



Knowledge Development and Transfer on Public/Private Partnerships in Child Welfare Service Provision: Using Multi-Site Research to Expand the Evidence Base

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Author(s):	<i>Crystal Collins-Camargo, Jennifer Hall, Chris Flaherty, Karl Ensign, Teri Garstka, Brian Yoder, and Allison Metz</i>
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Knowledge Development and Transfer on Public/Private Partnerships in Child Welfare Service Provision: Using Multi-Site Research to Expand the Evidence Base

Crystal Collins-Camargo,¹ PhD, Jennifer Hall, MSW, Chris Flaherty, PhD, Karl Ensign, Teri Garstka, PhD, Brian Yoder, and Allison Metz

Introduction

Child welfare is a field that has seen tremendous change in its relatively short existence. Programs serving children in need originated in the private sector, with the establishment of charity organizations in the 1920's. With the establishment of the Children's Bureau in 1912 the shift to seeing child welfare as a public service became prominent (Trattner, 1999; Embry, Buddenhagen, & Bolles, 2000). Over time, as states passed legislation giving public agencies the responsibility for investigating child maltreatment and intervening in the lives of families, the role of the public sector became focused on the provision of discrete services to identified target populations, such as family counseling or foster care services (Smith, 1989; Hart, 1988). In 1996 the first large-scale, statewide, child welfare privatization initiative was implemented in Kansas (Lewandowski, 1998; Kansas Action for Children, 1998). Since then, a number of other states and local jurisdictions have shifted more core portions of their child welfare service delivery systems to the private sector (McCullough & Schmitt, 1999; Freundlich & Gerstenzang, 2003).

In recognition of the need for policy makers to be able to make informed decisions regarding the roles of both the public and the private sectors in child welfare, the Children's Bureau funded the implementation of the National Quality Improvement Center on the Privatization of Child Welfare Services (QIC PCW) at the University of Kentucky, in partnership with Planning and Learning Technologies, Inc. The professional literature has seen a call for research and development of a more substantial evidence base in child welfare over the past several years (McGowen & Walsh,

2000; Epstein, 1999; Waldfogel, 1998, 2000). In the area of privatization, it has been recognized that there is an absence of data upon which privatization decisions can be made (Courtney, 2000; Nightingale, & Pindus, 1998). This article will highlight the role of the QIC PCW in beginning to respond to this need, and focus on a multi-state study being conducted, honing in on a particularly timely topic in public-private partnership.

Privatization in Child Welfare

The literature has begun to document the scope of child welfare privatization, with some sources estimating between 23 and 29 initiatives, for example. But there is inconsistency in the way the phenomenon has been defined, and this inhibits the ability to determine how extensive this sort of change has become (e.g., McCullough & Schmitt, 1999; Westat and Chapin Hall, 2002). While resources exist providing expert recommendations to the field (e.g., (Kahn, & Kameran, 1999; McCollough, 2003), the literature review conducted by the QIC PCW found relatively little rigorous research regarding the efficacy or effectiveness of privatization, or of particular approaches that have proved useful in the implementation of such partnerships. (Lee, Allen & Metz, 2006a).

Some categorization of the research that has been conducted is possible. A few studies have examined the perceptions of key stakeholders regarding privatization (Humphrey, Turnbull, and Turnbull, 2006; Lewandowski & GlenMaye, 2002; Friesen, 2001; Embry et al., 2000).

Others have recognized the need for a long-term, comprehensive, and rigorous outcome evaluation of privatization (Petr & Johnson,

Crystal Collins-Camargo, PhD MSW is a Clinical Assistant Professor at the University of Kentucky College of Social Work.

Jennifer Hall, MSW is a Project Manager with the QIC PCW at the University of Kentucky

Chris Flaherty, PhD is an Assistant Professor at the University of Kentucky College of Social Work.

Karl Ensign is a Senior Associate at Planning and Learning Technologies in Arlington, Virginia.

Teri Garstka is a Senior Research Associate at Planning and Learning Technologies in Arlington, VA.

Brian Yoder is a Research Analyst at Planning and Learning Technologies in Arlington, VA.

Allison Metz is with Child Trends in Washington DC.

1999), but so far this need has not been met. A significant concern has been expressed regarding the lack of adequate baseline data to measure the effectiveness of privatization efforts (Snell, 2000; Blackstone, Buck, & Hakim, 2004). A few more rigorous studies regarding the impact of privatization on child and family outcomes have begun to emerge, and conclusions vary (e.g., Vargo, Armstrong, Jordan, Kershaw, Pedraza, & Yampolskaya, 2006; Harrington, Mandell, Lawrence-Webb, & Hong, 2005; Yampolskaya, Paulson, Armstrong, Jordan, & Vargo, 2004; Zullo, 2002).

Quality Improvement Centers as Promoters-of-Knowledge Development

The role of the Children's Bureau in generating knowledge for practice in child welfare has recently included the funding of regional or national entities to facilitate the research and demonstration granting process. Over a five-year period, Quality Improvement Centers conduct a needs assessment and knowledge gaps analysis, fund an array of research projects around an identified topic, provide technical assistance to sub-grantees, conduct cross-site research, serve as a clearinghouse for evolving information and evidence around their area of focus, and work to effectively disseminate knowledge identified to policy makers and the practice field (Hafford et al., 2006; Brodowski et al., 2006). The overall purpose of a Quality Improvement Center is to develop knowledge that is of use to the child welfare practice field. The QIC PCW was the first of these entities established to work on a national level with the additional responsibility of promoting dialogue among stakeholders in the field and providing technical assistance to parties interested in the topic of privatization.

