

***Using Data to Drive  
Evidence-Informed Practice  
and Outcomes: Performance  
Based Contracting and  
Quality Assurance Systems***

**Quality  
Improvement  
Center**

on the Privatization  
of Child Welfare  
Services

[www.uky.edu/SocialWork/QICPCW](http://www.uky.edu/SocialWork/QICPCW) —[Crystal.Collins-Camargo@uky.edu](mailto:Crystal.Collins-Camargo@uky.edu)

# The Quality Improvement Center Concept



- The QIC PCW continues the experiment by the Children's Bureau to utilize QICs as a method of research and demonstration
  - evidence-based topic selection
  - rigorous evaluation
  - targeted TA
  - broad dissemination
- This is a **knowledge development** initiative—the goal is to *move the child welfare field forward*

# Funded by the Children's Bureau, QIC PCW has the Following Goals



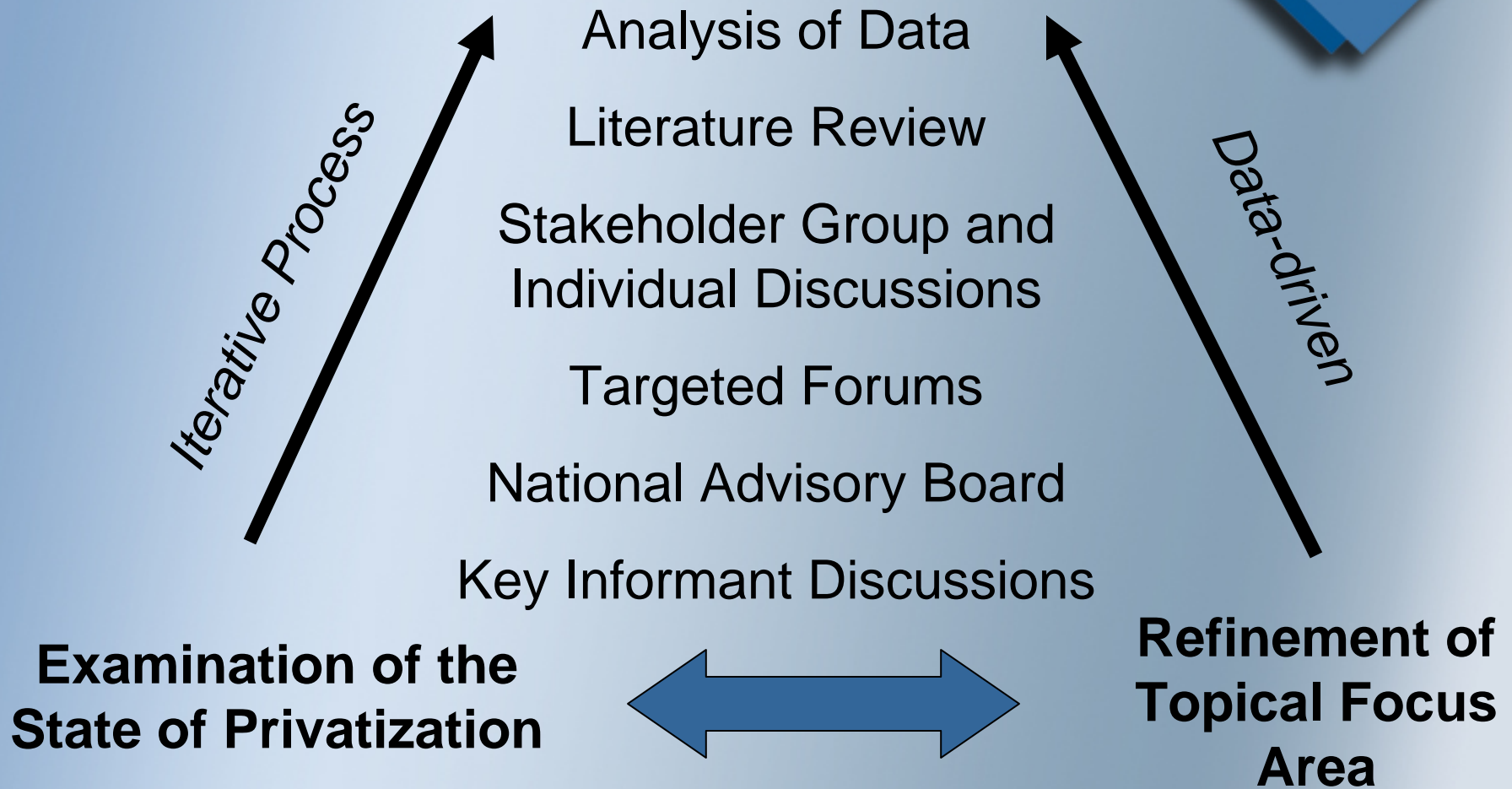
- To promote and support an **evidence-based and outcomes-focused approach** to child welfare system development and organizational improvement.
- To facilitate a **collaborative information-sharing and problem-solving national network** among subgrantees, the Children's Bureau's training and technical assistance network, public child welfare agencies, private service providers, and other stakeholders.
- To **build consensus** on appropriate models of reform, the respective roles and responsibilities of public and private agencies, and to **provide input** on areas on which the child welfare policy and evaluation fields should focus.

# Four Components Over Two Distinct Phases



- Phase I (Year 1)
  - Conducting a national needs assessment to identify **knowledge gaps** and assess the **current status** of privatization efforts
  - Identification of research questions to be answered through demonstration subgrants in subsequent years
- Phase II (Years 2-5)
  - Administering subgrants and providing TA
  - Evaluating process and outcomes
  - Disseminating knowledge and facilitating an information-sharing consortium

# Phase I: Needs Assessment and Knowledge Gap Analysis



# Defining Privatization



- Lack of consensus in the field
- Three predominant features distinguish it from traditional subcontracting
  - *Shifting more, and more core child welfare services*
  - *Transferring case management and decision-making authority*
  - *Delivering results*
- Language is important

# ***2008 Key Informant Discussions with 46 Public Child Welfare Administrators***



- *Preliminary Findings:* 16 states responding report contracting primary CW case management authority to the private sector
  - 5 have large scale efforts
  - 11 have contracts that are more limited in scope or geographically
- Six states researching or considering privatizing some case management responsibility
- Five considering expanding use of private contractors

# Triangulation of Data Led to Selection of Topical Focus Area for Subgrants



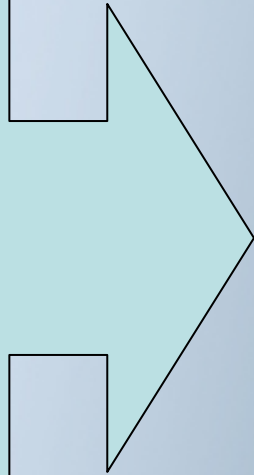
**Initial NAB/CB  
Discussions**

**Key Informant  
Discussions with  
PCW Administrators**

**Discussions with  
Stakeholder Groups**

**Targeted Forums  
with Experienced  
States**

**Literature Review**



**Test innovative  
performance based  
contracting and  
quality assurance  
systems' ability to  
promote:**

- **CW outcomes**
- **Quality service delivery**
- **Accountability**
- **Collaboration**

