g., reunification);
- Strengthen the link between the QCR and other system components, such as field staff training and supervision;
- Provide more hands-on and facilitative support to field staff and local managers in translating review findings into case practice improvements;
- Collaborate with and learn from the field through peer-to-peer learning opportunities; and
- Approach cost-cutting measures and "efficiencies" cautiously, by:
  - Using QCRs selectively for specific, targeted case reviews – such as understanding high rates of children being placed in congregate care or disrupting in kin placements. This may be one way to retain the practice while scaling back costs.
  - Working with other states using the tool to identify efficiencies related to the tool itself and the review process.

Recommendations for QCR Initiators

Jurisdictions considering development of a more robust qualitative process have many factors to consider. Some steps they can take:

- Contact a state or city already using a QCR protocol to talk about their experience;
- Identify how the protocol and process can foster case practice more clearly linked to a practice model;
- Send leadership to "shadow" in a system that uses a robust QCR as a central component of its Quality Assurance System;
- Engage in early collaboration with federal regional offices while developing or expanding a QCR process to ensure the state's selected approach meets the federal requirements for quality assurance; and
- Clarify specific results desired from a QCR, considering the extent to which improved case practice in certain areas might support better performance on quantitative outcome measures.

If a jurisdiction intends to implement QCR as a new case practice model is introduced, they will need to consider sequencing and define core values and principles early. Some other pointers:

- Pay attention to the environment to determine what sequencing is best suited to local circumstances.
- Understand the interdependence of case practice principles, components, and elements of a quality case review.

- Focus early conversations with field staff on the diagnostic and learning aspects of the tool; save the exploration of accountability until much later in the process, after field staff members have had the opportunity to learn and practice.

Recommendations for National Leadership

The recommendations for state actions are not dependent on any national agenda. States can take their own actions. However, each state's QCRs could be strengthened by a comprehensive national effort to transfer knowledge among states.

A national agenda should:

- ***Support jurisdictions*** in building a robust QA process that includes a real-time QCR component. This support could take two forms. First, the Administration for Children, Youth, and Families could "certify" the QA process as being an acceptable substitute for the on-site federally directed CFSR. Second, the federal government could provide fiscal QCR incentives through annual development and sustainability grants to jurisdictions.
- ***Encourage federal regional offices*** to participate in development of a state's QCR process prior to implementation, ensuring that approach meets federal requirements for quality assurance.
- ***Promote investment*** in QCR protocol and process development and training for qualitative case-based reviews, including initial investments in consultants, a cost that is often difficult for states to bear. This could include working with state experts to adapt the existing CFSR case review tool better to support practice improvement.
- ***Expand existing technical assistance.*** Currently, the National Resource Center for Organizational Improvement (NRCOI) provides assistance to states employing the CFSR process locally. Jurisdictions using the QSR are often linked together by the national experts and foundations that have developed and supported QSR development. These formal and informal efforts could be expanded through sponsorship and cultivation of a "community of practice" or some other technical assistance forum funded either through NRCOI, a new center, or an existing non-profit. Such a forum could support QCR learning networks by identifying and supporting states with extensive QCR experience to serve as peer mentors, perhaps creating a Peer Technical Assistance Bank for implementation support or providing opportunities for site visits among states.
- ***Support research and knowledge building*** that explores the efficacy of QCR methods to improve outcomes for children and families by improving practice. Such research would evaluate the link between practice improvement efforts, improved review findings, and improvement on key quantitative measures.

CONCLUSION

QCR offers a perspective on system performance that isn't elicited by quantitative approaches alone. As participants in this study described, finding cost effective QCR methods can be challenging, but a number of adaptations are currently underway in the field. With the help of study participants, AECF and CSSP have been able to develop core components of a robust QCR, identify key areas for successful QCR implementation, and present recommendations for what is arguably the study's most significant insight: That taking action on QCR improvement and innovation can help systems improve performance for children and families.

APPENDICES

APPENDIX A: PROJECT APPROACH AND METHODOLOGY

Project Context and Scope

In the last 20 years, the scope of quality assurance in public child welfare has significantly expanded from solely measuring procedural compliance to assessing practice quality as well. Prompted by class action consent decree monitoring needs, some jurisdictions began experimenting in the decade of the 1990s with qualitative case reviews to assess fidelity to practice principles in reform implementation.[14] The Community Partnership for Protecting Children also employed a qualitative case review as part of its reform agenda.[15] In 2000, the U.S. Department of Health and Human Services Administration for Children and Families drew on the experience of state experimentation and introduced a qualitative case review as part of the Child and Family Services Reviews. In 2002, the National Child Welfare Resource Center for Organizational Improvement published *A Framework for Quality Assurance in Child Welfare* to "reflect the current focus on developing more comprehensive and effective quality improvement systems."[16] Today, qualitative case reviews are an integral but resource-intensive component of many quality improvement systems.

In addition, both the Center for the Study of Social Policy (CSSP) and the Annie E. Casey Foundation (AECF) have an extensive history of assisting and observing jurisdictions implement qualitative case reviews. As a result, many jurisdictions have sought guidance from the two organizations on a variety of issues including implementation steps, implementation economies, appropriate modifications, and using results to improve practice. Within this context, the study focused exclusively on Child and Family Service Reviews (CFSRs) as implemented by state and local child welfare agencies and Quality Service Reviews[17] (QSRs) used in child welfare and other domains to measure outcomes.

