

TECHNICAL RESPONSE
ORIGINAL

State of Arkansas Department of Human Services Division of Children and Family Services (DCFS)

Continuous Quality Improvement Reviews

Solicitation Number: 710-23-0012

January 25, 2023

Nawania Williams
Arkansas Department of Human Services
Attn: Office of Procurement
700 Main Street Slot W345
Little Rock, AR 72201

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PROPOSAL RESPONSE SIGNATURE PAGE

RESPONSE SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION			
Company:	Public Consulting Group LLC		
Address:	148 State Street, 10th Floor		
City:	Boston	State:	MA Zip Code: 02109
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Public Service Corp <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation Limited Liability <input type="checkbox"/> Nonprofit		
Minority and Women Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Women-Owned <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander American		
	AR Certification #: _____ * See <i>Minority and Women-Owned Business Policy</i>		
PROSPECTIVE CONTRACTOR CONTACT INFORMATION			
Provide contact information to be used for solicitation related matters.			
Contact Person:	Karen Hallenbeck	Title:	Program Director
Phone:	(518) 284-0516	Alternate Phone:	N/A
Email:	khallenbeck@pcgus.com		
CONFIRMATION OF REDACTED COPY			
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested. <i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Solicitation Terms and Conditions for additional information.</i>			
ILLEGAL IMMIGRANT CONFIRMATION			
By signing and submitting a response to this <i>Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants and shall not employ or contract with illegal immigrants during the term of a contract awarded as a result of this solicitation.			
ISRAEL BOYCOTT RESTRICTION CONFIRMATION			
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel and shall not boycott Israel during the term of a contract awarded as a result of this solicitation.			
<input checked="" type="checkbox"/> Prospective Contractor does not and shall not boycott Israel.			

An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Solicitation* may cause the Prospective Contractor's response to be rejected.Authorized Signature: William S. Mosakowski Title: President & CEOPrinted/Typed Name: William S. Mosakowski Date: January 19, 2023



SECTIONS 1-4: VENDOR AGREEMENT AND COMPLIANCE

SECTIONS 1 – 4: VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory **must** be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

PCG has no exceptions to request.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature:


Use Ink Only.

Printed/Typed Name: William S. Mosakowski

Date: January 19, 2023



ADDENDA

State of Arkansas
DEPARTMENT OF HUMAN SERVICES
700 South Main Street
P.O. Box 1437 / Slot W345
Little Rock, AR 72203

ADDENDUM 1

TO: All Addressed Vendors
FROM: Office of Procurement
DATE: January 18, 2023
SUBJECT: 710-23-0012 Continuous Quality Improvement Reviews

The following change(s) to the above referenced RFP have been made as designated below:

- ☒ Change of specification(s)
☐ Additional specification(s)
☐ Change of bid opening date and time
☐ Cancellation of bid
☒ Other

CHANGE OF SPECIFICATION(S)

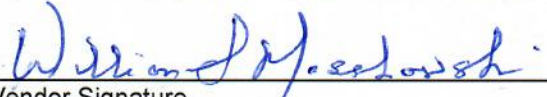
- Section 1.14.A. delete and replace with the following:
Contractor(s) shall include the monthly rate on the Official Price Bid Sheet only. Contractor must provide a detailed budget with the Official Bid Price Sheet that includes a breakdown of all expenditures included in the monthly amount. Any cost not identified by the successful contractor but subsequently incurred in order to achieve successful operation shall be borne by the Contractor. The Official Bid Price Sheet is provided as a separate file posted with this Bid Solicitation.
- Section 2.3.A delete and replace with the following:
The Contractor must be registered to do business in the State of Arkansas. For verification purposes, Contractor must submit with proposal official documentation of their active registration from the Arkansas Secretary of State's Office.
- Section 1.8.A.2.c delete and replace with the following:
Original Proposed Subcontractors Form. (See Subcontractors.)

OTHER

- Replace Official Bid Price Sheet with Revised – Official Bid Price Sheet
- Remove Section 3.1.C.3 of the solicitation

The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Buyer's name, Buyer's email address and phone number.


Vendor Signature

January 19, 2023

Date

Public Consulting Group LLC
Company



EO 98-04 DISCLOSURE FORM (ATTACHMENT A)

January 25, 2023

Action Number _____

CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

☐ Yes ☒ No N/A

IS THIS FOR:

TAXPAYER ID NAME: Public Consulting Group LLC

Goods? ☐ Services? ☒ Both? ☐

YOUR LAST NAME: Mosakowski

FIRST NAME William

M.I.: S

ADDRESS: 148 State Street, 10th Floor

CITY: Boston

STATE: MA

ZIP CODE: 02109

COUNTRY: United States

AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**F O R I N D I V I D U A L S ***

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

☒ None of the above applies**F O R A N E N T I T Y (B U S I N E S S) ***

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (✓)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee		✓	DHS Business Operations Manager DHS Area Manager	05/21 04/19	11/21 05/21	Greg Moore (PCG employee)	None, none	
State Employee	✓		DoE Coordinator of Engagement	10/18	Present	Chelsey Moore (employee's spouse)	None, none	
State Employee		✓	Family Service County Supervisor	09/20	7/21	Yulonda Johnson (PCG employee)	None, none	

None of the above applies

Contract Number _____

Attachment Number _____

Action Number _____

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
2. I will include the following language as a part of any agreement with a subcontractor:

Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.

Signature William J. Henschel Title President & CEO Date 1/19/2023

Vendor Contact Person Karen Hallenbeck Title Program Director Phone No. (518) 284-0516

Agency use only

Agency Number 0710 Agency Name Department of Human Services Agency Contact Person _____ Contact Phone No. _____ Contract or Grant No. _____

DHS Revision 11/05/2014



EQUAL OPPORTUNITY POLICY

Equal Employment Opportunity and Affirmative Action Statement

At Public Consulting Group, we are committed to creating solutions that matter for the communities we serve. We strive to create a workforce that reflects those communities and to build an inclusive culture that encourages, supports, and celebrates the diverse backgrounds of our employees. Our success derives from the combination of what we have in common, such as our shared values, vision, and purpose, as well as our differences in perspectives and life experiences. PCG celebrates these differences and believes that diversity drives innovation. The more we can embrace differences within PCG, the better we can serve our diverse clients, and the world in which we live, both now and in the future.

At PCG, we have four tenets that define how we as an organization pursue our mission. Our commitment to diversity and inclusion is embedded within each of these core values:

- **Impact.** Our public sector focus means we have a deep understanding of the challenges our clients face – from economic constraints to demographic shifts to regulatory changes – and what it takes to surmount them. We aim to build long-term client relationships because they allow us to work towards systemic, sustainable solutions that matter to our diverse communities worldwide.
- **Passion.** At PCG, our passion is service, and we strive to deliver results that lead to healthy, empowered, and successful individuals, families, and communities.
- **Community.** We seek to be diverse and inclusive; we encourage diverse thought and freedom of expression when working with and as part of our client communities, serving them wherever we go. We aim to actively create an environment that helps our leaders build a culture that reflects the inclusion PCG needs and our clients deserve.
- **Entrepreneurial Spirit.** Throughout PCG, our talented people work together. We are committed to lifting the voices of all our employees to ensure a place where all ideas, backgrounds, needs, and solutions can flourish. We draw on the differences in who we are, what we've experienced, and how we think to fuel innovation and deepen our connections with the communities we serve.

PCG is an Equal Opportunity Employer dedicated to celebrating diversity and intentionally creating a culture of inclusion. We believe that we work best when our employees feel empowered and accepted, and that starts by honoring each of our unique life experiences.

In keeping with this policy and in compliance with federal law, including, but not limited to the provisions of Title VII of the Civil Rights Act of 1964, Section 503 and 504 of the Rehabilitation Act of 1973, and the American's with Disabilities Act of 1990, all aspects of employment regarding recruitment, hiring, training, promotion, compensation, benefits, transfers, layoffs, return from layoff, company-sponsored training, education, and social and recreational programs are based on merit, business needs, job requirements, and individual qualifications. We do not discriminate on the basis of race, color, creed, religion or belief, national, social, or ethnic origin, sex, gender identity and/or expression, age, physical, mental, or sensory disability, sexual orientation, marital, civil union, or domestic partnership status, past or present military service, citizenship status, family medical history or genetic information, family or parental status, or any other status protected under federal, state, or local law. PCG will not tolerate discrimination or harassment based on any of these characteristics. PCG believes in health, equality, and prosperity for everyone so we can succeed in changing the ways the public sector, including health, education, technology and human services industries, work.

PCG is also committed to fully utilizing and treating equally all minority groups, women, veterans, and disabled individuals by following an affirmative action policy and plan. The goals of this affirmative action policy and plan are to eliminate institutional barriers in employment that tend to perpetuate the status quo and to eliminate the effects of any past discriminations. In effectuating this affirmative action policy and the policy of equal employment opportunity, I am requesting all staff to cooperate with our Equal Employment Opportunity/Affirmative Action (EEO/AA) Executive Vice President, Human Capital Management in working toward and achieving these goals.

Public Consulting Group LLC posts notices setting forth the provisions of this equal employment opportunity policy in conspicuous places, available to current employees and applicants for employment. The firm's equal opportunity and affirmative action commitment is also posted in all recruitment advertising.

Any questionable discriminatory actions relating to any protected status should be reported immediately to William S. Mosakowski, President, or to the designated Executive Vice President, Human Capital Management, at 148 State Street, Tenth Floor, Boston, Massachusetts, 02190.

A handwritten signature in dark ink, appearing to read "William S. Mosakowski". The signature is fluid and cursive, with the first name "William" being the most prominent.

William S. Mosakowski, President
Public Consulting Group LLC



PROPOSED SUBCONTRACTORS FORM

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S)
TO PROVIDE SERVICES.***Type or Print the following information*

Subcontractor's Company Name	Street Address	City, State, ZIP
None at this time		

☒ **PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE
SUBCONTRACTORS TO PERFORM SERVICES.**



DISCLOSURE OF LITIGATION

DISCLOSURE OF LITIGATION

- Respondent and any subcontractors offering services shall disclose any litigation that could affect the project or contract. The respondent must identify, for all projects undertaken for the past three (3) years, any claims, disputes, or disallowances imposed by any funding agency. In addition, a statement of any assignments, contractual obligations, and the respondent's involvement in litigation that could affect this work shall be included. Respondent must identify any contract termination(s) that have occurred or that were initiated by either party.

PCG has not had a contract terminated for default in the last 5 years and PCG does not otherwise consistently track contracts that are terminated for convenience. Otherwise, PCG discloses that in 2022, rather than require a third amendment to PCG's 2021 contract providing a broad range of services, Broward County Public Schools decided to terminate the contract for convenience and execute a new contract with PCG. The new contract maintains the same term as the original contract (through June 2024) and calls for many of the same software services and associated compensation as the original contract. PCG also discloses that it had a contract to provide Independent Verification and Validation Services for the Office of Systems Integration of the California Health and Human Services Agency terminated for convenience in May 2022, after being extended twice to allow a reprocurement process to be completed, and after the compensation amount was increased. PCG successfully completed all services it was asked to perform, and the client agency paid PCG for those services. In addition, effective in July 2019, PCG entered into a one-year contract with the Mississippi Department of Rehabilitation Services (MDRS), to provide individualized pre-employment transition services (Pre-ETS) for students with disabilities. While the contract was renewed by MDRS, for an additional year, MDRS later sought to exponentially expand Pre-ETS and issued a new request for proposals. MDRS again awarded PCG the expanded procurement. As a result, in February 2021, MDRS (i) executed a new Pre-ETS contract with PCG that both incorporated its old contract and the new procured services and (ii) terminated for convenience the original Pre-ETS contract with PCG.



ARKANSAS REGISTRATION



Arkansas Secretary of State John Thurston

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


PUBLIC CONSULTING GROUP LLC

formed under the laws of the state of Delaware, and authorized to transact business in the State of Arkansas as a Foreign Limited Liability Company, was granted a Registration of Foreign Limited Liability Company by this office May 20, 2021.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of April 2022.


John Thurston
Secretary of State

Online Certificate Authorization Code: 7d488606537c54c

To verify the Authorization Code, visit sos.arkansas.gov



INFORMATION FOR EVALUATION

- E.1 Technical Approach and Solutions
- E.2 Background, Experience, and Qualifications
- E.3 Project Management, Organization, and Staffing

INFORMATION FOR EVALUATION

- *Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.*
- **Do not** include additional information if not pertinent to the itemized request.

	Maximum RAW Score Available
E.1 Technical Approach and Solutions	
A. Provide a detailed plan including the following:	
1. Timeline and milestones for meeting requirements outlined in the solicitation.	5 points
2. Describe what information will be gathered	5 points
3. Describe how information will be collected and compiled from various resources	5 points
4. Explain what assurances of success the proposed approach will provide	5 points
5. Provide a summary of personnel that will provide support for both onsite and other locations	5 points
E.2 Background, Experience, and Qualifications	
A. Provide a background summary including the date established, location, type of ownership, total number of employees that will conduct reviews.	5 points
B. Provide resumes, copy of licensures, certifications, and degrees for all proposed key personnel.	5 points
E.3 Project Management, Organization, and Staffing	
A. Provide an organizational chart that displays the overall business structure including proposed personnel job titles and lines of supervision. If subcontractors are proposed, provide an organizational chart for each.	5 points
B. Describe successful experience of a project of similar size and scope including a description of work performed, the time period of the project, and customer reference including a current phone number.	5 points
C. Describe the approach to project management and project control methods including the following:	
1. How the project will be managed	5 points
2. How project activities will be controlled	5 points
3. How progress will be captured and reported	5 points
4. How proposed staffing will coordinate and interact to achieve objectives	5 points



E.1 Technical Approach and Solutions

A. Provide a detailed plan including the following:

INFORMATION FOR EVALUATION

E.1 Technical Approach and Solutions

A. Provide a detailed plan including the following:

1. Timeline and milestones for meeting requirements outlined in the solicitation.
2. Describe what information will be gathered.
3. Describe how information will be collected and compiled from various resources.
4. Explain what assurances of success the proposed approach will provide.
5. Provide a summary of personnel that will provide support for both onsite and other locations

1. Timeline and Milestones

Public Consulting Group (PCG) is pleased to submit this proposal to support the Arkansas Department of Human Services, Division of Children and Family Services (DCFS) in continuing work to champion the safety, permanency and well-being of children and families engaged in child welfare services. In concert with the Administration for Children and Families' Children's Bureau, DCFS consistently strives to achieve excellence for the children and families it serves. The timeline presented below identifies the tasks to be performed during State Fiscal Year 2023–2024, *i.e.*, the activities that will be completed between July 1, 2023, and June 30, 2024. Based on the timing of when Arkansas is scheduled to participate in Round 4 of the Child and Family Services Reviews (CFSR), PCG anticipates adding relevant tasks for that scope of work to the timeline for the 2024–2025 fiscal year.

The timeline presented below in table 1 is based on case reviews for the upcoming fiscal year beginning July 1, 2023. PCG will work closely with DCFS to determine when case reviews for the 2023–2024 fiscal year will begin, with the understanding that reviews for the current fiscal year are not scheduled to be complete until July 31, 2024.

TABLE 1: TIMELINE TO CONDUCT QSPR AND CQI OF IN-HOME SERVICES

Timeline to Conduct Quality Service Performance Reviews and CQI of In-Home Services													
Task No.	Project Work Plan	7/ 23	8/ 23	9/ 23	10/ 23	11/ 23	12/ 23	1/ 24	2/ 24	3/ 24	4/ 24	5/ 24	6/ 24
I.	Project Initiation and Management												
Project Initiation													
1.1	Facilitate project kick-off meeting												
1.2	Submit updated SOP												
1.3	Finalize project management tools												
1.4	Conduct ongoing project management												
Ongoing Communication													
1.5	Conduct quarterly project calls with DCFS												
1.6	Conduct monthly internal project calls												
1.7	Update SOP, as needed												

Timeline to Conduct Quality Service Performance Reviews and CQI of In-Home Services													
Task No.	Project Work Plan	7/23	8/23	9/23	10/23	11/23	12/23	1/24	2/24	3/24	4/24	5/24	6/24
II.	Quality Services Performance Reviews												
2.1	Conduct Service Area QSPR												
2.9	Draft Service Area report												
2.14	Meet with Service Area Directors and other local staff with DCFS												
2.15	Participate in meetings with the Children's Bureau												
2.16	Draft Statewide report												
2.20	Prepare quarterly reports for federal reporting												
III.	Continuous Quality Improvement Reviews												
3.1	Conduct case reviews in non-CFSR counties												
IV.	Fidelity and Outcome Monitoring												
4.1	Select samples for FCT and Intercept case reviews												
4.2	Request data from the Foundation and Youth Villages												
4.3	Conduct case reviews												
4.4	Conduct interviews and administer surveys												
4.5	Conduct quantitative and qualitative analysis												
4.6	Draft semi-annual reports												
4.7	Review semi-annual reports												
4.8	Finalize semi-annual reports												

With the QSPR being an ongoing, annual activity, below in table 2 we break out the timeline for each area review by week. This is the schedule that will be followed for each area review to meet the timelines in the table above.

TABLE 2: TIMELINE TO COMPLETE SERVICE AREA QUALITY SERVICE PERFORMANCE REVIEWS

Timeline to Complete QSPR in Each Service Area									
Task No.	Project Work Plan	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
II.	Quality Services Performance Reviews								

Timeline to Complete QSPR in Each Service Area									
Task No.	Project Work Plan	Week 1	Week 2	Week 3	week4	Week 5	Week 6	Week 7	Week 8
2.1	Generate sample and assign cases (week 1 of each area review)								
2.2	Conduct entrance briefing (week 1 of each area review)								
2.3	Conduct case reviews (weeks 1–3 of each area review)								
2.4	Conduct first round of QA (weeks 1–3 of each area review)								
2.5	Address QA notes (weeks 1–3 of each area review)								
2.6	Conduct exit briefing (week 4 of each area review)								
2.7	Conduct second round of QA (week 4 of each area review)								
2.8	Address 2QA notes (week 4 of each area review)								
2.9	Draft Service Area report (week 6 of each area review)								
2.10	Conduct internal review of Service Area report (week 7 of each area review)								
2.11	Finalize Service Area report and submit to DCFS for review (week 7 of each area review)								
2.12	Update Service Area report with input from DCFS (week 8 of each area review)								
2.13	Develop presentation of findings (week 8 of each area review)								

2. Information to be Gathered

Quality Services Peer Reviews

In 2001, the Children’s Bureau implemented the Child and Family Services Reviews (CFSR) to collect quantitative and qualitative evidence to evaluate states’ child welfare programs and services. The CFSR is composed of two key components, a statewide assessment that examines performance and systemic factor functioning, and an onsite review that is comprised of case reviews and interviews with key stakeholders to examine case practice. The goal of the onsite reviews is to assess the extent to which states and their local case managers are conforming to federal child welfare case practice requirements, understand what is happening to those engaged in child welfare services, and assist states and their local staff to better help children and families achieve positive outcomes.

Arkansas was one of 26 states in Round 3 of the CFSR Statewide Assessment to receive a strength rating for Item 25 of Systemic Factor 4 that calls for states to have a quality assurance system. DCFS has chosen to engage in conducting Quality Services Peer Reviews (QSPR) to continually assess its progress in carrying out federal and state policies and practices that promote positive outcomes for those known to the child welfare system.

If awarded a contract to complete the scope of work outlined within this Request for Proposals, PCG will continue to conduct case reviews in each of DCFS' ten Service Areas annually using the federal Onsite Review Instrument (OSRI), to monitor progress in satisfying the 18 CFSR practice items that support an agency's mission to help children and families achieve safety, permanency and well-being. Our team will

PCG will conduct onsite annual Quality Services Peer Reviews (QSPR) for each DCFS Service Area. The review schedule shall be developed in collaboration with DHS with a preference of the review cycle running on the SFY.

collect data for a sample of selected cases from the state's child welfare case management system, CHRIS, to rate the extent to which specific case practices are sufficiently carried out in everyday practice. We will collect information from paper case records as well, such as that from court, medical and education documents. Our team will conduct interviews with key stakeholders to inform the reviews, in part to confirm what was learned from the review of electronic and paper case files and in part to gain answers to questions where sufficient evidence is not available within case file documentation.

At the start of the project, PCG's project management team will meet with DCFS' leadership to develop a plan that will enable the review cycle to coincide with the state fiscal year, to the extent possible. If it is not feasible to coordinate the reviews to be conducted between July and June at the onset of the renewed project, we propose that this be a key objective when renewing the ongoing reviews following completion of the Round 4 CFSR. PCG will review a minimum of seventeen (17) cases annually in every Service Area, unless the reviews are part of a

PCG will review a minimum of seventeen (17) cases annually in every Service Area, unless the reviews are part of a federally sponsored review, and the federal government specifies that fewer reviews be conducted and/or that reviews not be conducted in some Areas.

federally sponsored review, and the federal government specifies that fewer reviews be conducted and/or that reviews not be conducted in some Areas. Federally sponsored reviews include CFSRs and QSPRs conducted to continuously monitor the DCFS Program Improvement Plan performance measures.

PCG will use the Child and Family Services Round 4 Onsite Review Instrument (OSRI) when conducting the QSPRs and enter ratings into the web based CFSR Online Monitoring System (OMS).

PCG will use the federal Onsite Review Instrument (OSRI) to document the QSPR team reviewers' findings, responding to applicable questions, rating applicable items, and justifying the ratings for qualifying items. In preparation for the upcoming CFSR, the QSPR team transitioned to the review tool that will be used for Round 4 at the start of the cycle of reviews for State Fiscal Year 2023. Prior to the transition, PCG received guidance from the Children's Bureau in using the updated version of the OSRI. In fact, PCG's Arkansas QSPR team is the first to use the Round 4 version of the OSRI in the nation.

Our team members have commented that the new tool includes enhanced questions that better guide reviewers in rating the 18 items which measure safety, permanency, and well-being. As first adopters, we are already using this tool and will require no additional time to adjust our practice to the new tool.

The information to gather is detailed in PCG's Standard Operating Procedures for QSPR so that reviewers can readily refer to guidance as needed. The SOP is considerably more detailed than the steps below but includes:

Step	Information to gather
Verify case applicability and complete the face sheet in OMS tool.	Case details in CHRIS. A foster care case is eliminated if the child exited care prior to the period under review, was on a trial home visit or in detention during the entire period under review (PUR). An in-home service case is eliminated if the child entered foster care during the period under review.

Step	Information to gather
Notify the caseworker that the case has been selected for review.	Request most current stakeholder contact information and ask that the caseworker notify the stakeholders that a team member will be contacting them regarding the case review.
Read and review the case.	This includes reading the entire electronic case record in CHRIS which includes contacts with the family, case plans, formal needs assessment screens, investigation screens and court reports. If working remotely, the reviewer may discover that there is a necessary document that is not in the electronic record in CHRIS. In this case, the reviewer must contact the caseworker requesting the necessary document (e.g., provider reports, court order). If working onsite in a county office, the reviewer will read the physical case file that should include court orders and provider reports to supplement the electronic record. Each month a set of reviewers will be onsite at one of the DHS offices and may aid in obtaining documents not contained in CHRIS (e.g., provider reports, court order). A reviewer onsite with access to physical case files may then be asked to obtain documents for another reviewer.
Schedule and complete interviews with all necessary stakeholders.	Stakeholders for foster care cases include biological parents or their attorney, school-age children, foster parents, and caseworker and/or supervisor. For in-home cases stakeholders include biological parents, school-age children, and the caseworker and/or supervisor. The interviews collect information using specific questions based on the case review and focus on areas where clarification is needed. For example, if information is needed to clarify the rating for item 4, questions may include: <ul style="list-style-type: none"> • Verify the child's placement history during the period under review based on the case record documentation. • For each placement during the period under review, ask: How was this placement identified for the child? What was the reason for the change in placement? • How stable is the child's current placement?

