

Quality Improvement Center on the Privatization of Child Welfare Services Research Guidelines and Plan

Evaluation is an integral component of the knowledge building which occurs within the quality improvement center model. As explained in this plan, evaluation of funded activities during Phase II will take place at two levels. First, each grantee is required to undertake a quasi-experimental (or experimental, if possible) third party evaluation of its funded activities. Second, the Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) will undertake a cross-site evaluation across all funded grantees.

During the first year of implementation, the QIC PCW will negotiate the exact parameters of each evaluation individually with each site, as well as provide technical assistance to strengthen grantee-specific evaluations methodologically and ensure that they are producing findings that are relevant from both policy and practice perspectives. Additionally, we will finalize the cross-site evaluation plan based on a thorough analysis of the interventions funded and the data capabilities of the individual sites.

BACKGROUND & OVERVIEW

As background, performance based contracting (PBC) allows public agencies to contract for results rather than contract for services. While there is no universally accepted definition of performance based contracting, Martin (2003) puts forth a general definition: “a performance based contract is one that focuses on the outputs, quality and outcomes of service provision and may tie at least a portion of a contractor’s payment as well as any contract extension or renewal to their achievement” (Martin, 2003, p.4).

Wulczyn (2005) reminds us that the child welfare field has long had performance expectations within its contracts. He maintains that the difference today is that the field is using new expectations and the expectations are more specific. Performance measures are moving away from expectations about the quantity of service units delivered and toward the result of these services and the experience of children and families in care.

To ensure performance, the literature emphasizes the importance of program monitoring and ongoing quality assurance efforts to support implementation efforts and promote best practice. However, the manner in which performance is measured, and strategies to monitor contracts and hold agencies accountable must be determined prior to entering into contract arrangements.

Not surprisingly, studies on privatization efforts of child welfare services have found that the most frequently used outcome measures in these contracts involve measures of child safety, permanency and well-being (GAO, 2000). Within each of these broad outcomes, states use a range of indicators and standards to measure success.

Martin (2003) explains that much of the information on the efficacy of PBC is drawn from state reports and documents which have not been independently verified. Extremely few third party evaluations have been conducted on this type of contract

mechanism. Most findings present changes in caseload trends pre (and post) implementation of PBC. There is very little process and descriptive data that describes how contracts were developed and how services were delivered. Due to the lack of multi-faceted analysis and rigorous designs, it is extremely difficult to isolate the impact of PBCs from other program reforms and policies implemented in conjunction with changes in contracting methodology.

EVALUATION OVERVIEW & GUIDING RESEARCH QUESTIONS

Building on the research findings to date, this evaluation will focus on:

- Providing a thorough understanding of the reform undertaken by subgrantees through descriptive analysis
- The perceptions of key stakeholders through perceptual analysis
- The impacts of performance based contracting and quality assurance systems through outcome analysis.

The following research questions will guide this effort:

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

QIC PCW APPROACH TO FACILITATING QUALITY EVALUATION

During the first year following subgrantee award, the QIC PCW will primarily focus on:

- Strengthening local evaluations

- Finalizing the cross-site evaluation
- Working closely with site officials to ensure we will have the access necessary to collect data and information needed for the cross-site evaluation (primarily descriptive and perceptual information)
- Ensuring that sites put in place processes for collecting and reporting key data and information to the QIC PCW in support of the cross-site evaluation (primarily outcome data).

Partnership will be a common theme shared by these activities. As shown by Table 1, we will work closely with grantees to identify common outcomes and develop cross-site data collection protocols. Our collaborative cross-site approach will help: (1) increase relevance and usefulness of findings; (2) increase methodological rigor of the design; (3) engage local sites in the creation of an “invisible college” where participants are intellectually involved in knowledge building (Reiss & Boruch, 1991); and (4) increase knowledge dissemination and application. This will be accomplished through in-person meetings, conference calls, and ongoing telephone and electronic communication.