The federal ***Child and Family Services Review (CFSR)*** combines a review of aggregate case processing and outcomes data with qualitative case reviews. In the federal process, a sample of 65 cases from a total of three sites in a state, including the largest metropolitan area, are selected. Reviewers conduct case file reviews and case-related interviews with children, parents, foster parents, caseworkers, and other professionals involved with the child. The protocol's three sections focus on the outcome domains that form the basis of the CFSRs: safety, permanency, and child and family well-being. For each outcome, reviewers collect information on a number of "items" related to that outcome.[18] Though the federal review only occurs once every three to four years, many states are using the CFSR case interview process as a regular qualitative tool.

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[14] Alabama, Hawaii, Jackson County, Missouri, and Utah all started implementing Quality Service Reviews as part of class-action litigation consent decrees.

[15] The Community Partnership for Protecting Children was an initiative of the Edna McConnell Clark Foundation.

[16] O'Brien, 1.

[17] The term Quality Service Review (QSR) is used throughout this report to refer to the case-based review methodology developed by Human Systems and Outcomes, Inc. and adapted by the Child Welfare Policy and Practice Group.

[18] Instruction manual for On-site reviews CB CFSR On-site Review Instrument and Instructions, General Instructions: http://www.acf.hhs.gov/programs/cb/cwmonitoring/tools_guide/onsitefinal.htm

The Quality Service Review (QSR) relies heavily on face-to-face interviews to answer questions related to the child and family's status and system performance. The basic process most often begins with a random sampling of cases. The sample size usually varies depending on the caseload size of the office or region under review. The Department of Children and Families in Utah, for example, annually selected a sample of 72 cases in its most populated regions and 24 cases in the less populated regions. Alabama's county-run system has annual samples ranging from 12 cases in the smaller counties to 68 in the larger ones. Samples are adjusted so that no worker has more than one, and there is a balance of in-home and out-of-home interventions, older and younger children, and boys and girls. The cases are reviewed by teams of two.

In contrast to an individual case record review, the QSR take about two days per case. It starts with a file review and then proceeds to interviews with the child, family members, nonfamily caregivers, professional team members, and others (for example, teachers) who might have relevant information. The interviews are informal but structured by the basic norms of assessment and individuated planning that guide primary casework. However, the reviewers must ultimately score the case numerically in terms of both child-level and system-level indicators.[19]

Both individual caseworker and grand rounds[20] style feedback are core features of most QSR applications. Reviewers meet with the caseworker and supervisor to discuss their findings and the scores. When cases are aggregated, a summary for the system or subsystem is created. The reviewers discuss among themselves the indicators and information from their cases that might explain their significance, and they meet collectively with personnel from the office under review to discuss the diagnostic importance of their findings. The final report sets out the aggregate scoring, generalizes about what appear to be recurring problems, and presents illustrative examples from specific cases.

[19] Typically, half the indicators concern "child and family status" and measure the well-being of the client and his or her family over the past 30 days. Other indicators concern "system performance" over the past 90 days.

[20] A formal meeting at which physicians discuss the clinical case of one or more patients. For more information visit http://www.medterms.com/script/main/art.asp?articlekey=40370

Data Collection Methodology: Surveys and Interviews

The project team began by developing hypotheses about qualitative case reviews and interview/survey protocols to test those hypotheses. The team emphasized data gathering from two cohorts of public child welfare agencies: those that used the QSR for routine qualitative case review and those that used the CFSR for routine qualitative case review. One jurisdiction (Iowa) had experience with implementing both the QSR and CFSR. In addition, the team interviewed three states (California, Florida, and Maryland) using other hybrid case review tools with a minor qualitative component and observed ChildStat in three jurisdictions. Table A-1 identifies the jurisdictions and national experts that participated in the surveys and/or the interviews.

The surveys were administered online and were primarily used to gather preliminary information in advance of a 90-minute interview. (See Appendix C for a copy of the survey questions.) Interviews were conducted via phone by pairs of interviewers representing both AECF and CSSP.

After the completion of the surveys, interviews, and on-site ChildStat observations, a group of representatives from five jurisdictions and seven national organizations participated in a day-long advisory group meeting. The meeting was designed to gain insights into qualitative case review processes, share ideas and strategies for improving those tools, and strengthen recommendations to the field on enhancing qualitative case review tools and processes to improve outcomes for children and families. The group also identified opportunities for ongoing work to strengthen qualitative case review in child welfare at both the local and national levels. Table A-2 identifies participants in the advisory group meeting.