The QIC PCW: Purpose and Progress to Date

As has been stated, a QIC was established to focus on privatization out of recognition of the need to make evidence available to states and jurisdictions with limited resources that were struggling to determine how best to meet the needs of children and families with limited resources. Wright and Radel (this issue) explain the ration-

ale regarding this from the federal perspective. They also outline the role of a parallel initiative underway through the Office of the Assistant Secretary for Planning and Evaluation, also within the U.S. Department of Health and Human Services. The QIC PCW is implemented via a partnership between a public university and a private consulting firm, and the team gained approval early on from the Children's Bureau to frame its work around the concept of public/private partnership. This is in recognition of the fact that although only a limited number of jurisdictions have actually privatized case-management services for families being served by the child welfare system (Collins-Camargo, Ensign & Flaherty, 2008), in all states the public and private sectors work together at varying levels to implement the wide service array that is child welfare.

The goals of the QIC PCW are as follows:

- 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 sub-grantees, 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, to define 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.

Having completed an assessment of the current status of privatization and an analysis of the knowledge gaps in this area in 2006, a brief summary of which follows, the program is currently entering year three of five.

Phase I: Knowledge Gaps Analysis and Needs Assessment

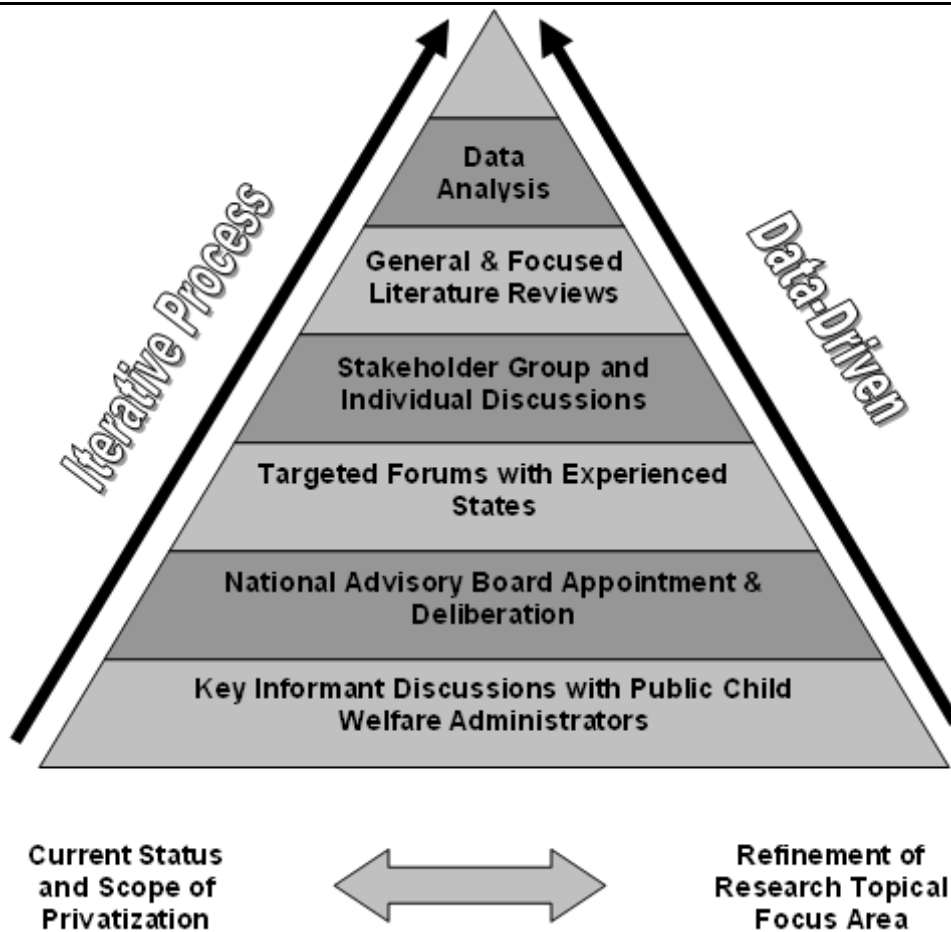
In order to gain an understanding of both the breadth and depth of knowledge and issues asso-

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ciated with privatization and public/private partnership, the QIC used a mixed-methodology approach. The assessment included deliberation by members of the National QIC PCW Advisory Board, key informant discussions with 45 public child welfare administrators, targeted forums with 79 individuals from 12 states experienced in child welfare privatization, 191 individual and targeted group discussions, and an extensive review of the literature in the area of child welfare privatization and subsequently in the topical focus area selected for the multi-site research. A detailed report of the overall findings from the knowledge gaps analysis is beyond the scope of this article is

available in the QIC PCW's National Needs Assessment and Knowledge Gaps Analysis Findings (Collins-Camargo, Hall, Flaherty, Wilson, Ensign, Lee, Metz, & Allen, 2006), available at <http://www.uky.edu/SocialWork/qicpcw/>. In addition, the findings of individual methodologies are reported elsewhere in the professional literature (Collins-Camargo, Ensign & Flaherty, 2008). A description of the themes identified from targeted forums with twelve states experienced in privatization regarding challenges and strategies for assessment of site readiness and planning may be found elsewhere in the literature (Flaherty, Collins-Camargo & Lee, in press); and a compan-

Figure 1: QIC PCW Phase I: Needs Assessment and Knowledge Gaps Analysis



ion manuscript based on themes from the forums regarding implementation and contract monitoring processes is under review. What follows is a brief overview of what was learned regarding the scope of, and issues related to, privatization as expressed by the field during the QIC PCW knowledge gaps analysis.

Findings from key informant discussions in brief.

The QIC PCW conducted key informant discussions with public child welfare administrators in 45 states. These discussions centered on seven key topics related to child welfare privatization: 1) most commonly contracted services, 2) privatization defined, 3) privatization of the case management function, 4) plans for privatization in the coming year, 5) barriers to privatization, 6) discontinued efforts, and 7) information of interest to administrators on child welfare privatization (Collins-Camargo, Ensign & Flaherty, 2008; Collins-Camargo et al., 2006).

