

**Maryland's Child Welfare Continuous Quality Improvement Gap Analysis, based on ACYF-CB-IM-12-07
June 20, 2013**

Maryland's Department of Human Resources / Social Services Administration oversees the state's 24 local Departments of Social Services (LDSSs), and manages the statewide child welfare Continuous Quality Improvement (CQI) process. This process meets the requirements of the state's current CFSR PIP, as well as follows the guidelines of the state's Child Welfare Accountability Act of 2006 (CWAA).

The current CQI process involves:

- LDSS self-assessment
- MD CHESSIE (SACWIS) case reviews, conducted by DHR/SSA Quality Assurance (QA) staff
- On-site review, led by DHR/SSA QA staff, comprising of case-related and stakeholder interviews
- Final report prepared by DHR/SSA QA staff
- Development of a Continuous Improvement Plan (CIP) by the LDSS, with approval from DHR/SSA
- A three-year CIP implementation and monitoring period

The CQI process focuses on safety, permanency, and well-being, and uses Maryland's Place Matters¹ indicators as the core CQI indicators. These measures provide aggregate data which are the basis for determining LDSS strengths and areas needing improvement. The MD CHESSIE case reviews and on-site interviews help provide information as to the causes of trends seen in the aggregate data, and are crucial in developing appropriate CIP strategies.

As of June 2013, Maryland has completed 18 of the 24 LDSS reviews under the current policies and procedures, and is expected to complete all 24 by spring 2014. Prior to the initiation of the next round of CQI reviews in 2014, the state will engage in an assessment and revision process to improve the CQI process and prepare for the next cycle of 24 reviews. (Meanwhile, implementation and regular monitoring of CIPs will continue for all LDSSs.) This revision process was already scheduled to occur prior to the release of ACYF-CB-IM-12-07, but the guidelines set forth in the IM will be used to help develop a revised and improved CQI process.

Below is an analysis of Maryland's current practice, based on the IM. Although strengths and gaps are identified, final decisions on how to address all gaps will be done as part of the revision period, scheduled to formally begin in the spring of 2014. The formal revision process will involve input from internal and external stakeholders, and therefore it would be premature to make final determinations at this time. In some instances, however, preliminary plans are identified and noted below. As part of the revision process, the state will consider methods to improve support and technical assistance to LDSSs.

It should be noted that ongoing improvement of the current CQI work continues, with improvements made, based on feedback and experience, each month; in addition, information is being collected as to more substantial issues to be addressed in the next iteration/round of CQI reviews.

During the revision period, and as the revised process is developed, capacity and resource issues will need to be considered. Maryland is open to technical assistance from the Children's Bureau, and appreciates the opportunity to collaboratively develop a stronger CQI process.

¹ Maryland's Place Matters initiative began in July 2007, with an emphasis on the safe reduction of the number of children in out of home care. Other indicators include the percent of children in family homes, the percent of children in group homes, maltreatment in care, and placement stability.

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This self-assessment undertaken by DHR/SSA indicates that Maryland's current CQI practice is in close alignment with approximately three-fourths of the guidelines in the IM. A majority of the remaining items in the IM are practices the Quality Assurance (QA) unit had already identified as goals, and hoped to address in the next cycle of CQI reviews.

This analysis looks at the five components of CQI, as outlined in ACYF-CB-IM-12-07:

1. Administrative structure to oversee effective CQI system functioning
2. Quality data collection
3. Method for conducting ongoing case reviews
4. Process for the analysis and dissemination of quality data on all performance measures
5. Process for providing feedback to stakeholders and decision makers and as needed, adjusting State programs and process

Specific indicators recommended by CB

The existing CFSR items and indicators related to safety, permanency and well-being and the particular areas of concern found in the State's prior reviews and PIPs are a useful starting point for ongoing measurement

(As part of the preparation activities for the next round of the CFSR, CB intends to publish a specific set of measures for monitoring and will share that information with States at a later time.)