Table A-1 Project Participants

Cohort	Jurisdiction	Informant	Role
QSR	Pennsylvania	Mike Byers	Statewide Quality Improvement Department Manager, CWTP
	Indiana	Angela Green	Deputy Director of Practice Support, DCS
	Virginia	Dorothy J. Hollahan	Quality Manager, Continuous Quality Improvement, DSS
	Utah	Brad McGarry	Director, Office of Services Review, DHS
	Utah	Linda S. Wininger	Director, Program and Practice Improvement, DCFS
	Tennessee	Bethany Womack	Program Coordinator, DCS
	Iowa	Jane Kieler	QSR Coordinator (retired), DHS
	Iowa	Krys Lange	Former CFSR Coordinator, DHS
	Wisconsin	Harry Hobbs	CQI Section Chief, DCF
	Alabama	Sandy Holmes	Manager, Office of Quality Assurance, SDHR
	Missouri	JoDene Bogart	Quality Assurance Specialist, DSS
CFSR	Georgia	Shelley Cyphers	QA Section Director, DFCS
	Maine	Theresa Dube	Performance & Quality Improvement/Federal Plan Program Manager, DHHS
	Tennessee	Frank Mix	Quality Service Review Director, DCS
	Minnesota	John Nalezny	QA Lead, Child Division, Washington County Community Services
	New Hampshire	Heidi D. W. Young	Program Specialist, Bureau of Organizational Learning, DCYF
	Indiana	Lisa Whitaker	Performance and Quality Improvement State Director, DCS
	Iowa	Krys Lange	Former CFSR Coordinator, DHS
	Minnesota	Christeen Borsheim	Division Director, DHS
	Fairfax County, Virginia	Sandra Slappey	Quality Assurance Coordinator, DFS
	Idaho	Kathryn Morris	Program Specialist, CQI Lead, DHW
	Oklahoma	Cheryl Coponiti	CFSR Program Manager, DHS
ChildStat	New York Philadelphia Washington DC	Observations only	
Additional Informants	California	Dave McDowell	Chief, Outcomes and Accountability Bureau, DSS
	Maryland	Linda Carter	Manager, Research/Evaluation, SSA
	Florida	Eleese Davis	Chief of Quality Assurance, DCF
	National	Peter Watson	Director, National Resource Center for Organizational Improvement
	National	Ray Foster	Founder, Human Systems and Outcomes, Inc. (HSO)
	National	Ivor Groves	Founder, Human Systems and Outcomes, Inc. (HSO)
	National	Paul Vincent	Director, Child Welfare Policy and Practice Group
	National	George Taylor	Senior Associate, Child Welfare Policy and Practice Group
	Arizona	Katherine Guffey	CFSR Manager, DES
	National	Ben Kerman	Director of Research, Center for Effective Family Services and Systems, The Annie E. Casey Foundation
	Hawaii	Mary Brogan	Former Assistant Administrator, Child and Adolescent Mental Health Division; consultant to HSO

Table A-2 Advisory Group Meeting Participants

Jurisdiction	Informant	Role
Indiana	Angela Green	Deputy Director of Practice Support, DCS
Utah	Brad McGarry	Director, Office of Services Review, DHS
Utah	Linda S. Wininger	Director, Program and Practice Improvement, DCFS
Tennessee	Bethany Womack	Program Coordinator, DCS
Wisconsin	Harry Hobbs	CQI Section Chief, DCF
California	Barbara Needell	Principal Investigator, Child Welfare Research Center
National	Ray Foster	Founder, Human Systems and Outcomes, Inc.
National	Paul Vincent	Director, Child Welfare Policy and Practice Group
National	George Taylor	Senior Associate, Child Welfare Policy and Practice Group
National	Ben Kerman	Director of Research, Center for Effective Family Services and Systems, The Annie E. Casey Foundation
National	Christina Crayton	Senior Program Associate, American Public Human Services Association
National	Tracey Feild	Director and Manager, Child Welfare Strategy Group, Center for Effective Family Services and Systems, The Annie E. Casey Foundation
Washington, DC	Andrea Guy	Deputy, Policy, Planning and Program Support, Child and Family Services Agency
National	Bertha Levin	Senior Program Associate, American Public Human Services Association
National	Heidi McIntosh	U.S. Administration for Children and Families
National	Sarah Morris-Compton	Project Manager, The Center for Effective Family Services and Systems, The Annie E. Casey Foundation
National	Kathleen Noonan	Clinical Associate Professor of Law, University of Wisconsin
National	Susan Notkin	Associate Director, Center for the Study of Social Policy
National	Sarah Morrison	Senior Associate, Center for the Study of Social Policy
National	Martha Raimon	Senior Associate, Center for the Study of Social Policy
National	Dan Torres	Associate, Center for the Study of Social Policy

APPENDIX B: SURVEY THEMES

This appendix provides a summary of themes identified from the analysis of the electronic survey results. Twenty-four jurisdictions responded. Nine jurisdictions used the Quality Service Review survey and fifteen used the Child and Family Service Review as their primary qualitative case review tool. Answers to the survey questions are listed below when at least 75 percent of participants within each cohort concurred. There are themes related to the application of one or the other protocols and themes that were consistent across the application of both protocols.

Table B-1
Qualitative Case Review Themes

Topic	Common Themes	CFSR (n = 15)	QSR (n = 9)
Reasons for selecting this tool	The majority of participants cited leadership support as reason #1.	Made sense to use the same "test" as the federal government.	Reform effort
Purposes of the case review process	N/A	To provide feedback to frontline staff and supervisors about the quality of their practice. To understand the story behind our quantitative data. To establish/promote a culture of continuous improvement in our agency.	NA (not in survey)
Aspect of practice the tool is most useful for		Engagement and assessment of underlying needs.	NA (exact question not in survey) When asked what QSR indicators had improved the most since using the QSR, the majority of sites said teaming, engaging and assessing.
Quantitative indicators the case review most helps to improve (IN THEIR OPINION)	The majority of participants indicated case review helps to improve timely reunification, timely adoption, placement stability, and discharge to legal permanence, while responses for other indicators was mixed.		Additionally, QSR sites felt the case review helped improve performance on foster care reentries.