A key inquiry in this process concerned the definition of “privatization.” While there was no consensus, discussants distinguished it from traditional subcontracting through three components: 1) shifting not only more of the core child welfare services to the private sector but also a greater proportion of them 2) transferring case management responsibility, and 3) contracting for results or outcomes. The study revealed that while all states used contracts to deliver a range of direct services to children and families and/or to fulfill administrative support functions, a much smaller percentage actually privatized case management. Only 11% of responding states are involved in large-scale privatization efforts, and another 18% are engaged in efforts that are more limited by geographical region or by a portion of the service array, such as children in out-of-home care (Collins-Camargo, Ensign & Flaherty, 2008). Although one-third of the child welfare administrators stated they had no plans to privatize at that time, a little less than half did remark on a number of barriers to considering privatizing services in child welfare. Some of the barriers noted were

1) a lack of capable providers to deliver the services, 2) funding limitations, 3) union, agency staff, and/or other political resistance to privatization efforts, and 4) state laws that restrict the delivery of services to the public system. Interestingly, about one-fifth of the responding states indicated they had discontinued or scaled back contracted services, often due to unsatisfactory performance (Collins-Camargo, Ensign & Flaherty, in press).

Findings from group and individual stakeholder discussions.

The QIC PCW facilitated a number of general discussions to gather the perspectives of key groups of stakeholders involved in the public child welfare system. Approximately 200 participants were involved across groups. Some of these discussions were held with individual experts in the field of child welfare while others were in conjunction with the following meetings or conferences: private providers at the Child Welfare League of America and Alliance for Children and Families national conferences; public agency administrators via conference calls cosponsored by the National Association of Public Child Welfare Administrators; tribal representatives at the Meeting of States and Tribes sponsored by the Children’s Bureau; judges attending the 33rd National Conference on Juvenile Justice, sponsored by the National Council of Juvenile and Family Court Judges, and via conference calls with judges from jurisdictions experienced in privatization; foster youth through the Kentucky Organization for Foster Youth (KOFFY) Youth Leadership Council, and a selection of Florida youth; birth parents and foster parents engaged in the Florida system; and mixed groups at the Privatization of Child Welfare Services Conference and the National Citizens Review Panel Conference.

Groups differed in experience with privatization and the nature of their involvement; therefore, two general discussion guides were developed. Although a number of themes were consistent across the majority of these discussions, it should be noted that there were some unique per-

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spectives in a few of the groups (i.e., Tribes, Judges and Youths, Birth Parents and Foster Parents) which centered on communication and roles and responsibilities of public and private agencies in the child welfare delivery system. More detailed findings can be found in the QIC PCW Knowledge Gaps Analysis Findings (Collins-Camargo et al., 2006). Overall themes are summarized below.

One common theme pertained to defining privatization. A common belief is that privatization should encompass the continuum, from traditional subcontracting through case management of core services. The experience of participants was that privatization may be either politically or philosophically driven. Readiness assessment and a lengthy planning process are seen as keys to success. Fiscal and contracting topics were raised as important issues to address in planning and implementing the privatization of services, such as the impact of federal funding streams, unique start-up/transition costs and issues, the need for reliable data on which to base rates and funding mechanisms, the understanding of shared risk, and the need to establish approaches to contracting for flexibility in service provision.

Workforce issues were prominently identified. The movement from public to private requires delineation and understanding of roles and a transfer of knowledge on both the public and private sides. A noted benefit is flexibility in personnel practices in the private system which enable performance incentives for staff which are difficult to implement in larger bureaucratic agencies. Recruitment and retention issues are largely consistent across sectors. Partnership is clearly an important area for knowledge development. This requires a paradigm shift for both public and private employees, and involves a balance between collaboration and competition. Monitoring systems also presents particular challenges, and there is a need for research on effective performance-based contracting systems, measurement of process and outcome indicators, ways to promote accountability without replicating bureaucracy, and effective communication strategies. Throughout

many of these discussions, participants often noted how often political impetus for privatization significantly impacts the system, and strongly encouraged that decisions be focused on what will be in the best interests of children and their families, and maximizing the strengths of both sectors in building systems.

Topical focus area for current projects: Innovative performance based contracting and quality assurance systems

The QIC PCW knowledge gaps analysis and literature review brought to light many areas for which the evidence base is lacking, but the need for knowledge in the field is tremendous. Four areas most strongly indicated in the needs assessment and literature review are 1) the effectiveness of performance-based contracting strategies in promoting the achievement of mandated child welfare outcomes, and sharing risk and accountability; 2) the identification of contract monitoring mechanisms that best promote the assurance of quality service delivery and responsible program administration, and fiscal mechanisms that promote accountability while facilitating a true collaborative, public/private service delivery system; 3) the examination of partnership dynamics that best yield smoothly functioning, responsive, and effective service delivery systems involving public/private partnership, and that accomplish appropriate levels of shared decision-making and accountability; and 4) the development of appropriate levels of engagement of external entities, including the courts and community-based agencies, which enable inclusive and responsive service delivery systems.

It was clear from a convergent analysis of the results of the needs assessment and knowledge gaps analysis that child welfare agencies that are currently privatizing services to children and families would benefit from research into innovative performance-based contracting and quality assurance systems. Data collected in the QIC PCW assessment and literature review revealed that although performance-based contracting approaches have been refined in other fields, states are struggling with developing an approach that

involves the best balance of financial incentives and disincentives to promote desired child welfare outcomes while managing the level of risk assumed by private providers and shared by the public agency (Collins-Camargo, et al., 2006).

After identifying this topical focus area for the research and demonstration projects to be funded, the QIC PCW conducted a literature review on performance-based contracting and quality assurance, the detail of which is beyond the scope of this article (see Lee, Allen, & Metz, 2006b). L. L. Martin defines a performance based contract as "...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." (2003, p.4)

An important development in performance based contracting in child welfare, as well as other fields, has been a shift in emphasis from inputs and process measures to outcomes (Wulczyn, 2005). This shift in expectations of private agencies is reflective of federal expectations of the public agency. "The public agency is using the same lens to evaluate private contractor performance that is being used by the public and federal government to scrutinize their own performance" (Wulczyn, 2005, p.1).