Strengths - CFSR Items found to be areas needing improvement during the 2009 CFSR are incorporated into the MD CHESSIE case review process. State-identified indicators are also included.

Gap - Other CFSR indicators will need to be included as a formal part of the CQI process.

States should also consider information issued recently by the CB regarding the promotion of social and emotional well-being of children known to the child welfare system.²

Strengths - Well-being is monitored through case reviews and interviews, and there are ongoing efforts to improve aggregate reporting.

Gaps - Social/emotional well-being indicators need to be included. During the revision period, the state will conduct a further review of guidelines in ACYF-CB-IM-12-04, and determine the most appropriate way to incorporate these measures in the CQI process

States struggled in areas associated with 1) achieving timely permanency and 2) ensuring that children and families needs are assessed comprehensively and reassessed on an ongoing basis to inform the delivery of quality and effective services that will demonstrate improved child and family functioning.

Strengths - Aggregate data on timeliness of permanency is available, and child/family needs assessments are reviewed as part of the CQI process.

Gap - Aggregate data on timeliness of permanency is not integrated into the CQI process.

² ACYF-CB-IIM-12-04, —Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services|| issued April 17, 2012 and available at http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

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I. Foundational Administrative Structure (page 4 of IM)

The State applies the CQI process consistently across the State and the single State agency has oversight and authority over the implementation of the CQI system; there is a systemic approach to review, modify, and implement any validated CQI process.

Strengths - The CQI process is applied consistently in 24 jurisdictions; DHR/SSA has the oversight/authority, and formally reviews and modifies the CQI process itself after each cycle of 24 LDSS reviews.

The State establishes written and consistent CQI standards and requirements for the State, counties, and any other public agencies operating Title IV-E programs on behalf of the State, as well as any private agencies with case management responsibilities.

Strengths - Written policies and procedures are completed for the State and counties, and will be revised in accordance with the new process

Gaps – The state may need to develop CQI process for other public agencies operating IV-E programs, and will further assess how to address policies for private agencies – currently, cases in private TFC are reviewed as part of regular CQI

There is an approved training process for CQI staff, including any contractor or stakeholder staff conducting CQI activities.

Strengths - Training is provided at the beginning of each on-site review . . . training will be revised in accordance with the new process (formal training process will be documented if State contracts out any CQI activities). Staff/contractors are trained by manager/supervisor

There are written policies, procedures, and practices for the CQI process even when the State contracts out any portion of the CQI process.

Strengths – the only current contractor is the University of Maryland/School of Social Work, and their QA work is done at the direction of the DHR/SSA and in compliance with the current policies/procedures manual

There is evidence of capacity and resources to sustain an ongoing CQI process, including designated CQI staff or CQI contractor staff.

Strength – When all positions are filled, current staffing is sufficient to meet needs of the current CQI process.

- Current DHR/SSA QA unit: 1 manager, 1 supervisor, 2 QA analysts
- Current contractor support: University of Maryland/ School of Social Work/ Ruth H. Young Center (3 staff)

Possible gap - If CQI requirements for number of case reviews, and/or interviews, frequency of on-site reviews, etc. are increased, current staffing resources may not be sufficient. Capacity needs will be determined, and plans to address this, during the formal revision process.

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II. Quality Data Collection (page 4-5 of IM)

Collecting quality data, both quantitative and qualitative, from a variety of sources is the foundation of CQI systems.

Strength – aggregate data and qualitative (case reviews, case-related and stakeholder interviews) are used.

For data to be considered “quality” it must be accurate, complete, timely, and consistent in definition and usage across the entire State.

Strength - aggregate data currently used is considered accurate and complete.

Gap - timeliness of data entry by the LDSSs is an area for improvement. Current work is being done with LDSSs at this time to improve timeliness of OOH placement data.

It is important for States to use data to identify areas of strengths and concerns, establish targeted strategies for improvement, and track progress toward desired outcomes.