# Promising Practices Worthy of Evaluation re: Contribution to Outcome Achievement



- Articulation of a **shared vision** that drives the initiative and is grounded in desired outcomes;
- **Inclusive** planning and contract components development process that involves both public and private providers, administrative and practice level staff;
- **Engagement of key external entities**, and particularly the courts, tribes and community-based agencies, which play a critical role in provider achievement of performance indicators, and the working relationship between the public and private workers on the frontline;

# Promising Practices continued



- Implementation of the contract monitoring process that balances **appropriate levels of systemic and case level review without micromanagement**;
- **Quality assurance and positive outcome-seeking systems of utilization management**, that engage administrative and field staff in creative analysis of practice and outcome data, linking cost effectiveness with evidence-based practice on the frontline that best promotes desired outcomes for families and children; and,
- On-going communication and management of the relationship between the public and private sectors that strives for **true partnership** in serving families and children, while recognizing the realities of the contractual relationship.

# PBC and QA in Child Welfare



- CW has included performance expectations in contracts for a long time, but now specific expectations are expressed regarding service quality and outcomes for clients rather than service units (Wulczyn, 2005).
- Major obstacle is lack of accurate data on costs, caseload trends, outcomes, etc.
- Despite administrative reports regarding PBC, lack of rigorous and multi-tiered evaluation of its impact
- Contract monitoring “weakest link in the privatization process” (GAO, 1997, p. 14)
- The linkage between performance standards in contracts, quality improvement systems, and practice change is unclear

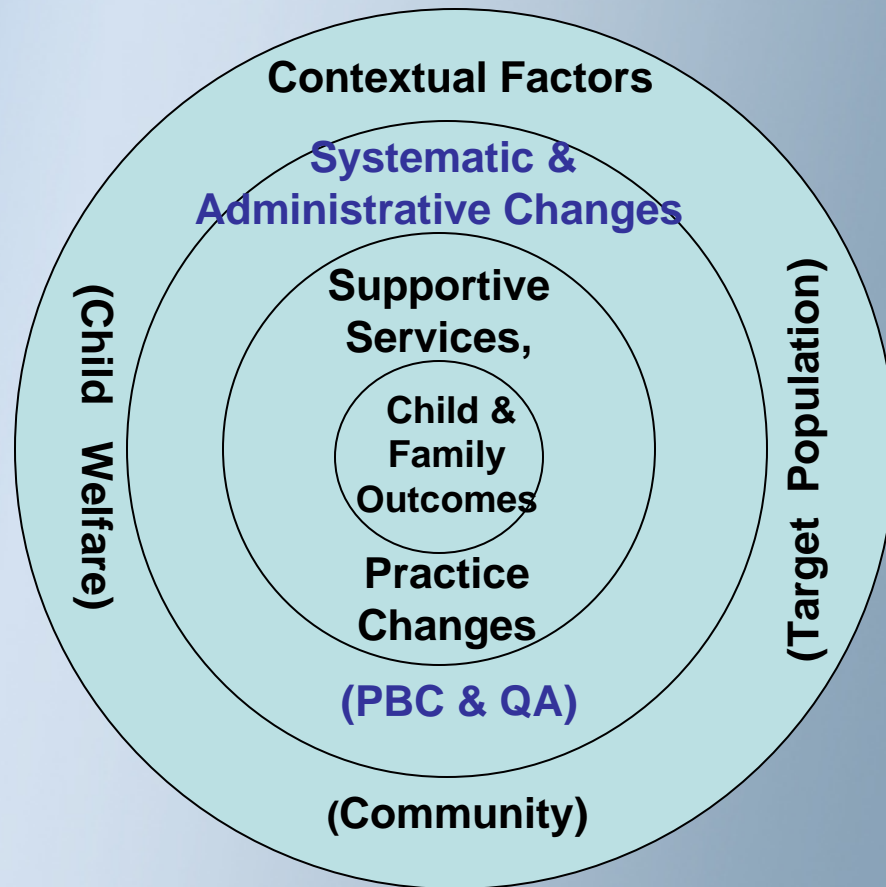
# Multi-site Study



-- Theory of Change --

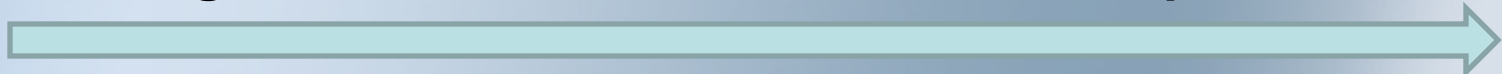
Intervention

Non-Intervention



Planning

Implementation



# ***Research Questions Guiding Cross-Site & Site-Specific Evaluations***



- Does an **inclusive and comprehensive planning process produce broad-scale buy-in** to clearly defined performance based contracting goals and ongoing quality assurance?
- What are the **necessary components of performance based contracts and quality assurance systems** that promote the greatest improvements in outcomes for children and families?
- When operating under a performance based contract, are the **child, family and system outcomes** produced better than those produced under the previous contracting system employed?
- Are there essential **contextual variables** that independently appear to promote contract and system performance?
- Once implemented initially, how do **program features and contract monitoring systems evolve over time** to ensure continued success?

# Focus on Use of Data to Improve Practice and Client Outcomes



- Framed based on drivers of successful implementation identified by Fixsen et. al.
- Perceived impact of array of QA/QI activities
- Impact of selected incentives/disincentives and performance indicators on outcome achievement
- Use of data on performance to adjust policy and practice
- Frontline supervision promoting evidence informed practice

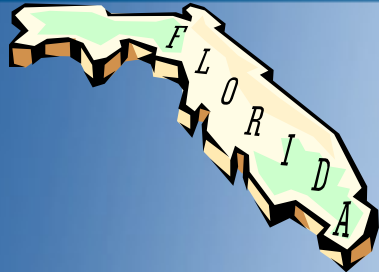


# QIC PCW's On-going Approach to Information Dissemination



- To join the QIC PCW listserv and participate in quarterly cross-state dialogue on topics related to partnership, email [jghall2@uky.edu](mailto:jghall2@uky.edu)
- Check out the website: <http://uky.edu/socialwork/qicpcw>
  - Findings from knowledge gaps analysis and literature review
  - Regularly updated annotated bibliography
- Summit on Public/Private Partnership

# The Funded PBCQA Projects



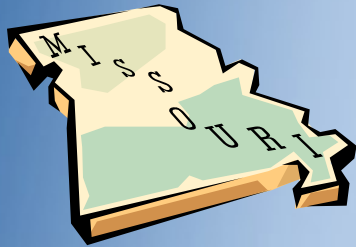
## Florida

Department of Children and Families Judicial Circuit 5,  
Kids Central, Inc. and Jean K. Elder & Associates