PCG will conduct eight (8) electronic-only case record reviews of randomly selected cases from counties in areas that are not designated Child and Family Services Review counties.

It is important that the case practices of all counties in the Service Area be reviewed, not just those that are selected for inclusion in the CFSR onsite review stage and those that are subsequently conducted of those same select counties as part of the PIP monitoring. Annually, up to three counties in each Service Area that were not part of the CFSR process will be selected to participate in the QSPR. One in-home case will be selected from each county for review and a total of five foster care cases randomly across the smaller of the three counties.

Three additional counties will be selected annually until all non-participating CFSR counties have participated in the QSPR; at which time the selection process will be renewed. PCG is willing to work with DCFS Leadership if an alternative model of selecting counties and cases into the review process is preferred.

PCG will use the same OSRI tool to conduct the case reviews of the eight cases selected for review in each Service Area. The reviews will be limited to the evidence in the case record unless key data, such as contact with family members, are missing from the case file. In such instances, PCG will email the case manager and their supervisor to verify the content of the case file and gather missing information, with follow up emails sent to encourage a response as needed. The findings from the QSPR of the eight cases will be included in the report summarizing the findings from the QSPR reviews of the 17 cases as well as the presentation to the Service Area Director and local staff.

Continuous Quality Improvement Process of In-Home Services

In early 2020, Arkansas became the third state to receive approval for its Family First Prevention Plan. DCFS began implementation in January 2020 with five evidence-based, intensive, in-home services, including *Family Centered Treatment (FCT)* and *Intercept®*, in addition to other prevention programs that target families with mental health and substance use service needs. FCT, developed by the FCT Foundation, is a strength-based, trauma-informed model that is designed to find simple, practical, and common-sense solutions for families in their homes. Intercept, which was developed by Youth Villages, uses an integrated approach to developing parenting skills in the family's home by offering a variety of evidence-based practices that target the individual needs of a family and their child(ren) to prevent children from entering out-of-home foster care or to reunify them as quickly as possible if out of home case is warranted.

PCG will provide CQI reviews of the FCT Program delivered by FCT and Intercept providers who contract with DCFS for Intensive In-Home Services as outlined in the Division's five (5) Year IV-E Prevention Plan.

The Family First Prevention Services Act (FFPSA) requires states to engage in fidelity and outcome monitoring for programs that are rated by the Title IV-E Prevention Clearinghouse as "well-supported" and to conduct an evaluation of programs that are rated by the Clearinghouse as either supported or promising. In its *Family First Fits Us* Plan, DCFS specifies that process (fidelity) and outcome monitoring be conducted by a contracted evaluator for the parenting skills programs to assure the evidence-based providers are adhering to their respective evidence-based models and positive outcomes are being achieved for participating families.

As defined within the State's Prevention Plan, PCG conducts a combination of case reviews, surveys and interviews to monitor fidelity and outcomes. A stratified sample of 25 cases is selected for review semi-annually for both FCT and Intercept. The samples for each evidence-based program are stratified in proportion to the counties from which participating families are enrolled. This process provides the added benefit of not only monitoring fidelity of the evidence-based providers in adhering to the program requirements but also assessing the extent to which local county caseworkers are determining candidacy accurately and documenting the need for the specific service within the Prevention Plan.

For recent reviews, PCG has allowed four to eight months to pass since the family enrolled in FCT or Intercept, providing sufficient time to pass to measure outcomes from point of enrollment to program discharge, as well as six, 12, 18 and 24 months post-discharge. This approach has presented difficulties in being able to interview key stakeholders, with caregivers not wishing to participate in an interview several months after being discharged from the program and Family Intervention Specialists (FIS) not being available due to staff turnover. PCG proposes to select the sample of cases for the fidelity reviews for both evidence-based programs within two to four months following enrollment as a pro-active step in improving the opportunity to receive input on the programs' successes and areas of improvement through interviews from more than just one parent or caregiver as well as FIS.

Both FCT and Intercept administer surveys to families as they exit their programs, regardless of if they successfully completed the program or discharge early. In an effort to decrease the burden of data collection upon families, for reviews to date PCG has utilized the providers' data instead of administering yet another survey to the same participating families. PCG proposes to continue working closely with the program purveyors to retrieve the survey responses received from families that exit from the two evidence-based programs during each review period, i.e., all families who discharged during the period and not limiting the analysis to sampled families. We have been fortunate to establish a working rapport with both the FCT Foundation and Youth Villages to propose revisions be made to the programs' survey instruments to collect data that are pertinent to Arkansas' prevention programming, as needed.

The CQI reviews of Family First evidence-based programs not only measure fidelity to the model, but also outcomes of participating children and their families. PCG will measure outcomes using data from the DCFS

case record and program data from point of enrollment to discharge from the program. Data from CHRIS will also be used to measure outcomes in six-month increments following case discharge for up to two years post-discharge, *i.e.*, outcome data will continue to be collected and measured for families enrolled in each evidence-based program for two years following discharge from FCT or Intercept. This approach will satisfy the requirements of the FFPSA to measure outcomes for families and their children following their discharge from the prevention service.

3. How Information will be Collected and Compiled from Various Resources

QSPR Reports

As noted above, PCG collects information from CHRIS, additional case documentation (such as legal documents, medical records and school documentation), and stakeholder interviews. As information is gathered, the reviewers enter pertinent information for each selected case, record answers to questions and select the appropriate ratings for the items within the OMS tool, along with a justification for each of the ratings. Initial ratings are entered following the initial case review in CHRIS, with updates and modifications made after additional information is gathered.

PCG will produce eleven (11) reports each year including one (1) for each area and an overall statewide QSPR that summarizes the statewide finding/averages all scores from the areas.

When the reviewer completes the case in OMS, they note that the case is ready for first level quality assurance in our shared workload tracking tool. After the initial round of quality assurance is complete, the reviewer addresses the quality assurance comments and then notes that the case is ready for second level review. When all reviews are finalized, the case is submitted in the OMS tool.

Annually, PCG will produce eleven reports, one that summarizes the results of the findings for each Service Area's QSPR and one that presents statewide results. Each report will highlight key findings and present the average scores for each of the 18 items included in the OSRI and the overall score for each of the seven outcomes that assess safety, permanency, and well-being. PCG will display the scores for each of the items and outcomes using the results generated within the Administration for Children and Families' Online Management System.

PCG will produce a report highlighting the major strengths and areas needing improvement found in each service area within thirty (30) business days of the completion of each onsite week of the QSPR.

PCC will conduct qualitative analysis of the justifications used to rate the sampled cases to summarize the findings for the case practice items that are used to assess each outcome, doing so for the QSPR cases selected for review and separately the additional cases selected for review from the counties that did not participate in the CFSR. The input received from the reviewers at the conclusion of each Area's review will also be used to provide insight into both the strengths in case practice and areas needing improvement. Examples of cases exhibiting promising practices and key areas needing improvement will be

described to help Leadership, Area Directors, and local staff to better understand where program and practice improvements are needed. It is hoped that the summary of promising practices will provide Area staff with insight in applying those approaches to practices needing improvement. Performance trends of the average scores for each indicator and outcome measure for the current review period will be presented within a matrix for both the CFSR involved and non-CFSR involved cases, with comparisons presented within the respective tables to at least three prior review periods to highlight where improvement was observed as well as areas of challenge, identifying where continued focus needs to be placed and where a decline in performance was identified.

Within 30 days of completing the review of the total of 25 cases selected for review in each Service Area, *i.e.*, the 17 cases selected for the CFSR counties and the eight cases selected from the additional three counties, PCG will submit a report summarizing the findings to DCFS Leadership.

A similar report will be presented to DCFS within 30 days of submitting the report to the last Service Area included in the annual QSPR cycle, *i.e.*, within 60 days of completion of the last Service Area review. Similar to that of the Service Area reports, trends in performance will be summarized for the year and compared to the overall performance of the last three annual reviews for each of the 18 items. Promising practices and key obstacles impacting performance will also be summarized for both CFSR counties and the additionally reviewed counties. Within the appendices, PCG will provide a series of matrices that draw comparisons of the results across the Service Areas as well as summary matrices of the results of the Service Areas across the four most recently completed QSPR cycles.

PCG will produce an annual report that includes the results of each Service Area QSPR, summarizes the statewide findings from the QSPRs, and compares the results from the Service Areas with one another. This report must be submitted within sixty (60) business days of the completion of the last onsite review week in the annual review cycle.

PCG will meet with Area Directors, supervisors, and caseworkers in each Service Area at least once annually to discuss strengths and areas needing improvement in casework practice in that Area as based on the final report for each area.

It is important to engage local staff, including Area Directors, supervisors and caseworkers, throughout the review process, for both the onsite Round 4 CFSR case reviews and the ongoing QSPR. Ongoing discussions with both seasoned and newer staff are important to provide staff on the ground with an understanding of the purpose of the reviews and engage them as partners in exploring the Area's strengths and challenges. That engagement is beneficial in working with local staff in formulating strategies to improve case practice areas needing improvement. It is important not to just note what needs to

improve, but what are the factors driving the barriers to strong case practice.

In addition to entry and exit meetings with Service Area staff, PCG will also, in concert with DCFS leadership, conduct meetings with the Area Director, supervisors and caseworkers in each Service Area to present the final findings from the QSPR. The meetings will be scheduled following transmittal of the Area report to DCFS, giving DCFS an opportunity to first review the report and ask for clarification, where needed. PCG will work with DCFS to schedule those annual meetings following each review. The annual Service Area meetings will provide an opportunity to have an active conversation to better understand the challenges of each Area and identify actions that can be taken in the upcoming year to make improvements.

Data Collection and Analysis of In-Home Services

PCG uses multiple data sources to inform its case reviews. The first are data extracts from the national purveyors and local providers, the FCT Foundation, St. Francis Ministries, Youth Advocate Programs, and Youth Villages, which are used to measure the extent to which key activities defined in policy were carried out as intended, e.g., if families had a completed Family Life Cycle Assessment, as included in the example above. A second data source are files that PCG requests from contracted vendors to document the extent to which Family Intervention Specialists satisfy the programs' training, supervision and caseload standards. Lastly, PCG created a data collection tool that enables the review team to code qualitative data from both the DCFS case record in CHRIS and program data extracts, such as case notes, enabling that data to be quantified for ease of analysis and fidelity monitoring.

PCG will develop and host a secure online instrument for data collection from the quantitative analysis of the Family Centered Treatment and Intercept CQI reviews. Qualitative fields will be analyzed to further the findings, where appropriate. Analysts shall use a combination of Standard Query Language (SQL) and statistical computing tool R to measure frequencies and test for statistical significance. Comparisons shall be drawn across providers and, where sufficient cases are sampled, across counties or at least across Service Areas. Quantitative data analysis must also be used to inform the results of the surveys. Dependent on the rate of response, additional analysis shall be done to identify the extent to which a family's characteristics have an influence on their satisfaction with the program.

Standard Query Language (SQL) is used to measure frequencies to calculate the percentage of cases for which a program requirement was completed. PCG's data analysts often use SPSS and R to measure the statistical significance of its findings, measuring the extent to which observed trends are indicative of patterns over time or resulting by chance. SQL is also used to measure outcomes to answer questions, such as *"To what extent are children of participating families able to remain safely in their own homes?"*

The review team will conduct qualitative analysis of the data collected from the interviews and open-ended questions included within the survey to identify emerging trends, highlight program achievements and note areas of opportunity for improvement. As part of the report process, PCG team members meet collectively to review findings for each semi-annual review of FCT and Intercept in terms of the successes and challenges of the participating families and providers. That synthesis is used to not only call attention to each program's positive processes and outcomes, but also to provide recommendations for program improvement, for contracted providers and DCFS.

PCG will provide qualitative analysis of the Family Centered Treatment and Intercept CQI interviews conducted with families and the FCT and Intercept providers. Qualitative analysis will also be conducted of the open-ended questions included within the survey to clients. At the end of each semi-annual review, the CQI team shall meet as a group to discuss any emerging trends – both in terms of successes and challenges for participating families as well as providers. This information gathered and assimilated qualitatively, must be used to inform the results of the CQI reviews and provide input into promising practices and shaping recommendations for improvement.

CQI Reports of In-Home Services

Within one month of completing the case reviews of FCT and Intercept, PCG will submit a draft report of the findings from the semi-annual reviews of each evidence-based program to DCFS for review. The reports will answer each of the process and outcome questions specified within Arkansas' *Family First Fits Us* Plan by measuring the extent to which key process requirements were carried out as defined within the programs' policy manuals. For example, to answer the process research question "To what degree was sufficient structure provided to families to guide them to complete tasks to meet their goals," PCG will measure the extent to which the activities that are carried out to measure improved family functioning will be assessed. Table 3 below illustrates one example of the way individual criteria are used to answer each question with color coding to denote criteria satisfaction.

PCG will provide DCFS with a draft report within one (1) month of completing the FCT and Intercept CQI reviews. The draft report must provide answers to each of the research questions, drawing comparisons over time, including across FCT and Intercept providers and Service Areas. Each report must also include a summary of the program's strengths, areas of improvement and recommendations for change. This report must be finalized within two (2) weeks of receiving initial feedback and questions from DCFS.

TABLE 3: INDIVIDUAL CRITERIA WITH COLOR CODING

Joining/Assessment Phase Fidelity Standard	Measure	Compliance	
		Cohort Three	Cohort Two
The initial phase of treatment typically lasts for 30 to 45 days. In this time FIS are required to complete a case introduction meeting, at least one eco map showing individual social supports for the family, a Family Life Cycle Assessment, Structural Family Assessment, Family Centered Evaluation Report, and the "Making Changes" transitional indicator to signal that a family is ready to progress to the second phase of FCT.	Families with completed case introduction	100%	100%
	Families with completed eco maps	100%	100%
	Families with completed Family Life Cycle Assessment	95%	100%
	Families with completed Structural Family Assessment	94%	100%
	Families with completed Family Centered Evaluation Report	88%	100%
	Families with completed Making Changes (transitional indicator) questionnaire	100%	100%

Federal Child and Family Services Reviews

As noted above, DCFS will soon participate in Round 4 of the CFSR. The reviews, regardless of if they are carried out by DCFS or the Children's Bureau, will necessitate a great deal of coordination. To the extent DCFS prefers to have the QSPR team lead the reviews, as was done for Round 3, PCG will provide support to DCFS in applying for a State-led review. Assuming Arkansas prefers to apply for a State-led CFSR onsite review methodology, PCG will assist in developing the sampling methodology and review process, collaborating with the Children's Bureau throughout the application process, and coordinating all federally required trainings and related documentation.

PCG will assist in coordinating DCFS activities for the federal Child and Family Services Review (CFSR).

The onsite case reviews require data to be collected in each county selected to participate. Regardless of if the reviews are conducted by PCG's QSPR team or the federal CFSR reviewers, they will also require

interviews, to every extent possible, be conducted in person. Both efforts, *i.e.*, accessing electronic and paper case files and scheduling interviews, necessitate a fair amount of coordination in the timing of when key events are carried out between that of the case reviews and stakeholder interviews. PCG will work with local staff to gain access to case documentation and to schedule interviews, regardless of which entity carries out the case reviews.

PCG will, if DCFS is approved to conduct its own review, conduct the federal review in conformity with federal guidelines, engaging designated DCFS staff and stakeholders in the reviews.

If DCFS elects the QSPR team to conduct the onsite reviews and the Children's Bureau grants permission for Arkansas to do so, PCG will employ the Round 4 OSRI, the same tool that will be used to complete the ongoing QSPR. PCG will also support DCFS in negotiating the sample size and methodology for the case reviews, ensuring federal approval is provided before commencing the review cycle.

PCG will use the OMS to document answers to the instrument questions and follow the directions within the OSRI and Children's Bureau guidance that are used to determine the ratings for the 18 items within the seven outcomes under review. PCG will also reference the Children's Bureau's "*Case-Related Interview Guides and Instructions*" to develop questions to interview the parents, children when age appropriate, foster parents and caseworkers. Answers to the questions and information collected from the interviews will be used in conjunction with the case documentation to rate each of the 18 items, with justifications written to support those ratings. As with the ongoing QSPR, each case will undergo a quality assurance review to assure the accuracy of the ratings, proper application of the federal OSRI and inclusion of sufficient documentation to support the rating. Lastly, PCG will work with DCFS and the Children's Bureau to define the timeline for completing the onsite reviews to make sure the reviews are completed timely.

PCG will partner with DCFS and all pertinent system stakeholders in completing the initial phase of the Round 4 CFSR, the Statewide Assessment, in a timely fashion. We will assist DCFS and other system stakeholders in identifying appropriate sources from which to retrieve information, and assist with analyzing pertinent quantitative and qualitative data to identify system strengths and challenges, including contributing factors and root causes, as they relate to the Child and Family Outcomes and Systemic Factors. PCG will assist DCFS in determining and articulating the evidence for making decisions regarding substantial conformity with the Systemic Factors, while also helping the Division in using the information from the Statewide Assessment in preparing for the Onsite Review, including identifying areas needing additional examination through stakeholder interviews (in partnership with the Children's Bureau).

Alternatively, if DCFS opts not to have or the Children's Bureau does not grant permission for the QSPR team to conduct the Round 4 OSRI, PCG will provide support to the federal reviewers throughout the process. As noted above, PCG will coordinate with local staff for the federal review team to gain access to the electronic and paper case files and to schedule interviews with key stakeholders.

PCG will, if DCFS is not approved to conduct its own review:

- a. **support the data collection and analysis activities for the statewide assessment in a timely manner;**
- b. **ensure that all case records and other documents required for the review are made available to the federal reviewers in a timely manner; to the extent requested by the federal government, provide staff to participate in the review; and**
- c. **participate in the development of DCFS Program Improvement Plan (PIP).**

To date, no states have satisfied all seven systemic factors which comprise the statewide assessment nor the full range of case review items used to assess case practice and the achievement of safety, permanency and well-being. States are required to prepare a PIP describing the activities or program efforts that will be undertaken to address the areas needing improvement. PCG will work with DCFS and its Service Areas to

develop items that can be used to measure progress in remedying shortcomings and improving the ability to improve the lives of those involved in the child welfare system, regardless if the OSRI is completed by the QSPR team or federal reviewers.

PCG will monitor DCFS progress on the PIP performance measures.

As part of the ongoing QSPR process, PCG will collect information as part of its continuous quality improvement reviews to monitor progress in addressing the practices that necessitated a PIP. The QSPR reviews will be used to track progress in improving case practice while interviews with Area Directors and other local staff will be used to assess the extent to

which other efforts have been implemented to improve areas of non-conformity, e.g., improving the availability and access to needed services. At a minimum, PCG will draft reports quarterly summarizing the efforts made by the Service Areas to address shortcomings requiring a PIP.

Using the results from the Area reviews conducted during each quarter, PCG will draft a report that summarizes the results of the QSPR reviews. Results for each Service Area reviewed during the period will be displayed, as well as an overall summary of the results for the quarter.

PCG will draft, for DCFS approval, the quarterly progress report due to the federal government regarding the progress on the PIP performance measures. The quarterly report must include the current standing on all elements within the OSRI tool. PCG will provide the quarterly report after the final PIP is approved.

4. Assurances of Success

PCG has a long history of providing support to DCFS, doing so for almost three decades, and is pleased to offer its continued experience in supporting Arkansas in providing quality services to children and families known to the child welfare system. Since 2009, PCG has conducted Quality Service Practice Reviews for DCFS in support of its ongoing Quality Assurance of case practice, monitoring the extent to which the state and its Service Areas are carrying out quality case practices and helping families and children to achieve positive outcomes. At the start of SFY 2020, the QSPRs were expanded to include counties that are not involved in the CFSRs as a step toward involving all counties in the practice reviews and understanding true statewide case practices, not just those of counties selected to participate in the onsite federal reviews.

Our support of DCFS expanded again following Arkansas receiving approval of its Family First Prevention Services Plan. For close to two years, PCG has been conducting fidelity and outcome monitoring of two evidence-based prevention programs, Family Centered Treatment and Intercept, collecting data from multiple sources to inform its reviews and building a rapport with the national purveyors to carry out that effort.

Throughout our long history of supporting DCFS to achieve its mission, PCG has remained committed to carrying out its work with quality and on time. In recent years, PCG partnered with Arkansas and its federal partner, including the Capacity Building Center for States, to strengthen its commitment to DCFS and knowledge in carrying out the QSPRs. Here are the ways that we assure success on this project:

Continuous Quality Improvement Approach

Over the years, we have consistently evaluated and honed our approach and adapted to the changing needs of DCFS and the Children's Bureau. All work is reviewed by supervisors and/or senior members of the team prior to submission to DCFS or the OMS. This provides our leadership team with the opportunity to observe where staff are experiencing challenges and identify staff that are excelling. Our leadership team regularly takes note of challenges (and successes!) to address in one-to-one conversations with staff as well as during our monthly team meetings. Additionally, the QSPR/CFSR Supervisor has taken advantage of months when reviews are not scheduled to provide training to our reviewers based on challenges observed and/or articulated by staff over the course of the year.

Standard Operating Procedures (SOPs)

Last year, following enhancements to our review processes, PCG created standard operating procedures to guide the day-to-day work of our reviewers. This detailed guidance standardizes and streamlines the team's work and provides a benchmark by which the leadership team can measure work and manage performance. At the start of this engagement, PCG will share the SOP with the DCFS leadership team for review and feedback. PCG will incorporate the feedback and will also update the SOP any time that there is a need to update practice.

Team Collaboration

Teamwork is a key part of PCG's success on this project. We have developed a close-knit, collaborative team willing to help each other and go the extra mile. The team regularly collaborates and communicates through a Teams channel, monthly meetings, and workload tracking tools, which standardize and streamline our collective approach. When a reviewer experiences a challenge on a particular case, they can immediately post their question to the Teams Chat where other reviewers and/or the leadership team can address their challenge. Most times, the reviewers are able to help each other, without intervention from the leadership team, which continually strengthens their skills and their relationships. Additionally, the Teams chat informs areas where training or discussion may be needed across the entire team, and often provides the basis for the monthly team meeting agendas. During the monthly team meetings, attended by the QSPR and CQI teams, progress and challenges are discussed, along with solutions when needed, guidance is provided by the leadership team, and the entire team is encouraged to ask questions, discuss challenges, and share how they have resolved challenges.

Case consultations are another strategy that we have employed to help our review team succeed. Each reviewer has the option and opportunity to conduct case consultation calls with the QSPR/CFSR Supervisor as part of their case review process, to troubleshoot challenges together. The reviewers are expected to have fully reviewed the case and come prepared to the consultation with their specific questions.

Participation in Training

PCG has enhanced our understanding of recent DCFS initiatives, such as Structured Decision Making and Safety Organized Practice model, by participating in relevant trainings alongside field staff, allowing us to capture practice change more accurately in the QSPRs. As staff attend trainings, the team updates our practices and standard operating procedure, as necessary. Our understanding is also confirmed in our monthly staff meetings through team discussion as well. PCG plans to continue participating in these trainings going forward and appreciates the opportunity to do so.

Collaboration with DCFS and Local Offices

As cases are selected into the sample for each Service Area review, PCG's QSPR/CFSR Supervisor will schedule an entrance conference with the Area Director (AD) and their designated staff. The entrance conference will be used to review the onsite review process with local staff, remind ADs and others that interviews with key stakeholders are essential to the review process and review what support will be needed from case managers and/or their supervisors to schedule those interviews and obtain needed case documentation, and discuss the timing of when the QSPR will be completed for the Service Area. A brief synopsis of the activities that will be carried out at the conclusion of the Area's review will also be described for local staff.