The conceptual literature echoes themes collected in the QIC PCW needs assessment that have yet to be established empirically. In the planning process, it is imperative to pull together a broad group of community stakeholders to reach a consensus on a shared vision for the child welfare system (Kahn and Kamerman, 1999; McCullough, 2003). Leadership is important not only in the planning process but also as new contracts are implemented. Kahn and Kamerman (1999) suggest that having the leadership from the public and private agencies as key players in the planning process ensures that important issues and considerations are not missed.

As the group begins its work in developing a performance based contract, it is also critical to agree on the problem (or need) and on the ways in which to solve the problem as well as what would

define success. Shaver (2006) recommends that performance expectations should reflect and reinforce the agency's larger objectives.

Wulczyn (2005) provides six key features of a performance based contract that should be addressed: 1) performance, 2) reinvestment, 3) baselines, 4) risk sharing, 5) cash flow and revenue, and 6) upfront investment. Decision-makers should identify target performance as it relates to specific desirable outcomes, aligning these with fiscal incentives so that they reinforce the achievement of those outcomes. If the contract is successful, savings will be achieved. It is important to acknowledge how those savings will be spent: reinvesting in the private agency or returned to the public agency. It is also critical to establish an accurate baseline. The public and private contracting agency should be clear on how risk is to be handled, and if it will be shared. In terms of cash flow and revenue, it is important to determine how the provider will be paid and when, and whether the public agency provides funding upfront to assist the provider with administrative start-up costs (Wulczyn, 2005)

There are several parallels between performance-based contracting (PBC) and quality assurance (QA) efforts. A well-developed and implemented PBC inherently supports agency QA efforts through similar processes of identifying agency goals and measures, collecting data, and modifying systems (or contracts) to make improvements (Collins-Camargo et al., 2006). Thus, quality improvement should be an ongoing effort that is led by the agency. Quality improvement should define, measure, and improve outcomes for children and families (O'Brien, 2002).

A GAO study found monitoring the performance of contractors "was the weakest link in the privatization process" (GAO, 1997, p. 14). Monitoring is a critical component of the PBC. Eggers (1997) recommends that agencies prepare a plan for monitoring prior to the request for proposals, and Friedman (1997) suggests that the plan be quantifiable and specific and that it include the following components: 1) reporting requirements, 2) how information will be shared, 3) complaint

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procedures, and 4) how the public agency will access client records.

In 2003, Martin suggested that if public agencies use a PBC to identify the most important performance requirements, along with specific performance measures, then monitoring should be primarily concerned with determining and validating the extent to which the desired outcome is achieved, thus reducing the time dedicated to contract monitoring when contracts specify a limited number of outputs and outcomes that are monitored over time. The second part of monitoring is a bit more challenging: enforcing consequences when providers do not meet standards of performance. If the consequences are not carried out effectively the purpose of the PBC is undermined.

Data collected in the QIC PCW assessment and literature review revealed that although performance based contracting approaches have been refined in other fields, states are struggling with developing an approach that involves the best balance of financial incentives and disincentives to promote desired child welfare outcomes while managing the level of risk assumed by private providers and shared by the public agency. States further struggle with selecting the right performance indicators and standards -- ones which respond to those outcome areas in greatest need of improvement based on their Child and Family Service Review process. Of greatest interest to the field, however, is the performance promotion, or quality assurance, process—not simply the components of the contract itself.

Privatization initiatives involve a developmental process that begins with site-readiness assessment and planning, and evolves through implementation. The data and the literature suggest that a number of practices throughout this process are promising and should be evaluated for their contribution to the achievement of positive organization, practice, and client outcomes, including: 1) the articulation of a shared vision that drives the initiative and is grounded in desired outcomes; 2) the inclusive planning and contract negotiation process that involves both public and private providers, administrative and practice

level staff; 3) the engagement of key external entities -- particularly the courts, tribes, and community-based organizations -- which play a critical role in provider achievement of performance indicators, and the working relationship between the public and private workers on the frontline; 4) the implementation of the contract monitoring process that balances appropriate levels of systemic and case-level review without micromanagement; 5) 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 7) on-going communication and management of the relationship between the public and private sectors that strive for true partnership in serving families and children while recognizing the realities of the contractual relationship (Collins-Camargo, et al., 2006). The PBC/QA research and demonstration projects are, in part, beginning to evaluate these promising practices as positive organizational, practice, and client outcomes are sought.

The QIC PCW's Theory of Change (see Figure 2), represents a pathway to achieving the long-term goal of improved child and family outcomes through the implementation of a performance-based contracting and quality-assurance system. It is hypothesized that through implementation of organizational structures that systematically support the PBC/QA model, a feedback loop is reinforced, one in which data is used to drive practice change targeted at improving client outcomes through an evidence-based approach implemented in partnership between the public and private child welfare agencies. Central to the continuous quality improvement approach being taken in our quality assurance systems is the active engagement of frontline staff and the promotion of an evidence-informed practice culture, both in terms of use of unit and worker-specific administrative data, and through an outcomes-focused approach to practice with families.