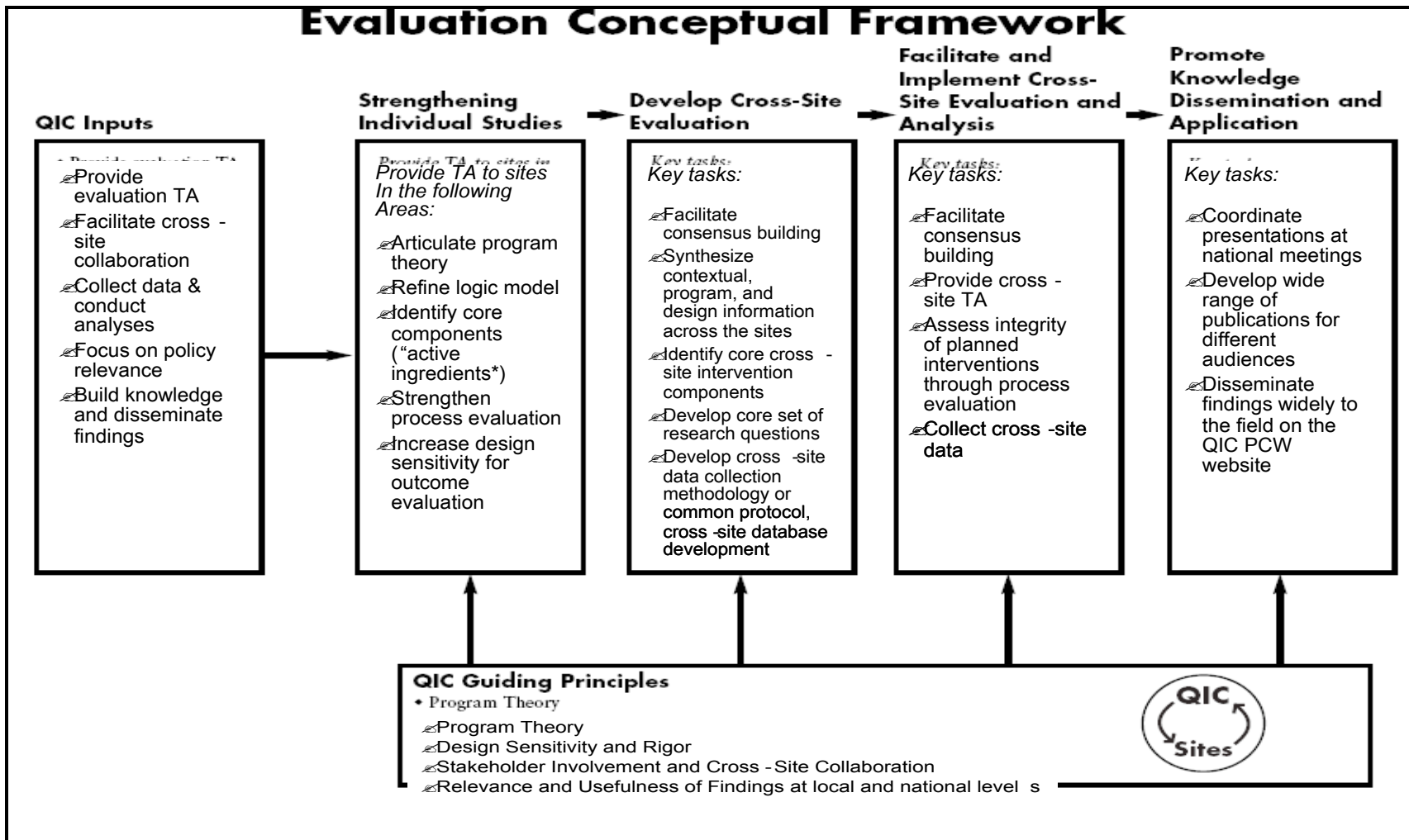
Theoretically, the cross-site evaluation will be grounded in a realistic approach that focuses on understanding the relationship between program interventions (i.e., models of privatization) and the contextual conditions at the local sites. Solomon (2002, p. 388) describes this relationship in the following way. “Program outcomes are not merely a consequence of the program or intervention but always a consequence of the interaction between the program or intervention and its prevailing contextual conditions.”

The RFA will specify award criteria, which will enhance the sub-grantee participation in the cross-site evaluation. These include: (1) capacity to collect required data elements; (2) commitment to cooperate in the application of common measures; (3) capacity to collect and submit outcome data within specified timeframes; (4) willingness to recommend and justify an experimental or quasi-experimental comparison methodology along with the consideration of alternative comparison methodologies and the strengths and weaknesses associated with each; and (5) willingness to provide the QIC PCW access to treatment and control sites for information and data collection related to the cross-site evaluation.