PCG will coordinate and schedule QSPRs with DHS. PCG will engage designated DCFS staff in the reviews to include holding entrance presentations and exit briefings with county-level staff at the conclusion of each onsite week, as well as a formal presentation of results when the final report for each area is completed.

The meeting to be held with the Area Director and local staff at the end of the onsite review will be conducted to briefly review the findings from the case reviews. While the exit briefings will highlight the strengths of the Area's case practice, they will also be used to gain a better understanding of areas needing improvement and the systemic factors that may be influencing the challenges the Area faces. A formal presentation of the results will be scheduled after the case reviews are complete and the first and second rounds of quality assurance reviews are complete. For PCG, these discussions will enhance our understanding of the review findings which can, in turn, enhance our processes.

PCG will collaborate with DCFS to develop a DCFS Staff Peer Reviewer Program. This will include training identified DCFS staff in the ACF onsite review instrument and coordinating to ensure peer reviewers assist in each area's full QSPR review. These trainings will generally be provided during months in which onsite reviews are not conducted.

DCFS intends to utilize family service worker specialists to assist QSPR reviewers with reviewing case records, facilitating stakeholder interviews and discussing item ratings. While the QSPR team reviewer will be responsible for documenting each case review in the online review instrument, each family service worker specialist will be trained in the review process, including use of the Round 4 OSRI. The reviewer and family service worker specialist will participate in discussions of practice strengths and challenges identified during the case reviews, as well as any systemic issues that may be impacting the ratings. This collaboration will provide an opportunity for local staff to actively engage in identifying strategies that will successfully address common practice concerns and advocate for implementation. The Children's Bureau encourages states to adopt an integrated approach to the continuous

improvement process to build on successes and lessons learned in prior system improvement efforts. The inclusion of peer reviewers in the review and communication process will provide more context to assist staff in understanding the rationale behind the findings and leverage greater support in making practice improvements. It is also hoped that peer engagement will provide additional understanding of county and service area program improvement plans and how strategies were identified to address root causes of underperformance.

PCG has enjoyed the active participation in meetings with DCFS and the Children's Bureau, bringing what we have observed in the field to drive policy and practice improvement, and will continue to do so. While we understand the challenges that local staff face, *e.g.*, staff retention or lack of services, we offer a neutral, objective perspective of factors that influence both promising practices and those which pose challenges. PCG also proposes that, at a minimum, meetings be held quarterly with DCFS to review our work, providing an opportunity to review barriers and risks to completing reviews on time, maintaining a high level of quality and identifying new policies and procedures that will be implemented and training events that are scheduled to prepare local staff to implement new practices.

PCG will participate in meetings and serve on workgroups as requested by DCFS and the Children's Bureau.

For this contract, PCG is proposing **quarterly status meetings**, where we can share progress, findings, lessons learned with DCFS leadership. This will also be a forum for PCG to work with DCFS to make adjustments as needed.

Working with the Children's Bureau

The Children's Bureau has been instrumental in ensuring the OSRI is carried out across the country in a uniform manner and reviews within a given state are carried out uniformly, *i.e.*, ensuring inter-rater reliability within a given state and nationwide. PCG appreciates the secondary oversight the QSPR team has received from the Children's Bureau for the reviews conducted on behalf of DCFS. The written and verbal guidance has helped to clarify the intent of the items and improved the quality of the case reviews and the resulting justifications for the applicable items. Additionally, the Children's Bureau's inter-rater reliability training sessions, conducted during the months in which case reviews are not conducted, has continued to improve the quality of the reviews conducted by the QSPR team. PCG will continue to partner directly with our federal colleagues in Region 6 and D.C. to assure successful completion of the case reviews.

PCG will collaborate with the Children's Bureau when receiving and responding to secondary oversight reviews, as applicable with the designated timeframes established in collaboration with DHS and the Children's Bureau.

PCG commits to carrying out the scopes of work as described above and to successfully meeting the performance standards.

5. Summary of Personnel

PCG has assembled a team experienced in all phases of the array of services defined within the Request for Proposals. A brief biography of each team member is provided below.

Jennifer MacBlane, who provides **Practice Area Management** within the firm's Human Services Practice, will provide overall guidance and has the ability to direct PCG resources to the needs of the project. Jennifer has more than 20 years of experience in human services, government, and government consulting. She specializes in child welfare and human services system of care assessments and purchase of service management. Early in her career, Jennifer worked as a child welfare case manager for families at risk of foster care. Jennifer has a bachelor's degree in Psychology and received her Master of Public Administration from Arizona State University.

Karen Hallenbeck, who has 25 years of experience working with DCFS, will serve as the **Engagement Manager** for the full range of services to be provided, making well-trained staff available to complete the range of activities, confirming that project work is carried out in a quality manner and time commitments are met. Karen serves as the Project Director for PCG's Human Services Program Evaluation Practice. She interacts closely with project managers to make sure adequate resources are available to meet project obligations. Karen will provide the oversight needed so that all products meet the firm's high standard of quality, as well as the client's needs and expectations. She received her bachelor's degree in Finance with an Accounting minor from Siena College in Loudonville, NY.

Ms. MacBlane and Ms. Hallenbeck will support **Kristina McGibbony**, who will serve as the **QSPR/CFSR Supervisor**. Since joining the firm in 2016, Kristina has served as the Supervisor for the Service Quality and Practice Unit which is responsible for carrying out the QSPRs, and **she is located in Arkansas**. She provides oversight responsibility for the QSPR team and possesses extensive knowledge of the federal CFSR requirements for quality assurance of child welfare cases, as well as conducting direct review and reporting activities to support DCFS' federal PIP reporting requirements. Kristina also provides onsite mentoring to local staff throughout the state and serves as a liaison to the Children's Bureau throughout the QSPR and CFSR processes.

Ms. McGibbony is broadly experienced in child welfare, with a background that includes early childhood education, legal advocacy, case management and review, and community services coordination. Prior to joining the firm, she served in Community Coordinator roles for the Arkansas Safe Babies Court Teams/Zero

to Three initiative in Lonoke and Pulaski Counties. In this role, she developed and implemented court teams, and worked with the Division of Children and Family Services to front-load services to promote positive outcomes for children ages birth to three years of age within the foster care system. She maintained data in a national database, prepared progress and grant reports, attended court hearings and facilitated family team meetings.

Ms. McGibbony has conducted national trainings in child development and child welfare, communicating with judges, attorneys, agency staff and other community stakeholders; she also prepared and presented program information at local and national meetings and conferences. Ms. McGibbony has also served on the Arkansas Fetal Alcohol Spectrum Disorder Task Force, as well as on the Arkansas Association of Infant Mental Health's Socio-Economic Development Work Group. She earned her BA in Economics and Business Administration from Rhodes College in Memphis, Tennessee and was certified in Volunteer Management by the University of Arkansas in Little Rock.

Greg Moore, who will serve as **Subject Matter Expert** and provide **Project Support**, joined PCG as a Senior Consultant in November 2021, and is **located in Arkansas**. Mr. Moore is a proactive, results-oriented strategist with two decades' experience in service organizations, including more than 15 years in management, strategic planning, implementation, and continuous quality improvement (CQI). He is an enterprising leader who has worked at the local, state, and federal levels of government and overseen multiple complex system-improvement projects aimed at improving the lives of children and families using data-informed decision-making and family-centered systems and approaches.

Prior to joining PCG, Mr. Moore worked in senior leadership for the Arkansas Department of Human Services for nearly three years, most recently as the Contract Operations Manager for the Division of Medical Services, administering all DMS-funded contracts for Arkansas' Medicaid program. He spent the preceding decade working as a senior manager in management consulting firms supporting clients in bolstering systems which protect vulnerable populations. Between 2017 and 2019, Mr. Moore worked for ICF, Inc., where he served as the Program Area Manager for Child Protection and In-Home Services at the federal Capacity Building Center for States, managing large workstreams and projects in support of the Children's Bureau shaping and implementing national priorities (e.g., the Family First Prevention Services Act) and providing technical assistance to child welfare professionals and supporting jurisdictional capacity building in individual states and territories.

Before ICF, Mr. Moore spent the previous eight years (2009-2017) as a Senior Manager with Hornby Zeller Associates, Inc., (which PCG acquired in 2018) leading contracts related to child protection, continuous quality improvement and change management. From directing Arkansas DCFS' state-level Service Quality and Practice Improvement Unit, the Child Protective Services Unit and statewide structured decision-making training program to leading the state's efforts for its Round 3 Child and Family Services Review and Title IV-E Waiver Demonstration Project, Mr. Moore successfully managed multiple large-scale, statewide projects designed to build efficiencies for the client and enhance safety, permanency and well-being outcomes for children and families. Mr. Moore holds a Master of Science in Public Administration from the University of Arkansas with a concentration in the Management of Service Organizations and Children & Family Public Policy.

Romeeka Harris will serve as the **Lead Reviewer** for the QSPR/CFSR Team and is located in **Arkansas**. She currently serves as a Quality Improvement Specialist for PCG, conducting case reviews, interviews and rater reliability guidance for PCG's QSPR Team. **Romeeka served as the lead Quality Assurance Specialist for this team from 2009 to 2017**, and recently rejoined the Team in April of 2022. Romeeka provides onsite mentoring to local staff throughout the state and serves as a liaison with Kristina McGibbony to the federal government's oversight team. During her hiatus from PCG, Romeeka served as the Director of Educational Operations at the Arkansas Hospital Association. Romeeka earned her Juris Doctorate of Law from the University of Arkansas Little Rock William H. Bowen School of Law and Graduate Certificate in Nonprofit/Organizational Management from the University of Arkansas at Little Rock.

Beri Edwards, is a recent addition to the QSPR/CFSR Team, having joined PCG in 2021. As a **Reviewer**, she conducts in-depth reviews of sampled cases, mining data from both DCFS' electronic and paper case files. She also conducts stakeholder interviews to assess local case practices and their contributions to achieving positive outcomes for children and families. Beri is trained to use the Round 4 OSRI, using that instrument to complete ongoing QSPRs for DCFS. Prior to joining PCG, she served as the Director of Kansas Foster Care in the Kansas City, Missouri metropolitan area and surrounding communities. She introduced evidence-based/informed practices organization-wide, strengthening and transforming its existing policies and practices across multiple divisions. Between 2011 and 2015, Beri supported the Nebraska Department of Health and Human Services in several capacities, first as a Child and Family Services Specialist, followed by a Child and Family Services Supervisor and Program Specialist. A Licensed Master Social Worker, Beri earned her Master in Social Work in Behavioral, Social and Health Education Services from the University of Kansas.

Yulonda Johnson, who will also serve as a **Reviewer**, is a Quality Improvement Specialist for PCG located in **Arkansas**. She is responsible for conducting case reviews to inform practice improvements, using interviews with key stakeholders to confirm case record evidence and gain practice insights where documentation is missing. Prior to joining PCG in mid-2021, Yulonda served as Protection and Prevention Family Service County Supervisor for close to a year at DCFS, a Child Protective Investigative Supervisor for Dallas and Denton, Texas Department of Child and Family Services for over four years, a Family Service Investigator at DCFS for three years and a Family Service Specialist for close to one year for Clark County Department of Family Services. Yulonda earned her Master of Counseling from the University of Arkansas Little Rock and her Bachelor of Social Work from Philander Smith College.

Keema Nolen, a **Reviewer** on the QSPR/CFSR Team, **located in Arkansas**, has spent 15 years in the child welfare field, the last of which was conducting case reviews using the OSRI to support Arkansas DCFS. Her years of experience conducting case reviews and interviews with stakeholders to assess local case practices and achievement of outcomes has provided her with extensive knowledge of the federal CFSR and ongoing quality assurance activities. Prior to joining PCG in 2012, Keema served as a caseworker for DCFS, investigating child maltreatment reports, preparing detailed reports of interviews and timelines of key events for four years. In addition to her 15 years of experience working in child welfare and nine years of experience performing QSPR/CFSR reviews for Arkansas, Keema graduated from Webster University with a Master of Business Administration after earning a Bachelor of Arts in Sociology from Philander Smith College.

Dionne Pressie, a Licensed Social Worker who will also serve as a **Reviewer**, has been providing consulting services to social and human services programs for ten years. She provides compliance interviews and evaluations of provider documentation and business practices against applicable policies, procedures and regulations. Most recently, Dionne has been conducting compliance monitoring of a community based care agency in Miami/Dade County. She was responsible for developing the contract compliance monitoring plan and tools. Dionne is also serving as a reviewer for PCG's Arkansas-based QSPR team, conducting reviews of sample cases using the online OSRI and conducting interviews with key stakeholders to rate each of the 18 items used to monitor Arkansas' work to achieve positive outcomes. Dionne serves as a *Guardian Ad Litem* for children in Indiana and previously directed the recruitment, support and retention of foster families. For Franklin County, Ohio, she provided twenty-four hour pre-service training classes for prospective foster and adoptive applicants and served on various committees that reviewed policies of the Ohio Department of Jobs and Family Services. Dionne served as a case manager in Franklin County, providing a broad range of activities such as counseling, outreach services and linking families with community resources. She earned her Master of Business Administration from Franklin University and her Bachelor of Social Work from Capital University.

Sara Gilbert provides a wide range of support to PCG's clients, including conducting feasibility studies to determine the constraints and shortcomings of case management systems, training caseworkers and supervisors to navigate case management systems, monitoring applications for social services benefits, and conducting interviews and focus groups with caseworkers, supervisors and support staff to better understand the complexities of their case work. Sara also serves as a **Reviewer** for the QSPR/CFSR Team, and will

continue to do so. She conducts case record reviews and interviews with case managers, supervisors, family members and providers to answer the questions contained within the OSRI which are used to rate the 18 practice performance items. Prior to joining PCG, Sara served as a manager for Nebraska's adult and child registry requests, conducted case management and service coordination for children, youth and families served by the Department of Health and Human Services, and served as a supervisor, providing oversight to a team of child welfare caseworkers and collaborating with community partners. In addition to her 15 years working in child welfare, including 2 years performing QSPR/CFSR reviews for Arkansas, Sara earned her Bachelor of Science in Criminal Justice from Wayne State College.

Vivian James, a CQI Specialist for PCG, will also serve as a **Reviewer** for the QSPR/CFSR Team. Since joining PCG in 2019, Vivian has participated in the evaluation of several evidence-based programs, including those which Arkansas, Maine and West Virginia implemented as part of their Title IV-E Waiver grant awards. She conducted case record reviews of both child welfare and provider case records and interviews with caseworkers, supervisors, providers, youth and their parents/caregivers. Vivian has also been conducting onsite reviews to support the Rhode Island Department of Children, Youth and Families commitment to improving case practices as defined within a settlement agreement with Children's Rights. For the last three and a half years, Vivian has been conducting case record reviews for a sample of cases to assess performance and outcomes for Arkansas' counties, focusing on those that were not involved in the federal reviews. She also contributes to the synthesis and report writing of Area reports, summarizing findings and providing recommendations. . In addition to her 7 years working in child welfare, including 4 years performing QSPR/CFSR reviews for Arkansas, Vivian earned her Master's in Anthropology from the State University of New York at Albany.

Kim Magoon, an Evaluation Supervisor with PCG, will serve as the **CQI Supervisor**. Kim will provide oversight responsibility for the completion of the fidelity and outcome monitoring of FCT and Intercept. She specializes in evaluating child welfare, substance use and mental health prevention programming. She has taken lead roles on a range of projects in Arkansas, Colorado, Maine, Nevada, Virginia, West Virginia, and Wyoming. She is the project lead for the ongoing evaluation of the Central Maine Youth Trauma Initiative's implementation of three evidence-based trauma treatments; the Arkansas Continuous Quality Improvement efforts of Family Centered Treatment and Intercept, which the state is implementing under its Family First Prevention Services Plan; and co-lead for the fidelity and outcome monitoring of the two well-supported evidence-based prevention programs Maine is implementing in response to Family First. Kim has also authored and administered multiple workforce surveys for child care, child abuse, and substance use prevention professionals. Additionally, she worked extensively on Title IV-E waiver program evaluations for Arkansas, Maine, and West Virginia.

Prior to joining PCG, Kim spent 10 years working in the field of intellectual and developmental disabilities. She came to PCG from Seven Counties, Inc. (formerly Centerstone Kentucky), a mental and behavioral health services provider, where she provided case management services to adults and children with developmental disabilities. She led team meetings and monitored monthly Medicaid waiver spending, eligibility, patient liability, and service usage. Kim also has supervisory experience in direct services, giving her a particularly well-rounded view of client-serving systems and agencies. In addition, she previously worked as a Research Associate at Client Opinions, Inc. in Chapel Hill, North Carolina where she participated in survey development and programming. There, she collected, reviewed and analyzed survey data, compiled the results, and collaborated with peers and the Chief Executive Officer to create individualized client presentations. Kim holds a Master's degree in Sociology from North Carolina State University and a Bachelor's degree in Sociology and Juvenile/Family Justice from Thiel College.

Hannah Keedy has more than five years of evaluation and public health research experience, with a strong concentration on social determinants of health and equity. Hannah, who will serve as the CQI for In-Home Services team's **Data Analyst**, has extensive background in mixed methods research, including surveys, interviews, and quantitative analysis, skills she is currently applying to the analyses of three projects for the Maine Center for Disease Control and Prevention: *The CDC Chronic Disease Prevention Alzheimer's and Related Dementia Evaluation (BOLD ADRD)*, *Strategic Prevention Framework for Prescription Drugs (SPF Rx)* and the *State Epidemiological Outcomes Workgroup (SEOW)*. This work, leveraging Hannah's strong

background in Epidemiology and data analytics, supports annual reporting and data-driven decision-making in the state. She is also assisting with the evaluation of the Central Maine Youth Trauma Initiative's implementation of three evidence-based trauma treatments and the analysis of DCFS' implementation of FCT and Intercept.

Prior to joining PCG, Hannah was a Senior Research Associate at the Nationwide Children's Hospital's Chisolm Lab in Columbus, Ohio, where she led five concurrent projects focused on pediatric health outcomes, collaborating with stakeholders to develop innovative ways to improve health outcomes; she also wrote abstracts, manuscripts and research summaries for National Institute of Health and foundation-funded research focused on health equity and health services. Hannah created evaluation plans, surveys and discussion guides for hospital initiatives, including a universal social determinants of health screen, and analyzed Medicaid data to isolate associations between health literacy, social determinants of health and healthcare utilization, resulting in two publications and one national presentation. As a Graduate Research Assistant at St. Louis University in Missouri, she assessed the health department organization climate to address health inequity for vulnerable populations. Hannah obtained her Master's in Public Health with a concentration in Epidemiology from St. Louis University; she is certified in Public Health. She also holds a BS in Biology and Political Science Summa Cum Laude from Valparaiso University, where she was elected to *Phi Beta Kappa*.

Mary-Jo Robinson who will serve as a **Reviewer** for the CQI team, has served as an Evaluation Analyst for PCG for the last two years. She brings significant experience with all phases of national and international research, CQI, performance management, as well as implementation and strategic planning. Mary-Jo conducts program evaluations, using mixed methods to complete both process and outcome monitoring. She is actively involved in both child welfare and public health evaluation projects. Mary-Jo is currently co-managing the CQI fidelity and outcome monitoring of Maine's Family First implementation efforts of two evidence-based programs and managing an evaluation of an employer-sponsored childcare needs assessment. Prior to joining PCG, Mary-Jo's work centered around asylum seeking and refugee resettlement, as well as child welfare programming. She has extensive experience in developing innovative strategies for involving community voice in program processes and evaluation work, with a goal of improving equity and impact in public programming. Mary-Jo has worked both domestically and internationally, bringing a set of diverse experiences and learning to her work. She earned her bachelor's in Psychology and Policy and a Master in Public Administration and a Certificate of Advanced Studies in Conflict Resolution from Syracuse University.

Jill Johnson, who will also serve as a **Reviewer** for the CQI team, provides project support for child welfare and public health-focused projects. For Arkansas Department of Human Services' Continuous Quality Improvement effort, she assists with semi-annual interviews and data reporting for child welfare workers, program providers and families participating in the Intercept® and Family Centered Treatment programs. For West Virginia's Department of Health and Human Resources, Bureau for Children and Families, she assists with quantitative analysis and report writing for the Child Care Resource and Referral (CCR&R) and Community Based Child Abuse Prevention (CBCAP) programs. Additionally, she contributes to the ongoing evaluation of the New England Prevention Technology Transfer Center (PTTC) where she conducts interviews, completes qualitative analysis, and assists with writing of the annual report.

Jill came to PCG from Emory University where she worked as a research assistant at the Emory School of Medicine. Here she participated in multiple research projects with the Pediatric Nephrology Team. She collaborated on a pilot trial of UrApp, a novel mobile application for childhood nephrotic syndrome management, through the facilitation of qualitative interviews and data analysis. Jill further developed her qualitative analysis skills while working on a vaccine hesitancy study in which she analyzed 25 qualitative interviews, developed a codebook, and coded transcripts. She was published as a co-author for "Vaccine Attitudes and Covid-19 Vaccine Intention in Parents of Children with Kidney Disease" in the *American Journal of Kidney Diseases*. Prior to this, she worked as a practicum student for the Center of Excellence for Children's Behavioral Health (COE) at the Georgia Health Policy Center, where she performed literature analyses of implementation science frameworks and evidence-based interventions in mental health

trainings. She also performed data analysis from surveys and consultation calls of Recovery-Oriented Cognitive Therapy-trained youth providers at the CEO.

Jill's Capstone project examined the relationship between social determinants of health and adverse childhood experiences (ACEs); she highlights the mental health implications of ACEs and offers recommendations for prevention. She received her Bachelor of Science in Public Health degree from College of Charleston and a Master's degree in Public Health from Emory University.



E.2 Background, Experience, and Qualifications

- A. Provide a background summary including the date established, location, type of ownership, total number of employees that will conduct reviews.
- B. Provide resumes, copy of licensures, certifications, and degrees for all proposed key personnel.

E.2 Background, Experience, and Qualifications

A. Provide a background summary including the date established, location, type of ownership, total number of employees that will conduct reviews.

Background Summary

PCG is a consulting, operations, and technology firm that has dedicated itself almost exclusively to serving the public sector for more than 35 years. As a result, the firm has developed a deep understanding of the legal and regulatory requirements and fiscal constraints that often dictate a public agency's ability to meet the needs of the populations it serves. We are honored to have helped thousands of public sector organizations improve client outcomes by implementing a range of solutions to maximize resources, make better management decisions using performance measurement techniques, improve business processes, achieve and maintain federal and state compliance, and promote equitable systems and practices.