Table B-1 – continued
Qualitative Case Review Themes

Topic	Common Themes	CFSR (n = 15)	QSR (n = 9)
How it has been implemented	Sites layer different QA approaches (CFSR or QSR combined with supervisory case reviews, decision-point analysis, consumer satisfaction surveys, mini-reviews in counties, ChildStat, compliance reviews, and use of SACWIS data). Sites have similar implementation practices in terms of selecting cases randomly, using reviewers external to the county under review, providing some type of training to reviewers, assigning workers to review in pairs, providing advanced training to state QA staff to lead the process, and having a written reporting process that gets linked up with management conversations.	Case review in general is not linked to training, but the quantitative measures from the CFSR are. The majority of CFSR sites do not provide direct feedback on the case to the worker/supervisor.	The majority of participants indicated that QSR is linked to worker/supervisor training and development. The majority of QSR sites do provide direct feedback on the case to the worker/supervisor.
What contributes to a sense of urgency around take up of findings		Case practice model implementation Leadership presence at reviews/debriefings	Leadership presence at reviews/debriefings Upcoming federal review
Costs associated with the reviews	Both processes involved significant investment of dollars and staff resources/capacity building.	CFSR sites reported a wide range of review costs and resource requirements, indicating great variety in how they have implemented than CFSR.	QSR sites indicated a consistently high level of investment in staff time/capacity and a range of costs required per review.
Reviewers	Both said it was very important that reviewers be skilled practitioners.	It is important that reviewers be familiar with the federal CFSR.	It is important that reviewers be certified internally and that they are external to the review site.

Table B-1
Qualitative Case Review Themes

Topic	Common Themes	CFSR (n = 15)	QSR (n = 9)
Efficiencies and cost-saving strategies	Cutting community results sharing forums. Reducing the duration of the review (more reviewers in fewer days to decrease travel costs). Reducing the sample size.		Develop internal reviewer pool to minimize costs of external consultants and travel. Consider eliminating or modifying the case stories and target QSR use (e.g., for specific populations identified through the quantitative data).
Potential tool changes		Participants were mixed about the utility of the 3-point scale; the majority of participants liked it. Provide richer description of quality standards around case practice. Provide greater connection between the protocol and a case practice model.	Participants all liked the 6-point scale; none stated an interest in changing to a 3-point scale.
Strengthening the process as a tool for practice improvement	The majority of participants for both tools said their post-review mechanism sometimes contributed to improved outcomes while a smaller subset believed it always contributed to improved outcomes.	Provide opportunity for direct feedback to worker/supervisors for selected cases. Increase connection between the protocol and other management interventions (e.g., training and policy).	Use the case review as a part of supervisory review.

APPENDIX C: DATA COLLECTION PROTOCOLS

QSR Application Data Collection

Interview Questions for QSR Jurisdictions

1. What are your general thoughts on what has and hasn't worked with the QSR?
2. Are you still implementing QSRs? Why? Why not?
3. What is the role of leadership in your jurisdiction related to the QSR?
4. Has the QSR helped you achieve changes in outcomes/processes over the past five years (refer back to answers from Part B outcomes questions)? How? If no changes have occurred, why not?
5. When/how do you link your QSR results to other quantitative data?
6. For systems where the reviews are not part of a settlement exit condition, what is the extent to which targets for performance are established and what accountability exists when targets are not met?
7. Discuss your ratings of the features of the QSR that contributed most to improved results for children and families. Discuss your ratings to QSR features that might be tailored/abandoned.
8. Which of the domains within your jurisdiction's QSR tool (child or system level) was most relevant or helpful to better results for children and families?
9. What do line staff understand the purpose of the QSR to be? Do you agree with that understanding?
10. How did rollout of QSR relate to rollout of the case practice model (e.g., sequencing, messaging to staff, involving field staff in design)?
11. How does your jurisdiction sustain capacity and resources necessary for the QSR (e.g., staff, travel expenses)? What is the most significant challenge in this regard?
12. Are there domains in your jurisdictions' QSR tool that were informed in particular by your site-specific needs/issues? How did a practice model inform the QSR tool/process if at all?
13. Describe the characteristics of good reviewers. There need not be one type, so describes the types needed. What does your reviewer certification process look like?
14. To what extent are there concerns about reviewer fidelity? What would you change about training and mentoring to strengthen fidelity and what do you do to assure ongoing fidelity (periodic in-service training and scoring simulations, matching case story narratives to scores, etc.)?
15. Would you recommend utilizing the QSR process for other states? Why? Why not?
16. What are the advantages/disadvantages of the QSR (and any other tools used such as ChildStat) compared to the CFSR? Are both necessary?

The web survey of QSR jurisdictions included the following questions:

1. Which of the following case-based quality review tools are used in your state/jurisdiction on a routine basis?
2. Where in your organization is the QSR housed?
3. Is QSR housed in the same division as child welfare?
4. Is QSR linked to worker/supervisory training or development?
5. If yes, check which apply
6. Which of the following metrics (from your administrative database) do you think the QSR would help to improve?
   a. Repeat maltreatment
   b. Maltreatment of children in foster care
   c. Foster care reentries
   d. Timeliness of reunification
   e. Timeliness of adoption
   f. Discharge to legal permanence
   g. Placement stability
   h. Length of stay
   i. Discharge/exit to permanence
   j. Educational stability
   k. Other (please specify)
7. Of these metrics, which has your state improved in the last 5 years?
   a. Repeat maltreatment
   b. Maltreatment of children in foster care
   c. Foster care reentries
   d. Timeliness of reunification
   e. Timeliness of adoption
   f. Discharge to legal permanence
   g. Placement stability
   h. Length of stay
   i. Discharge/exit to permanence
   j. Educational stability
   k. Other (please specify)
8. Which QSR system performance indicators have improved since you started QSR?
   a. Teaming
   b. Engaging
   c. Assessing
   d. Planning
   e. Intervening
9. Do you use the QSR indicators (child status, family status, and system performance) in tandem with the metrics listed in question 6? If yes, please give an example (e.g., length of stay).