## Illinois

Department of Children and Family Services  
Child Care Association of Illinois and the University of  
Illinois at Urbana-Champaign



## Missouri

Children's Division, Seven consortia of private  
children's agencies and the University of Missouri-  
Columbia

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# Florida



## **Improving Outcomes for Children in Out-Of-Home Care Through Performance-Based Contracting and Enhanced Quality Assurance Processes**

Jean Elder, PhD.  
Project Evaluator

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# Status and Scope of Privatization



- 1996 – Florida Legislature passes legislation to begin privatization of child welfare services for the Department of Children and Families (DCF)
- 2003 – Kids Central awarded transition contract to provide child welfare services in the DCF District 13 five-county area (Lake, Marion, Hernando, Citrus, and Sumter Counties)
- 2004 – Kids Central signs “service contract” to serve as the lead community-based care agency in District 13 and becomes responsible for the provision of protective, foster care and adoption services for at-risk children and families identified by Child Protective Investigators in the District
- 2005 – Kids Central serving more than 4200 children and their families
- December, 2005 – Kids Central transitions from a provider-based board to a community-based board of directors
- 2006 – Kids Central Implements Initial Performance-Based Contract for Case Management Services with Case Management Agencies (CMAs)

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# Focus of the FL Project:



- To demonstrate the effect of:
  - the use of an inclusive and comprehensive planning process in the development of a performance-based contract for case management services which includes performance incentives and disincentives (shared risk among service provision partners); and
  - the enhancement and alignment of the quality assurance process with the performance-based contract expectations on child welfare outcomes



# Focus of the FL Project:



- Is a collaboration between Kids Central Inc. and Florida Department of Children and Families (DCF) Circuit 5
- Create shared vision of practice drivers and outcomes
- Implement inclusive planning process and contract negotiation
- Create a comprehensive monitoring process
- Integration of an inclusive continuous quality improvement process that involves all levels of staff

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# Project Mission and Vision



- The contract process will so clarify required outcomes that:
  - Staff will understand how critical providing “state of the art practice” is to families in the Circuit
  - Staff will understand how what they do everyday relates to a child’s overall safety, permanency and well being
  - The collaboration between Kids Central, DCF and Case Management Agencies (CMAs) will be one where information sharing and best practice will flourish



# Strategy for Collaborative Planning



- Development of a collaborative environment through the use of a neutral, third-party facilitator to assist with the implementation of:
  - a shared-vision of practice drivers and outcomes,
  - contractual incentive measures designed to promote best practices,
  - performance objectives with appropriate financial incentives,
  - a performance-based shared-risk concept, and
  - a comprehensive monitoring process.



# Selected Components of the PBC:



## 1. Face to Face Supervision within 4 Days of Case Receipt and at 30 to 45 Days

**Measure:** At between 2-4 working days all new cases transferred for services from PI investigation will receive a supervisory screening with worker, and again between 30-45 days & quarterly thereafter.

Kids Central and CMAs will need to finalize how this information will be collected the first draft of a supervisory screening instrument.

- Status
  - “Supervisory Review Tool” designed to guide and focus supervisory sessions with front line staff implemented
  - Tool has been greatly discussed as to whether its intent is “compliance” or “guidance”
  - Extensive effort expended by Kids Central QA staff to review completed tool to assess quality and outcome of face-to-face supervision
    - Did supervision occur as intended
    - Was supervision meaningful and of “quality”
  - Tool adapted and modified by DCF to be implemented Statewide



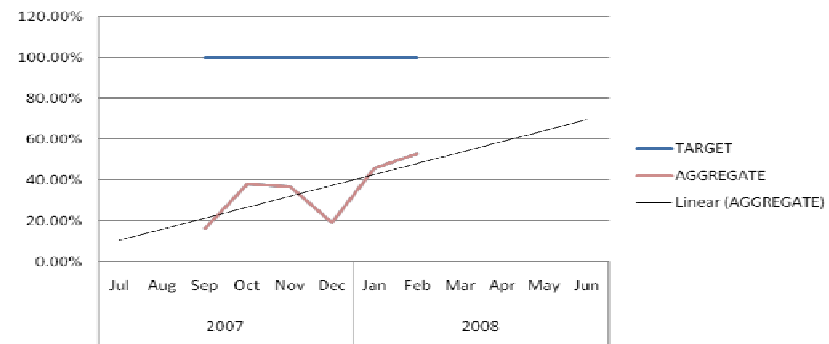
# Selected Components of the PBC:



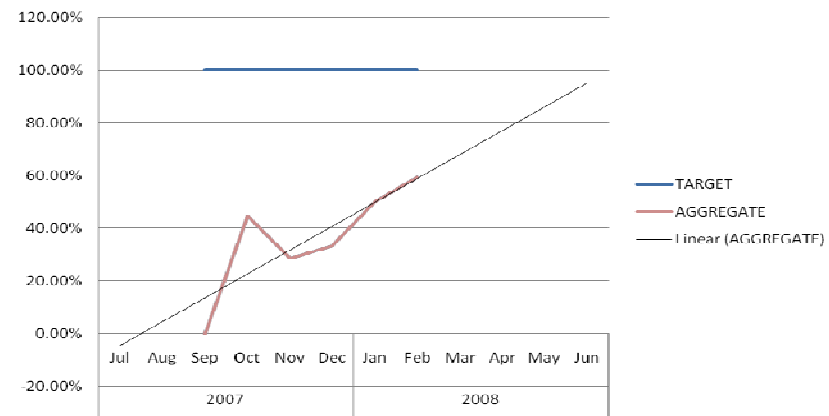
## 1. Face to Face Supervision within 4 Days of Case Receipt and at 30 to 45 Days

**Outcome:** Presently, data across the CMAs indicates that, while progress is being made, documented, quality supervisory reviews are occurring in less than 60% of cases. To date, only 5.56% of available incentive dollars have been awarded for compliance with this measure.

Aggregate % of Cases Reviewed within Initial 4 Days



Aggregate % of Cases Reviewed within 30 - 45 Day Time Frame



# Selected Components of the PBC:



## 2. Case Information Entered within 2 Days

**Measure:** All case information will be entered into Florida Safe Families Network accurately and in a timely (within 2 working days) manner:

The provider shall input and update all required case management information into the Florida Safe Families Network data information system. Furthermore, Provider shall correct all errors indicated on the AFCARS Error Report minimally on a monthly basis and also by request from Kids Central.