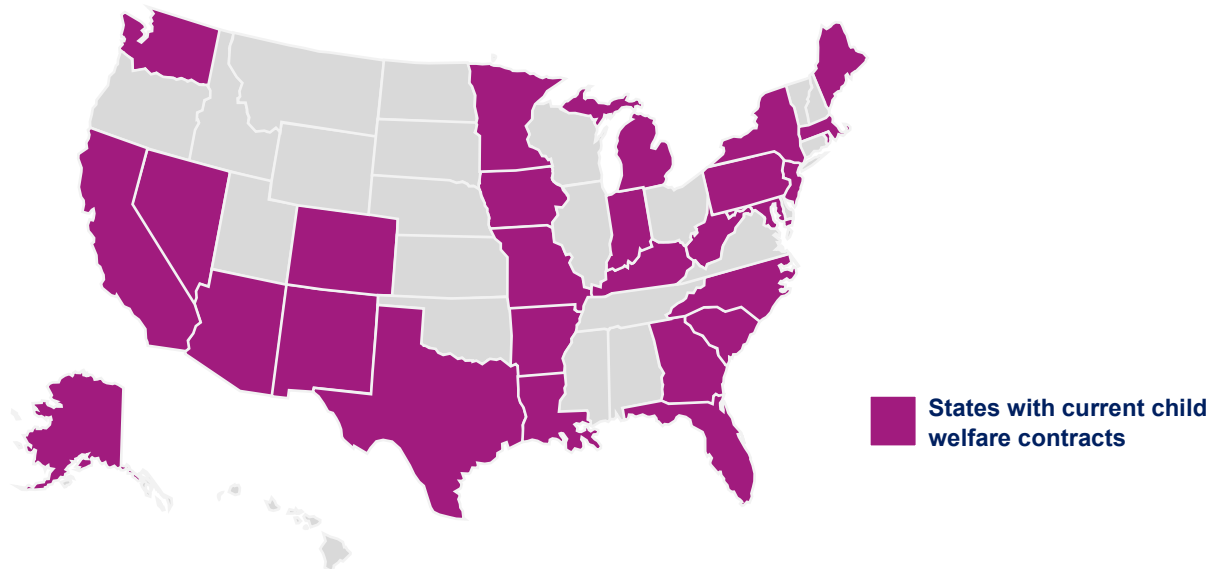
PCG's mission is to be the market leader in delivering outstanding financial and operational results to education, health, human services, and other government or public clients so they can further promote improved outcomes for the people and communities they serve.

Many of PCG's 1,900+ employees have extensive experience and subject matter knowledge in a range of government-related topics, from child welfare, public assistance, and Medicaid and Medicare policy to special education, literacy and learning, and school-based health finance as demonstrated in figure 1.

FIGURE 1: PCG'S DEPTH OF EXPERIENCE



PCG has provided a broad range of services to child welfare agencies for decades, including longstanding child welfare operations in the states of Massachusetts, Rhode Island, Pennsylvania, and Arkansas. ***Today, we are supporting child welfare agencies in 28 states*** with financial management, performance improvement, rate setting, program evaluation, quality assurance, cost allocation, time studies, workload studies, program development, and more as seen in figure 2.

FIGURE 2: PCG'S CURRENT CHILD WELFARE CONTRACTS

Our team has been at the forefront of helping states implement the Family First Prevention Services Act (FFPSA), publishing guidance, speaking at conferences, trainings, presentations, and podcasts, and providing consulting services to some of the first states to implement the Act. As needed, we can draw on the national experience of our entire child welfare team, which includes former case workers, child welfare program managers, and even child welfare directors, to enhance our QSPR, CFS, and CQI work for DCFS.

Date Established, Location, Type of Ownership

Public Consulting Group LLC (PCG) is a Delaware limited liability company and a subsidiary of Public Consulting Group Holdings, Inc. (PCG Holdings). PCG was founded in 1986 and is headquartered in Boston, Massachusetts.

Total Number of Employees that will Conduct Reviews

Based on our understanding of the work, which we have honed over the past decade, and refined considerably over the past year with the Children's Bureau and DCFS, the PCG team includes seven (7) QSPR/CFS reviewers plus one (1) unit supervisor (Kristi McGibbony). Four (4) reviewers are dedicated full-time to QSPR/CFS reviews, with the other three (3) reviewers dedicating about 75% of their time to the project. For those that are not 100% dedicated, their time is allocated to other very closely related projects at PCG, helping them maintain a national perspective on child welfare that informs and improves our work for DCFS. As the resumes below will demonstrate, our QSPR and CFS review team consists of seasoned professionals with the necessary education and professional backgrounds to perform the work, and all have direct experience performing QSPRs for the State of Arkansas. **Five members of the QSPR team are located in the state of Arkansas.**

The CQI team, which is responsible for fidelity and outcome monitoring of evidence-based programs, includes one (1) supervisor, two (2) reviewers, plus one (1) data analyst, none of whom are dedicated full-time to the project but work on child welfare projects, including program evaluation and FFPSA implementation across the country.

The entire team is supported by Practice Area Management (Jen MacBlane), the Engagement Manager (Karen Hallenbeck) and a Subject Matter Expert (Greg Moore), each of whom have more than 15 years of experience in child welfare and provide child welfare consulting services across the nation. There is no other team that can bring what PCG can to DCFS on day one of the project.

B. Provide resumes, copy of licensures, certifications, and degrees for all proposed key personnel.

PCG understands that each reviewer **must** have a bachelor's or master's degree in social work, human services, public administration, counseling, or a closely related field; or a juris doctor degree with experience working for a state Court Improvement Program or juvenile or family court dealing with child welfare cases. We acknowledge that experience may be substituted for education at the discretion of DHS and that DHS reserves the right to review the selection of reviewers and may request changes. Finally, we understand that DHS approval of reviewers is required prior to services being rendered and at its sole discretion, DHS may deny reviewers due to conflict of interest.

We also acknowledge that each reviewer **must** complete Online Monitoring System (OMS) training as it becomes available on the CFSR portal.

Below are copies of resumes for all proposed key personnel. No specific licensures or certifications are required.



Jennifer MacBlane
Manager

RELEVANT PROJECT EXPERIENCE

State of Arkansas, Department of Human Services, Division of Children and Family Services

Quality Service Peer Reviews

Practice Area Management | 2018–Present

Provided support to the project manager and team responsible for leading the public-private unit responsible for conducting Quality Services Peer reviews as part of the Division of Children and Family Services' Program Improvement Plan and Practice Model building.

State of Arkansas, Department of Human Services, Division of Children and Family Services

Continuous Quality Improvement

Practice Area Management | 2021–Present

Provided guidance and support to team responsible for developing data collection tools, collecting qualitative and quantitative data and analyzing data to measure fidelity and outcomes for two-evidence based programs: Family Centered Treatment and Intercept.

State of Maine, Department of Health and Human Services, Office of Child and Family Services (OCFS)

Child Welfare Organizational Assessment

Engagement Manager | August 2018–Present

Reviewed business processes across child welfare units including intake, assessment, foster care, and permanency to make recommendations to improve child and family outcomes. The team analyzed data and conducted interviews, focus groups, and surveys with staff and stakeholders to develop a list of recommended organizational improvements. The team also made updates to a workload analytic tool to assess the department's overall staffing level as well as the staffing levels of specific units. The PCG team is now assisting the state to implement improvements and to make additional enhancements to the workload tool.

State of Missouri, Office of Administration

Identification of Eligible ARPA Projects

Engagement Manager | November 2021–January 2022

Reviewed more than 100 projects across state government for eligibility under the State and Local Fiscal Recovery Funds included in the American Rescue Plan Act. PCG reviewed the proposed projects, met with all 16 state agencies with proposals to learn more about them, categorized the projects into eligible categories based on the regulations and interim rule, and reviewed innovative projects being implemented in other states.

State of Missouri, Office of Administration

ARPA Grant Management

Engagement Manager | February 2022–Present

Multi-year project with the State to assist with the management of more than \$2 billion in State and Local Fiscal Recovery Funds included in the American Rescue Plan Act. PCG is helping state agencies develop program guidance, develop grant applications, create systems to track and report spending, and is assisting with the development of an ARPA state web portal and dashboard.

Florida, Citrus Family Care Network

Fiscal and Program Monitoring

Engagement Manager | July 2020–Present

Provide fiscal and programmatic monitoring to subcontractors of the child welfare lead agency in Miami-Dade County. Identify providers at higher risk, review fiscal and programmatic reporting, and provide a report to Citrus as well as technical assistance to the providers.

State of Michigan, Department of Health and Human Services (DHHS)

Actuarial Rates for Child Welfare Services

Engagement Manager | January 2015–Present

Working with the State of Michigan to transform from a *per diem* rate system to a performance-based system for their child welfare services. PCG developed a capped allocation for the pilot county that encompasses all case management services as well as an array of services for children in out of home care. In addition to the rate calculation activities, PCG facilitated the public-private partnership necessary to support the effort and monitors sufficiency of the rate. PCG is also working with the State to develop cost based *per diem* rates for children's residential services outside of the pilot area including mental health and behavioral stabilization programs and substance use disorder treatment programs. Additionally, PCG is developing rates for community-based child and family support services and evidence based practices. PCG also developed outcome measures for children's residential services in collaboration with the state and external stakeholders.

Commonwealth of Virginia, Office of Children's Services

Private Day School Rate Review

Engagement Manager | September 2018–September 2019 and 2021–Present

PCG developed a cost survey, in collaboration with the state and private providers, to collect costs from private day schools across the Commonwealth in order to review the adequacy of the existing rate and make recommendations for a revised rate methodology. PCG also reviewed private day school rates and funding mechanisms across the nation and provided a report to OCS and the state legislature documenting the findings. OCS recently re-engaged PCG to conduct a continuation of this rate study in 2021.

State of Maine, Department of Health and Human Services, Centers for Disease Control and Prevention

Support for the Statewide Epidemiological Outcomes Workgroup

Engagement Manager | April 2021–Present

Updating the website, including all data dashboards and analysis to make it more relevant and user-friendly. The dashboards are utilized by organizations across the state to understand trends in consumption, contributing factors, and consequences of substance use in Maine. Data from multiple service systems, such as law enforcement, EMS, public health surveys, and health is analyzed by PCG to populate the dashboards.

Polk County Iowa Health Services

Children's Behavioral Health Study

Engagement Manager | January 2022–June 2022

Assisting the lead agency for children's mental health services in Des Moines, Iowa to study their current service system and make recommendations for improvements. Conducted a literature review, key

informant interviews, and environmental scan to make recommendations specific to the needs of Polk County.

State of Nebraska

Child Welfare Privatization Study

Engagement Manager | June 2021–December 2021

Analyzed data, interviewed stakeholders, and reviewed previous studies to provide conclusions about the impact of privatization on outcomes, innovation and costs.

State of Colorado, Department of Human Services

Support for the Child Welfare Transformation Task Force

Engagement Manager | July 2020–June 2021

Provide facilitation and analytical support to the Colorado multi-disciplinary task force charged with implementing recommendations related to improving outcomes for children and families.

State of Maine, Department of Health and Human Services, Centers for Disease Control and Prevention

Workplace Substance Use Assessment

Engagement Manager | April 2021–July 2021

Surveyed employees and employers from high risk industries to better understand the current prevalence of substance use in and outside of the workplace, the perceived impact of such use, and the workplace policies that currently exist to prevent and treat substance use. Conducted research in best practices in workplace substance use policies and made recommendations for improvements in Maine.

State of Iowa, Department of Human Services

Alignment of the Department of Human Services and the Department of Public Health

Human Services Lead | March 2020–December 2020

Worked with the State and stakeholders to identify connection points between the two departments to streamline access to services, improve service quality, and better leverage infrastructure.

State of Maine, Department of Health and Human Services, Office of Child and Family Services (OCFS)

Children's Behavioral Health Assessment and Implementation

Engagement Manager | August 2018–June 2020

Led a review and assessment of Maine's children's behavioral health services system, including accessibility, appropriateness, and quality of services. To complete the assessment, the team analyzed service data and conducted interviews, town hall meetings, and surveys with staff and stakeholders. PCG produced a final report with 29 recommendations to better align with system of care principles and assisted OCFS to implement prioritized recommendations.

State of Vermont, Agency of Human Services

Residential Services Analysis

Engagement Manager | May 2020–October 2020

Conducted overview of Vermont's system of care for children with disabilities, mental health issues, and/or involved with the child welfare or juvenile justice system. Analyzed data about children utilizing residential services, conducted interviews and focus groups with key stakeholders,

and developed recommendations to rebalance the system toward more front-end services and improve the quality of congregate care. Created an interactive dashboard for the State to review characteristics of children utilizing congregate care services in different parts of the state.

New Hampshire, Division for Children, Youth and Families
Adequacy Assessment

Engagement Manager | January 2018–December 2018

In partnership with the Alliance for Strong Families and Communities and the American Public Human Services Association, PCG reviewed DCYF's system of care to make recommendations for more comprehensive, integrated, and effective services to improve outcomes for children and families. The PCG team interviewed numerous staff and stakeholders, conducted focus groups, and analyzed data to document the current state and make recommendations for improvements. The report was praised by the commissioner of DHHS and the Governor, with funding recently appropriated by the legislature to implement the improvement efforts.

Commonwealth of Kentucky, Department of Community Based Services (DCBS)

Evidence Based Practices (EBP) Rate-setting

With PCG's support and guidance, DCBS was one of the first states in the nation to implement the Family First Prevention Services Act (FFPSA), offering additional preventative services to the children and families of Kentucky. PCG developed rates for EBPs including: Multi-systemic Therapy, Functional Family Therapy, Motivational Interviewing, Parent Child Interaction Therapy, Trauma Focused Cognitive Behavioral Therapy, and High Fidelity Wraparound services.

State of Washington, Department of Children, Youth, and Families
Placement Payment Rate Study, Family Preservation Rate Study

Engagement Manager | May 2018–November 2019, 2021

Facilitated a process for Washington State's child welfare agency to calculate payment rates for both foster care parents and congregate care providers. This project involved significant stakeholder engagement and training through both onsite and remote stakeholder engagement sessions, revised training materials, recorded webinars, and phone/email support to agencies. PCG developed a blended rate for the State's Behavioral Rehabilitation Services, which supported multiple placement settings as well as wraparound support services. DCYF recently re-engaged PCG to conduct a rate study for family preservation services.

State of Colorado, Department of Human Services (CDHS)
Child Welfare Rate Setting

Engagement Manager | September 2017–June 2018, 2021

Developed rate recommendations for foster family homes, residential treatment centers, group homes, and child placing agencies to support the costs for children in out of home care. Pursuant to legislation, the PCG team analyzed Trails data, conducted a salary and cost survey, and engaged stakeholders including representatives from counties, provider agencies, and the state to develop program models and budgets for each program type. The rates were grounded in actual costs, which were adjusted to better support program and state goals. CDHS recently re-engaged PCG to conduct a rate study for their Qualified Residential Treatment Programs.

State of Texas, Health and Human Services Commission
Foster Care Rate Study

Engagement Manager | October 2020–December 2020

PCG reviewed foster care rates under the legacy foster care model and the performance based community based care model and made recommendations to make the rates more sufficient, more closely aligned to children's needs, as well as more effective at holding providers accountable for meeting certain performance goals. PCG analyzed child assessment data for correlations to cost of care, recommended risk sharing and risk mitigation strategies, and opportunities for better maximizing federal dollars. PCG is now assisting with the follow-up scope of work to this study, to assist with the development of the new rates for their legacy system such as mental health & behavioral stabilization residential program rates as well as the performance-based community based care rates.

State of Georgia, Department of Family and Child Services
Cost Effectiveness Study

Engagement Manager | September 2019–January 2020

PCG analyzed three years of service utilization and expenditure data to identify trends in cost per child, cost per day, and length of stay by service type, service level, provider, and geographic area. Our team also conducted stakeholder focus groups and interviews to identify ways that services could be implemented more effectively or efficiently. PCG presented findings to the state leadership team along with recommendations for how services could become more preventive and effective. PCG is now assisting the state to understand the costs associated with their family preservation services.

Commonwealth of Massachusetts, Wayside Youth and Family Services
Strategic Planning

Engagement Manager | March 2019–December 2019

Conducted an environmental scan for non-profit agency providing residential, community-based, and behavioral health services to children and families in Massachusetts. The scan involved interviewing and surveying stakeholders (such as referral sources and state policymakers). PCG also analyzed fiscal data, staff surveys, and community demographic data to inform the strategic plan.

State of Texas, Department of Assistive and Rehabilitative Services (DARS)**Capacity Assessment for Centers for Independent Living**

Project Advisor | November 2015–April 2016

Conducted capacity assessment to inform effort to transfer services from DARS to the community based Centers for Independent Living (CILs) across the state of Texas. Conducted surveys and webinars with the CILs, analyzed CIL data, and met with community stakeholders to develop a thorough capacity assessment of the CILs as well as recommendations for training and technical assistance going forward.

Commonwealth of Massachusetts, Office of the Child Advocate
Residential Schools Working Group

Project Manager | July 2016 – March 2017

Worked with representatives of seven state agencies to review current processes for oversight of children in residential schools and develop recommendations for improved data collection and data-sharing between

agencies. Conducted best practices research to identify program elements that are most closely associated with safety and positive outcomes for children as a focal point for data collection and sharing efforts. The project team interviewed state personnel, school district personnel, and representatives from provider agencies to inform the recommendations.

State of Maine, Department of Health and Human Services, Office of Child and Family Services (OCFS)

Needs Assessment for Sexual Assault and Domestic Violence Services

Project Advisor | November 2016–August 2017

PCG developed a strategic plan for the Violence Prevention Unit that identified short- and long-term strategies for OCFS in order to best serve individuals in need of services. PCG interviewed personnel at community based service agencies, conducted a survey and analyzed data, and met with program managers in other states to understand the service landscape and make recommendations for effective service delivery, performance outcomes, and program administration.

Texas, ACH Child and Family Services

Rate Study

Engagement Manager | February 2017–April 2017

PCG conducted an analysis of the daily blended foster care rate provided by the Texas Department of Family and Protective Services (DFPS) to make recommendations for strategies to mitigate risk. The blended daily rate is intended to allow for service flexibility, while also financially incentivizing reduced reliance on congregate care, but ACH/OCOK was experiencing an increase in congregate care placements. PCG reviewed census data, cost data, case mix data, the current SSCC contract, and DFPS rate documentation to develop early findings. PCG provided recommendations for a daily rate range needed to provide services for the ACH/OCOK network, and a structure that allowed for enhanced flexibility and improved ability to develop community capacity and prevent congregate care placement, identification of risks and opportunities assumed by ACH in the current rate strategy utilized by TX DFPS and strategies to mitigate risks.

Commonwealth of Massachusetts, Wayside Youth and Family Services
Campus Expansion Feasibility Assessment

Engagement Manager | May 2017–November 2017

PCG assisted Wayside to determine whether they should expand their current residential campus. PCG reviewed service data, conducted a survey of Wayside's referral sources, and conducted interviews to collect data to inform the recommendations. PCG provided a report with final recommendations.

Commonwealth of Massachusetts, Executive Office of Health and Human Services (EOHHS)

Rate Development and Review for Social Service Programs

Project Manager | September 2015–December 2016

Reviewed and developed payment rates for approximately 30 social services programs including domestic violence services, disability services, substance abuse services, and employment programs. Analyzed fiscal and utilization data, conducted provider sessions and provider surveys, and engaged state agency personnel to develop the rates.

State of California – Department of Social Services (DSS)Child Placing Agency Payment Rate Setting

Project Manager | April 2015 – September 2015

Facilitated a workgroup comprised of state personnel, county personnel, provider agency, and provider association personnel to develop a rate setting methodology for child placing agencies as California transitions to a new foster care model. PCG has presented on rate setting models employed by other states, has facilitated discussions about how costs may change under the new model, has made recommendations to modify the current cost report to better capture information, and has offered recommendations for rate setting methodologies.

Commonwealth of Massachusetts, Department of Children and Families (DCF)Title IV-E Waiver Demonstration Project

Project Manager February 2012–July 2012

Facilitated development of DCF's Title IV-E waiver application. Facilitated discussions with senior agency leaders around possible waiver programs. Analyzed fiscal data and program trends to inform decision makers and compare options. Worked with the team to build consensus around program decisions. Conducted outside stakeholder meetings to solicit input about waiver goals and programs. Drafted the waiver application.

State of Maine, Department of Health and Human Services, Office of Child and Family Services (OCFS)Title IV-E Waiver Demonstration Project

Project Manager | November 2013 – January 2015

Assisted senior OCFS leaders to design an evidence based child welfare demonstration project aimed at improving outcomes for children involved with the agency between the ages of 0-5. PCG assisted with the development of the application proposal, conducted cost benefit analysis of proposed interventions, assisted with responding to questions from federal agencies. Additionally, PCG conducted process, outcome, and cost evaluations for the program.

Commonwealth of Massachusetts, Department of Children and Families (DCF)Revenue Management Unit

Director of Revenue Operations October 2006–August 2011

Managed all revenue functions for DCF related to Titles II, IV-D, IV-E, XVI, and XIX and ensured achievement of annual revenue target of approximately \$100 million. Managed operation of approximately 20 personnel, seated throughout the State. Ensured successful adherence to performance standards including timely and accurate eligibility determinations and claim submissions. Oversaw benefit management of SSA funds for children in foster care, including the proper disbursement of funds and cash reconciliation. Developed reimbursement rates for Medicaid Targeted Case Management and Rehabilitation Option Services as well as Title IV-E reimbursement rates through provider agency staff and caseworker time studies.

Commonwealth of Pennsylvania, Department of Public Welfare
Title IV-E Compliance Services:

Project Advisor | 2007–2009

Transitioned operation of the Random Moment Time Study administered to the county child welfare and juvenile probation workers from previous vendor. Hired personnel, located necessary equipment, and developed the systems and processes necessary to operate the program. Designed web-based data entry system with logic to alert workers of entries that were programmatically inconsistent to improve accuracy and reduce time spent on quality control.

State of Indiana, Department of Child Services (DCS)
Cost Allocation and Time and Reporting Services

Project Advisor | 2009–2011

Acted as interim project manager for revenue maximization and compliance services for Indiana DCS. PCG reviewed DCS' cost allocation plan and random moment time study (RMTS) and made recommendations for changes to improve compliance and enhance revenue. PCG also assisted the State with provider rate setting methodologies for congregate care and contracted foster care services, including the unbundling of rates, to enhance federal claiming and contain costs.

State of Florida, Our Kids of Miami-Dade
Cost Reporting Analysis

Project Manager | February 2010–June 2010

Managed the development of cost reporting strategies for six case management agencies contracted by *Our Kids*, a Florida Community Based Care lead agency. Reviewed agency general ledgers and accounting systems, and developed methodologies for each to report their expenditures in a standardized format to *Our Kids*. Following the development of methodologies, PCG revised expenditure reports previously submitted to *Our Kids* by the case management agencies.

State of Florida, Kids Central Inc. (KCI)
SSA Benefit Management

Project Manager | March 2010 – June 2010

Managed project to design and implement an SSA benefit management system for children in foster care with Florida Community Based Care lead agency. Worked with the agency to transition the administration of client trust funds (primarily SSI/RSDI funds) from Florida's Department of Children and Families to KCI. PCG mapped the proposed process, developed systems to track and manage funds, provided training to case managers, and developed policy and procedure manuals.

District of Columbia, Department of Health Care Finance
Development of an Administrative Services Organization

Project Advisor | 2010–2011

Worked with the District's Child and Family Service Agency (CFSA) and the Department of Health Care Finance to design the business requirements for claiming child welfare services to Medicaid. This will include claiming for Medicaid Targeted Case Management, Medicaid Residential Rehabilitation Option and the Medicaid Clinic option. PCG is working to establish business rules that will enhance both compliance and revenue maximization.

State of Missouri, Department of Social Services (DSS)
Residential Treatment Provider Cost Reporting and Time Study

Project Manager | March 2011–August 2011

Trained and administered an existing cost report methodology to over 70 residential treatment and care facilities contracted with MO DSS/CD. Implemented and trained providers on an activity-based time study. Compiled a comprehensive report for DSS that summarized results from the time study and cost report. Compared actual cost information to payment rate. Calculated federal reimbursement rates for federal Title IV-E and Title XIX. Provided MO DSS/CD with recommendations to improve the existing cost report template and collection process.

State of California, San Diego County
TANF Welfare to Work Employment Services

Project Advisor | January 2011–March 2011

Developed focused plan to increase work participation rates for families receiving TANF benefits in two regions of San Diego County, East and South. Reviewed existing Cal Win data, conducted focus groups with caseworkers who work with both refugee and non-refugee families, and conducted focus groups with caseworker supervisors to solicit input about how to increase participation rates. Designed new database to allow project managers to collect better information to track and manage participation rates and performance measures.