10. On a scale of 1 to 5, how much did each of the following contribute to improved outcomes for children and families in your state/jurisdiction? (1 = *did not contribute,* 3 = *neutral,* and 5 = *contributed greatly*)
    a. Workers getting direct feedback from reviewer
    b. Random audit (possibility of case selection increases accountability)
    c. Local results report and meeting (grand rounds)
    d. Narratives (case story)
    e. Scoring and roll-up across regional or state cases (e.g., quarterly or yearly reporting)
    f. Stakeholder focus groups
    g. Other (please specify)
11. On a scale of 1 to 5, how effective are each of the following in translating QSR results to constituents and stakeholders? (1 = *not effective,* 3 = *neutral,* and 5 = *very effective*)
    a. Include local advisory groups composed of a range of stakeholders such as involved families, community resident leaders, providing agencies, etc. (e.g., self-evaluation committees)
    b. Ensure constituents have shadow experience opportunities
    c. Include community groups in debriefing opportunities
    d. Send press releases to local community newspapers
    e. Other
12. On a scale of 1 to 5, how significant was each of the following to QSR start-up investment costs? (1 = *not significant*, 3 = *somewhat significant,* and 5 = *very significant*)
    a. Protocol license and tool development
    b. Consultant fees (for reviews themselves)
    c. Staff travel/mileage
    d. Other
13. What resources/capacity does a typical QSR review week require (please estimate as we do not expect you to know precise amounts)?
14. What resources/capacity does a typical QSR review week require (please estimate as we do not expect you to know precise dollar amounts; if don't know, simply note "not sure")?
    a. Cost of external consultants (including travel)
    b. Travel for staff (hotel, mileage, use of state cars)
    c. Other (please specify)
15. Please describe any other costs not captured above.
16. Have you gained any cost/staff time efficiencies over time as your implementation capacity matured?
    If yes, on scale of 1 to 5, how helpful have each of the following been to achieving efficiencies? (1 = *not helpful,* 3 = *neutral,* and 5 = *very helpful*)
    a. Large trained reviewer pool available
    b. QSR training part of on-going training opportunities for in-service
    c. More automated support for QSR
    d. Less use of external (consultant) reviewers
    e. Other (please specify)

17. Some jurisdictions are considering adaptations of the QSR process. Which of the following would you be willing to consider?
    a. Smaller case sample size
    b. Less frequent reviews (less than once per year by central/state office)
    c. Targeted use of QSR (target populations, or target results)
    d. QSR framework used as part of supervisory review
    e. Reduce the frequency of reviews
    f. Reduce the number of interviews per case
    g. No case stories
    h. No community results sharing
    i. Other (please specify)

18. On a scale of 1 to 5, how much would each of the following be helpful to reducing the cost/capacity required through the QSR? (1 = *not helpful,* 3 = *neutral,* and 5 = *very helpful*)
    a. Smaller case sample size
    b. Less frequent reviews (less than once per year by central/state office)
    c. Targeted use of QSR (target populations, or target results)
    d. QSR framework used as part of supervisory review but not as statewide QA tool/process
    e. Reduce the number of interviews per case
    f. No case stories or narratives
    g. No community results sharing
    h. Reduce length of the protocol to fewer indicators (please specify)
    i. Other (please specify)

19. Which of the following strategies have you tried?
    a. Smaller case sample size
    b. Less frequent reviews (less than once per year by central/state office)
    c. Targeted use of QSR (target populations, or target results)
    d. QSR framework used as part of supervisory review
    e. Reduce the frequency of reviews
    f. Reduce the number of interviews per case
    g. No case stories
    h. No community results sharing
    i. Other (please specify)

20. On a scale of 1 to 5, how much did each of the following factors contribute to your state/jurisdictions' initial decision to implement a QSR process? (1 = *did not contribute,* 3 = *neutral,* and 5 = *contributed greatly*)
    a. Litigation
    b. Court monitor
    c. Reform effort
    d. Leadership support
    e. Partner/stakeholder support
    f. Other

21. On a scale of 1 to 5, how much do each of the following contribute to a sense of urgency around take-up of the findings in your state/jurisdiction? (1 = *does not contribute,* 3 = *neutral,* and 5 = *contributes greatly*)
    a. Court monitor
    b. Media attention
    c. Improvements are exit conditions from suit
    d. Upcoming federal review
    e. Leadership presence at reviews/debriefings
    f. Other
22. Does the commissioner or director of child welfare in your state/jurisdiction attend annual debriefs for the QSR in every region/county where they are held?
23. If your state/jurisdiction began using QSR as a part of litigation/court settlement, to what extent have you continued to use QSRs after exiting a settlement agreement?
24. If your state/jurisdiction continued using the QSR after exit from litigation, on a scale of 1 to 5, how much did each of the following factors contribute to that sustainability?
    (1 = *does not contribute,* 3 = *neutral,* and 5 = *contributes greatly*)
    a. Committed leadership
    b. Educated consumers/stakeholders
    c. Link with training
    d. Link with case practice model implementation
    e. Outcomes achieved
    f. Other
25. If your state/jurisdiction discontinued using QSRs, what (if any) case-based review processes are you now using?
26. What is the optimal frequency for review cycles to maintain urgency and up-to-date information?
27. How useful is the QSR 6-point scale?
    (1 = *not helpful,* 3 = *neutral,* and 5 = *very helpful*)
28. Would you be interested in changing to a 3-point scale?
29. On a scale of 1 to 5, how important are each of the following characteristics for a good reviewer?
    (1 = *not important,* 3 = *neutral,* and 5 = *very important*)
    a. Skilled practitioner
    b. Certified internally
    c. Certified externally (by nation organization)
    d. External reviewer (non-public agency stakeholder)
    e. External reviewer (out of county or QSR review site)
    f. External reviewer (out of state)
    g. Other (please specify)

30. Do you claim federal reimbursement for QSR activities?
31. Have you considered doing CFSR case reviews (on a regular basis) instead of QSRs?
32. Have you ever been involved in other case-based quality review processes?
33. If you answered yes, please specify the case-based quality review processes.
34. If you answered yes, how did the process compare with the QSR?
35. Does the data gathered through your QSR review process get disseminated?
36. What mechanisms are used to disseminate the data? Check all that apply.
37. Does your agency have a mechanism to ensure that organizational learning and improvement occurs after a review?
38. If yes, has the post-review mechanism for organizational learning and improvement contributed to improved QSR scores and/or outcomes?