- Status
  - Change to the SACWIS system has impacted ability of CMAs to meet the objective of this measure
  - FSFN (SACWIS) data is inaccurate and reliable and user errors related to implementation of the new system have impacted performance
  - Discussion during Intervention Group and Supervisory Roundtable meetings has centered around the intent of the measure and how it is to be measured (for instance, business days vs. working days)
  - Consensus surrounding the evaluation of the measure has been reached
  - Additional research and technical assistance related to mitigating barriers to performance is required

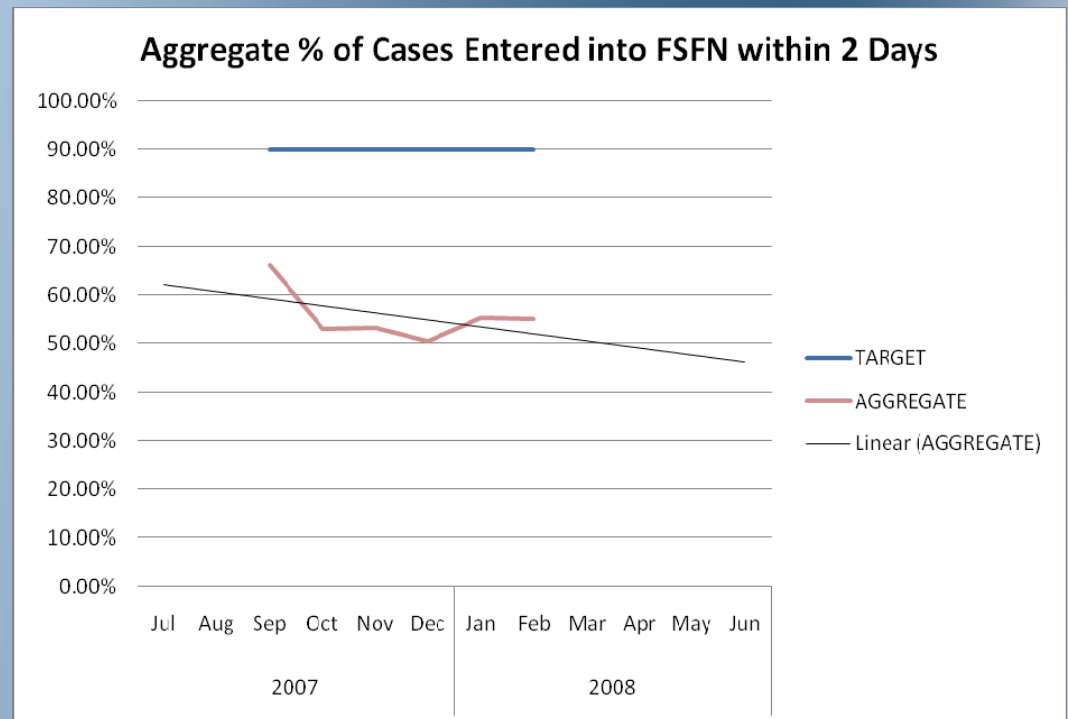


# Selected Components of the PBC:



## 2. Case Information Entered within 2 Days

**Outcome:** The data trend for this measure indicates that CMAs are having a difficult time meeting the established data entry timeframe requirement. Additional research is needed to determine what barriers exist to meeting the measure and to create strategies to overcome these barriers. To date, the target has not been met and CMAs have not earned any related incentives.



# Selected Components of the PBC:



## 3. Contact with Biological Parents

**Measure:** Case managers of children in out of home care will have contact with biological parents.

Contacts with biological parents will increase by 25%. And tracked on an ongoing basis utilizing an agreed upon set of questions: (ie: describe your involvement with your case planning process; what is the hardest thing for you to achieve in the case plan; easiest? Etc)

### ■ Status

- This measure represented a significant shift in the case work paradigm for the CMAs
- Compliance with required contact with biological parents was extremely low across the entire State
- Extensive discussion during Roundtable meetings as to “reasonability” of requiring face-to-face contact with parents that are incarcerated, out-of-state, or unresponsive
- Consensus regarding giving “credit” for attempted contacts or alternative methods of contacts was reached

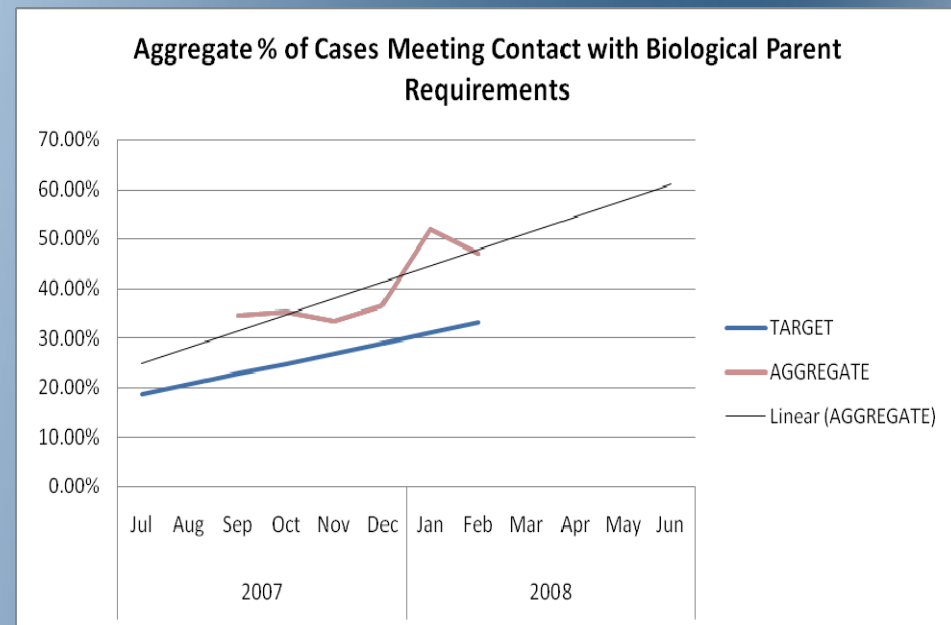


# Selected Components of the PBC:



## 3. Contact with Biological Parents

**Outcome:** Case Management Agencies have made tremendous progress in their overall percentage of “contact with birth parents”. CMAs have consistently exceeded the target expectation (and the overall State average) for this measure and the trend line indicates continued improvement to performance over time. Over 91% of available incentive money available for this measure has been earned.



# Selected Components of the PBC:



## 4. Permanency

**Measure:** Case management agency will work to achieve one of the three mentioned permanency options for youth and then maintain the permanency for 6 mos.

Level 1: Youth Return to Parent

Level 2: Youth has legal guardianship/kinship care situation.

Level 3: Youth has independent living services

- Status
  - Baseline expectations for each CMA have been established
    - Based on case load and expected outcomes
    - Set it cooperating with individual CMAs
  - Discussion surrounding whether the Level 3 Option is reasonable as “Independent Living” is not a recognized permanency outcome
    - Eliminated for FY2009 contracts
  - Initial 6-month outcome data currently being evaluated



# Tracking Performance and Promoting Improvement:



“Shared Risk” refers to the concept that CMAs not only share in the “rewards” for good performance (fiscal incentives), but are accountable when performance based contractual outcomes are not met.