PREVIOUS EXPERIENCE**Commonwealth of Massachusetts, Department of Children and Families**
Budget Manager | January 2003–July 2005

Forecasted and tracked expenditures of approximately \$750 million across administrative and program accounts. Oversaw federal grant spending and budgets for approximately \$10 million of discretionary federal grants, all with different program and fiscal restrictions. Assisted with the design of federal grant management in the state accounting system as the state transitioned systems.

Commonwealth of Massachusetts, Executive Office for Administration and Finance, Fiscal Affairs Division

Assistant Budget Director | August 2005–September 2006

Maintained oversight of more than \$8 billion of state spending in the areas of healthcare, public safety, environment, housing, and transportation.

University of Massachusetts, Boston (2008 – 2014)

Instructor for Master's level Public Budget and Finance Course

EDUCATION**Arizona State University***Master's in Public Administration***State University of New York College at Oswego***Bachelor of Arts, Psychology*

PRESENTATIONS

Alliance for Strong Families and Communities, National Conference, October 2016

"Human Services Purchase and Payment Reform" – the Michigan Case Study.

American Public Human Services Association Annual National Human Services Forum, April 2017

"Child Welfare Performance Based Funding, Lessons Learned and Success Stories".

Casey Family Programs, Family First Learning Collaborative, December 2019

"Performance Based Contracting Opportunities under FFPSA"

PAPERS

Improve Outcomes for Children in Foster Care by Reforming Congregate Care Payment Models available at:

https://www.publicconsultinggroup.com/media/1286/hs_reforming-congregate-care-thought_piece.pdf

Using Data to Select the Right Evidence Based Practices available at:

<https://publicconsultinggroup.com/news-perspectives/using-data-to-select-the-right-evidence-based-practices-ebps/>



Karen Hallenbeck
Program Manager

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services, Division of Children and Family Services – 2021–Present

Continuous Quality Improvement

Provided guidance and support to team responsible for developing data collection tools, collecting qualitative and quantitative data and analyzing data to measure fidelity and outcomes for two-evidence based programs: Family Centered Treatment and Intercept.

Arkansas, Department of Human Services, Division of Children and Family Services – 2014–2019

Title IV-E Waiver Demonstration Evaluation

Provided support to the project manager responsible for developing a comprehensive process, outcome and cost evaluation of six initiatives, applying qualitative and quantitative data sources. Led the cost evaluation component.

Arkansas, Department of Human Services, Division of Children and Family Services – 2009–Present

Service Quality and Practice Improvement Unit

Provided support to the project manager responsible for leading the public-private unit responsible for conducting Quality Services Peer reviews as part of the Division of Children and Family Services' Program Improvement Plan and Practice Model building.

Arkansas, Department of Human Services, Division of Children and Family Services – 1998–2018

Quality Assurance

Supported the Project Manager in the coordination of activities and staff assignments, ensuring products were produced in an accurate, quality and timely manner. Coordinated internal quality control mechanisms between offices used to verify accuracy of data analysis, including reports generated from extracts of the state's SACWIS. Maintained contact with state representatives to ensure the Unit consistently met its objectives and developed corrective action strategies as needed.

Arkansas, Department of Human Services, Division of Children and Family Services – 2011–2017

Child Protective Services Unit

Provided guidance in the development of a case review tool designed to assess the extent to which investigative workers adhere to agency policy and policies and practices need to be amended or strengthened. Guided the analysis of the case reviews and writing of the quarterly reports which summarize the strengths of the agency as well as areas needing improvement.

Children's Rights – 2014M.D. v. Perry Litigation

Oversaw analyses of casework and licensing management information systems data relating to children in permanent managing conservatorship in the Texas child welfare system. Responsible for coordinating quality control efforts and allocating staff resources to ensure the accurate and timely completion of all deliverables.

Connecticut, Department of Children and Families – 2008–2009Statewide Assessment of Systems and Services Pertaining to the Sexual and Physical Abuse of Children

Supported the project manager in allocating resources to ensure literature reviews were completed, data collection tools were developed, data were collected and analyzed, and reports drafted. Led the review of current service contracts.

Connecticut, Judicial Branch, Court Support Services Division and Connecticut Department of Children and Families – 2006–2007Service Needs Study for 16 & 17-Year-old Court-involved Youth

Designed data collection instruments for and managed the analysis of existing contracted resources for a comprehensive needs analysis for 16 & 17-year-old court-involved youth. The analysis quantified existing resources and compared those resources to the youths' needs.

Maine, Department of Health and Human Services, Center for Disease Control and Prevention – 2022Maine Interagency Data Assessment

Provided oversight and guidance to the team responsible for assembling an inventory of current systems and processes to collect ten data points across five agencies that interface with the child welfare system.

Maine, Department of Health and Human Services, Center for Disease Control and Prevention – 2021–2023Health Disparity Grants Management

Led the development of logic models, evaluation plans and data collection and synthesis of multiple contracts awarded to vendors to successfully develop initiatives to address health related disparities and advance health equity, including for COVID-19, with a focus on people of color and living in rural communities.

Maine, Department of Health and Human Services, Center for Disease Control and Prevention – 2021–2023BOLD Evaluation

Served as the engagement manager for a needs assessment and evaluation of Maine's grant award for its Building Our Largest Dementia Public Health Programs to Address Alzheimer's Disease and Related Dementias.

Maine, Department of Health and Human Services, Office of Child and Family Services – 2018–2022

Business Process Reengineering

Served as the engagement manager for an assessment of the agency's practices from Intake to Adoption, including Licensing, to identify strategies to improve practice and technology efficiencies. Guided the analyses of factors that influence the time it takes to work on cases, applying weights to time standards to better measure resource need.

Maine, Department of Health and Human Services, Substance Abuse and Mental Health Services – 2018

State Youth Treatment-Implementation Evaluation

Conducted financial mapping of behavioral health, physical health and auxiliary services provided to adolescents 12 to 18 years of age with a substance or co-occurring disorder and transition age youth 16 to 25 years of age with opiate/opioid dependence to identify funding sources available to support the sustained use of the program following cessation of the program's grant award.

Maine, Department of Corrections – 2015–2018

SMART Probation Evaluation: Maine's Integrated Risk Reduction Model

Provided guidance and support for a fidelity and outcome evaluation of a Department of Justice grant funded program to improve supervision of probation officers trained and supported to use a toolkit for assessment and case planning.

Maine, Department of Health and Human Services, Office of Child and Family Services – 2015–2019

Title IV-E Waiver Demonstration Project Evaluation Services

Conducted a cost evaluation of an IV-E Waiver demonstration project implemented to reduce the re-abuse of children ages 0 to 5 and their reunification when placed into foster care.

Maine, Department of Health and Human Services – 2013–2015

Outcome Evaluation for MYTREP and Financial Mapping

Mapped the financial resources used by Maine's social service agencies to support mental health and substance abuse programs for youth and young adults. Worked with agencies to identify entities providing prevention, treatment and enforcement services in an effort to help Maine identify financial resources available to sustain its programs after grants awarded to implement prevention, treatment and recovery programs end.

Maine, Department of Health and Human Services, Center for Disease Control – 2002–2010

Healthy Families Program Evaluation

Coordinated the timely development of survey tools, data analysis and report-writing. Monitored the continued development of the automated

Home Visiting application used to track families, measure outcomes and generate reports, including the transition to a web-based environment.

Maine, Office of Elder Services – 2008

Evaluation of Independent Housing with Services Program

Provided guidance in the data analysis and report-writing of a needs assessment of the services provided by five Area Agencies on Aging through their Resident Service Coordinators to enable elderly community members to live independently.

Maine, HealthReach Network, MaineGeneral Medical Center – 2006–2007

Pediatric Rapid Evaluation Program (PREP)

Provided assistance in the analysis and report-writing for an evaluation of a program that provides a comprehensive medical examination as well as assessment of mental health, school performance, family history and substance abuse of children shortly after initial placement into foster care, comparing outcomes between children receiving PREP services with a matched comparison group of children entering foster care that did not receive PREP services.

Maine, Department of Health and Human Services and Nevada, Department of Human Resources, Division of Child and Family Services – 2001–2002

Technical Assistance

Provided technical assistance to the Maine Department of Health and Human Services in claiming Title IV-E funding for youth, the Nevada Department of Human Resources in determining Title IV-E eligibility and to other states and counties, as necessary. Conducted research on federal funding and provided project oversight.

Michigan, Legislative Council, Criminal Justice Policy Commission – 2017–2018

Study of 17-Year-Olds in the Adult Court and Correctional Systems

Managed a project designed to project the costs to the state and its counties if the age of juvenile involvement in the justice system was raised to 17. Guided the development of the data collection tools and analysis and participated in onsite data collection. Testified before the Commission to present the study's progress and review the findings of the analyses.

Mississippi, Department of Human Services, Division of Family and Children Services – 2010–2012

Financial Assessment

Conducted an analysis of the state's cost allocation plan, funding streams of sub-grants and contracts as well as of its administrative activities, training and services to determine if additional Title IV-E and Title XIX federal funding is available to support DFCS programs.

Nevada, Clark County Department of Family Services – 2015–2020Title IV-E Administrative Claiming and Demonstration Waiver

Participated in a team responsible for developing the methodology for the county to measure the financial impact of its Title IV-E Waiver. Assisted in identifying cost components, mechanisms to capture expenditures and changes needed to revise the Public Assistance Cost Allocation Plan. Conducted research to assist Clark County with its practice changes to expand access to federal funding.

Nevada, University of Nevada School of Medicine – 2015Productivity Study

Provided guidance in the development and analysis of a productivity study of the Mojave Adult, Child and Family Services clinics. Responsible for working with project team in developing improved rates for Medicaid reimbursement and updating the Cost Allocation Plan to reflect the change in rates and the methodology used to establish the rates.

Nevada, Department of Human Services, Division of Children and Family Services – 2011–2012Pahrump Office Review

Conducted research of Nevada's policies for design of three case record review tools, dependent on three types of cases—investigative, protective services and foster care—which were developed to assess Nye County's adherence to policies and practices and its ability to provide for the safety, permanency and well-being of its children. Provided guidance in the analysis of the case record results and assisted in drafting the findings of the case review.

Nevada, Department of Human Resources, Division of Child and Family Services – 2000–2004Program Evaluation and Data Unit

Supervised the Unit's Project Manager in the coordination of activities and staff assignments ensuring products were produced in a quality and timely manner. Conducted quality reviews of reports generated by unit staff from the state's multiple case management information systems. Developed a reference guide for managers, supervisors and staff to use when reviewing unit-generated reports which looked at compliance rates and outcomes. Oversaw the documentation efforts of the unit in documenting the state's newly developed SACWIS.

New Jersey, Department of Children and Families – 2012–2017Longitudinal Data, Analysis and Reporting

Oversaw resource deployment and the comprehensive validation of the statewide and county automated reports used to measure the agency's rates of achieving successful outcomes for children and families in response to a Modified Settlement Agreement in the case of Charlie and Nadine H. et al. vs. John S. Corzine.

North Carolina, Judicial Department – 2008Juvenile Court Assessment

Provided guidance in the development of a catalog of federal and state statutes, regulations and policies of the interstate placement of children. Coordinated the availability of resources to conduct case record reviews and interviews of key stakeholders in multiple districts across the state. 2008.

Ohio, Department of Job and Family Services – 1998Ohio Needs Assessment

Coordinated and monitored data collection activities ranging from case record reviews to interviews with caseworkers, providers and clients, to assessments of available resources for child welfare families on a statewide basis based on interviews and surveys of public and private providers.

Oklahoma, House of Representatives – 2008–2009Oklahoma Department of Human Services Performance Audit

Managed resources to ensure survey, interview and case reading tools were developed and staff were available to conduct the qualitative and quantitative data collection and analyses of the organizational and management structure of the department especially as it relates to child welfare. Participated in onsite interviews and case record reviews.

Pennsylvania, Department of Public Welfare – 2001–2021Needs-based Planning and Budgeting and CFSR Support

Provided project guidance in the review of the state's data collection systems, including the validation of the integrity of locally generated AFCARS files, and developed measures for an automated tool to ensure the integrity of locally produced data files beyond those which ACF created. Managed the data entry, analysis and report writing of county Quality Services Reviews, including statewide aggregation. Reviewed the syntax and results of ad hoc data requests for completeness and accuracy. Provided quality reviews of reports used to summarize the results of focus groups and surveys administered as part of the Self-Assessment of the second CFSR round.

Virginia, Family Centered Treatment Foundation – 2021Prevention Clearinghouse Rating Support

Provided technical assistance and support to the Foundation in strengthening published studies of the FCT model to satisfy the Family First Prevention Services Clearinghouse criteria and demonstrate statistically significant outcomes of youth in the intervention group.

Washington, Office of the Attorney General – 2012FPAWS v Dreyfus, et al. Litigation

Conducted research of other state's rate setting methodologies, alternative financial support available to foster families and other court decisions to determine the extent to which Washington's current rate setting

methodology provides a sound approach to reimburse families for caring for children in foster care.

West Virginia, West Virginia Department of Health and Human Resources, Subcontractor to Marshall University Research Corporation – 2020–2021

Child Adolescent Needs and Strength (CANS) Case Management System
Provided guidance and support to programmers responsible for enhancing the CANS Case Management System used by West Virginia Department of Health and Human Resources to document assessments, service and crisis planning for youth and young children with a behavioral health issue or diagnosis. Worked with DHHR staff to develop strategies to use the online solution to measure fidelity of the wraparound programs to the evidence-based model.

West Virginia, Department of Health and Human Resources, Bureau for Children and Families – 2015–2020

Title IV-E Waiver Evaluation

Provided guidance and support for the process, fidelity, outcome and cost evaluation of the Title IV-E Waiver initiative designed to prevent foster care placement and use of congregate care for youth with a behavioral health issue, primarily involving youth services juveniles.

West Virginia, Department of Health and Human Resources, Bureau for Children and Families – 2010–2012

Child Abuse Prevention Grantees Evaluation

Guided the development of a web-based family survey tool for program participants and staff to complete in the evaluation of the state's federally funded protective services programs. Drafted the reference guide for administering the family survey.

Wisconsin, Supreme Court, Director of State Courts Office – 2008

State Courts Role in the Effective Interstate Placement of Children

Guided the development of a catalog of federal and state statutes, regulations and policies of the interstate placement of children. Coordinated the availability of resources to conduct case record reviews and interviews of key stakeholders in multiple locations across the state.

Wisconsin, Supreme Court – 2004

Reassess State Court Performance in Children in Need of Protection or Services Cases

Conducted court observations and interviews with judges, attorneys, caseworkers and others involved in the legal process for the Children's Court Improvement Program (CCIP) to determine the ability of the courts to meet federal and state regulations and best practice standards. Guided the development of a catalog of federal and state laws and rules, verifying their completeness and accuracy as it pertains to the Children's Court and child welfare. Oversaw the development of an automated reporting application

which would allow the courts to continue to monitor outcomes and performance.

EDUCATION

Siena College – 1981

B.S., Finance



Kristi McGibbony
CQI Unit Supervisor

Kristi McGibbony has been a quality improvement analyst with PCG since February 2016, and the supervisor of the Continuous Quality Improvement (CQI) Unit since September 2017. In the lead supervisory role, Ms. McGibbony provides oversight and inter-rater reliability guidance for the Quality Service Performance Review Unit and prepares and submits recommendations to the agency on how to improve deficient areas of practice. She also participates in onsite meetings to provide feedback to local staff throughout the state, and serves as an onsite liaison to the federal government team during their visits to the state. Ms. McGibbony possesses extensive knowledge of the federal Children and Family Services Review requirements for quality assurance in child welfare cases, gained in part through her lengthy tenure with the Division of Children and Family Services prior to joining PCG.

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services, Division of Children and Family Services – 2016–Present

Quality Service Performance Review

Project Team Supervisor. Prepare random case sample and provide oversight for the case reviews to assess the ability of each of Arkansas' ten service areas to keep children safe, help them achieve permanency and ensure their well-being using the federal Children and Family Service Review (CFSR) instrument. Provide onsite mentoring support to reviewers and conduct interviews with area staff to identify systemic challenges in each service area. At completion of reviews develops a report outlining the strengths and areas needing improvement and making recommendations for systemic improvements.

Arkansas, Department of Human Services, Division of Children and Family Services – 2009–2010

Legal Assistant for DCFS Office of Chief Counsel

As Legal Assistant, worked directly for attorneys representing DHS in dependency and neglect court in Pulaski County. Drafted and edited legal documents (including petitions, subpoenas, orders and adoption documents) for child welfare cases. Monitored filing and publication deadlines and filed documents with the court clerk and other entities as required.

PROFESSIONAL BACKGROUND

Public Consulting Group

Quality Improvement Analyst
Little Rock, AR

February 2016–September 2017

Continuous Quality Improvement Unit
Supervisor

September 2017–Present

Zero to Three

Community Court Coordinator
Little Rock and Lonoke, AR

February 2011–February 2016

EDUCATION

Rhodes College

Memphis, TN

Bachelor of Arts, Economics and Business Administration, 1987

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

University of Arkansas at Little Rock

Little Rock, AR

Graduate Certificate in Nonprofit/Organizational Management, 2010

PUBLICATIONS & PRESENTATIONS

Zero to Three (ZTT) National Training Institute

Co-presenter December 2015

Lead Presenter December 2014

Arkansas Cross Sites Conference, Little Rock AR – 2013

Planned, organized, and executed trainings with expert speakers at a conference welcoming over 75 attendees representing staff from 10 different states.



Greg Moore
Senior Consultant

Greg Moore, a Senior Consultant at PCG, will serve as project manager for this engagement. Mr. Moore is a proactive, results-oriented strategist with two decades' experience in services organizations, including more than 15 years in management, strategic planning, implementation, and continuous quality improvement. He is an enterprising leader who has worked at the local, state, and federal levels of government and overseen multiple complex system-improvement projects aimed at improving the lives of children and families using data-informed decision-making and family-centered systems and approaches.

Mr. Moore has more than 15 years' experience in managing projects and programs, including leading cost and rate studies in multiple jurisdictions. He holds a Master of Science in Public Administration from the University of Arkansas with a concentration in the Management of Service Organizations and Children & Family Public Policy.

RELEVANT PROJECT EXPERIENCE

State of New Mexico – Early Childhood Education & Care Department

Family Infant Toddler (FIT) Program Cost Study

Project Manager | April 2021–Present

Implementing a comprehensive study of the cost of delivering services provided through the FIT Program, New Mexico's early intervention program. Liaising with the Early Childhood Education & Care Department, early intervention providers, and other community stakeholders to conduct and coordinate the cost study, including launching a stakeholder advisory group. Facilitating a market analysis (salaries), time study, and cost report to collect quality data, conduct robust statistical analysis, and distill and analyze the findings. Establishing updated rate models, an alternative rate structure, a fiscal impact report and potential recommendations for ECECD. Partnering with ECECD and the advisory group in putting forward recommendations that promote best practices in early intervention, support the recruitment and retention of qualified EI staff, and provide an assessment of the budget impact of implementing the recommended rates.

State of Michigan – Department of Health and Human Services Child Welfare System Actuarial Services

Deputy Project Manager | December 2021–Present

Working with the State of Michigan to transform from a *per diem* rate system to a performance-based system for their child welfare services. PCG developed a capped allocation for the pilot county that encompasses all case management services as well as an array of services for children in out of home care. In addition to the rate calculation activities, PCG facilitated the public-private partnership necessary to support the effort and monitors sufficiency of the rate. PCG also developed cost-based per diem rates for services in the areas of the state that are not yet transitioning to a capped allocation. Provide ongoing rate and contract monitoring and technical assistance.

State of Arkansas – Department of Human Services, Division of Children and Family Services

Service Quality and Practice Improvement Unit

Project Advisor | November 2021–Present

The SQPI Unit is a private-public partnership between PCG and DCFS in which contract and State staff conduct quality services reviews of sample cases in each of DCFS' ten service areas annually using the Child and Family Services Review (CFSR) Onsite Review Instrument to assess practice against federal standards. PCG coordinates all phases of the review process, including publishing reports and facilitating meetings with field staff and agency leadership to highlight strengths and areas needing improvement and provide recommendations for improvement. PCG also organizes and administers Arkansas's activities for the federal CFSR onsite reviews (Rounds 3 and 4), from coordinating with federal officials to attain approval for the state-led (vs. traditional) review to liaising with system stakeholders to evaluate the child welfare system against national standards and best practices and developing/monitoring statewide program improvement plans.

**Nevada – Clark County Department of Family Services
 Foster Care and QRTP/PRTF Cost and Rate Assessment**

Project Advisor | December 2021–April 2022

Completing an analysis of the FFPSA Prevention Plan and other policies. Reviewing and comparing requirements and programmatic implications of Qualified Residential Treatment Programs (QRTPs) and Psychiatric Residential Treatment Facilities (PRTFs) in Clark County. Supporting a cost benefit analysis of QRTPs v. PRTFs to recommend fair rates to cover provider costs and maximize federal dollars.

PROFESSIONAL BACKGROUND

**Arkansas Department of Human Services
 Division of Medical Services**

Little Rock, AR

DMS Contract Operations Manager

May 2021–Nov 2021

Strategically led the Contracts Unit, administering all DMS-funded contracts for Arkansas's Medicaid program, from initiation through completion, including execution, change management, and compliance. Supervised the DMS Contracts Manager and provided direction to the Agency's contract monitors, program staff, executives, vendors, and other internal and external stakeholders. Oversaw compliance and enforcement activities and efforts to prevent fraud, waste, and abuse.

**Arkansas Department of Human Services
 Division of Children and Family Services**

Little Rock, AR

DCFS Area Director

Apr 2019 – May 2021

Directed the operation of child welfare programs and services in Pulaski County for Arkansas DCFS, including investigations of alleged child maltreatment and the provision of services for abused and neglected children and their families, namely in-home, foster care, adoption, and transitional youth services. Oversaw four offices and 130 child welfare professionals in accomplishing the Agency's mission. Ensured the provision of relevant, family-centered services consistent with all applicable laws, policies, and standards. Employed data-informed decision-making and continuous quality improvement principles to improve safety, permanency, and well-being outcomes for children and families. Oversaw all hiring, promotions, and discipline in the service area.

ICF, Inc.

Fairfax, VA

*Program Area Manager**Mar 2017–Mar 2019*

Served as the lead subject matter expert for child protective services (CPS) and in-home/family preservation services for the Capacity Building Center for States—a service of the Children's Bureau, Administration for Children and Families, United States Department of Health and Human Services—directing and providing strategic, evidence-informed services to build the capacity of state and territorial public child welfare agencies. Liaised with federal officials and supported the Children's Bureau in shaping and implementing national priorities related to ensuring children's safety and well-being and strengthening parental capacity, including efforts around reorienting toward prevention. Developed and implemented customized technical assistance (TA) to meet the needs of child welfare professionals and support jurisdictional capacity building through the provision of Universal, Constituency, and Tailored Services. Partnered with federal leads, state and territorial representatives, and other national experts and TA providers in providing services and supports.

Hornby Zeller Associates, Inc.

Little Rock, AR

*Senior Manager**Jul 2009–Mar 2017*

Embedded management consultant that served as a member of the executive team with the Arkansas Division of Children and Family Services administering the CQI and CPS functions of the State's child welfare system. Founded and administered DCFS' Service Quality and Practice Improvement Unit and Quality Services Peer Review (QSPR) process and led Arkansas's Round 3 Child and Family Services Review (CFSR). Developed, implemented and managed multiple complex projects and programs aimed at increasing the quality of services provided to and enhancing outcomes for children, youth, and families, including Arkansas's Title IV-E Waiver Demonstration Project. Championed family-centered practice and data-informed decision-making and expanded the use of evidence-based and evidence-informed interventions and programs. Engaged stakeholders and built cross-functional teams and strategic partnerships to accomplish systemic transformations.