CFSR Application Data Collection

Interview questions for CFSR jurisdictions

1. What are your general thoughts on what has and hasn't worked when utilizing the CFSR review tools outside of the federal review?
2. Are you still utilizing the CFSR tools on a local basis? Why? Why not?
3. What is the role of leadership in your jurisdiction related to the utilization of the CFSR tools?
4. Have the CFSR tools helped you achieve changes in outcomes/processes over the past five years? How? If there have been no changes, why not?
5. When/how do you link your local CFSR review results to other quantitative data?
6. For systems where the reviews are not part of a settlement exit condition, what is the extent to which targets for performance are established and what accountability exists when targets are not met?
7. Discuss your ratings of the features of the CFSR tools that contributed most to improved results for children and families. Discuss your ratings to CFSR features that might be tailored/abandoned.
8. Which of the domains within the CFSR tool (child or system level) was most relevant or helpful to better results for children and families?
9. What does line staff understand to be the purpose of the local CFSR review? Do you agree with that understanding?
10. Was rollout of a localized CFSR review related to rollout of the case practice model (e.g., sequencing, messaging to staff, field staff involvement in design)? If so, how?
11. How does your jurisdiction sustain capacity and resources necessary for continuing to conduct localized CFSR reviews (e.g., staff, travel expenses)? What is the most significant challenge in this regard?
12. Have you tailored the CFSR tools at all? If so, how are the domains within the CFSR tools informed in particular by your site-specific needs/issues? How did a practice model inform the CFSR tool/process if at all?
13. Describe the characteristics of good reviewers. Do you have a reviewer certification process? If so, what does it look like?
14. To what extent are there concerns about reviewer fidelity? What would you change about training and mentoring to strengthen fidelity and what do you do to assure ongoing fidelity (periodic in-service training and scoring simulations, matching case story narratives to scores, etc.)?
15. Would you recommend utilizing the CFSR review tools for the purposes of ongoing quality review for other states? Why? Why not?
16. Do you use any other qualitative review methods in your state? If so, what are the advantages/disadvantages of the CFSR tools (and any other tools used like ChildStat) to the other forms of quality review in use? Are both necessary?

The web survey for CFSR jurisdictions included the following questions:

1. Do you use CFSR on-site case review protocol in your jurisdiction on a routine basis (that is, at least annually) to review service quality?
2. How frequently do you conduct your CFSR case reviews in your jurisdiction?
3. Which of the following describe your jurisdiction's CFSR case review process?
   a. Random sample of cases
   b. Record review
   c. Interview with caseworker and/or supervisor
   d. Interview with youth and/or parents
   e. Interview with other stakeholders involved with the case
   f. Direct feedback on the case to worker and/or supervisor
   g. Presentation on findings to the jurisdiction under review
   h. Presentation of findings through a written report to agency
   i. Other (please specify)
4. Which of the following statements are true of the reviewers in your state?
   a. Case reviewers are QA staff
   b. Case reviewers are workers and/or supervisors
   c. Case reviewers are external consultants or other experts
   d. Case reviewers go through a formal training
   e. Case reviewers go through a certification process
   f. Case reviewers work in teams

   Describe other reviewer characteristics: Are reviewers from program, area administration, or county administration staff?
5. Where is the responsibility for conducting routine CFSR case reviews housed in the organizational structure?
6. Is the responsibility housed in the same Division as child welfare?
7. Is the CFSR case review linked to worker/supervisory training or development? If yes, please select which apply.
   a. Our case review tool is part of all entry-level practice training
   b. Our case review tool is part of supervisory review
8. Jurisdictions use the CFSR for a number of different purposes. Please rank the purposes below in order of importance.
   a. Compliance with federal requirement around case review system
   b. To measure fidelity with our practice model
   c. To promote policy change consistent with CFSR
   d. To understand the story behind our quantitative data (why are we performing in a particular way)
   e. To provide feedback to frontline staff and supervisors about the quality of their practice
   f. To ensure that we are in compliance with federal mandates around frontline practice
   g. To inform county-level improvement plans
   h. To inform system-wide improvement plans

i. To establish/promote a culture of continuous improvement in our agency
j. To understand cases after there has been a problem (fatality, complaints, etc.)
k. Other (please specify)