The research and demonstration projects are

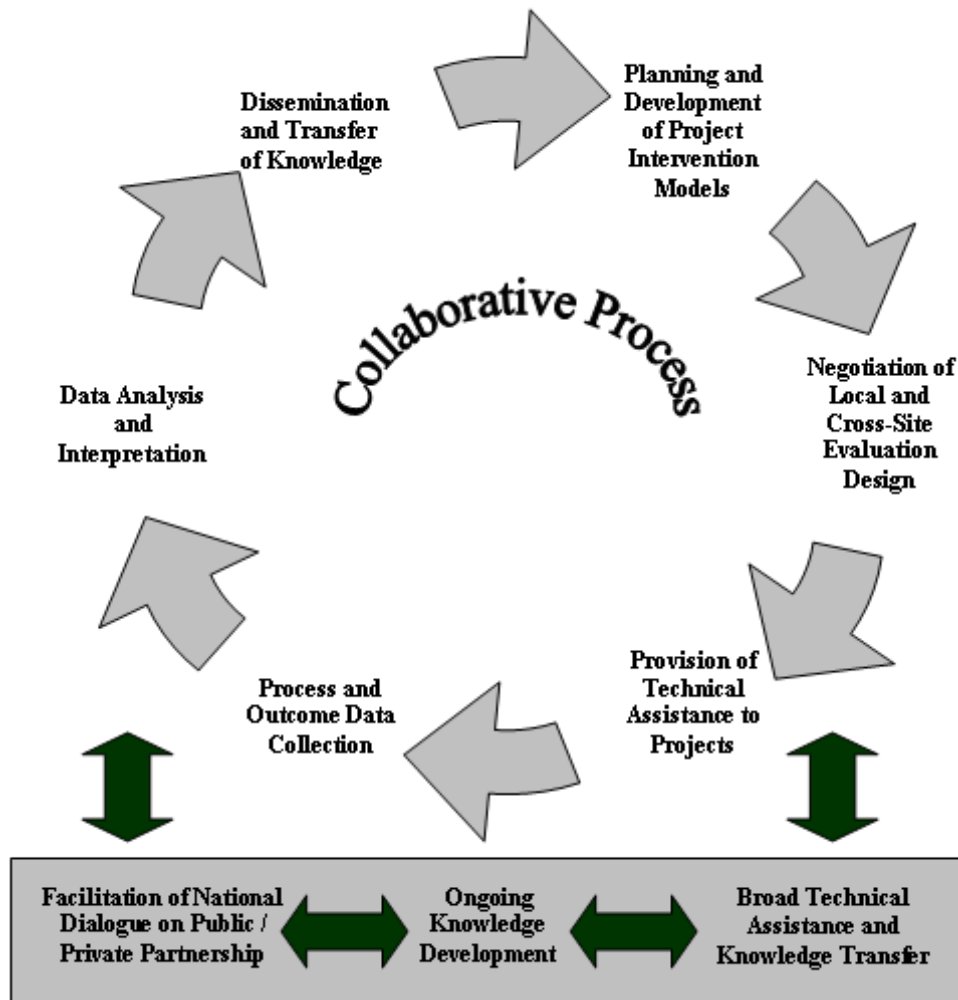
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focused on implementing PBC/QA models with cases in which case management of services to children in out-of-home care and their families is performed by the private sector. The child welfare agency and community stakeholders are an integral part of the planning and implementation of the intervention. One assumption is that when a more inclusive planning process is in place, the performance-based contract is strengthened due to buy-in from all key players.

Contextual factors have to be identified and

monitored for their impact on the intervention (i.e., political/administrative leadership changes, funding changes, other child welfare initiatives). As the PBC/QA is implemented, change will be facilitated at all levels, from leadership down to the front-line worker. For instance, such a change that might take place is front-line supervisors and workers reviewing data reports related to outcome achievement. It is hypothesized that these systemic changes will lead to changes in practice and in the identification of supportive services that

Figure 2: Phase II: QIC PCW Ongoing Knowledge Development Process



could, in turn, lead to improvement in child and family outcomes. As communication improves, a culture of learning is created. These actions then lead to a change within the child welfare community at the most critical practice level—thus improving outcomes for children and families.

Collaborative Research in Three States

A competitive application process yielded the funding of three projects testing the impact of innovative, performance based contracting and quality assurance systems. Although the research design would have been tighter were the states to be closer together in their stage of implementation and intervention protocol, it was recognized that, in reality, there is tremendous variance across child welfare systems arising from differences in their strengths, challenges, organizational structures, and resources. These three projects, therefore, offer the field an interesting contribution to knowledge—significant uniqueness in approach and system maturity, with comparability around common measurements and certain aspects of emphasis.

After beginning in 1997, Florida completed the privatization of the case management function across all regions of the state in 2005, using a lead-agency model (Yampolskaya et al., 2004). As such, the public agency contracts with private agencies who in turn subcontract with direct service providers. Florida's Department of Children and Families (DCF) District 13 is implementing the Performance Based Contracting and Quality Assurance Systems Demonstration Project, which is a partnership between DCF / District 13, Kids Central, Inc., and their external evaluator, Jean K. Elder Associates. They hope to demonstrate that a comprehensive planning process leading to the development of performance-based contracts and inclusion of performance measures in the quality assurance process leads to improved outcomes for children in out-of-home care. Detailed information on this project can be found in DeStefano, Elder, Cooper and Schuler (this issue).

Illinois is a state that has become known for its innovative implementation of performance based

contracting with its out-of-home care system (McEwen, 2006). The Illinois Department of Children and Family Services has partnered with the Child Care Association of Illinois, and their external evaluator, the University of Illinois at Urbana-Champaign, to implement a project called "Striving for Excellence: Extending Performance Based Contracting to Residential and Independent Living Programs." Their partnership is designing, implementing, and evaluating an extension of the state's existing performance based contracting system to residential, independent living, and transitional living programs, and to implement an integrated quality assurance system in order to improve outcomes for this population of out-of-home-care youth. Kearney and McEwen (this issue) provide a detailed description of this study.

In 2006 the Missouri public child welfare agency began implementing a pilot performance based contracting system with private agencies providing case management for children in out-of-home care in three geographic regions. There, the Children's Division is partnering with seven consortiums to implement a program called "The Maintenance Needs in Performance-Based Contracting Success: The Missouri Project on Privatization of Out-of-Home Care for Children." This project examines the long-term maintenance supports and quality assurance processes needed to successfully implement a performance based contracting system for case management services for out-of-home care and adoption. An independent evaluation will be conducted by the University of Missouri-Columbia School of Social Work. The unique features of this project are described in Watt, Porter, Renner, and Parker (this issue).