Arkansas Department of Workforce Services

Little Rock, AR

*Program Operations Manager**Dec 2007–Aug 2009*

Responsible for developing and coordinating the statewide TANF Quality Assurance and Performance Unit. Developed tools for use in conducting quality assurance testing of case management files and services provided under the Transitional Employment Assistance (TEA) and Work Pays programs. Conducted reviews of case files and computer systems holding case information to unearth any problems and/or inconsistencies. Monitored and analyzed the performance of the TEA and Work Pays programs and oversaw production of analytical reports. Coordinated with other TANF unit managers to improve services. Developed and implemented standards, methods and procedures for determining case management quality. Conducted and coordinated data gathering and analysis utilizing both quantitative and qualitative techniques. Created and maintained a database of review results and follow-up. Proposed recommendations to senior management regarding program

improvements. Supervised subordinates, including hiring, professional development, personnel evaluations and discipline.

**U.S. Department of Homeland Security
Citizenship and Immigration Services**

Washington, DC

Presidential Management Fellow

Jul 2006–Jul 2007

Served as a staff analyst in the Office of Fraud Detection and National Security (FDNS). Employed fact-finding and investigative techniques in the research and analysis of prospective fraud and threats to national security. Developed policies, procedures, and other tools needed to combat and prevent immigration fraud and to identify national security and public safety threats. Served as a liaison with the law enforcement and intelligence communities.

**U.S. Department of Health and Human Services
Food and Drug Administration**

Rockville, MD

Presidential Management Fellow

Jul 2005–Jul 2006

Served as an analyst in the Office of Regulatory Affairs (ORA), Office of Resource Management (ORM). Responsible for conducting thorough research and analysis of a variety of administrative and management functions to enhance the functioning of the organization. Formulated quantitative and qualitative data, prepared statistical analysis reports, and made key recommendations to improve the efficiency, economy, and integrity of operations in accordance with the agency's mission. Compiled, analyzed, summarized, and reported financial data for organizational operating expenses. Contributed to the formulation and presentation of the agency's annual budget. Assisted in human resources, workforce planning, program evaluation and management operations. Responded to inquiries and data calls from Congress, the Department of Health and Human Services, the Office of Management and Budget, and other external factions.

Washington County Juvenile Court

Fayetteville, AR

Juvenile Probation Officer

Mar 2004–Jun 2005

Conducted in-person intake interviews, made detention decisions, completed all necessary documentation to refer the case to court, and diverted juveniles from the formal court process whenever possible by making referrals to community agencies. Responsible for the court-ordered supervision and monitoring of those juveniles adjudicated delinquent and ensuring that all relevant court orders were adhered to by all pertinent parties. Maintained all delinquency case files, sustained contact with the juveniles and their families throughout the court process through in-person interviews and site visits, and acted as a liaison between the court and attorneys. Received citizen complaints, conferred with victims regarding restitution due, and served as a liaison between victims and the court. Prepared and presented case files and testimony for court proceedings. Performed drug tests, record checks, and worked with Interstate Compact.

**Arkansas Department of Human Services
Division of Children and Family Services**

Fayetteville, AR

Family Service Worker

Sep 2002–Mar 2004

Investigated suspected child abuse and neglect complaints to substantiate or dismiss the allegations. Conducted site visits and in-person interviews with all relevant parties and all collateral sources. Placed children in protective custody to ensure their health and safety when necessary. Prepared and presented case files and testimony for court proceedings. Engaged families in developing case plans. Conducted home studies and family assessments to determine appropriate child placements and visited clients to monitor progress towards case objectives. Documented casework activities by preparing appropriate governmental forms and writing extensive narratives to summarize findings in investigative communications, details of interviews, and final reports.

EDUCATION

University of Arkansas

Fayetteville, AR

Master of Science in Public Administration, 2005

University of Arkansas at Little Rock

Little Rock, AR

Bachelor of Arts in Criminal Justice, 2001

Bachelor of Arts in Sociology, 2001



Romeeka Harris
*Quality Improvement
Analyst III*

Romeeka Harris has been a quality improvement analyst with PCG since April 2022. In this role, Ms. Harris conducts case reviews and provides rater reliability guidance for the Quality Service Performance Review Unit. She previously served as the lead quality assurance specialist for Hornby Zeller Associates, Inc. from 2009–2017. Similar to her current position, she conducted comprehensive case record reviews, oversaw the quality assurance team auditing the Division of Children and Family Service's efforts in providing services to families in need, submitting recommendations to the agency on how to improve deficient areas of practice. She provided onsite mentoring to local staff throughout the state and served as a liaison to the federal government team during their onsite visits. Ms. Harris possesses extensive knowledge of the federal Children and Family Services Review requirements for quality assurance in child welfare cases.

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services, Division of Children and Family Services – 2022–2023 and 2009–2017

Quality Service Performance Review

As part of the Project Team, conducts reviews of sample cases to assess the ability of each of Arkansas' ten service areas to keep children safe, help them achieve permanency and ensure their well-being. Using the federal CFSR instrument and current SACWIS system to gather information, review case files, and interview key stakeholders. Provides onsite mentoring support to area staff. At completion of reviews develops a report outlining the strengths and areas needing improvement and makes recommendations for systemic improvements.

Arkansas, Department of Human Services, Division of Children and Family Services – 2009–2010

Case Closure Project

Participated in a detailed review of protective and supportive services cases that while open, showed no significant casework. Helped develop data collection instruments to determine case status and establish whether the case should be closed or remain open. Reviewed staff determinations for accuracy and drafted the final report.

PROFESSIONAL BACKGROUND

Public Consulting Group

Quality Improvement Analyst
Little Rock, AR

April 2022 – Present

Arkansas Hospital Association

Director of Educational Operations
Little Rock, AR

August 2017 – April 2022

Hornby Zeller Associates, Inc.

Lead Quality Assurance Specialist
Little Rock, AR

July 2009 – July 2017

EDUCATION

University of Arkansas Little Rock William H. Bowen School of Law

Little Rock, AR

Juris Doctorate, Law, 2006

University of Louisiana at Monroe

Monroe, LA

Bachelor of Arts, Political Science, 2003

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Graduate Certificate in Nonprofit/Organizational Management, University of Arkansas at Little Rock, 2019



Keema, Nolen
CQI Analyst I

Keema Nolen has spent 15 years in the child welfare field , the last 10 of those with PCG. In her current role, she conducts case reviews that assess the Division of Children and Family Service's efforts to provide services to families and identifies areas of practice in need of improvement. Ms. Nolen possesses extensive knowledge of the Federal Children and Family Services Review requirements for quality assurance in child welfare cases.

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services, Division of Children and Family Services – 2012–Present

Quality Service Performance Review

As a member of the Project Team, uses the federal CFSR instrument to conduct comprehensive reviews of sample cases to assess the ability of each of Arkansas' 10 service areas to keep children safe, help them achieve permanency, and ensure their well-being. Utilizes the current SACWIS system to gather information, review case files, and interview key stakeholders. Conducts interviews with area staff to identify practice strengths and challenges. As a member of the Quality Service Performance Review Unit, documented fatalities in a special project in 2015.

Arkansas, Department of Human Services – June 2008–July 2012

Caseworker

Investigated child maltreatment reports, prepared detailed reports of interviews and timeline of events. Interviewed clients to assess their situational needs, provided casework services to families that included linking families with community resources with assistance and resources necessary to improve family structure. Developed a plan of action to improve the client's well-being. Planned regular follow-ups to assess progress and additional needs and reviewing and modifying plans as the individual/family circumstances change. Represented the agency at dependency (abuse/neglect) court hearings, make verbal and written recommendations in court for additional or termination of services. Caseload of 30 to 40 clients.

PROFESSIONAL BACKGROUND

Public Consulting Group

Quality Improvement Analyst
Boston, MA

July 2012 – Present

Arkansas Department of Human Services

Family Service Worker
Little Rock, AR

June 2008 – July 2012

EDUCATION

Webster University

St. Louis, MO

Master of Business Administration, 2013

Philander Smith College

Little Rock, AR

Bachelor of Arts, Sociology, 2008

CERTIFICATIONS / PUBLICATIONS / SPECIAL SKILLS

Structured Decision-Making Risk and Safety Training, 2022



Yulonda Johnson
*Quality Improvement
Analyst I*

Yulonda Johnson has been a quality improvement analyst with PCG since July 2021. In this role, Ms. Johnson conducts case reviews to inform practice improvements. Similar to her current position, she previously conducted internal comprehensive case record reviews as an employee of the Arkansas Department of Human Services, Division of Children and Family Services, providing services to families in need and submitting recommendations to the agency on how to improve deficient areas of practice. Ms. Johnson is broadly experienced within the child welfare field, having served in a variety of roles in child- and family-serving agencies in Arkansas, Texas, and Nevada.

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services, Division of Children and Family services - July 2021–Present

Quality Service Performance Review

As a member of the project team, conducts reviews of sample cases to assess the ability of each of Arkansas' ten service areas to keep children safe, help them achieve permanency and ensure their well-being. Using the federal CFSR instrument and current SACWIS system to gather information, review case files, and interview key stakeholders. Provides onsite mentoring support to area staff. At completion of reviews, develops a report outlining the strengths and areas needing improvement and makes recommendations for systemic improvements.

RELEVANT WORK EXPERIENCE

Arkansas, Department of Human Services, Division of Children and Family Services – 2020–2021

Case Closure Project

Participated in a detailed review of protective and supportive services cases that while open, showed no significant casework. Helped develop data collection instruments to determine case status and establish whether the case should be closed or remain open. Reviewed staff determinations for accuracy and while providing critical feedback.

Texas, Child Protective Services, Department of Family and Protective Services 2016–2020

Investigation Closure Project

Participated in safety staffing while ensuring the safety of children by adhering to the rapid response process. Helped develop data collection tool used to determine case status and establish whether overdue investigations could be closed, opened for services, or needed legal intervention for the safety of children. Discussed cases with workers while in the field, employing the Safety and Risk Decision Making tool for safety guidance. Reviewed and developed reports on agency's performance while adhering to the highest expectations. Reviewed data and monitoring units' performance to make sure guidelines were followed while ensuring child safety.

PROFESSIONAL BACKGROUND

Public Consulting Group

Quality Improvement Analyst
Little Rock, AR

July 2021–Present

Arkansas Department of Human Services – DCFS

Protection and Prevention Family Service County Supervisor
Little Rock, AR

Sept 2020–July 2021

Texas Child Protection Services – Department of Child and Family Services

CPS Investigative Supervisor II
Dallas & Denton, Texas

April 2016–Sept 2020

Arkansas Department of Human Services – DCFS

Family Service Worker – Investigator
Little Rock, AR

August 2009–August 2010 &
January 2013–November 2015

Clark County Department of Family Services

Family Service Specialist I
Las Vegas, Nevada

January 2011–August 2011

EDUCATION

University of Arkansas Little Rock

Little Rock, AR
Master of Counseling, 2012

Philander Smith College

Little Rock, AR
Bachelor of Social Work, 2008



Beri Edwards
Quality Improvement
Analyst III

RELEVANT PROJECT EXPERIENCE

State of Arkansas: Department of Human Services: Division of Children & Family Services

Continuous Quality Improvement / Quality Service Performance Reviews 2021–Present

As part of the Project Team, conducts in-depth reviews of sample cases via data mining (e.g., case files and SACWIS) as well as stakeholder interviews to measure outcomes for children and families receiving services from the Arkansas Department of Children and Family Services (DHS). Provides onsite mentoring support to area staff including client consultation to improve performance and service quality for families. Upon completion of reviews produces a report highlighting the strengths and areas for development, making recommendations for systemic improvements. Contributes to writing for SOP and internal technical guides.

Continuous Quality Improvement, Family Centered Treatment (FCT) and Intercept® 2022–Present

Conducts semi-annual interviews with child welfare staff, program providers, and families participating in FCT and Intercept programming. Assists with qualitative and quantitative data analysis of interview and survey data. Contributes writing to semi-annual reports.

State of North Carolina: Department of Human Services: Division of Children & Family Services, Child Welfare

Workload Study 2022–Present

Researched department policy and procedure and developed workload analysis tools for time-tracking surveys. Facilitated focus groups and trainings with department staff for random moment time survey and time study.

RELEVANT EXPERIENCE

Cornerstones Of Care
2019–2021

Director of Kansas Foster Care

Worked cross-functionally with executives to develop & deliver strategic operational leadership & budget planning for hundreds of client portfolios for child welfare services associated with foster care across the Kansas City metro area & surrounding communities.

- Oversaw a \$55 million contract; allocated funds & managed expenses
- Introduced evidence-based/informed practices organization-wide, strengthening and transforming its existing practices & processes across multiple divisions
- Developed new policies & regulations adhering to the Federal & State guidelines
- Established and maintained relationships with community stakeholders

Director of Family Support

Executed the successful operation of the company's three major prevention programs; Intensive In-home Services/Intensive Family Reunification, Show Me Healthy Relationships, & Home Visitation.

- Oversaw company compliance & international, federal & state accreditation to maintain good standing for contracts & funding streams
- Maintained a multi-million-dollar program budget connected to dozens of social service initiatives; solidified thousands of dollars of additional grant funding by building strategic relationships with stakeholders
- Promoted internally to Director of Kansas Foster Care +

State Of Nebraska: Department Of Health And Human Services 2011–2015

Program Specialist – Children & Family Services

Developed, implemented & managed the daily operations as well as technical functions of a new child welfare prevention program, Alternative Response, and associated state-wide contracts.

- Managed multiple high-stakes Continuous Quality Improvement projects to create more efficient and effective child welfare outcomes
- Authored the Child Welfare policy & regulations for the State of Nebraska
- Subject-matter expert on external funding programs including PSSF, CAPTA, Title IV-E & Title IV-E Waiver.
- Developed a tuition stipend and cohort program for the State of Nebraska.

Child & Family Services Supervisor – Office of Juvenile Service & Child Abuse/Neglect

Supervised a team of eight child welfare professionals charged with serving 300+ children adjudicated in the child welfare system in order to achieve positive outcomes; safety, permanency & well-being.

- Analysed qualitative and quantitative client performance data as it relates to child welfare services, prepared findings reports & made subsequent process changes
- Created & launched the comprehensive development, training & implementation of the statewide Structured Decision Making model in Nebraska.
- Consultative expert on crisis intervention methods
- Promoted internally to Program Specialist

Child & Family Services Specialist – Initial Assessment

Investigated allegations of child abuse & neglect; appropriately managed child risk & safety. Collaborated with law enforcement and Child Advocacy Centers to facilitate crisis interventions and initiate court proceedings.

- Developed a response protocol for children entering out-of-home care where none previously existed
- Established a pre-hearing conference protocol to delay unnecessary adjudication
- Increased child safety, reduced risk & enhanced service delivery through strategic, strengths-based consultation & coaching
- Promoted internally to a Child & Family Services Supervisor after achieving superior performance

EDUCATION

University of Kansas – 2019

MSW (Behavioral, Social, and Health Education Sciences)

Licensure: LMSW #12728

The University of Nebraska at Lincoln – 2008

B.A., Communication Studies

TECHNICAL SKILLS

Proficient in effective communication both written and verbal, planning and forecasting as well as risk management. Skilled in critical thinking and problem-solving. An emotionally intelligent leader with a track record of developing people and achieving team goals. Authored state regulation and accomplished technical and analytical feedback for process and practice improvement.



Dionne Pressie
Consultant

RELEVANT PROJECT EXPERIENCE

State of Arkansas – Department of Human Services

Quality Service Performance Review 2021–Present

As a member of the Project Team, conducts reviews of sample cases to assess the ability of each of Arkansas' ten service areas to keep children safe, help them achieve permanency and ensure their well-being. Uses the federal CFSR instrument and the current SACWIS system to gather information, review case files, and interview key stakeholders. Provides onsite mentoring support to area staff. At completion of reviews, develops a report outlining the strengths and areas needing improvement and makes recommendations for systemic improvements.

State of Iowa – Polk County Iowa

Children's Mental Health Services Study

Served on the Project Team conducting an assessment of Polk County's existing youth mental health services and literature review to identify evidence-based mental health best practices. Served as Project Lead for assessment and oversaw literature review and research activities. Supported interview guide development and interview facilitation among Polk County stakeholders. Assisted with development of the formal assessment findings report.

State of Indiana – Division of Disability and Rehabilitative Services

Consultation and Services for HCBS Statewide Transition Plan Activities

As a member of the Project Team, conducts research and assessment of the HCBS Statewide Transition Plan. Analyzes provider self-assessment responses and makes initial compliance determinations. Requests and reviews provider documentation. Schedules and conducts site assessments to make final determinations of compliance. Provides ongoing project support.

State of Michigan – Department of Health and Human Services (MDHHS)

Family First Prevention Services Act (Family First) Consulting

Provided support for the State's provider engagement efforts surrounding the enactment of the Family First Prevention Services Act (FFPSA). Facilitated information sessions across the state with department staff, providers, judges, counties, and tribes, presented FFPSA relevant changes, and collected feedback to assist DHHS in future plans.

State of Florida – Miami/Dade County – Citrus Health Network, Inc.

Program Monitoring

As Project Lead, performed program monitoring, including review and assessment of program activity data via onsite visits and desk reviews for three Citrus Health Network (CHN) agreements. Reviewed CHN

agreements program reports submitted to CFCN along with program activity supporting documentation to verify the accuracy of the program reports. Reviewed a sampling of CHN agreements program case files to determine if program agreement obligations and outcome measures were being met. Developed contract compliance monitoring tools.

**State of Florida – Miami/Dade County – Our Kids, Inc.,
Community Based Care Agency**

Independent Fiscal and Administrative Monitoring

Served on the Project Team reviewing Our Kids and subcontracted providers compliance monitoring. Developed contract compliance monitoring plan and tools to enhance agency fiscal monitoring policies and procedures, and conducted HIPAA compliance monitoring.

**State of New Hampshire – Department of Health and Human
Services Division of Children, Youth and Families**

Adequacy and Enhancement Assessment

Served as part of the Project Team conducting a statewide adequacy assessment to look more comprehensively at the current child and family systems through focus groups and interviews with internal and external stakeholders, providing an analysis of the youth at the Youth Service Center, youth involved in the child welfare/juvenile justice system, bed capacity, and community-based service capacity. Crafted recommendations to address the question *“How can DCYF and its partners work together to build a highly effective continuum of care, services and supports for New Hampshire’s children and their families?”*

**State of Minnesota – Department of Human Services Child Safety
and Permanency Division**

MN Comprehensive Child Welfare Information Systems (CCWIS) Analysis

Served on the Project Team for this four-month, \$300K CCWIS planning engagement which included a comprehensive needs assessment (business requirements), gap analysis, system technology assessment, and provision of final recommendations on solution and implementation approach.

**Pennsylvania – Department of Human Services and Department of
Public Welfare**

Needs-Based Planning

Project Team. Provide content analysis on narratives justifying favorable/unfavorable ratings on the CFSR PA Quality Service Reviews.

Title IV-E Compliance Quality Assurance

Project Team. Reviewing Title IV-E eligibility case files throughout several counties in Pennsylvania. This is to confirm the accuracy of Title IV-E determinations made in foster care, adoption, and juvenile probation office payments.

RELEVANT EXPERIENCE

Public Consulting Group – Health Division

Provider Management Specialist

2013–2016

Coordinated with providers to schedule onsite visits. Conducted informational provider compliance interviews and evaluates provider documentation and business practices against applicable regulations. Collected data and documentation from provider sites to support compliance findings and assisted in determining trends in non-compliance and inadequate business processes.

Healthcare Compliance Investigator

2014–2016

Conducted investigation of Protection from Harm allegations related to consumers in the Ohio Medicaid HCBS waiver programs. Coordinated with county agencies, adult protective units, and other entities. Reviewed all relevant documents and documented all investigative activities. Wrote investigation summary reports and developed a prevention plan at the conclusion of any investigation.

Sun Behavioral Health – Columbus, OH

Clinical Therapist

2019–Present

Completes diagnostic assessments for alcohol or other drug clients. Assessments include bio-psychosocial, psychiatric, and alcohol/drug information using the EMR Assessment tool. Assesses and prioritizes client's needs, plans treatment objectives and time frames, and completes clinical interventions using both individual and group modalities. Service may be required to be rendered at any site, or in the community. Provides group and family therapy sessions. Assures adequate, accurate and timely documentation.

The Recovery Village – Columbus, OH

Clinical Therapist

2018–2019

Completed diagnostic assessments for alcohol or other drug clients. Assessments include bio-psychosocial, psychiatric, and alcohol/drug information using the Recovery Village Assessment tool. Assessed and prioritized client's needs plans treatment objectives and time frames, and completes clinical interventions using both individual and group modalities. Service may be required to be rendered at any site, or in the community. Provided group therapy sessions. Assured adequate, accurate and timely documentation.

Netcare Access

Licensed Crisis Clinician

2015–2017

Completed diagnostic assessments for mental health and alcohol or other drug clients. Assessments included bio-psychosocial, psychiatric, and

alcohol/drug information using an Assessment tool. Made appropriate recommendations for level of care using Clinical Protocols, DSM criteria and Netcare protocols. Determined Severe Mental Disability (SMD) criteria/eligibility. Assessed and prioritized client's needs, planned treatment objectives and time frames, and completed clinical interventions using both individual and group modalities. Performed appropriate clinical interventions and/or brief treatment around well-defined issues that could be dealt with in a specific time frame.

CASA (Court Appointed Special Advocate)

Guardian Ad Litem
2014–2018

Appointed by a judge to serve on cases of child abuse, neglect, and/or dependency. CASA/GALs thoroughly research a child's case and advocate on behalf of their best interests in court.

The Bair Foundation

Director of Intake
2007–2013

Directed the recruitment, support and retention of foster families according to state regulations and policies and procedures. Made determinations regarding the approval or rejection of foster home applicants. Facilitated trainings for foster parents and in-service trainings for staff and contract assessors. Responsible for the development and implementation of agency policies and procedures as well as ensure foster home records and facility are in compliance with ODJFS, county, and COA regulations.

Clinical Services Therapist
2011–2015

Provided therapeutic services to children, adolescents, adults and families with mental health issues. Provided individual and family counseling sessions to promote each client's mental health recovery and completed diagnostic assessments for each client. Provided psychoeducational services to each client and family.

Franklin County Children Services

Foster/Adoptive Parent Assessor
2005–2007

Conducted twenty-four hour pre-service training classes for prospective foster and adoptive applicants and completed written assessments for the purpose of matching children with potential families under minimal supervision. Assured applicants are in compliance with all administrative rules issued by the Ohio Department of Jobs and Family Services, the Ohio Revised Code, and agency policies. Served on various committees that review policies of the agency, and reduced retention and resolution. Devised tracking device to assure that all assessments are completed within a 100-day time period. Member of the Franklin County Children Services Speaker's Bureau, Union steward and VP, and participated on the safety committee, CQI Subcommittee, Client Steering Committee, Disproportionality Task Force, and MDT (Multi-cultural Development Team)

Child Welfare Caseworker

2001–2004

Provided casework services to families in Franklin County, including a broad range of activities such as counseling, outreach services and linking families with community resources. Represented the agency at abuse/neglect/dependency court hearings, make verbal and written recommendations in Court for additional or termination of services. Participated in the Family to Family Collaboration at St. Stephen's Community House.