Developing a strong design can be challenging in multi-site studies where there will be some degree of cross-site variability in the privatization models (both in the target and comparison interventions), study population, research designs, and other contextual issues. The creation of both site-specific logic models, and a cross-site one, is critical to determining similarities and differences among the sites. This facilitates the development of an explicit cross-site program theory, a core set of interventions, and a core set of research questions and outcomes. The QIC team will develop an initial cross-site chart based on information extracted from the individual grant applications.

Table 1

Evaluation Conceptual Framework



Developing a Cross-Site Logic Model. Site-level information collected from these domains will guide the development of a cross-site logic model used to graphically represent the relationships between key program activities or interventions and expected outcomes. The cross-site logic model will include: (1) program goals and underlying assumptions, including the cross-site theory of change; (2) program components and activities; (3) program outputs; (4) expected short-term and intermediate outcomes; and (5) long-term outcomes. Our realistic approach to logic model development, that takes into account that outcomes are not directly linked to inputs but are contingent on prevailing social conditions and contexts (Solomon, 2002, pg. 392). This cross-site logic model will be refined based on information collected during initial site visits. The cross-site model will then be presented to and vetted by local grantees at the first cross-site grantee meeting. A collaborative approach will be undertaken to refine and revise the model to reflect the local sites as well as the cross-site approach.

Developing Common Data Collection Protocols. We will also use a collaborative approach to finalize the data elements. While grantees will have addressed their capacity to collect certain data elements in their applications, our experience is that in-depth discussions with grantees will likely reveal that the quality of data varies from site to site, as well as the appropriateness and relevance of certain data elements to capture information needed to describe the process of change and measure outcomes. The cross-site chart and logic model will serve as the basis for common data collection protocols. The cross-site data collection protocol will require the sites to collect specified data elements within agreed timeframes using the same instrumentation.

Informed Consent and Institutional Review Board. The project will work with each local site to obtain site-specific approval to obtain required data elements, including fulfilling any site-specific requirements such as the completion of data sharing agreements or approval of their Institutional Review Board (IRB). We will also seek approval from the UK IRB once all individual projects have received their internal approval.

Site Access. We have found that support of high level officials is critical for gaining access to site specific outcome data and descriptive information. We will work closely with officials to gain buy-in to our plans to utilize site-reported outcome data and collect descriptive information within both treatment and comparison sites for the cross-site evaluation. We have found the drafting of memoranda of understanding signed off by all involved is especially helpful to concretely documenting roles and responsibilities once they are defined.

Data Management. The information reported to us by sites and collected by the QIC PCW will be entered and housed in a cross-site database. The project will develop procedures for ensuring the confidentiality of client-level data submitted to the QIC PCW by the local sites. For example, a unique study ID will be created for the cross-site database. The data will be safeguarded by using password protected files with limited user access. The security of hard copy data submitted to the QIC PCW will be ensured by the use of locked file cabinets.

METHODOLOGICAL APPROACH TO EVALUATION

As noted earlier, the research questions guiding this project will be addressed through a combination of outcome, descriptive, and perceptual analyses, each based on data and information defined as the following:

- ***Outcome data:*** Defined as changes in targeted participant knowledge, status, attitudes, or behavior. Participants can be defined at multiple levels (individual clients served, communities, agencies, or service delivery systems). Often, it is helpful to distinguish more *immediate outcomes* (such as case goal achievement) with *longer-term goals* (such as increases in child safety, the achievement of timely permanency, or child well-being).
- ***Descriptive information:*** Also known as “process” data, describing system processes, functioning, or attributes; or the attributes of target populations etc. It is generally collected through direct observation of key intervention or contextual activities, or by consulting agency records documenting the occurrence of key activities or the attributes/composition of caseloads/systems at a given point in time. Where this information is not available, knowledgeable individuals can be asked to estimate this information in a systematic manner (e.g., caseworkers may be asked key attributes about the last five cases to which they provided a given activity or referred to a given service or intervention).
- ***Perceptual information:*** This information centers on the perceptions or opinions of key participants (e.g., system administrators, caseworkers, community members, or clients targeted for services). This type of information is important to assess factors for which outcome and descriptive information cannot measure; for instance, the inclusiveness of a planning process, or the family-centeredness of a program’s approach. This type of analysis can be strengthened by asking a wide variety of key informants the same questions on their perceptions, and then analyzing all data collected for areas of convergence and divergence.