Cross-site Evaluation Overview

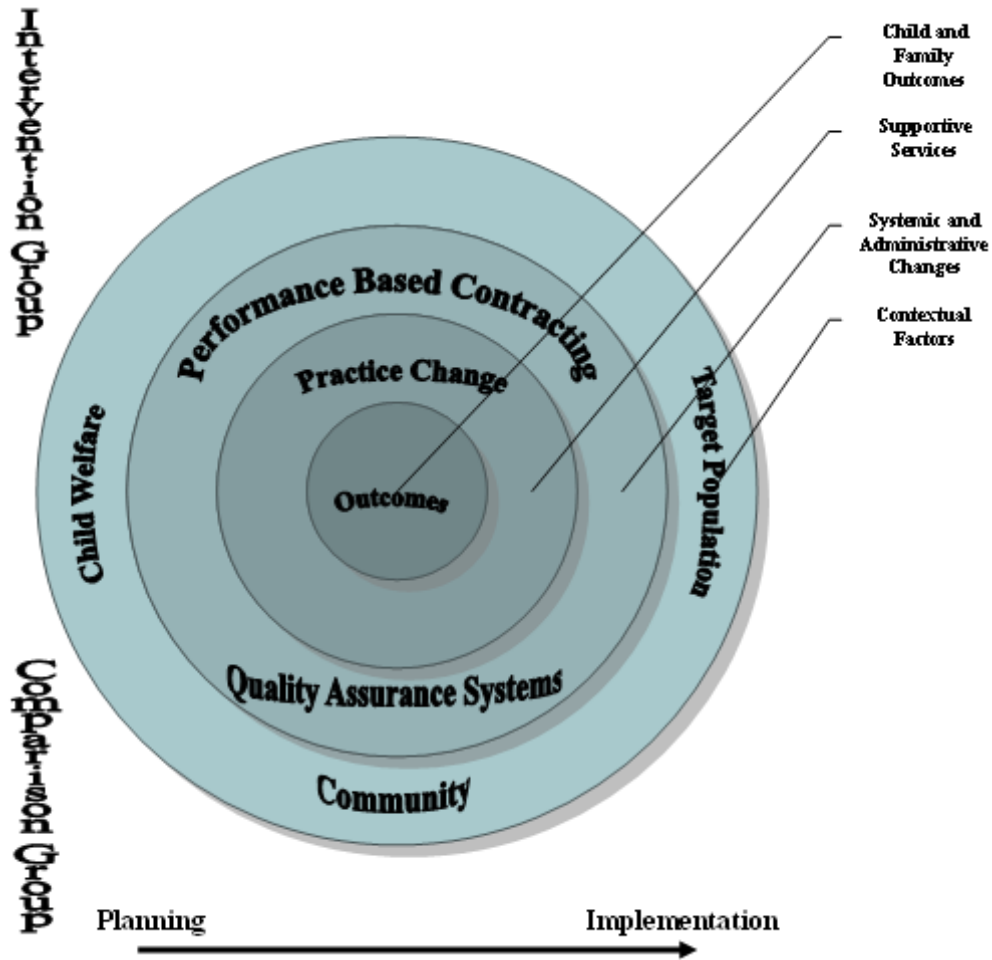
The cross-site evaluation of the QIC PCW projects seeks to provide a comprehensive framework for understanding the implementation and impact of the diverse Performance Based Contracting and Quality Assurance (PBC/QA) systems undertaken in each of the three project sites. Specifically, the cross-site evaluation includes both qualitative and quantitative components:

identifying and describing common themes emerging from the implementation process as well as measuring the collective impact of PBC/QA on intermediate and long-term outcomes, ultimately including child permanency, safety, and well-being. Figure 3 illustrates the collaborative work being done among the three projects and the QIC PCW Study Team.

To increase the sites' engagement and investment in the cross-site evaluation, site evaluators and site project staff were included in the devel-

opment of and planning for cross-site data collection (Straw & Herrell, 2002). Time was spent during monthly cross-site conference calls working towards group consensus on data collection needed to capture internal processes in child welfare provider organizations that would likely be affected by PBC/QA systems, and external factors and internal processes that will likely affect PBC/QA processes. Out of that consensus, three sub-committees were formed. These met regularly to develop instruments to address the data

Figure 3: QIC PCW Performance Based Contracting and Quality Assurance Systems Theory of Change



collection deemed most important by the group. The instruments, which were included in the overall cross-site evaluation plan, strengthen the cross-site evaluation by incorporating insights from site project staff and site evaluators into what data are most important to collect. Using this process of engagement, every attempt was made to ensure that the operationalizing of the research questions, research design, and indicators measured were relevant to the practitioners in the field, and realistic within the context of the practice environment in each state (Schwandt, 2005; Kennedy, 1997).

The Six “Drivers” of Successful Implementation.

Recent research provides empirical support for six core implementation components or “drivers” of effective and efficient program implementation (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Metz, Blase, & Bowie, 2007). These “drivers” represent the most essential or indispensable (“core”) components for implementing a program or practice and include the following: (1) staff recruitment and selection; (2) staff training; (3) staff coaching and supervision; (4) facilitative administration; (5) external systems partners; and (6) staff assessment and program evaluation. Conceptually, these implementation research findings seemed to fit very well conceptually with the organizational intervention being used in the QIC PCW projects, and individual “drivers” were selected for focus within the cross-site evaluation.

The evaluation will focus on four “drivers” (staff training, staff supervision, facilitative administration, and systems-level partnerships) identified through a collaborative process by our study team, sub-grant project directors, and local evaluators as critical to the development and implementation of effective PBC/QA models. These “drivers” guide the cross-site evaluation framework in two major ways. First, we will assess whether, and to what extent, these “drivers” affect successful implementation of the PBC/QA innovations across the three states. Second, we will test through our research design whether, and to what extent, the “drivers” are essential compo-

nents of an effective PBC/QA model. Research on these “drivers” has shown, to date, that successful implementation processes appear to be independent of the content of the program being implemented. Therefore, even though variation will exist in the approaches to each site’s privatization models and systems for performance-based contracting and quality assurance, these four “drivers” should remain constant in terms of their importance to successful implementation. Descriptions of the “drivers” and how they are defined for the current study are included below.