Franklin County Court Of Common Pleas**Intensive Probation Officer**

1998–2001

Supervised adult felons of Franklin County at a medium to maximum level. Maintained close personal contact with individuals placed on probation through scheduled office reporting and scheduled and unscheduled home visits. Developed two programs for the Criminal Nonsupport Unit, which includes an Employment Development Program and Victim Awareness Program.

EDUCATION**Franklin University***Master of Business Administration, August 2006***Capital University***Bachelor of Social Work, May 2007**Bachelor of Arts in Criminology and Sociology, May 1997***Capital University Law School***Paralegal Certificate, August 2004***Licensed Social Worker***State of Ohio (S.0901439)*



Sara Gilbert
Consultant

RELEVANT PROJECT EXPERIENCE

Arkansas – Department of Human Services

Quality Service Performance Reviews

Conducts regional case reviews using information gathered through data mining and participant interviews. Uses this information to analyze and complete the online tool, identifying strengths and areas needing improvement.

Florida – Department of Children and Families

Title IV-E Assessment and Audit

Performed an assessment of current Title IV-E eligibility policies and practices and performing quality assurance on identified eligible and ineligible IV-E cases. Lead a team of three consultants in performing assessments and Title IV-E Case Reviews across three community-based care agencies (CBCs) within the state of Florida.

Commonwealth of Virginia – Department of Social Services

Child Welfare System Design Services

Supported a feasibility study throughout the Commonwealth addressing the constraints and shortcomings of the existing IT system while considering functionality needed to meet proposed Comprehensive Child Welfare Information System (CCWIS) compliance. Assisted in using the information gathered during the feasibility study to identify possible system solutions, the evaluation of these solutions, and the development of a firm understanding of the day-to-day needs of the system's end users, which will drive the development of an RFP for the procurement of a Comprehensive Child Welfare System for the Commonwealth. Facilitated statewide Joint Application Design (JAD) Sessions with front line staff to identify needs for a new case management system and gaps in existing systems and processes.

Illinois – Department of Children and Family Services

Comprehensive Child Welfare Information System (CCWIS) Feasibility Study and Roadmap

Supported the conduction of a feasibility study to determine the constraints and short comings of the current IT system while considering functionality needed to meet proposed Comprehensive Child Welfare Information System (CCWIS) compliance. Facilitated statewide Joint Application Requirement (JAR) sessions to capture the needs and challenges faces by those working directly in the current system, developed process maps of current and to-be process flows and developed an agency wide survey to allow for more inclusive feedback mechanisms.

Social Services Administrative Management Support

Monitored Social Security Administration disability applications maintaining communication with Social Services Administration, case managers, medical providers, applicants, and families. Provided support to ensure appointments were kept, supporting documentation was gathered and distributed to all relevant parties.

Kansas – Department of Children and FamiliesComprehensive Child Welfare Information System Planning Project

Supported project planning for the implementation of a child welfare case management system. Facilitated stakeholder feedback sessions. These Joint Application Requirement (JAR) Sessions were used to gather requirements in the future development of the system. Facilitation focused on functionality needed by end users in all roles within the agency.

Training, Technical Assistance and Evaluation

Project Support for ongoing training, technical assistance and evaluation. PCG provides support in the areas of; implementation, strategic change and evaluation necessary for the project's success and sustainability.

Connecticut – Social Security Advocacy Management Services (SSAMS)

Contributed to PCG's Social Security Advocacy Management Services SSAMS™ since 2018. SSAMS is a product line that provides Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) advocacy services nationwide to public sector clients including child welfare agencies and adult services agencies. Provides ongoing communication with the Social Security Administration (SSA) and state Disability Determination Services (DDS) staff to provide status updates, assist with the collection of missing evidence, and provide confirmation of Consultative Exams (CE). Supports the development of pending applications and provides customer support to the individuals applying for disability claims.

California – Health and Human ServicesSan Diego County CalWORKS Operational Services

Provide support to Employment Training Advisor staff by reviewing case documentation, plan participation and authorizing economic support payments.

Arizona – Department of Children's ServicesIntegrated System Solution

Worked closely with an outside vendor providing a mobile device to be used by case management staff, to develop instructional training scripts and videos to be utilized by DCS as part of the statewide roll out of a larger integrated IT system.

Refugee Resettlement Program

Organized and facilitated focus groups in tandem with interpreters, for refugee resettlement participants to identify gaps and satisfaction with existing services and needs to enhance service delivery while enhancing outcomes for those entering the state.

South Dakota – Department of Social ServicesVictim Services Program Monitoring

Conducted site visits for agencies within the western region of South Dakota that applied for and receive Victim of Crime Act (VOCA) grant funding. Reviewed fiscal and programmatic source documentation to ensure spending of grant funds aligns with federal VOCA guidelines. Developed compliance reports including findings and recommendations as a result of reviews. Provided technical assistance as needed to ensure proper spending of grant funds.

Iowa – Department of Public Health and Department of Human Services

Department Realignment Project

Facilitated and documented change team sessions with unit specific stakeholders to identify commonalities and areas of improvement as the state moved toward creating a system to enhance the client experience by avoiding duplication. Aiding in the alignment of one agency to best meet the needs of the clients served throughout the state, through organization change management exercises.

Strong Foundation Project

Facilitated focus groups with refugees who had recently resettled in the rural community. Using interpreters, gathered feedback regarding the gaps, challenges and supports needed for the new arrivals and how the needs varied between refugee populations.

West Virginia – Department of Human Services

Integrated Eligibility Solution Training Curriculum

Attended configuration sessions to gain an understanding of needs for a streamlined statewide IT system which would encompass all social programs provided by DHS. Developed training curriculum for child support, social services, presumptive eligibility, and other programs delivered as the IT system testing was completed and units were ready to go live.

Minnesota – Department of Human Services

Feasibility Study

Conducted an assessment of the current state grant funded respite care services strengths and gaps through interviews, focus groups, surveys, and data analysis. Gather input from state leadership, county mental health agencies, respite care providers, tribal representatives, and families. Conducted research on best practices in children's mental health respite care services, other state models, and Medicaid options including 1915(c) HCBS waivers and State Plan Amendments.

Texas – Department of Assistive and Rehabilitative Services

Capacity Assessment

Provided support to the project manager who was conducting an evaluation of independent living services available in communities throughout the state. The evaluation included an assessment of the capacity, or the ability and willingness to develop the capacity, of Centers for Independent Living (CILs) and other service providers to provide a statewide network of

independent living services currently being provided by DARS. Our project evaluated whether services currently provided through the DARS Office of Deaf and Hard of Hearing Services could be better provided through the CILs. This project included documenting the current goods and services provided by the Office of Deaf and Hard of Hearing, and providing an analysis of which processes could potentially be outsourced to the CILs. Supported “town hall” listening sessions in conjunction with sign language interpreters in three key areas of the state to gather community response to proposed service delivery changes and impacts.

Missouri – Department of Social Services

Title IV-E File Audits

Conducted file audits on Title IV-E eligibility case files and completed a system review to determine accuracy of original/previous determinations and possibly increase the number of eligible individuals.

Programmatic and Fiscal Reviews of VOCA grant recipients

Conducted site visits for agencies within Missouri who applied for and receive VOCA grant dollars. Reviewed fiscal and programmatic source documentation to ensure spending of grant dollars aligns with federal VOCA guidelines. Developed compliance reports including findings and recommendations as a result of reviews.

Indiana – Bureau of Developmental Disabilities Services

Staff Development Services

The Indiana Family and Social Services Administration (FSSA), Division of Disability and Rehabilitative Services, Bureau of Developmental Disabilities Services has contracted with PCG for the following; organize the annual training conferences, develop and distribute online core training curriculum, create, distribute and compile the data of a staff training needs assessment, as well as support of a central access point for training modules.

Oklahoma – Department of Human Services

HCBS Review for Development Disabilities Services (DDS) and Child Welfare Services

The Oklahoma Department of Human Services, Division of Developmental Disabilities Services' (DDS) has contracted with PCG to review costs for children with developmental disabilities who are also in foster care to determine whether federal funds can be utilized for this population. The work includes meeting with child welfare services staff, research as to how other states are paying for this population and potentially a change to the state's exceptional care service definition as part of the HCBS Community Waiver.

RELEVANT EXPERIENCE

NEBRASKA, Department of Health and Human Services

Program Specialist

2013–2015

Managed adult and child abuse registry requests. Conducted program evaluation, analyzed data, and reviewed current functions of the state's SACWIS system to identify ways to streamline the request process to expedite accurate results. Ms. Gilbert supervised a staff of six, which included reviewing, evaluating efficiency and results of requests processed. Served as a committee member for implementation of results-based accountability as part of Nebraska's IV-E Waiver team. Provided oversight for statewide service providers; specifically in contract development and definition development of services. Analyzed data related to outcome measures to ensure compliance with federal guidelines and policies for several programs including foster care, adoption, and Title IV-E waiver services.

Children and Family Services Supervisor

2012–2013

Supervised, trained, and provided consultation to eight staff. As part of ongoing supervision, Ms. Gilbert reviewed assessments, placement history and required documentation by children and family services case managers into the states SACWIS system to ensure compliance timeframes. Facilitated weekly staff meetings and provided consultation on individual case decisions. Collaborated with community partners including judicial parties, law enforcement, and mental health professionals. Analyzed case planning documents, assessments, and reports submitted to court and other legal parties. Provided oversight of case management functions using data, drawn from NFOCUS, the states SACWIS system.

Resource Developer

2010–2012

Consulted and coordinated with staff on placement availability options including detention facilities, foster homes and other out of home placements by reviewing and entering information into NFOCUS, the states SACWIS system. Performed quality assurance work of contract providers to ensure compliance with children and family services review expectations. Researched, gathered and maintained community resource reference library. Maintained data on placements, referrals, denials and utilization of services, in the statewide SACWIS system to ensure consistent information be available. Administered placement classification tools to determine level of care. Appeared in court to present alternative placement options and service plans to judges and attorneys. Conducted aggregated review of service outcomes to identify efficiency and gap existence.

Social Services Worker

2009–2010

Performed interviews for applicants who were applying for benefits such as Medicaid, Medicare, SNAP and energy assistance by conducting over the phone and in person interviews then entering information NFOCUS, the state's SACWIS system. Compiled budgets using all relevant financial and residential information to determine program eligibility. Conducted work

within State and Federal time frames and guidelines. Maintained electronic record of contacts, activities and ongoing concerns. Reviewed case actions regarding complaints or violations.

Children and Family Services Specialist
2007–2009

Provided ongoing case management and service coordination for children, youth, and families served by NDHHS. Facilitated family team meetings consistent with the Family Centered Practice philosophy. Collaborated with community partners. Wrote court reports, case plans, conducted ongoing assessments and documentation for each family served on caseload and documenting in the states SACWIS system, NFOCUS to ensure a case history was available to all relevant parties. Prepared for and provided testimony in regard to case plan progression.

EDUCATION

Wayne State College

Bachelor of Science in Criminal Justice

Trauma Informed Care Certified Practitioner – October 2022



Vivian James
Evaluation Analyst

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services, Division of Children and Family Services – 2019–2023

Service Quality Practice and Improvement

Conducts case record reviews for a sample of cases to assess outcomes using the federal CFSR OSRI tool. Develops customized interview tools and conducts telephone interviews of key stakeholders. Analyzes qualitative data and case management data as part of a quality assurance program to improve practices to keep children safe, help them achieve permanency and ensure their well-being. Identifies systemic issues. Research best practices and solutions to address identified systemic issues. Helped develop the structure for reporting CQI data. Participated in writing reports summarizing findings and providing action steps and recommendations. Assisted in developing a workflow for a case review standard of practice.

Arkansas, Department of Human Services, Division of Children and Family Services – 2016–2019

Evaluation of Title IV-E Waiver

Conducted onsite interviews of key stakeholders and analysis of quantitative data, qualitative data and case management information system data as part of a process and outcome evaluation of multiple initiatives implemented to keep children safe, help them achieve permanency and ensure their well-being.

Colorado, Department of Human Services – 2021

Random Moment Time Study Process Review

Defined key indicators for quality supporting narratives to maximize federal reimbursements and developed an innovative tool to identify the training needs of random moment time study survey participants.

Maine, Department of Health and Human Services, Office of Child and Family Services – 2018

Business Process Review

Developed policy-based measures to determine the effectiveness and efficiency of intake, assessment, permanency, adoption and licensing processes as well as an online survey protocol to elicit staff perspectives on policy and practice alignment.

Children's Behavioral Health Service Evaluation

Developed an analytical model of children's behavioral health service capacity and concentration as well as reviewing child welfare policy and assisting in developing measures for a business process analysis.

Maine, Department of Health and Human Services, Office of Child and Family Services – 2016–2017

Title IV-E Waiver *Bridging* Evaluation

Conducted case record reviews, staff interviews and qualitative analysis to measure the impact of substance use treatment and parenting education service provision on improving outcomes for substance exposed newborns.

Substance Abuse and Mental Health Services Quality Management Plan

Conducted a literature review of performance and outcome measures used in evaluating the efficacy of mental health and substance abuse treatment programs in other states to identify those which have been successful in reducing clients' return to care or relapse. Expanded the literature review to identify specific metrics which are used by other states.

Michigan, Legislative Council, Criminal Justice Policy Commission – 2017–2018

Study of 17-Year-Olds in the Adult Court and Correctional Systems

Analyzed budgets and cost reports as well as qualitative and quantitative data and conducted onsite interviews of key stakeholders as part of measuring the workload and financial impact of moving 17-year-olds from the adult corrections system to the juvenile justice system.

New Hampshire, Office of Workforce Opportunity, Department of Business and Economic Affairs – 2022–2023

Return to Community Strategic Partner Engagement and Study

Evaluation lead. Developed the evaluation plan for the project research design. Working with project team to develop data collection tools and will analyze the data collected to determine employment barriers for individuals who were formerly incarcerated or justice involved, document the current array of services and supports, and identify gaps in service and support availability.

Pennsylvania, Department of Human Services – 2018–2023

Medicaid Administrative Claiming (MAC) Workload Study

Perform quality assurance (QA) reviews of participant narratives for the RMTS training program to ensure accurate reporting by RMTS respondents. Reviewed policy guidance for eligible Medicaid case management activities and developed a matrix of key staff requirements for a random moment time study to develop a user guide for training staff to use the Automated Random Moment and Reporting System (ARMARS) Random Moment Time Study (RMTS) system. Identified quality narratives for survey participant training. Evaluated automated communication processes and provided recommendations for enhancements.

Pennsylvania, Department of Human Services – 2021

Educational Outcomes Evaluation

Developed five key indicators and an innovative analytical tool to evaluate educational outcomes of children in congregate care in comparison to children in other placement settings.

Pennsylvania, Department of Human Services – 2019–2020

Quality Services Review

Performed content analysis of county quality services review qualitative data from Program Improvement Plan reviews in response to the Commonwealth's CFSR to identify practice and performance barriers and opportunities as part of its quality assurance program. Developed detailed qualitative data about agency and client concerns and strengths to inform and improve practice.

Pennsylvania, Allegheny County Department of Human Services, Office of Children Youth and Families – 2016

Evaluation of a Predictive Risk Modeling Tool

Conducted quantitative and qualitative data analysis to assess the implementation of a predictive risk modeling system designed to identify cases at risk of repeat maltreatment and placement of children into foster care to improve decisions of child welfare workers.

Rhode Island, Department of Children, Youth, and Families 2020–2023

Data Validator

Train subcontractors on data collection practice and provide quality assurance review of data collected onsite to validate DCYF internal quality assurance reviews.

Rhode Island, Department of Children, Youth, and Families 2019–2020

Data Validator

Evaluated frequency and quality of caseworker home visits with children through case review to validate DCYF internal quality assurance reviews. Provided quality assurance review of the online case review instrument and entered initial data.

South Dakota, Department of Social Services 2022

Cost Rate Study

Reviewed and analyzed cost reports and policy documents to determine statewide rates for behavioral health, substance use treatment, and child welfare service providers.

Virginia, Norfolk Department of Human Services – 2019

Foster Care Assessment

Analyzed quantitative and qualitative data assessing the practices, procedures, and policies of the foster care system in the city of Norfolk as well as the array of services provided to and for foster children to ensure their physical safety and progress toward the objectives of safety, well-being, and permanency. Assisted in reporting the findings and recommendations for improvement of the external and internal factors that affect children's outcomes.

West Virginia, Department of Health and Human Resources, Bureau for Children and Families – 2016–2019

Safe at Home Title IV-E Waiver Evaluation

Conducted onsite interviews with key stakeholders for the process evaluation and assisted with the data analysis of case management data for the outcome and cost evaluation of the statewide *Safe at Home West Virginia* initiative. Wrote the interim report and participated in program fidelity assessment report writing.

EDUCATION

State University of New York, Albany – 2013

M.A., Anthropology

Kennesaw State University – 2011

B.S., Anthropology, Magna Cum Laude



Kim Magoon
Evaluation Supervisor

RELEVANT FIELD EXPERIENCE

Kentucky, Centerstone Kentucky – 2014–2018

Principal Support Broker

Provided case management to developmentally disabled adults and children. Conducted analysis and evaluation to monitor spending, Medicaid eligibility, patient liability and service usage. Monitored budgetary demands to ensure agency and Medicaid regulatory compliance. Selected as part of a six-person workgroup to review and revamp training materials and protocols.

Colorado, Continuum of Colorado – 2013–2014

Residential Supervisor

Led operations and supervised staff responsible for meeting the daily needs of developmentally disabled, medically fragile males. Ensured client and maintenance needs of the house were maintained. Reviewed and revised residential staff procedures, methodologies and policies. Wrote instructions and piloted an electronic medical record calendar software system. Documented process for client documentation, staff and training and house code to meet state regulations.

Colorado, Developmental Pathways – 2010–2014

Senior Case Manager

Provided case management to developmentally disabled adults and children on three Medicaid waivers. Completed annual LTSS assessment and service planning, coordination of services and supports, and routine service monitoring.

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services – 2018 – Present

Continuous Quality Improvement, Family Centered Treatment (FCT) and Intercept®

Project lead. Facilitates client meetings. Developed evaluation plan. Co-authored interview protocols and completes stakeholder interviews for family, state staff, and providers for each program. Completes quantitative and qualitative analysis of program surveys, enrollment, discharge, and fidelity data sets. Co-authors biannual reports.

Title IV-E Waiver Demonstration Project

Conducted phone interviews with families for an evaluation of Division of Children and Families Services' (DCFS) IV-E Waiver Demonstration Project for foster care youth.

Colorado, Department of Human Services, Division of Child Welfare – 2020

Division of Child Welfare - Workload and Caseload Assessment

Conducted staff and stakeholder interviews and developed staff survey for workload assessment. Co-authored assessment report.

Colorado, Department of Public Safety – 2020

Executive Director's Office (EDO) – Workload Assessment

Researched department policy and assisted in development of workload analysis tools. Facilitated focus groups with EDO staff in various units and conducted interviews with division customers of the EDO. Co-authored assessment report.

Maine, AdCare Educational Institute of Maine, Inc. – 2018–Present**New England Prevention Technology Transfer Center (PTTC)**

Project lead for five-year grant. Facilitates client meetings. Developed evaluation plan. Co-chaired interdisciplinary TTC evaluators special interest workgroup (2019–2021). Conducted prevention workforce needs assessment in Year One and Year Three, including completion of stakeholder interviews, researching best practices for prevention workforce development, and measuring substance use impact in New England. Wrote, administered, and analyzed quarterly COVID workforce impact surveys for New England PTTC listserv over two-year period. Guided analysis of survey and presented findings. Co-author of annual reports.

New England PTTC, Partnerships for Success (PFS)

Working with New England PTTC staff, New England PTTC Advisory Council, and other New England PTTC stakeholders to develop data collection methodology and instruments, conduct focus groups, and complete quantitative and qualitative analysis of regional data as a part of the larger evaluation of the PFS grant for SAMHSA via the PTTC network.

New England PTTC, Massachusetts Department of Public Health, Bureau of Substance Addiction Services (BSAS)

Provided targeted technical assistance under supplemental contract with New England PTTC to research best practice and develop workbook tool for evidence-based programs and initiatives suited for children 0 to 11 years of age with families struggling with substance use/recovery for MA BSAS.

Maine, Center for Disease Control and Prevention – 2018–2021**State Epidemiological Outcome Workgroups (SEOW)**

Regularly assists project lead to compile and analyze community and state-level data to monitor substance abuse trends in Maine. Analyzes data sources and writes updates to annual epidemiological profile and quick reference guide. Maintains Maine SEOW website, writing and programming website content.

Maine, Co-Occurring Collaborative Serving Maine – 2020–Present**Evaluation Webinar Series**

Researches, develops, and presents ongoing substance use prevention webinars related to evaluation practice and how to use information to maximize prevention efforts at state and community levels. Developed four-part webinar series on development and usage of program evaluation. Developed webinar on how to find and utilize publicly available data to create prevention plans in the era of commercial cannabis legalization.

Maine, Department of Health and Human Services, Office of Child and Family Services – 2022Continuous Quality Improvement, Parents as Teachers (PAT) and Homebuilders®

Co-Project lead. Drafts agendas and facilitates client meetings. Developed workplan and evaluation plan for quantitative and qualitative analysis of program fidelity and outcomes.

Maine, Department of Health and Human Services, Office of Child and Family Services – 2018–2020Children's Behavioral Health – Business Process Re-engineering

Facilitated stakeholder committee meetings. Coordinated with stakeholders and department staff to prioritize recommendations and create actionable implementation plan. Co-lead submission of Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care grant proposal, which client won. Authored memo for Qualified Residential Treatment Program (QRTF) options for department providers. Authored review and analysis of Section 28 services usage for children with mental and behavioral diagnoses and assisted in the analysis and writing of memo regarding general behavioral service waitlists for the department.

Child Welfare – Business Process Re-engineering

Facilitated listening sessions and stakeholder committee meetings. Analyzed agency data, completed review of agency policies, and researched child welfare best practices surrounding specific policies and practices. Led team to policy and practice recommendations to improve service delivery and, in turn, further improve child safety within the child protection system.

Title IV-E Waiver Demonstration Project Evaluation Services

Managed provider database and conducted case record reviews, focus groups and stakeholder interviews for an evaluation of an initiative designed to improve the stability, health and well-being and quality of permanent connections of young children and their families in Maine.

Maine, MaineGeneral Health – 2020–PresentCentral Maine Youth Trauma Initiative (CMYTI)

Project lead. Facilitates regular project leadership team meetings with Edmund N. Ervin Pediatric Center and participates in regular steering committee meetings. Developed evaluation plan of four evidence-based programs (Parent-Child Interaction Therapy, Attachment and Biobehavioral Catchup, Trauma-Focused Cognitive Behavioral Therapy, and Resource Parent Curriculum) for children and their parents who have experienced trauma in central Maine. Wrote protocols and completed stakeholder interviews. Facilitated initial design of project database for data collection with client and database programmers and have worked to expand database to incorporate additional fidelity. Outcome measures each year. Authors interim and annual reports.

Minnesota, Department of Human Services – 2022–Present

Long-term Services & Supports, Business Process Redesign

Attends and participates in client meetings. Researched department policy and procedure. Drafted interview, survey, and focus group protocols. Conducts site visits and process mapping.

Rhode Island, Department of Children, Youth, and Families – 2022Workload Study

Researched department policy and procedure and developed of workload analysis tools for time tracking survey. Developed focus group and training materials. Facilitated focus groups and time study trainings with department staff.

Nevada, Clark County Department of Family Services – 2020Clark County Child Welfare Workload Study

Researched department policy and procedure and developed of workload analysis tools for time tracking survey. Facilitated focus groups and trainings with department staff for random moment time survey and time study. Designed process maps for units within the department.