This is accomplished through an agreement stating that if performance on the incentivized measures is below expectations, CMAs will be afforded one quarter (3 months) to attempt to correct any problems and performance issues. During this period, Kids Central will provide requested technical assistance, advice, or support to sustain the efforts of the CMA. After one quarter of below-par performance, CMAs will pay for technical assistance from Kids Central (at a rate equal to the daily staff rate, \$250 , that Kids Central pays to the CMAs).



# Tracking Performance and Promoting Improvement:



## ■ Original, Tiered QA System

### • Tier 1

- Semi-annual review of a sample of cases selected from each case management agency
- All samples are determined using a 90% confidence level 10% confidence interval sampling method to include an oversample of 10 cases
- All reviews used the child welfare integrated assurance review tool (CWIQA)
- A roll up will be sent to the tier 2 evaluators
- Findings are used to identify and analyze issues that need to be addressed through action plans

### • Tier 2

- Circuit evaluators use the CWIQA tool to review a subset of the cases reviewed in tier 1
- Validity (concurrence) must meet the 90% level
- A narrative analysis is provided

### • Tier 3

- DCF central office is responsible for conducting the statewide CFSR to predict compliance of the state system against CFSR standards. Tier 3 reviewers may design and implement any additional reviews which may include:
  - Federal funding
  - FSFN data validation
  - Licensing



# Tracking Performance and Promoting Improvement: Revised QA/QI System



- **Supervisor Reviews**
  - Case management supervisor will review 100% of the cases in their unit each quarter.
  - A guide is used so supervisors think about quality of casework, and systematically document their review for QA purposes. The review may be completed face to face or as a file review.
- **CBC Base Reviews**
  - CBC QA staff will review a sample of 25 case management cases per quarter. The tool is being developed.
- **Collaborative Side-by-Side Reviews**
  - CBC QA staff and Regional QA staff reviews a subsample of the 25 cases reviewed during the quarter. The approach calls for an objective monitor or facilitator who guides and coordinates the review of each case file.
- **Collaborative In-Depth Reviews**
  - CBC QA and Regional QA conduct a more in-depth review of a subsample of the cases reviewed in the side-by-side. These reviews will include interviews with case managers, parents, children, providers and other stakeholders.
- **Continuous improvement is promoted through shared learning and the identification of best practice**

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# Data Use



- Data generated through multiple sources and/or tracking processes is utilized to establish monthly performance outcomes for each contracting entity (case management agency)
  - State SACWIS system data,
  - Local data tracking processes,
  - Quality assurance assessment processes and results
- Data analysis drives technical assistance and quality improvement processes



# Data Use



- Assessment of whether performance measure and incentives need to be changed
- Impact of evidence-informed, best-practices on child-welfare outcomes assessed through data
  - Are performance trends improving,
  - Are the incentivized measures impacting overall outcomes
  - Improvement to child safety, permanency, and well-being as assessed by specific AFCARS measures.



# Illinois



***Striving for Excellence:***  
Extending Performance Based  
Contracting to Residential,  
Independent and Transitional Living  
Programs

Judge Kathleen A. Kearney, JD  
Project Evaluator

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# Performance Based Contracting in Illinois



- Began in 1997 with foster care case management
- Objectives included:
  - ✓ Reduce the # of children in substitute care through improved permanency
  - ✓ Improved stability of placement
  - ✓ Align performance incentives with desired outcomes
- Credited with right sizing and reforming Illinois child welfare system



# Overarching Goals of *Striving for Excellence*



- Improve outcomes for children and youth
- Build on success in foster care and kinship case management
- Enhance existing public-private partnership
- Address CFSR deficiencies in Permanency and Well Being
- Inform the field through evaluation of the process



# Challenges of Serving Youth with More Complex Needs



- Placement change rate in Illinois is high compared to other states and is steadily increasing
- Behavior problems, prior institutionalization and runaway incidents increased subsequent placement instability
- Increasing number of youth have experienced multiple placement disruptions, longer stays in foster care and the lack of a permanent home before entering foster care

Chapin Hall Center for Children



# Challenges of Serving Youth with More Complex Needs



- Smaller number of residential providers serving more troubled children
- Children discharged from residential care are less likely to remain in new placement
- 51% of youth discharged from their first residential care setting to a less restrictive setting during the years 1995-2003 were eventually returned to higher levels of care during this time frame

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# Pre-PBC Status of Residential Treatment in Illinois



- Individualized cost based rate methodology
- Compliance monitoring by outsourced university-based monitors
- Capacity challenges – assuring availability of appropriate level of treatment based upon client needs
- Cumbersome admission process