Strength – these are elements central to the current CQI process, and are expected to remain in the revised process.

States that meet the quality data collection component will be able to demonstrate the ability to input, collect, and extract quality data from various sources, including the Statewide Automated Child Welfare Information System (SACWIS) or other information management systems, case reviews, and other sources of data.

States will also be able to ensure that data quality is maintained as the State submits data to Federal databases or reports, such as the Adoption and Foster Care Analysis Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS) National Youth in Transition Database (NYTD), the Child and Family Services Plan, among others.

Strengths - The State has submitted federally accepted AFCARS, NYTD, and NCANDS file, and has made significant improvements on caseworker visitation. Overall, reporting and accuracy have improved over the years

- *Gap* – improvements are needed in some areas, such as health and education reporting. Work is being done to identify solutions to these issues, including integration of state data systems.

The State's case level data shows that the instruments and ratings are completed in a way that is consistent with the instrument instructions and consistent across reviewers.

Action planned- The state is currently working with the School of Social Work (SSW) to plan inter-item and inter-rater reliability testing of MD CHESIE case review instrument. Guidance will be sought from SSW regarding testing of current instrument (to be used as basis for new instrument) or testing only of new instrument; guidance will also be sought on the development and/or adoption of any new instrument.

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II. Quality Data Collection (page 4-5 of IM) - continued

There is a clear process that the State uses to collect and extract accurate quantitative and qualitative data, and the process is consistently and properly implemented across the entire State. The collection and extracting processes are documented, and an audit mechanism is in place to verify that the process is being followed.

Strengths – Clear, consistent, and documented processes exists for quantitative data extraction from MD CHESSIE via Xerox and SSW.

Other processes to be reviewed during formal revision period, and revised as needed.

There is a clear process that the State uses to identify and resolve data quality issues and informs CB as appropriate regarding data quality issues. For example, there are processes to: identify if data are being under-/over-reported and/or not being entered into the State's information system; evaluate if data entry is reliable or unreliable, and if unreliable, why; (e.g. clarity of instructions, definitions, and/or data entry screens).

Strengths -

- Exception reports are distributed to LDSSs identifying some under/over-reported and/or not entered information; LDSSs make needed corrections in MD CHESSIE.
- Data is verified in two main ways:
 - CQI case reviews and related interviews; and
 - Payment of out of home providers is generated from MD CHESSIE; this ensures proper and timely data entry; providers also have a dedicated call center number if there are issues with their payment – issues are documented, LDSSs are alerted, and corrections are monitored.
- Independent state legislative audits verify the accuracy of MD CHESSIE data.
- The State works closely with the CB on data issues.

There is a process in the State for the collection of quantitative and qualitative data that addresses key issues important to the State and demonstrates how the State is functioning on systemic factors, such as training staff and resource parents, functioning of the case review system, and service array.

Strengths – Many of these functions are carried out by the CQI system itself. The SSW publishes an annual report on child welfare indicators and an assessment of the quality assurance system. The Governor's Office for Children publishes reports which address statewide child well-being, out of home placement, and resource needs (DHR contributes to these reports, along with other state agencies).

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The State monitors existing federal requirements or guidelines and uses appropriate quality utilities and tools to ensure that data is accurate, including, but not limited to:

- The most recent AFCARS Assessment Review findings documents and/or AFCARS Improvement Plan (AIP), if applicable, indicates whether the State is accurately collecting, mapping, and extracting the AFCARS data in accordance with the requirements in the AFCARS regulation at 45 CFR 1355.40 and steps the State is to take to correct its AFCARS collection. This includes steps to improve the accuracy of the data through ongoing training, oversight, and incorporation into a quality assurance process.
- The most recent NCANDS data, or other safety data that impact the outcome indicators being measured, meet any CB quality guidelines.
- The most recent data profile used for the CFSR accurately reports the status of the child welfare program as indicated by data errors falling below acceptable thresholds.
- NYTD data meets the regulatory requirements at 45 CFR 1356.80 – 86 and other CB quality guidelines.