Staff training. Staff training refers to activities related to providing specialized information, instruction, or skill development in an organized way to practitioners and other key staff members within the program. This “driver” focuses on the content, format, and structure of staff training. Specifically, it explores whether the training incorporates research-based approaches including providing theory and values of the program or practice, introducing and demonstrating the components of and rationales for key practices, and providing opportunities to practice specific skills related to the new way of work and to receive feedback in a safe training environment. In the present study, we will assess staff training related specifically to the implementation of the performance-based contracting and quality assurance system, continuous quality activities, and the promotion and support of evidence-informed practice by frontline staff.

Staff coaching and supervision. Staff coaching and supervision includes activities for individuals or groups, on-the-job observation, instruction, modeling, feedback, or debriefing of practitioners and other key staff in the program. Implementation research shows that trained staff who are also provided with ongoing coaching “in the field” are more likely to apply their new skills compared to trained staff who are not coached (Joyce & Showers, 2002). Under this “driver” we will assess staff coaching and supervision related to the implementation of the performance-based contracting and quality assurance system and the extent to which supervision supports and builds

capacity for the implementation of evidence-informed practice by frontline staff. We will also assess the use of evaluation and QA/QI data to improve service coordination, planning, and delivery.

Facilitative administration. Facilitative administration refers to activities related to establishing operating policies, procedures, and structures that facilitate the implementation of a program. This domain includes the examination of administrative support for training and mentoring staff, the use of data to inform decision-making, and an ongoing willingness by program administrators and managers to identify barriers to implementing intervention components with high fidelity to the intended design and delivery and to make the necessary changes in policy, regulation, funding, and support. For the current study, the assessment of facilitative administration will focus on measuring activities related to quality assurance and quality improvement operating structures and related activities as well as the extent to which staff in both administrative and frontline positions believe these structures impact the achievement of positive organizational, practice, and client outcomes.

Systems-level partnerships. Systems-level partnerships includes the development of partnerships within the immediate and broader systems to ensure the availability of the financial, organizational, and human resources that are required to support program implementation and to ensure the support and buy-in from critical stakeholders. Under this “driver,” we will assess the extent to which innovative PBC/QA models establish effective partnerships with key external entities. The study team and the project staff decided collaboratively that the evaluation of this “driver” would focus on external agencies/entities that do not fall directly within the performance-based contract’s incentives or disincentives or under the authority and/or supervision of the public and private agencies within the performance-based contracting and quality assurance system. Instead, given the field’s tremendous emphasis on the role of the courts, and the critical role judges play in

the achievement of child welfare outcomes, the judiciary will be the external entity included in the design. Therefore, the cross-site evaluation will focus on the courts, and whether, and to what extent, this key external entity is involved in the planning, implementation, and refinement of the PBC/QA innovation, and the effect this partnership has on efficient and effective implementation of the PBC/QA model.

Two additional “drivers”-- staff recruitment and selection, and staff assessment and program evaluation -- were not selected for emphasis in the cross-site design. Staff selection and recruitment includes recruiting, interviewing, and hiring new staff or redeploying existing staff within the program. Specifically, this includes qualifications of program staff, methods for recruiting and selecting staff, and characteristics, beyond traditional academic and experience factors, perceived to be critical for program implementation. Staff assessment and program evaluation refers to the assessment of practitioner performance, as well as the adherence to the program model or intervention and the achievement of desired outcomes. Through evaluation, programs use measures of practitioner performance, compliance with the new practice or program model, and expected outcomes to help assess and improve overall program performance. We will describe evaluation activities undertaken by programs and the extent to which they use evaluation on an ongoing basis to improve their program.

The descriptive component of the evaluation rests on describing the intent of planned innovation at “baseline” within each the three sites at the conclusion of the planning process and just prior to initial implementation. This information will be collected through document review supplemented by discussions with key informants deeply involved in planning. In out-years as the systemic change begins to take hold and its impact is felt widely by site staff, the information collection will be broadened to include staff perceptions through focus groups and surveys. It is hoped that collectively, these descriptions from those most directly impacted will provide us with

knowledge of how and why PBC/QA systems are implemented, how and why it evolves over time, as well as the perceptions of its effectiveness. This information will be invaluable when interpreting the outcomes achieved.

Design and Methodology

Although randomized experimental design is considered the strongest evaluation methodology, it was not used by the three funded projects in their site-specific evaluations. Because the changes are systemic in nature, they are intended to impact all eligible children within the treatment sites. Either PBC/QA is being implemented state-wide (Illinois) or by district (Florida) and region (Missouri).

Given these constraints, a quasi-experimental design will be used at all three sites. In Missouri and Florida, a same-time quasi-experimental design is possible: treatment sites will be compared with non-treatment sites during the study period. Because both states implemented PBC/QA in only a part of their state, they were able to identify control sites for comparison. However, because Illinois implemented PBC/QA statewide for a sub-population of children, it was necessary to use a pre-test/post-test quasi-experimental design.

Therefore, at all sites, valid comparison groups exist for measuring the outcomes obtained under PBC/QA. However, it is important to note that quasi-experimental designs are weaker evaluative designs than experimental designs involving random assignment because, by definition, the comparison groups are not equivalent. For this reason, it is particularly important to account for contextual factors through qualitative information collection and analyses, such as other reform efforts that could also impact outcomes within the target population.

In sum, the purpose of the cross-site evaluation will be to assess and synthesize the description of the innovative models and outcome findings across sites. We will seek to draw conclusions about how well PBC/QA works to affect change in child-specific outcomes across sites and a broad context of system factors.

Research Questions

Data collection for the cross-site evaluation is guided by five broad research questions. These questions were developed from Phase I PBC/QA activities, which involved informal discussions with state child welfare administrators about trends in child welfare privatization within their state. Additionally, a thorough review of existing studies, research, and evaluations on privatization of child welfare was undertaken, and a series of regional forums were held throughout the country.

As a result, five broad research questions were developed for this project:

1. Does an inclusive and comprehensive planning process produce broad-scale buy-in to clearly defined performance based contract goals and quality assurance (PBC/QA)?
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 and a quality assurance system, 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 initially implemented, how do program features and contract monitoring systems evolve over time to ensure continued success?