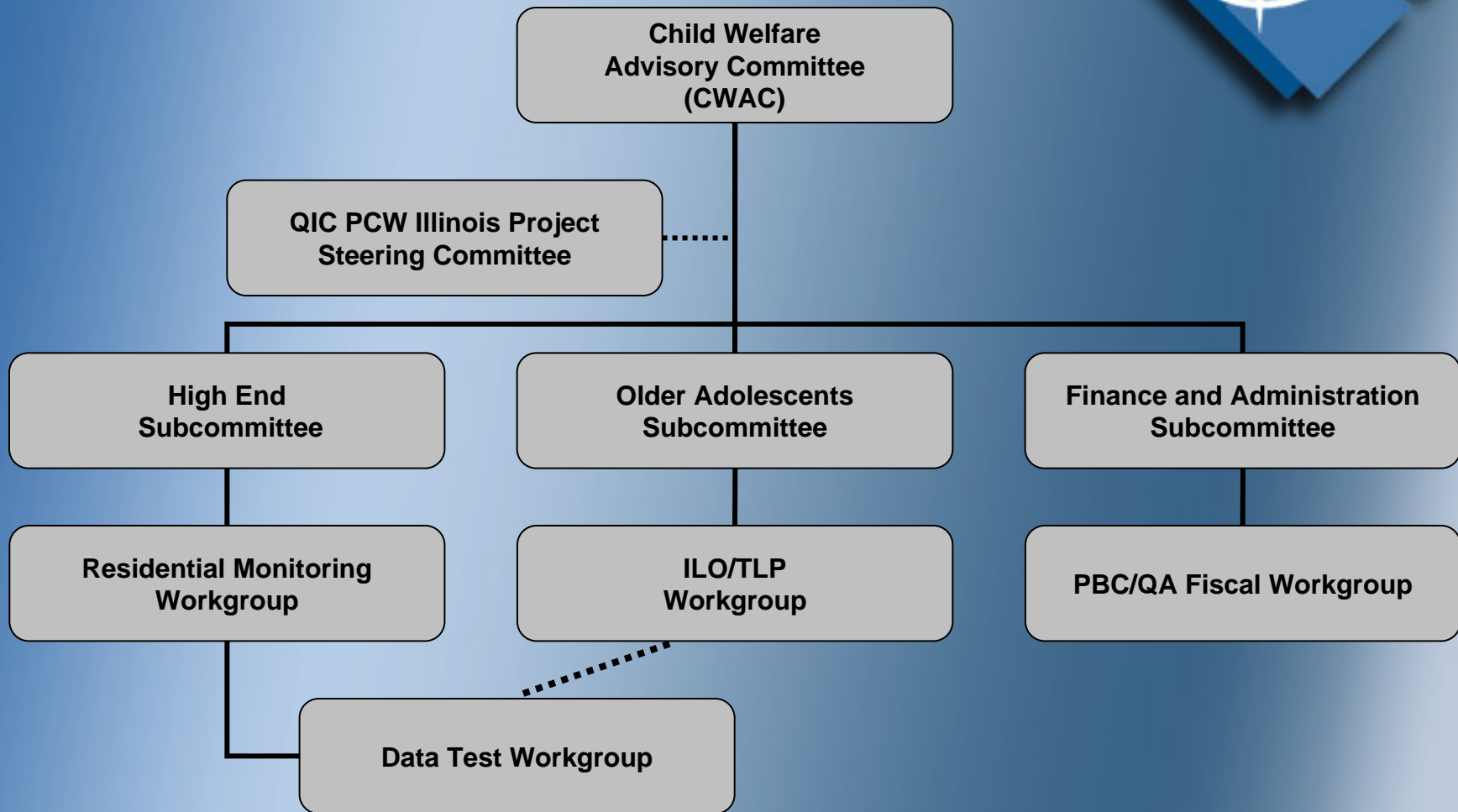
# Collaborative Planning



- Used existing Child Welfare Advisory Committee structure to develop proposed outcome measures, fiscal structure and risk adjustment strategy
- Child Care Association of Illinois held Statewide Provider Forums to inform and get feedback
- Illinois Child Welfare Data Summits held to engage university partners



# Illinois Child Welfare Advisory Committee (CWAC)



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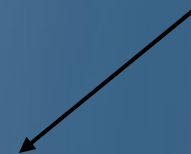
**Goal 1:**  
Improve Safety/Stability  
During Treatment



**Goal 2:**  
Effectively and Efficiently  
Reduce Symptoms/  
Increase Functionality



**Goal 3:**  
Improve Outcomes At  
And Following  
Discharge



**Indicator:**  
Rate of Treatment  
Opportunity Days

**Indicator:**  
Sustained Favorable  
Discharge Rate



# Treatment Opportunity Days Rate



- Percentage of total days of care in a fiscal year that residents are not on the run, hospitalized, or incarcerated
- Calculated based on treatment “spells” from admission to discharge
- Agencies are guaranteed payment for 100% of DCFS client beds
- Agencies will be fiscally penalized if they exceed performance benchmarks at rate of 25% of per diem payment for each day they exceed benchmark



# Sustained Favorable Discharge Rate



- “Favorable” Discharge
  - Positive - stepdown to less restrictive setting, including residential or group home settings by program classification (within or between agencies)
  - Neutral - placement in chronic mental health setting
- “Unfavorable” Discharge
  - Negative - lateral residential/group home move between agencies, step up to more restrictive setting, disruption from placement via runaway, hospital, detention/DOC



# Sustained Favorable Discharge Rate



- Percentage of all spells from which youth that were favorably discharged were able to sustain their discharge placement for 180 days.
- Agencies can earn a fiscal bonus if they exceed performance benchmarks



# Risk Adjustment



- Each provider serves a population of children with a different “mix” of characteristics
- To measure performance fairly, that “case mix” needs to be taken into account
- Risk adjustment attempts to level the playing field
- Since Illinois has adopted a “no decline” policy for youth referred for residential treatment, risk adjustment is critical for providers



# Risk Adjusted Performance Benchmarks



- Using Chapin Hall's Multistate Database to increase statistical power, statistical analysis was performed on a large population of children in residential care during a 3 year period
- Risk factors were identified which were associated with positive or negative outcomes
- Weighted risk factors were applied to children in each agency during FY06 and FY07 to arrive at predictions for performance for FY09
- Performance benchmarks for TOD and SFDR were adjusted for risk using this model