Table 2 shows the primary types of information that will be used to answer each of the research questions. It is important to note that when addressing all five research questions, descriptive analysis will be required. In this way, the outcome evaluation will broaden the knowledge base of the field in this particular area which has historically simply relied on outcome data pre- and post-intervention with minimal descriptive analysis.

Table 2
Types of Information Needed to Address Research Questions

Research Questions	Analyses Methods		
	Outcome	Descriptive	Perceptual
<i>1. Does an inclusive and comprehensive planning process produce broad-scale buy-in to clearly defined performance based contract goals and ongoing quality assurance?</i>		X	X
<i>2. What are the necessary components of performance based contracts and quality assurance systems that promote the greatest improvements in outcomes for children and families?</i>		X	X
<i>3. When operating under a performance based contract, are the child, family and system outcomes produced by private contractors better than those produced under the previous contracting system employed?</i>	X	X	
<i>4. Are there essential contextual variables that independently appear to promote contract and system performance?</i>		X	X
<i>5. Once implemented initially, how do program features and contract monitoring systems evolve over time to ensure continued success?</i>		X	X

Table 3 presents examples of the types of specific data elements on which information could be collected to describe key activities associated with the planning and implementation phases and their efficacy in terms of perceptions and outcomes. The bridge between these two phases is the intervention itself—the PBC and QA intervention components—representing the product of the planning phase and the intervention to be rolled out during the implementation phase.

It is important to emphasize that *Table 3 is meant to represent an exhaustive listing of data elements based on our knowledge of PBC and QA at this time.* The actual information we will ask sites to collect in treatment and control sites, and that we will collect, will probably not be this inclusive. Some information will not be relevant to understanding and documenting change, while the cost or burden of collecting other information will be prohibitive. The review and refinement of site-specific logic models will facilitate making informed decisions on these issues.

As shown by Table 3, for evaluation purposes:

- ***During the planning phase***, on the left-hand side of the table, the focus will primarily rest on analysis of descriptive information and process indicators.
- ***During the implementation phase***, on the right-hand side of the table, (broken down into three phases--initial, intermediate, and long-term) initially, evaluation will primarily focus on process measures of change, shifting to outcomes as the implementation progresses. Specifically:
 - The impact of *initial implementation* is primarily measured and analyzed through process indicators.
 - The impacts of *intermediate and long-term implementation* are measured through child, family, and system level outcomes.
- Finally, important contextual considerations are included as well at the following levels:
 - Target population (attributes, problems, conditions)
 - Public perceptions and support (knowledge of child welfare issues, and support for improving systems and outcomes)
 - Funding structures and levels
 - System-wide factors (degree of shared vision and collaboration).

It will be important to collect information baseline on all indicators for which information will be collected in out-years in order to measure progress in both comparison and treatment sites. This will enable the comparison of relative change achieved during the same time period in both treatment and comparison sites.

Table 3.
Data Elements Framework – Examples
Performance-based Contracting and Quality Assurance (PBC & QA)

-- Planning Phase --	-- Intervention -- (PBC & QA)	-- Implementation Phase --		
Descriptive Indicators	System Components & Specifications	Initial Process Indicators	Intermediate Outcomes	Long-Term Outcomes
Information gathering process-- <ul style="list-style-type: none"> ■ needs assessment of current service delivery system ■ capacity of public and private agency to implement PBC & QA ■ capacity/ability of MIS to provide needed information ■ adequacy of key cost information ■ research on existing models of PBC & QA 	Target population-- <ul style="list-style-type: none"> ■ referral criteria ■ exit criteria ■ special exceptions 	Staffing-- <ul style="list-style-type: none"> ■ number of staff hired for contract compliance ■ number of staff trained for contract compliance ■ total number of qualified staff available 	Changes in caseload practice-- <ul style="list-style-type: none"> ■ decreased number of placements ■ increased use of less restrictive placements ■ increased use of close proximity placements 	Positive child level impacts-- <ul style="list-style-type: none"> ■ increased child safety ■ decreased time to permanency ■ increased reunification ■ increased permanency with kin ■ decreased re-entry into care ■ increased child-well being
Input gathering process-- <ul style="list-style-type: none"> ■ forums, focus groups and meetings with key stakeholders 	Service components-- <ul style="list-style-type: none"> ■ provision of private agency services ■ enrollment in/referral to community-based services ■ Private agency case management activities 	Target population-- <ul style="list-style-type: none"> ■ number of clients referred and served ■ basic demographic information on clients ■ status at time of referral 	Changes in case management practice-- <ul style="list-style-type: none"> ■ increased appropriate visitation ■ increased use of appropriate kin placements ■ increased family and kin involvement in case 	Positive family level impacts-- <ul style="list-style-type: none"> ■ increased reunification ■ increased voluntary relinquishments ■ increased open adoptions