Given the breadth of the five questions, each was delineated into a series of sub-questions to break down the five questions into smaller, more concrete ones (Yang, Shen, Cao, & Warfield, 2004). Tables were developed linking each sub-question to a data collection instrument (survey, questions organizing document review, observational check-list, focus group, or discussion protocol). The resulting tables organize the evaluation by specifying when data will be collected for each

question, who is responsible for collecting the data (study team or site evaluators), and what method will be used for collection.

Cross-Site Data Collection

Many of the research sub-questions are aimed at describing the process of implementing PBC/QA at the three sites. To this end, data collection instruments were developed collaboratively and focused on providing information on factors considered important by the sites for successful PBC/QA implementation. These instruments were designed jointly by the sites and the cross-site evaluators in the following substantive areas:

- Collaboration between those involved in negotiating and implementing performance based contracts
- Inclusion of quality improvement activities at provider agencies
- Levels of coaching and training for front-line workers at provider agencies
- Level of judicial awareness of PBC/QA.

These will provide a picture of how these systems are implemented and perceived within each site. In addition to systematically documenting a description of the PBC/QA implementation process, relevant and important child welfare outcome measures will be collected and compared.

Conclusion and Implications for the Field

The creation of the National Quality Improvement Center on the Privatization of Child Welfare Services by the Children's Bureau signals the recognition that this has become a topic of importance in the field of child welfare. As states struggle to achieve positive outcomes for children and their families, the many permutations of the public/private partnership become very important. The achievement of outcomes cannot occur through the work of the public sector alone, yet the field is in tremendous need of an increased evidence base regarding the effectiveness of privatization of core sections of the service array, as well as how best to manage relationships and interactions between public and private agencies (Collins-Camargo et al., 2006; Flaherty, Collins-

Camargo, & Lee, in press; Courtney, 2000; Nightingale & Pindus, 1998). The QIC PCW is a step toward facilitating the expansion of reliable knowledge for use by those making decisions regarding how best to provide necessary services. Much of this work will involve pulling together and making accessible the information being generated from other parties.

The three states undertaking research and demonstration projects are involved in a complex and timely knowledge development process. While performance based contracting is not new in human services, research related to its effectiveness in child welfare is lacking (Lee, Metz, & Allen, 2006b). Given what is at stake in states in which significant portions of the service array have been privatized, there is a tremendous need for evidence related to appropriate content and outcome indicators for performance based contracts that promote the achievement of desired organizational, practice, and client outcomes. Further, data regarding the most effective and powerful components of quality assurance systems in promoting evidence-informed practice on the frontlines and outcomes for children will be an important contribution to the field. Given that public child welfare agencies rely on the private sector to provide contracted services in all states, these are research topics of great potential interest. The QIC's approach to research may be considered realistic evaluation, as described by Pawson and Tilley (1997), in that it focuses on both the intervention and the context in which it occurs. This approach dovetails very nicely with the way the QIC has built findings of implementation research and the essential "drivers" of effective implementation (Fixsen et al., 2005), and the results may prove to be an interesting case study in the use of this aspect of the literature in applied child welfare research.

It must be understood that the research design being employed by the QIC PCW has significant limitations. The lack of a randomized control design certainly impacts the extent to which findings may be attributed to the intervention. During the course of this study, many other initiatives

will be undertaken in the project states, not the least of which is the second round of Child and Family Services Reviews and Program Improvement Plans. Although the QIC model is designed to involve a multi-site intervention so that findings may be of interest to the field outside the individual study sites, it must be understood that the three states involved are at very different stages in the privatization of child welfare services. Also, their experience with performance based contracting, the manner in which their child welfare systems operate, and the focus of their intervention are different. While this situation will provide depth to the information generated, it will certainly limit generalizability.

Finally, the collaborative process involved in the QIC model is being further tested through this work. The participatory approach to the research and demonstration projects as well as the cross-site collaboration holds much promise for moving the child welfare field forward, both in generating knowledge and in building sustainable relationships that can contribute to ongoing systems improvement. While the QIC model has preliminarily demonstrated much promise (Hafford et al., 2006; James Bell Associates, 2005), the QIC PCW represents the first attempt to implement this collaborative knowledge development model on a national level. More research will be necessary to determine the effectiveness of this approach.

Be that as it may, the QIC PCW will fulfill the roll of facilitator of ongoing dialogue amongst stakeholders in the child welfare field regarding issues associated with child welfare privatization and on the broader topic of public/private partnerships in the system. This may be an important endeavor in determining future topics for research, and for promoting more rigorous study, as well as in collecting and analyzing the data generated during the dialogue itself.

Critical to moving child welfare forward as a system is improvement in the transfer of the knowledge generated into actual practice in the field. Such translational research has become the focus of work in the National Institute of Mental

Health and elsewhere, and emphasizes knowledge transfer—the use of research findings in the practice settings (Brekke, Ell, & Palinkas, 2007; Corrigan, Bodenhausen, Markowitz, Newman, Rasin-ski, & Watson, 2003). In order for research-to-practice initiatives to be effective, a close partnership between practitioners and researchers is required (Department of Health and Human Services, 2006). It has been proposed that available evidence is not used in practice because practitioners and decision-makers do not view current research as relevant (Klesges, Dzewaltowski, & Christensen, 2006). Research findings must be “translated” into a brief, concise format that is usable for busy practitioners (Hudgins & Allen-Meares, 2000; Kennedy, 1997). Important to this process, of course, is preparing practitioners and engaging them in the process of thinking in an evaluative manner (Patton, 1997). In this sense, practice is not viewed as the object of an evaluation, but rather practice and evaluation are inextricably interrelated (Schwandt, 2005). These ideas are the basis of the approach taken by the National Quality Improvement Center. This is a collaborative endeavor—as is child welfare privatization, at least in theory—designed not only to build a bridge between research and practice (or, in the case of privatization, the public and private sectors) but engaging both practitioners and researchers in traversing this bridge in the daily course of their work.

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