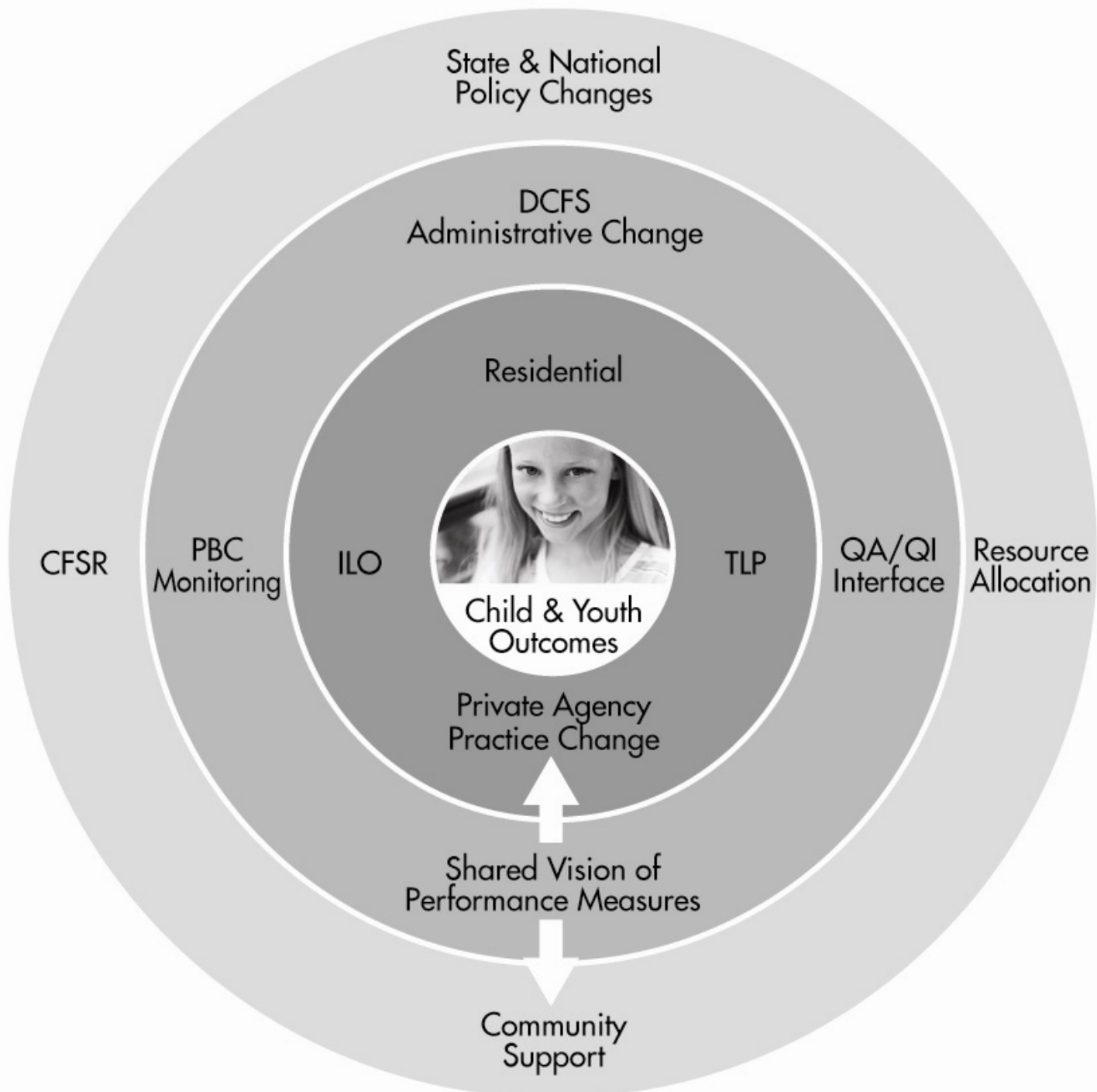


# Systemic Changes to Support New PBC/QA



- Provider rates standardized
- New Deputy Director for Monitoring oversees new DCFS monitors
- Admissions process centralized, streamlined and automated through new Centralized Matching Team
- Performance Reports will be generated quarterly through new Residential Treatment Outcomes System (RTOS)
- New Discharge and Transition Protocol to facilitate step-downs and clarify responsibilities of provider agencies





# Missouri



## **Contracted Case Management of Out-of-home Care: *Maintenance Factors in Performance Based Contracting***

Paul Sundet, PhD  
Project Evaluator

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# ***PROJECT BACKGROUND***



1. 1988 – 2005: contracted case management in metro areas
2. 2003 – 2005: detailed collaborative planning and design for PBC
3. 2005 – 2008: initial competitive independent PBC contract executed
4. 2008 -2011: second competitive contract in re-bid process

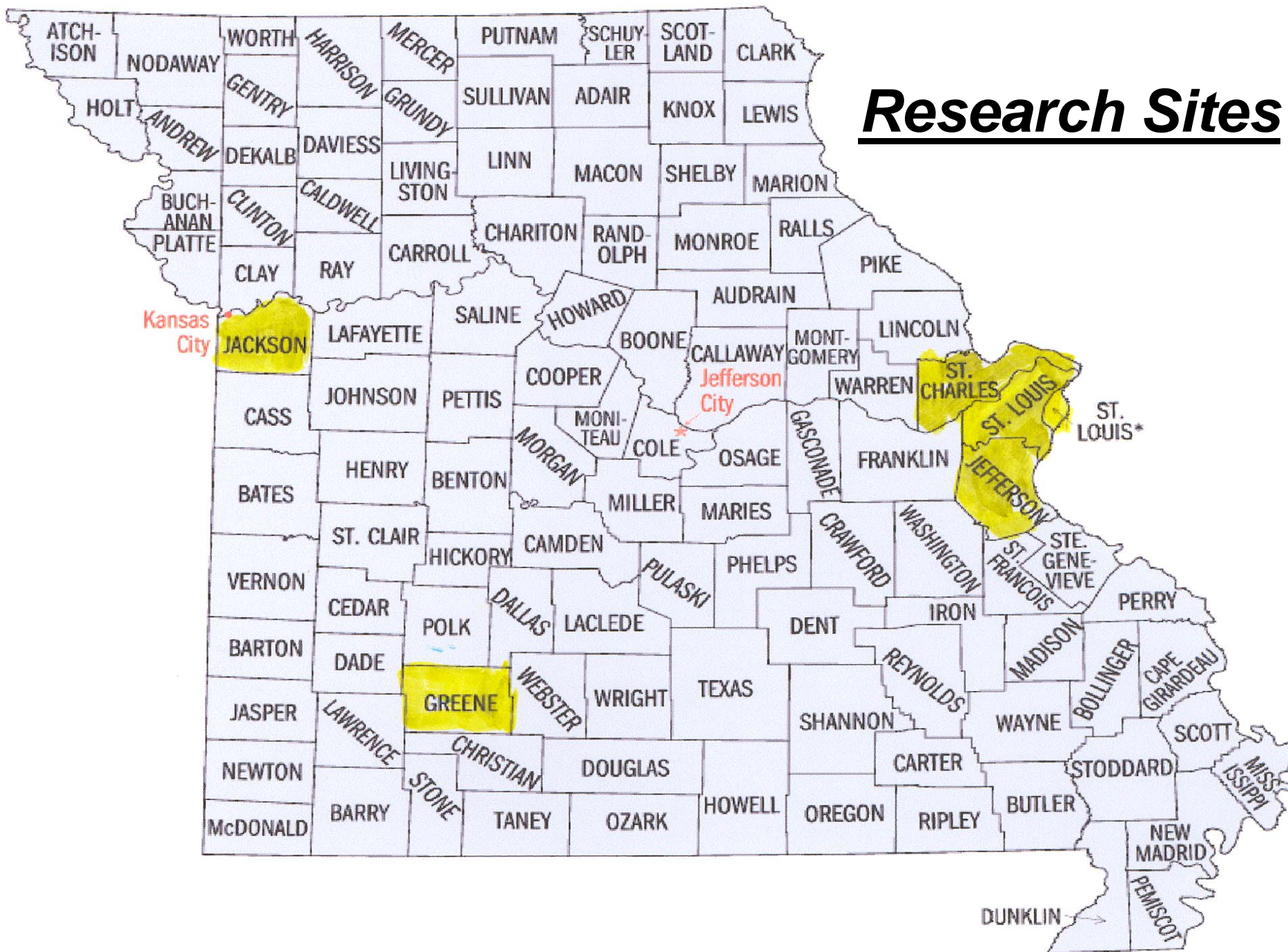
# ***MISSOURI PBC DEMOGRAPHICS***



- **Three Year Contract Period (2005-2008)**
- **Urban Concentration**
- **2548 Total FC Cases In PBC Agencies**
- **7 Consortia Encompassing 25 Private Agencies (32 locations)**
- **Random Assignment Of Cases**

<b><i>Location</i></b>	<b><i>POP</i></b>	<b><i>%&gt;18</i></b>	<b><i>#CA/N</i></b>	<b><i>Contracted</i></b>
<b>Greene Co.</b>	<b>259,779</b>	<b>21.7</b>	<b>4462</b>	<b>49%</b>
<b>Jackson Co.</b>	<b>664,076</b>	<b>25.8</b>	<b>8614</b>	<b>33%</b>
<b>Jefferson Co.</b>	<b>216,076</b>	<b>25.1</b>	<b>2089</b>	<b>42%</b>
<b>St. Charles Co.</b>	<b>338,719</b>	<b>25.9</b>	<b>2191</b>	<b>45%</b>
<b>St. Louis City</b>	<b>347,181</b>	<b>26.1</b>	<b>5310</b>	<b>58%</b>
<b>St. Louis Co.</b>	<b>1,000,510</b>	<b>23.8</b>	<b>6316</b>	<b>48%</b>