-- Planning Phase --	-- Intervention -- (PBC & QA)	-- Implementation Phase --		
Descriptive Indicators	System Components & Specifications	Initial Process Indicators	Intermediate Outcomes	Long-Term Outcomes
			planning ■ more frequent case monitoring	
Decision making process-- ■ lines of authority between working groups and decision making group(s) ■ recommendation process ■ clearance process for final decisions	Policy compliance and practice specifications-- ■ federal policy (ASFA, ICWA etc.) ■ state policy ■ public agency requirements ■ best practice guidelines	Case plans developed-- ■ number of case plans developed ■ case plan goals and timeframes	Changes in staffing practice-- ■ improved staff/client ratios ■ improved supervisory/staff ratios	Positive system level impacts-- ■ improved staff qualifications ■ improved service continuum (private agency and community-based services) ■ improved client satisfaction ■ improved access to information on children, families and services ■ improved service system transparency and accountability
Implementation process-- ■ timeline for phase-in ■ trouble shooting initial implementation ■ providing early assistance ■ Providing ongoing assistance and clarification	Payment structure-- ■ payment triggers ■ risk sharing categories ■ incentive thresholds ■ penalties/disallowances ■ additional allowable costs	Services provided-- ■ service referrals ■ service receipt ■ service completion	Changes in service access-- ■ more frequent referral to (and receipt of) appropriate services ■ more timely referral to (and receipt of) appropriate services	

-- Planning Phase --	-- Intervention -- (PBC & QA)	-- Implementation Phase --		
Descriptive Indicators	System Components & Specifications	Initial Process Indicators	Intermediate Outcomes	Long-Term Outcomes
PBC & QA refinement process-- <ul style="list-style-type: none"> ■ periodic review of contract and monitoring requirements ■ recommendation process ■ change process 	Staffing requirements-- <ul style="list-style-type: none"> ■ qualifications ■ staff/client ratios ■ supervisory/staff ratios ■ specialized PBC/QA administrative staff 	Case management activities provided-- <ul style="list-style-type: none"> ■ frequency of home visits ■ frequency of service monitoring ■ frequency of visitation monitoring ■ frequency of case plan reviews 	Changes to performance-based contracts-- <ul style="list-style-type: none"> ■ service components ■ policy and practice requirements ■ payment structure ■ staffing requirements ■ training requirements ■ agency requirements ■ reporting requirements ■ monitoring requirements 	
Stakeholder and public satisfaction with process-- <ul style="list-style-type: none"> ■ inclusion of key viewpoints ■ open hearings and deliberations ■ transparent decision-making process ■ frequent reporting 	Training requirements-- <ul style="list-style-type: none"> ■ caseworker, supervisory, & administrative staff training (initial and ongoing) 	Provider reports completed-- <ul style="list-style-type: none"> ■ frequency of compliance with contract requirements ■ accuracy ■ thoroughness 	Changes to quality assurance systems--- <ul style="list-style-type: none"> ■ service components ■ policy and practice requirements ■ payment structure ■ staffing requirements ■ training requirements ■ agency requirements ■ reporting requirements ■ monitoring requirements 	
	Agency requirements-- <ul style="list-style-type: none"> ■ agency licensure ■ staff credentials ■ oversight processes ■ fiscal/accounting structures 	Quality assurance activities undertaken--- <ul style="list-style-type: none"> ■ areas of contract (non) compliance ■ corrective action plans developed ■ technical assistance 		