Strengths - The State is currently working towards completing its AIP, has completed an NCANDS review, and frequently consults with NCANDS representative for technical assistance in improving safety data, is (mostly) in compliance with data profile error thresholds, and is in compliance with NYTD submissions.

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III. Case Record Review Data and Process (page 5-6 of IM)

Ongoing case review component that includes reading case files of children served by the agency under the title IV-B and IV-E plans and interviewing parties involved in the cases

Strength – this is an integral part of the current process, and is expected to remain so.

Case reviews . . . provide States with an understanding of what is "behind" the safety, permanency and well-being numbers in terms of day-to-day practice in the field and how that practice is impacting child and family functioning and outcomes

Strengths – this is an integral part of the current CQI process, and is expected to remain so in the new revised process. Improvements to this aspect of CQI will, however, be refined and improved in the revised process.

The State reviews cases of children based on a sampling universe of children statewide who are/were recently in foster care and children statewide who are/were served in their own homes.

- *Samples should be sufficiently large enough to make statistical inferences about the population served by the State.*
- The universe of cases reviewed will also include the title IV-B and IV-E child population directly served by the State agency, or served through title IV-E agreements (e.g. with Indian Tribes, juvenile justice, or mental health agencies).

Strengths - Compliant sampling based on current/past Investigations, In-Home, and OOH cases, and sufficient to meet federal CFSR PIP measurement requirements.

Possible gaps – Reviews may need to be expanded to non-DHR but IV-B/IV-E populations. Current sampling sizes may be "sufficiently large enough," but further analysis of this will be conducted

The sample is stratified to include a proportion of cases that reflect different age groups, permanency goals, and other considerations, such as varying geographic areas of the State, as appropriate.

The State conducts case reviews on a schedule that takes into consideration representation of the populations served by the State, including the largest metropolitan area, and the significance of other demographic and practice issues.

Strengths – Current sampling methodology considers each geographic areas and program area (Inv, In-Home, OOH).

Possible gap – The state will review different sample stratification methodologies to determine the most appropriate for the state.

Case reviews collect specific case-level data that provides context and addresses agency performance.

Strength – this is an integral part of the current process, and is expected to remain so.

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III. Case Record Review Data and Process (page 5-6 of IM)

Case reviews are able to detect the quality of services for the children and families served and therefore focus on the assessment and monitoring of how child and family functioning is progressing in relation to the services provided.

Case reviews include the completion of interviews specific to each case, such as the child/youth, birth parent, caregiver, caseworker or supervisor, and as indicated, health, mental health and other service providers, educators, and guardian ad litem (or child's attorney).

Case reviews are conducted by staff who go through a uniform and consistent training process and whom the State determines are qualified to conduct reviews, with a preference for staff and stakeholders with direct service experience.

The process prevents reviewer conflict-of-interest and promotes third-party (unbiased) review of cases, i.e. cases are not reviewed by caseworker or supervisor responsible for cases or who had previous involvement in the cases, as well as those who may have a personal interest in the case.

Policies, written manuals, and instructions exist to assist in standardizing completion of the instruments and the implementation of the case review process.

Strength – these elements are critical are integral to the current process, and are expected to remain so.

Strength – this is an integral part of the current process, and is expected to remain so.

Inter-rater reliability procedures are implemented to ensure consistency of case ratings among reviewers.

Action is planned - Inter-rater reliability testing by SSW is planned

There is a process for conducting ad hoc/special reviews targeting specific domains when analysis and other data warrant such reviews.

Gap – Current policies/ procedures manual allow review of additional data as needed, as part of the regular CQI process, but staff and reporting capacity have not allowed for this in most instances.