9. Which of the following metrics (from your administrative database) do you think use of the CFSR case review helps to improve?
   a. Repeat maltreatment
   b. Maltreatment of children in foster care
   c. Foster care reentries
   d. Timeliness of reunification
   e. Timeliness of adoption
   f. Discharge to legal permanence
   g. Placement stability
   h. Length of stay
   i. Educational stability
10. Of these metrics, which has your state improved in the last 5 years?
   a. Repeat maltreatment
   b. Maltreatment of children in foster care
   c. Foster care reentries
   d. Timeliness of reunification
   e. Timeliness of adoption
   f. Discharge to legal permanence
   g. Placement stability
   h. Length of stay
   i. Educational stability
11. Which CFSR case review items improved at the same time with the above-identified quantitative indicators?
   a. Timeliness of initiating investigations of reports of child maltreatment [Safety Outcome 1, Item I]
   b. Repeat maltreatment [Safety Outcome 1, Item 2]
   c. Services to family to protect child(ren) in the home and prevent removal or reentry into foster care [Safety Outcome 2, Item 3]
   d. Risk assessment and safety management [Safety Outcome 2, Item 4]
   e. Foster care reentries [Permanency Outcome 1, Item 5]
   f. Stability of foster care placement [Permanency Outcome 1, Item 6]
   g. Permanency goal for child [Permanency Outcome 1, Item 7]
   h. Reunification, guardianship, or permanent placement with relatives [Permanency Outcome 1, Item 8]
   i. Adoption [Permanency Outcome 1, Item 9]
   j. Other planned permanent living arrangement [Permanency Outcome 1, Item 10]
   k. Proximity of foster care placement [Permanency Outcome 2, Item 11]
   l. Placement with siblings [Permanency Outcome 2, Item 12]
   m. Visiting with parents and siblings in foster care [Permanency Outcome 2, Item 13]

n. Preserving connections [Permanency Outcome 2, Item 14]
o. Relative placement [Permanency Outcome 2, Item 15]
p. Relationship of child in care with parents [Permanency Outcome 2, Item 16]
q. Needs and services of child [Well-Being Outcome 1, Item 17A]
r. Needs and services of parent [Well-Being Outcome 1, Item 17B]
s. Needs and services of foster parent [Well-Being Outcome 1, Item 17C]
t. Child and family involvement in case planning [Well-Being Outcome 1, Item 18]
u. Caseworker visits with child [Well-Being Outcome 1, Item 19]
v. Caseworker visits with parents [Well-Being Outcome 1, Item 20]
w. Educational needs of the child [Well-Being Outcome 2, Item 21]
x. Physical health of the child [Well-Being Outcome 2, Item 22]
y. Mental/behavioral health of the child [Well-Being Outcome 2, Item 23]

12. In your opinion, which feature of your CFSR case review process led and/or contributed most to improved outcomes for children and families in your state/jurisdictions?
(1 = *did not contribute,* 3 = *neutral,* 5 = *contributed greatly,* and 6 = *NA*)
a. Random audit (possibility of case selection increases accountability)
b. Local results report and meeting,
c. Aggregate scores across regional or state cases (e.g., quarterly or yearly reporting)
d. Stakeholder focus groups
e. Other (please specify)

13. In your opinion, which are or could be the most effective ways to translate CFSR results to constituents and stakeholders?
(1 = *not effective,* 3 = *neutral*, and 5 = *very effective*)
a. Standing local advisory groups composed of a range of stakeholders such as involved families, community resident leaders, providing agencies, etc. (e.g., Self-Evaluation committees)
b. Include community groups in debriefing opportunities
c. Include community stakeholders in review teams
d. Press releases to local community news papers
e. Other (please specify)

14. What were the most significant costs associated with start up of your review process?
(1 = *not significant,* 3 = *somewhat significant,* 5 = *very significant,* and 6 = *not applicable*)
a. Costs associated with adaptation of federal CFSR tool to fit local context
b. Fees for external consultants' support of reviews
c. Staff travel/mileage
d. Staff training in use of the tool
e. Staff release time to conduct reviews
f. Other (please specify)

15. How many cases are typically selected per review?
16. What resources/capacity does a typical review week require (please estimate as we do not expect you to know precise amounts; if you don't know, simply select "not sure" option from the drop-down menu)?
17. What resources/capacity does a typical review week require (please estimate as we do not expect you to know precise dollar amounts; if don't know, simply note "not sure")?
    a. Cost of external consultants (including travel)
    b. Travel for staff (hotel, mileage, use of state cars)
    c. Other
18. Have you gained any cost/staff time efficiencies over time as your implementation capacity matured?
19. Do you use the CFSR Safety Items 1 through 4 (in question 11) together with quantitative data on the Safety Metrics listed in question number 9?
20. Which of the following strategies would be helpful to reduce cost/capacity required to implement the CFSR?
    (1 = *not helpful,* 3 = *neutral*, 5 = *very helpful,* and 6 = *not applicable*)
    a. Smaller case sample size
    b. Less frequent reviews (less than once per year by central/state office)
    c. CFSR framework used as part of supervisory review
    d. No community results sharing
    e. Reduce length of the protocol to fewer indicators
    f. Other (please specify)
21. Which of the following have you tried?
    a. Smaller case sample size
    b. Less frequent reviews (less than once per year by central/state office)
    c. CFSR framework used as part of supervisory review
    d. No community results sharing
    e. Reduce length of the protocol to fewer indicators
    f. Other (please specify)

22. How much did each of the following factors contribute to your state/jurisdictions' initial decision to use the CFSR process for your own case reviews?
    (1 = *did not contribute*, 3 = *neutral,* 5 = *contributed greatly,* and 6 = *not applicable*)
    a. Litigation
    b. Court monitor
    c. Reform effort
    d. Leadership support
    e. Partner/stakeholder support
    f. Made sense to use the same "test" as the federal government
    g. Case practice model implementation
    h. Other (please specify)