-- Planning Phase --	-- Intervention -- (PBC & QA)	-- Implementation Phase --		
Descriptive Indicators	System Components & Specifications	Initial Process Indicators	Intermediate Outcomes	Long-Term Outcomes
		provided		
	Reporting requirements-- <ul style="list-style-type: none"> ■ caseload levels ■ staffing ratios ■ training provided ■ agency credentials ■ financial 			
	PBC & QA refinement/ renegotiation process(es)-- <ul style="list-style-type: none"> ■ annual re-award process 			

-- Important Contextual Variables --			
Target population-- <ul style="list-style-type: none"> ■ attributes ■ problems ■ conditions 	Public perceptions & support-- <ul style="list-style-type: none"> ■ knowledge of child welfare issues ■ support for improving systems ■ support for improving child and family outcomes 	Funding-- <ul style="list-style-type: none"> ■ adequacy of current payment structure ■ amount of funds devoted to needs 	Systemwide-- <ul style="list-style-type: none"> ■ shared vision ■ collaboration

CONCLUSION

The exact parameters of the individual and cross-site evaluations will be specified during the first year of implementation. Several themes will help guide us as we explore and negotiate these with the individual sites, deliberate options and tradeoffs within the study team, and make recommendations to the Children's Bureau on the best course of action:

- ***Importance of gaining a clear and thorough understanding of each site's approach to PBC and QA.*** The RFA will provide much direction on the focal intervention. However, a fair amount of flexibility will also be provided subgrantees so that they can propose PBC and QA processes that make sense to them within their specific context. In order to ensure that local and cross-site evaluation plans will adequately measure intended change, logic models and other evaluation tools will be employed to facilitate an accurate and shared understanding. Grantee's applications will be an important starting point for gathering this information, but on-site meetings and other forms of direct consultation will also be needed during the first year to clearly specify interventions, planning and implementation processes, intended outcomes, and local site context. *Once we have a clear understanding, our evaluation approach will need to strike a balance of the site's interests, our needs for the cross-site evaluation, and the needs of the federal government and the field to ensure that issues relevant to policy and practice are addressed.*
- ***Importance of gaining a clear and thorough understanding of the capacity and quality of each site's information and reporting systems, data collection capabilities, and evaluation expertise.*** It will also be important to gain a clear understanding of the data and information collection and reporting capabilities of each site—both within treatment—and comparison sites or groups. A review of the site-specific logic models that specify the change process of each site will facilitate further exploration of specific measures and data and information sources. Through this, the integrity of information systems (and the existence of specific information within these systems needed for individual and cross-site evaluations) will be accurately explored. Additionally, we will need to assess the each site's analytical capacities. *Once we have a clear understanding of all of these issues, we will need to make decisions on: (1) when and where we should develop new data collection processes where accurate and useable information is not available, or encourage the site to do this; and (2) when and where we should provide evaluation TA, or undertake key analyses ourselves.*
- ***Emphasizing the most rigorous evaluation methodology possible.*** Although a number of individual privatization initiative case studies have been conducted, descriptive syntheses across sites or efforts is relatively scarce, while rigorous outcome evaluation is even scarcer. Similarly, the evaluation of PBC and QA conducted to date is primarily comprised of simple pre/post evaluation designs, relying on administrative data. Once we have a clear understanding of each site's intervention, we will need to re-review the rigor of their evaluation plans, and

decide whether we need to negotiate a sounder strategy. *To do this, we will need to explore challenges that will emerge practically with those methodological strategies that are more sound (e.g., it is difficult to undertake random assignment within systemic reform), and the limitations of less sound strategies (e.g., the non-equivalence of comparison groups), striking a balance between the two.*

- ***Emphasizing descriptive, perceptual, and outcome analyses.*** The most rigorous evaluation methodologies emphasize not only experimental design and outcome analysis, but include the collection and analyses of descriptive and perceptual information as well. *As all are essential to thoroughly understanding the change process and its impacts, we will need to strike a balance between these given limited resources.*
- ***Forming lasting collaborative partnerships with sites early.*** All of the forgoing issues point to the critical need to cultivate strong partnerships with funded subgrantees. It is important that we emphasize the essential role grantees play as active partners in the knowledge building process. Otherwise, we will never gain access to the outcome data, descriptive information, and honest perceptions we will need in both treatment and comparison sites. *While partnering and collaborating, we will need to strike a balance of understanding and accommodating site-specific needs while emphasizing ours as well with respect to building vigorous evaluations that will further inform research, policy, and practice across all sites.*

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