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IV. Analysis and Dissemination of Quality Data (page 6 of IM)

The State has consistent mechanisms in place for gathering, organizing, and tracking information and results over time regarding safety, permanency, well-being outcomes and services (at the child, caseworker, office, regional and state level, as appropriate).

To be reviewed – This would be considered a strength at the state and LDSS level for almost all indicators. Data is analyzed based on child demographics as appropriate, although if reporting capacity were higher, all types or reporting analysis could be expanded.

During the formal revision process, the state will need to determine if tracking data at lower levels (office, supervisor, caseworker) would be useful for any indicators. Currently, client-level data (containing demographics, worker, and supervisor information) is available to LDSSs for almost all measured indicators.

The State has a defined process in place for analyzing data (both quantitative and qualitative), and the State provides training to staff and determines that they are qualified to conduct such analyses.

Strength – The CQI process, Place Matters initiatives, and several other Research/Evaluation projects are formal process for analysis of quantitative and qualitative data; hiring of new staff focuses on appropriate skills and knowledge, and training/support is offered to enhance skills.

Gap – There is a wide variety of data analysis skills throughout the LDSSs; some LDSSs have experienced and sophisticated data 'consumers,' while others struggle to understand and utilize critical reports. DHR/SSA has offered and conducted several Excel and reports training, but developing the workforce's skills in this area is a long-term goal, although resources are limited.

The State aggregates Statewide and local data and makes it available to stakeholders for analysis.

Agency decision makers, courts, tribes, and other stakeholders are involved in analyzing and understanding the data and in providing feedback on analysis and conclusions.

The State translates results (trends, comparisons and findings) for use by courts, tribes, and a broad range of stakeholders, and the State disseminates results through understandable or reader-friendly reports, websites, etc.

Strengths – Statewide Place Matters and State Stat data is published on public website; annual Child Welfare Accountability Act report from SSW is available online; other DHR reports available as well. Information and data are shared with several advisory boards, a steering committee, and interagency workgroups.

Gaps – Feedback, input, and participation from internal and external stakeholders specifically focused on CQI can be improved, and will be a focus of the formal revision process.

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V. Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process (page 7 of IM)

Results (i.e., trends, comparisons and findings) are used by agency leadership/top management, courts, tribes, entities with title IV-E agreements, and other stakeholders to help guide collaborative efforts, inform the goals and strategies of the CFSP and other State plans for federal funds such as the Court Improvement Program strategic plan, and to improve practice, services and monitor/track progress toward goals.

Results are used to inform training, policy, practice, community partnerships, service array (service gaps, quality, etc.), automated system development, and other supportive systems.

Strengths - DHR/SSA Policy and Practice staff review each Continuous Improvement Plan (CIP). DHR/SSA provides information and obtains feedback through the Local Director and Assistant Director meetings, the SSA Steering Committee, the IV-B Advisory Board, through the Governor's State Stat workgroup, the Fostering Court Improvement Project, and on an ad hoc basis when considering new policies and practices (e.g. the Alternative Response Council and the Provider Advisory Council while shifting to performance-based contracts)

Supervisors and field staff understand how results link to daily casework practices; results are used by supervisors and field staff to assess and improve practice.

Strengths - Aggregate report (AFCARS, NCANDS, etc.) show relationship between aggregate data/ results, data entry, and practice; LDSSs implement practice strategies to improve results. Several client-level reports are designed to be disseminated to supervisors/workers. Regional Fall and Spring Supervisory meetings are used to bridge child welfare indicators to casework practice, and to provide a mechanism for the front line to provide feedback and perspective about observed child welfare results to State policy-makers

The CQI process itself is adjusted as needed over time as results indicate a need for additional study, information and/or analysis.

Strength – Formal revision process already planned to commence upon completion of current round of on-site reviews (February 2014). Ongoing improvements continue to be made throughout the current process, although the formal revision process may lead to more substantial changes. Feedback and experience gained through the current process, as well as input from stakeholders, the IM guidelines, and other best practices information will help shape the new process.