# Research Sites



# ***Project Emphasis***



- 1. Elements Contributing To Or Impeding Sustainability**
- 2. Indicators For Contract, Policy, Procedure And Practice Modification**
- 3. Comparative Case Outcomes**

# *Research Design Elements*



- **Pre-intervention Baseline (2003-2005)**
- **Concurrent Public/Private Site Performance Analysis**
- **Mirror Sites Within Public Agency**
- **Decision Rule On Locales Studied**
- **Policy Advisory Board**

# ***DESIGN ELEMENTS***

## ***(cont.)***



- Outcome/impact evaluation
- Process evaluation
- Summative data
- Formative data

# ***EVALUATION REQUIREMENTS***



- Specific, measurable, time- limited goals
- Discrete intervention methodology
- Adequate comparison group(s)
- Control of intervening variables

# ***GOALS FOR CASE OUTCOMES***



- Re-entry
  - Target %+ of children in custody or supervision of the state must not re-enter within 12 months of exit
- Stability
  - Target %+ of children shall experience 2 or less placement settings
- Permanency
  - Target %+ of out-of-home-children must achieve permanency
- Safety
  - Target %+ of out-of-home children must not have a substantiated CAN report with the alternative caregiver as the perpetrator

# ***METHODOLOGY***



- 7 consortia of private agencies
- 49 separate treatment agencies/units
- Articulated superordinate goal
- Assumed common value/ideology stance
- Highly disparate treatment methods and philosophies

# ***COMPARISON GROUPS***



- One locale: experimental and control group
- Two locales: experimental 1, experimental 2 (mirror) and control groups
- Random assignment of case (with treatment direct modifications)

# ***VARIABLE CONTROL***



- Demographic changes
- Control group modifications
- Judicial system interventions
- Budget fluctuations

# ***PBC IMPACTS TO DATE***



- 1. COMPARATIVE CASE OUTCOMES**
- 2. SYSTEM MODIFICATIONS**
- 3. QA INITIATIVES**
- 4. OVERALL RESULTS**

# St. Louis Region



	<u>Yr 1</u>	<u>Yr 2</u>
<b>Re-entries</b> <i>Target &gt; 91.4%</i>	<b>96.2%</b>	<b>96.4%</b>
<b>Stability</b> <i>Target &gt; 82%</i>	<b>92%</b>	<b>80%</b>
<b>Permanency</b> <i>Target &gt; 32%</i>	<b>26%</b>	<b>30%</b>
<b>Safety</b> <i>Target &gt; 99.43%</i>	<b>99.59%</b>	<b>100%</b>

# Springfield Region



	Yr 1	Yr 1 Mirror	Yr 2	Yr 2 Mirror
<b>Re-entries</b> <i>Target &gt; 91.4%</i>	95.4%	100%	96.8%	94%
<b>Stability</b> <i>Target &gt; 82%</i>	97%	95%	87%	86%
<b>Permanency</b> <i>Target &gt; 32%</i>	23%	20%	27%	34%
<b>Safety</b> <i>Target &gt; 99.43%</i>	100%	99.61%	99.8%	99.59%

# Kansas City Region



	Yr 1	Yr 1 Mirror	Yr 2	Yr 2 Mirror
<b>Re-entries</b> <i>Target &gt; 91.4%</i>	94.9%	81.3%	90.9%	85.2%
<b>Stability</b> <i>Target &gt; 82%</i>	94%	89%	86%	79%
<b>Permanency</b> <i>Target &gt; 32%</i>	37%	40%	33%	34%
<b>Safety</b> <i>Target &gt; 99.43%</i>	99.50%	100%	99.94%	100%

# ***PBC IMPACTS TO DATE***



1. COMPARATIVE CASE OUTCOMES
2. **SYSTEM MODIFICATIONS**
3. QA INITIATIVES
4. OVERALL RESULTS

# ***SYSTEM MODIFICATIONS***



- Reduced public agency caseloads
- State-wide accreditation achieved
- Greater rigor in case reporting and accountability
- Professional competition to achieve goals
- Upgrading of public worker training and supervision

# ***PBC IMPACTS TO DATE***



1. COMPARATIVE CASE OUTCOMES
2. SYSTEM MODIFICATIONS
3. **QA INITIATIVES**
4. OVERALL RESULTS

# ***QA INITIATIVES***



- Joint public/private QA/QI “best practices” training
- Public/private practice summit
- Joint CFSSR preparation
- PRR exchange teams
- Multi-level CQI process

# ***PBC IMPACTS TO DATE***



1. COMPARATIVE CASE OUTCOMES
2. SYSTEM MODIFICATIONS
3. QA INITIATIVES
4. **OVERALL RESULTS**

# ***OVERALL RESULTS***

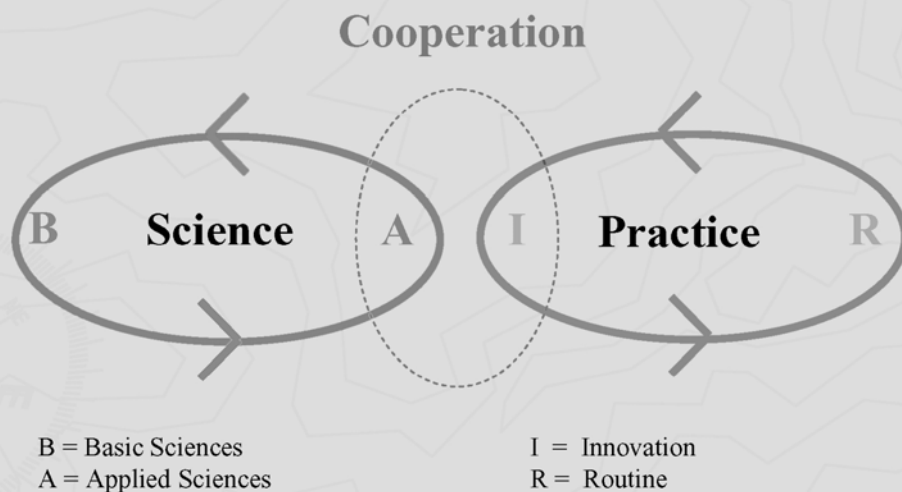


- Case outcomes are improving in both contract and public agency settings
- Financial incentives do not appear to produce statistically significant better results
- Lower caseload sizes and close supervision appear to be critical to improved results
- Professionally directed competition is beneficial

# The Collaborative Research Process Is Designed to Promote Usable Evidence in the Real World of Public/Private Partnership



## Model of Cooperative Knowledge Production



Source: Gredig, D. and Summerfeld, P. (2008). New Proposals for Generating and Exploiting Solution-Oriented Knowledge. *Research on Social Work Practice*, 18.

Inclusivity



Clarity



Transparency



Objectivity