23. Which of the following factors in your state/jurisdiction contributes to a sense of urgency around take-up of the findings?
    (1 = *does not contribute,* 3 = *neutral,* 5 = *contributes greatly,* and 6 = *not applicable*)
    a. Court monitor
    b. Media attention
    c. Improvements are exit conditions from suit
    d. Upcoming federal review
    e. Leadership presence at all reviews/debriefings
    f. Case practice model implementation
    g. Other (please specify)
24. Does the commissioner and/or director of child welfare in your jurisdiction attend debriefing meetings regarding review findings?
25. What is the optimal frequency for a jurisdiction to carry out internal review cycles to maintain urgency and up-to-date information? [Note: this is referring to internal reviews, not the federal review cycle]
26. How useful is the CFSR 3-point scale for supporting quality improvement efforts (i.e. "Strength," "Area Needing Improvement," and "Not Applicable")?
    (1 = *not useful,* 3 = *neutral,* and 5 = *very useful*)
27. What characteristics are most important for good reviewers?
    (1 = *not important,* 3 = *neutral,* and 5 = *very important*)
    a. Skilled practitioner
    b. Familiarity with the federal monitoring process and standards
    c. External reviewer (non-public agency stakeholder)
    d. Internal reviewer (public agency employee)
    e. Other (please specify)
28. Do you claim federal reimbursement for CFSR activities?
29. How important are the CFSR performance items for providing insight for improving the quality of worker practice with children and families?
    (1 = *not important,* 3 = *somewhat,* 5 = *very important,* and 6 = *not sure*)
    a. Timeliness of initiating investigations of reports of child maltreatment [Safety Outcome 1, Item I]
    b. Repeat maltreatment [Safety Outcome 1, Item 2]
    c. Services to family to protect child(ren) in the home and prevent removal or reentry into foster care [Safety Outcome 2, Item 3]
    d. Risk assessment and safety management [Safety Outcome 2, Item 4]
    e. Foster care reentries [Permanency Outcome 1, Item 5]
    f. Stability of foster care placement [Permanency Outcome 1, Item 6]
    g. Permanency goal for child [Permanency Outcome 1, Item 7]
    h. Reunification, guardianship, or permanent placement with relatives [Permanency Outcome 1, Item 8]
    i. Adoption [Permanency Outcome 1, Item 9]
    j. Other planned permanent living arrangement [Permanency Outcome 1, Item 10]

k. Proximity of foster care placement [Permanency Outcome 2, Item 11]
l. Placement with siblings [Permanency Outcome 2, Item 12]
m. Visiting with parents and siblings in foster care [Permanency Outcome 2, Item 13]
n. Preserving connections [Permanency Outcome 2, Item 14]
o. Relative placement [Permanency Outcome 2, Item 15]
p. Relationship of child in care with parents [Permanency Outcome 2, Item 16]
q. Needs and services of child [Well-Being Outcome 1, Item 17A]
r. Needs and services of parent [Well-Being Outcome 1, Item 17B]
s. Needs and services of foster parent [Well-Being Outcome 1, Item 17C]
t. Child and family involvement in case planning [Well-Being Outcome 1, Item 18]
u. Caseworker visits with child [Well-Being Outcome 1, Item 19]
v. Caseworker visits with parents [Well- Being Outcome 1, Item 20]
w. Educational needs of the child [Well-Being Outcome 2, Item 21]
x. Physical health of the child [Well-Being Outcome 2, Item 22]
y. Mental/behavioral health of the child [Well-Being Outcome 2, Item 23]

30. Which aspects of casework practice are the CFSR tools most helpful in assessing and strengthening?
(1 = *not helpful*, 3 = *neutral*, 5 = *very helpful*, and 6 = *not applicable*)
a. Worker engagement with family, foster family, and child/youth
b. Worker teaming with other professionals involved in the case[21]
c. Worker assessment of underlying strengths/needs of the family
d. Direct and respectful communication with children and family
e. Development of case plans tailored to and adjusted for the specific child/family needs over time
f. Culturally competent practice
g. Safety assessment/safety plan development
h. Other (please specify)

31. What would strengthen the CFSR case review protocol as a tool for practice improvement?
a. More interviews with youth and family relevant to each case
b. Opportunity for direct feedback to worker/supervisor
c. Greater connection between the protocol and a case practice model
d. Greater connection between the protocol and other management interventions (examples: training and policy)
e. Richer description of quality standards around case practice
f. More interviews with stakeholders relevant to each case
g. More emphasis on child and family well being
h. Other (please specify)

[21] In this sense, teaming refers to bringing together professionals, whereas teaming in child welfare practice generally refers to including professionals and families.

32. Does the data gathered through your CFSR review process get disseminated? If yes, what mechanisms are used to disseminate the data?
    a. Report out at management, unit, or regional meetings
    b. Performance improvement plan
33. Does your agency have a formal process to ensure that organizational learning and improvement occurs after a review?
34. What mechanisms do you use to ensure organizational learning and improvement occurs?
35. Has the post-review mechanism for organizational learning and improvement contributed to improved CFSR assessments/outcomes?
36. Which of the following quality review tools are used in your state/jurisdiction on a routine basis (that is, at least annually) to review service quality? Check all that apply.
    a. Jurisdiction-designed case record reviews
    b. ChildStat
    c. Council on Accreditation record review tools
    d. None of the above
    e. Other (please specify)
37. In addition to the CFSR-based case review, please indicate if you use other tools in your state/jurisdiction on a routine basis (that is, at least annually) to review service quality? Check all that apply.
    a. Jurisdiction-designed case record reviews
    b. ChildStat
    c. Council on Accreditation record review tools
    d. None of the above
    e. Other (please specify)

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This paper reflects the research, collaboration, and writing of a team of AECF and CSSP staff and consultants, including:

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