West Virginia, Department of Health and Human Resources, Bureau for Children and Families – 2018–PresentChild Abuse Prevention Protective Factors Evaluation (CBCAP)

Project lead. Conducts quarterly client meetings. Performs quality checks of data from a statewide survey designed to measure change in families' protective factors. Wrote, administered, and analyzed COVID impact survey for CBCAP providers. Authors annual reports.

Child Care Resource and Referral (CCR&R)

Project lead. Conducts quarterly client meetings. Coordinates quarterly reporting for department staff. Collaborates with client on necessary database development activities. Wrote, administered, and analyzed workforce satisfaction survey for CCR&R providers and families. Authors annual report.

Title IV-E Safe at Home

Conducted consumer and stakeholder interviews for an evaluation of *Safe at Home* wraparound facilitation program. Co-authored final report.

Washington, Department of Children, Youth, and Families – 2022Workload Study

Oversaw development of case type and task code listing based on department policy. Lead facilitator for multiple focus groups and time study trainings with department staff.

Wyoming, Department of Health – 2021Level of Care Assessment Transition Plan

Researched peer states that have transitioned level of care assessments within the last 20 years. Worked with team to identify and interview

representatives from seven states about their transition experience. Drafted necessary steps and recommendations for transition plan and co-wrote final report.

EDUCATION

North Carolina State University – 2007

M.S., Sociology (Social Psychology and Family)

Thiel College – 2004

B.A., Sociology and Juvenile/Family Justice

PRESENTATIONS

Hawkes, M. and **Magoon, K.** (August 2022). Grant Writing for Community Health and Substance Use Prevention Professionals. New England Prevention Technology Transfer Center for Vermont Northeast Kingdom Prevention Center of Excellence. Virtual.

Magoon, K., Hawkes, M., and Diomedes, T. (August 2022). National Prevention Network Annual Conference. “Cannabis Legalization: Finding and Using Data to Understand Regional Context and Consumption Patterns.” Virtual.

Erickson, K, Chichester, K., **Magoon, K.**, and Polokoff, L. (August 2022). National Prevention Network Annual Conference. “Using Project ECHO to Address Cannabis Prevention in the Context of Legalization.” Virtual.

Magoon, K., Hawkes, M., and Diomedes, T. (April 2022) Cannabis Legalization in New England: Using Data to Understand Regional Context and Consumption Patterns. New England Prevention Technology Transfer Center Webinar. Virtual.

Magoon, K., Hawkes, M., and Gagnon, S. (October 2021). American Public Health Association Annual Conference. “Articulating & Addressing the Changing Needs of the Substance Use Prevention Workforce in the Time of COVID.” Virtual.

Magoon, K., Hawkes, M., Johnson, S. and Gagnon, S. (August 2021). National Prevention Network Annual Conference. “Using Data to Design the Future for Substance Use Prevention Professionals: New England Prevention Technology Transfer Center’s (PTTC) Mentoring Pilot Program.” Virtual.

Hawkes, M. and **Magoon, K.** (2020–2021). Evaluation for Substance Use Prevention Professionals 4 Part Series (1. Introduction to Evaluation; 2. Designing an Evaluation; 3. Conducting a Program Evaluation; 4. Using Evaluation to make Data Driven Decisions). New England Prevention Technology Transfer Center Webinar Series. Virtual.

Del Sesto, Sandra, Hawkes, M., and **Magoon, K.** (April 2020). Preventing the Non-Medical Use of Prescription Drugs in New England: Exploring Contributing Factors and relates Strategies. New England Prevention Technology Transfer Center Webinar. Virtual.



Hannah Keedy
Evaluation Analyst 2

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services – 2021–Present

Continuous Quality Improvement, Family Centered Treatment (FCT) and Intercept®

Two evidence-based interventions are being used in Arkansas to improve safety and permanency outcomes for families involved with child welfare services. PCG is conducting continuous quality improvement (CQI) reviews of these two programs. Ms. Keedy leads sample selection, data collection, and data analysis for one of these programs in addition to contributing to developing reports.

Colorado, Department of Human Services – 2021–Present

Colorado Works TANF Program Exit Survey

PCG is conducting a survey of a representative sample of individuals exiting the *Colorado Works* program to gain insight into programmatic improvements and client satisfaction. Survey administration and analysis are completed to provide actionable insights to the TANF *Colorado Works* program. As a Research Analyst for this project, Ms. Keedy aids in survey administration, tracking and analysis.

Maine, Department of Health and Human Services, Center for Disease Control and Prevention (Maine CDC) – 2021–Present

Control Chronic Disease Prevention Alzheimer's and Related Dementia Evaluation (ADRD) – 2021–Present

The Maine CDC ADRD Evaluation, funded through the *Building Our Largest Dementia Public Health Programs to Address Alzheimer's and Related Dementias* grant, works to develop a comprehensive public health systems approach to preventing ADRD. Keedy provides quantitative data analysis support for the process and outcomes evaluation, including analyzing trends of ADRD in Maine using a variety of data sources, including MaineCare, Behavioral Risk Factor Surveillance System (BRFSS) and vital statistics data.

Control Chronic Disease Prevention Colorectal Cancer Evaluation (CRC) – 2021–Present

The Maine CDC CRC Evaluation works with the Maine Primary Care Association to evaluate the implementation of evidence-based interventions for increasing screening for colorectal cancer at select federally qualified health centers. Ms. Keedy utilizes population level data to track progress for increasing screening and decreasing morbidity and mortality at the state and local level.

Strategic Prevention Framework for Prescription Drugs Project (SPF Rx) – 2021–Present

The Substance Abuse Mental Health Services Administration (SAMHSA)-funded *Strategic Prevention Framework for Prescription Drugs (SPF Rx)* project is aimed at reducing the non-medical use of prescription drugs and opioid overdoses for youth 12 to 17 and adults 18 years of age and older in Maine. Ms. Keedy is providing ongoing qualitative data analysis and technical assistance support to project leadership.

State Epidemiological Outcomes Workgroup (SEOW) – 2021–Present

Ms. Keedy assists the prevention epidemiologist in developing state epidemiological profile deliverables associated with the Maine CDC's State Epidemiological Outcomes Workgroup (SEOW), which brings together more than 20 data sources and incorporates indicators related to substance use consumption, consequences, and intervening variables. This work, leveraging Ms. Keedy's strong background in Epidemiology, supports data-driven decision-making in the state's substance use prevention efforts.

Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) – January 2022–December 2022

PCG conducted a vulnerability assessment to identify counties within the state most at risk for opioid misuse. A comprehensive data analysis and resource evaluation was conducted by the team. Ms. Keedy worked with state partners to access important data needed for the analysis and worked with data analysts to clean and contextualize the data. Ms. Keedy developed tables, figures and presentations with the findings.

Maine, MaineGeneral Health – 2021–Present**Central Maine Youth Trauma Initiative (CMYTI)**

For this project involving four evidence-based programs (Parent-Child Interaction Therapy, Attachment and Biobehavioral Catchup, Trauma-Focused Cognitive Behavioral Therapy, and Resource Parent Curriculum) for children and their parents who have experienced trauma in central Maine, Ms. Keedy is primarily serving as the liaison between the client and PCG's IT group, which developed a website to track clinician trainings and case management. She also conducts quantitative analysis for the process and outcomes evaluations.

Massachusetts, Massachusetts Commission for the Blind – June 2021–December 2021**Massachusetts Vocational Rehabilitation Return on Investment**

PCG completed a comprehensive return on investment (ROI) analysis for the Massachusetts Commission for the Blind Vocational Rehabilitation program. This analysis includes both monetary and non-monetary benefits, and employs both administrative data analysis and focus groups. As a Research Analyst for this project, Ms. Keedy completed an in-depth literature review focused on the impact of Vocational Rehabilitation programs.

Massachusetts, Massachusetts Department of Public Health (MA DPH) –Present**MA DPH Public Health Data Warehouse Advisory Group Coordination**

PCG is working with MA DPH to review data governance and advise the creation of a community advisory board for the public health data warehouse. Ms. Keedy reviews best practice for including community voice and transparency in data governance and data use. Ms. Keedy creates reports including comparisons of best practice to current state as well as iterative steps to move towards the gold standard of transparency and community engagement.

Nebraska, Division of Vocational Rehabilitation Supported Employment – January 2022–June 2022

Nebraska VR Supported Employment Cost Methodology

New rates were developed by PCG for Nebraska VR-supported employment services through the assessment of the current rate structure, changes in federal and state policy, best practices, and industry standards. Ms. Keedy led the research into other state practices as well as supported data analysis.

Pennsylvania, Department of Human Services – 2021–Present

PA DHS Random Moment Time Study

PCG manages a web-based random moment time study of county income maintenance offices that administer a Medicaid program locally on behalf of PA Department of Human Services (DHS). Ms. Keedy reviews survey narratives to ensure accurate claiming as well as processing and creating quarterly claiming reports.

Virginia, Office of Children's Services (OCS) – 2021–2022

VA OCS Rate Study

PCG worked with stakeholders and the Commonwealth of Virginia to develop rates for private special education day schools. Ms. Keedy led data analysis and rate development for this work including presenting rates and methodology to stakeholders.

EDUCATION

Saint Louis University – 2018

Master's in Public Health, Epidemiology

Valparaiso University – 2014

Bachelors of Science, Biology and Political Science

PUBLICATIONS

Hardy, R., Boch, S., **Keedy, H. E.**, & Chisolm, D.J. (2021). Social Determinants of Health Needs and Pediatric Health Care Use. *The Journal of Pediatrics*. doi: <https://doi.org/10.1016/j.jpeds.2021.07.056>

Chisolm, D. J., **Keedy, H. E.**, Dolce, M., Chavez, L., Abrams, M. A., & Sanders, L. (2020). Do health literacy disparities explain racial disparities in family-centered care for youths with special health care needs? *Patient Education and Counseling*. doi:10.1016/j.pec.2020.09.023.

Stamatakis KA, Baker EA, McVay A, **Keedy H.** (2020) Development of a measurement tool to assess local public health implementation climate and capacity for equity-oriented practice: Application to obesity prevention in a local public health system. *PLOS ONE*. 15(9): e0237380.

Zaim, H., **Keedy, H.**, Dolce, M., & Chisolm, D. (2021). Improving Teen Girls' Skills for Using Electronic Health Information. *HLRP: Health Literacy Research and Practice*, 5(1), e26-e34.

Boch, S., **Keedy, H.**, Chavez, L., Dolce, M., & Chisolm, D. (2020). An Integrative Review of Social Determinants of Health Screenings used in Primary Care Settings. *Journal of Health Care for the Poor and Underserved*, 31(2), 603–622. doi:10.1353/hpu.2020.0048

Thomas EN, Simms CL, **Keedy HE**, Zaher HS. Insights into the base-pairing preferences of 8-oxoguanosine on the ribosome. *Nucleic Acids Res*. 2019 Oct 10;47(18):9857-9870.

Baker EA, Stamatakis K, Christman S, Berman L, Watson M, **Keedy HE** and Fisher AJ. (2018). Total Wellness: Using Technology to Integrate Physical Activity and Nutrition across the Curriculum. *Journal of Health Science & Education*, 2(5): 1–8.

Keedy, H.E., Thomas, E.N., Zaher, H.S. (2018). Decoding on the ribosome depends on the structure of the mRNA phosphodiester backbone. *PNAS*, 115(29): E6731–E6740.

Pierson, W.E., Hoffer, E., **Keedy, H.E.**, Simms, C.L., Dunham, C.M. and Zaher H.S. (2016). Uniformity of peptide release is maintained by methylation of release factors. *Cell reports*, 17(1): 11–18.

PRESENTATIONS

Keedy, H.E. Banks, A, Chisolm, DJ. Improving Mental Health Literacy among Teen Girls. [Conference presentation]. ACH Research Forum 2020, Virtual.

CERTIFICATIONS AND HONORS

Certified in Public Health, 2018–Present
Phi Beta Kappa

TECHNICAL SKILLS

- SAS
- SPSS
- SQL
- REDCap
- Qualtrics
- QGIS
- MS 365 Office Suite
- EndNote
- Data analytics



Mary-Jo Robinson
Evaluation Analyst III

Mary-Jo Robinson joined PCG's Evaluation Team as an Evaluation Analyst in 2021. Ms. Robinson brings significant experience with all phases of national and international research, as well as technical writing (including proposal and grant writing), project management and project team leadership, transition planning, Continuous Quality Improvement (CQI) and performance management initiatives, implementation, and strategic planning. Ms. Robinson has extensive experience in program evaluation, mixed methods data projects, and implementing participatory and equitable approaches to evaluation. Since joining PCG, she has become involved in both child welfare and public health evaluation projects, a number of needs assessments, and identifying new potential business opportunities in both the child welfare and refugee resettlement space.

Currently, Ms. Robinson is project managing Maine's Family First CQI Evaluation, an employer-sponsored childcare needs assessment, and co-project managing a State Opioid Response project for Maine's Center for Disease Control and Prevention. She is also a lead analyst for several projects, including an evaluation of childcare initiatives for the State of Kansas.

Prior to joining PCG, Ms. Robinson's work centered around asylum seeking and refugee resettlement, and child welfare programming. Ms. Robinson's roles primarily involved program evaluation, proposal writing, and community engagement. She has extensive experience in developing innovative strategies for involving community voice in program processes and evaluation work, with a goal of improving equity and impact in public programming. Ms. Robinson has worked both domestically and internationally, bringing a set of diverse experiences and learning to her current work. She earned her BA in public policy and psychology, with a minor in management studies, from Syracuse University, and went on to complete her MPA and a Certificate of Advanced Studies in Conflict Resolution from the Maxwell School at Syracuse University.

RELEVANT FIELD EXPERIENCE

New York, Lead Project Manager, Cayuga Centers – 2019–2021

Provided project management and quality improvement support for prevention programs, treatment family foster care programs, and foster care for unaccompanied youth. Implemented logic models and supported program staff in improving workflows to collect the data necessary to understand program outcomes. Wrote grants to support the programs.

New York, Associate Executive Director, Northside Learning Center – 2010–2019

Began as an ESL teacher for New Americans and worked up to associate executive director of this small nonprofit. Beyond language services, provided case management services and supported the resettlement and ongoing wellbeing of newly-arrived families. Worked toward many city- and county-wide system improvements to improve accessibility to essential services for New American families.

RELEVANT PROJECT EXPERIENCE

Arkansas, Department of Human Services, Division of Child and Family Services – 2021–Present

Continuous Quality Improvement Reviews

Research Analyst

Assisting with the data analysis and reporting for PCG's Continuous Quality Improvement Reviews of the *Intercept* program – a family-based, evidence-based prevention program, implemented by provider agencies as a part of Arkansas' five-year Family First Prevention Services Plan.

Kansas, Department of Children and Families (DCF) – 2022-Present

Pandemic Relief Backbone

Qualitative Lead

The Kansas DCF has contracted with PCG to assist with informing the implementation of childcare initiatives funded through pandemic relief dollars. As a part of this contract, PCG is also evaluating those programs that Kansas selects for implementation. Ms. Robinson is acting as the qualitative lead for this evaluation process.

Maine, AdCare Educational Institute – 2021–2022

Evaluation of the New England Prevention Technology Transfer Center (PTTC)

Research Analyst

The New England PTTC, administered by AdCare Educational Institute of Maine, Inc. and funded by the Office of Substance Abuse and Mental Health Services Administration (SAMHSA), provides training and technical assistance services to the professional and volunteer substance use prevention workforce within the New England states. PCG was contracted to evaluate this five-year initiative. Ms. Robinson helped create individual State Profiles for each of the six New England states, analyzing data and qualitative information to report on changes since 2018 and the current landscape of substance use prevention services for each state.

Maine, Center for Disease Control and Prevention – 2021–2022
Preventing Prescription Drug and Opioid Overdose Related Deaths (PDO) in Maine

Co-Project Manager and Research Analyst

The aim of this Maine CDC-funded grant was to conduct a vulnerability assessment related to opioid overdoses and bloodborne infections associated with injection drug use in Maine. This data-driven assessment involved identifying communities with the most prevalent risk factors for opioid overdose and bloodborne infections associated with injection drug use. Ms. Robinson was responsible for providing project management support, completing the Community Resources Assessment component of the project, and for the assessment and production of the final report. She also project managed additional work with the ME CDC, the PDO Advisory Council, and community partners to implement select recommendations provided in the needs assessment.

State Opioid Response Evaluation Year 2 (STIM SOR) – 2021–2022

Co-Project Manager and Research Analyst

The purpose of the STIM SOR project was to prevent and reduce Opioid Use Disorder and Stimulant Use Disorder with a focus on youth and young

adults, providing leadership, education, and support to prevention and medical providers, community stakeholders, and school systems throughout Maine. Ms. Robinson was responsible for the co-management of the scope of work, staff, and client relations, to review work products and lead tasks and report productions. She also led the development and implementation of a college staff survey on perceptions of stimulant and opioid use on college campuses.

Domain One Evaluation – 2022

Research Analyst

Ms. Robinson served as a data analyst to support a retrospective five-year evaluation of Maine Prevention Services (MPS), Domain 1: Substance Use Prevention. This evaluation aimed to assess the impact of substance use prevention programming at the local level. This work is supported by Maine's CDC Substance Use Prevention Program and lead vendor, the University of New England. Data was analyzed and triangulated from a multitude of sources including programmatic reach data, surveillance data and qualitative data from community partners implementing the work throughout Maine. The results will inform both progress from 2016 and the path forward.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Needs Assessment – 2022

Evaluation Analyst

Ms. Robinson served as an evaluation analyst on an assessment of current practices and need to inform the expansion of SBIRT in Maine. This included conducting a literature review on innovative strategies in other states, conducting interviews and focus groups, creating, programming, and distributing a stakeholder survey, and analyzing and synthesizing the data collected via all of these strategies. Ms. Robinson was a key member of the writing team for the literature review as well as the needs assessment report.

Maine, Department of Health and Human Services, Office of Children and Family Services – 2022–Present

Evaluation of Maine's *Family First* Prevention Services

Project Manager

Ms. Robinson is creating, implementing, and managing the evaluation plan for the Maine's two *Family First* prevention programs: *Parents As Teachers* and *Homebuilders*.

Maine, Healthy Sebasticook Valley – 2022–Present

Drug-Free Communities Support Grant

Research Analyst

Ms. Robinson is providing research analysis for a grant utilizing coalition building and proven prevention interventions to reduce the prevalence of alcohol and other drug use within Sebasticook Valley. Involved in facilitating student and staff focus groups to understand current trends and perceptions, and responsible for helping produce a final evaluation report.

Maine, Judicial Branch – 2021–2022

Interagency Data Assessment

Research Analyst

Ms. Robinson developed and implemented qualitative data protocols, such as key stakeholder interviews, to inform a report on current and potential

data use and data-sharing practices among five partner agencies involved in the child welfare and juvenile justice systems in the state of Maine.

New York, Oneida Nation Enterprises – 2022–Present
Employer-Sponsored Childcare Needs Assessment

Project Manager

Ms. Robinson is managing a needs assessment that incorporates employee feedback, national and local environmental scans, and a national-level literature review on best practices for employer-sponsored childcare initiatives.

EDUCATION

Maxwell School of Citizenship and Public Affairs, Syracuse University

MPA, Magna Cum Laude – 2015

Certificate of Advanced Studies in Conflict Resolution, Magna Cum Laude – 2015

Imagining America Engagement Fellow, Maxwell School of Citizenship – 2013–2014

Syracuse University

BA, Psychology and Policy Studies, Minor in Management Studies, Magna Cum Laude – 2013

PUBLICATIONS AND PRESENTATIONS

Copple, C., Copple, J., Drake, J., Joyce, N., **Robinson, M.**, Smoot, S., ... & Villaseñor, R. (2019). Law enforcement mental health and wellness programs: Eleven case studies. *Washington, DC: Office of Community Oriented Policing Services.*

Robinson, M. J., & Smith, C. (2018). *Rank and File: Reflections on Emerging Issues in Law Enforcement.* Washington, DC: US Department of Justice, Office of Community Oriented Policing Services.

Lambert, T.L., Martens, B.K., & **Robinson, M.J.** (2013). *Matching versus maximizing: A translational study of choice behavior in an inclusive preschool setting.* Poster presented at the 39th annual convention of the Association for Behavior Analysis International, Minneapolis, MN.

TECHNICAL SKILLS

- SPSS
- STATA
- Dedoose
- DataPal
- Qualtrics
- SharePoint
- MS Office Suite
- Google Suite
- SurveyCTO
- Survey Monkey



Jill Johnson
Evaluation Analyst I

RELEVANT PROJECT EXPERIENCE

Jill Johnson provides project support for child welfare and public health-focused projects. For Arkansas Department of Human Services' Continuous Quality Improvement (CQI) effort, she assists with semi-annual interviews and data reporting for child welfare workers, program providers and families participating in the *Intercept®* and *Family Centered Treatment (FCT)* programs. For West Virginia's Department of Health and Human Resources, Bureau for Children and Families, she assists with quantitative analysis and report writing for the *Child Care Resource and Referral (CCR&R)* and *Community Based Child Abuse Prevention (CBCAP)* programs. Additionally, she contributes to the ongoing evaluation of the New England Prevention Technology Transfer Center (PTTC) where she conducts interviews, completes qualitative analysis, and assists with writing of the annual report. Ms. Johnson received her Bachelor of Science in Public Health degree from College of Charleston and a Master's degree in Public Health from Emory University.

Maine, AdCare Educational Institute of Maine, Inc. – 2022–Present

New England Prevention Technology Transfer Center (PTTC)

Provides project support for five-year grant. Conducts stakeholder interviews, performs qualitative analysis and contributes material for the annual report.

Arkansas, Department of Human Services – 2022–Present

Continuous Quality Improvement, Family Centered Treatment (FCT) and Intercept®

Conducts semi-annual interviews with child welfare staff, program providers, and families participating in FCT and Intercept programming. Performs qualitative and quantitative data analysis of interview and survey data. Contributes writing to semi-annual reports.

West Virginia, Department of Health and Human Resources, Bureau for Children and Families – 2022–Present

Child Abuse Prevention Protective Factors Evaluation (CBCAP)

Participates in client meetings. Performs quality checks of data from a statewide survey designed to measure change in families' protective factors. Assists with quantitative data analysis of family survey database. Co-authors annual reports.

Child Care Resource and Referral (CCR&R)

Assists with design and dissemination of *ad hoc* department and stakeholder surveys. Participates in client meetings. Completes quantitative data analysis of the CCR&R database. Co-authors annual reports.

EDUCATION

Emory University – 2022

MPH (Behavioral, Social, and Health Education Sciences)

Certificate: Mental Health

College of Charleston – 2020
B.S., Public Health

PUBLICATIONS

Wang, C. S., Doma, R., Westbrook, A. L., **Johnson, J.**, Anderson, E. J., Greenbaum, L. A., ... & Bednarczyk, R. A. (2022). Vaccine Attitudes and COVID-19 Vaccine Intention Among Parents of Children With Kidney Disease or Primary Hypertension. *American Journal of Kidney Diseases*.

TECHNICAL SKILLS

Proficient in the use of data analytic software including SPSS and SAS, as well as NVivo and MAXQDA for qualitative data analysis.



E.3 Project Management, Organization, and Staffing

- A. Provide an organizational chart that displays the overall business structure including proposed personnel job titles and lines of supervision. If subcontractors are proposed, provide an organizational chart for each.
 - B. Describe successful experience of a project of similar size and scope including a description of work performed, the time period of the project, and customer reference including a current phone number
 - C. Describe the approach to project management and project control methods including the following:
-

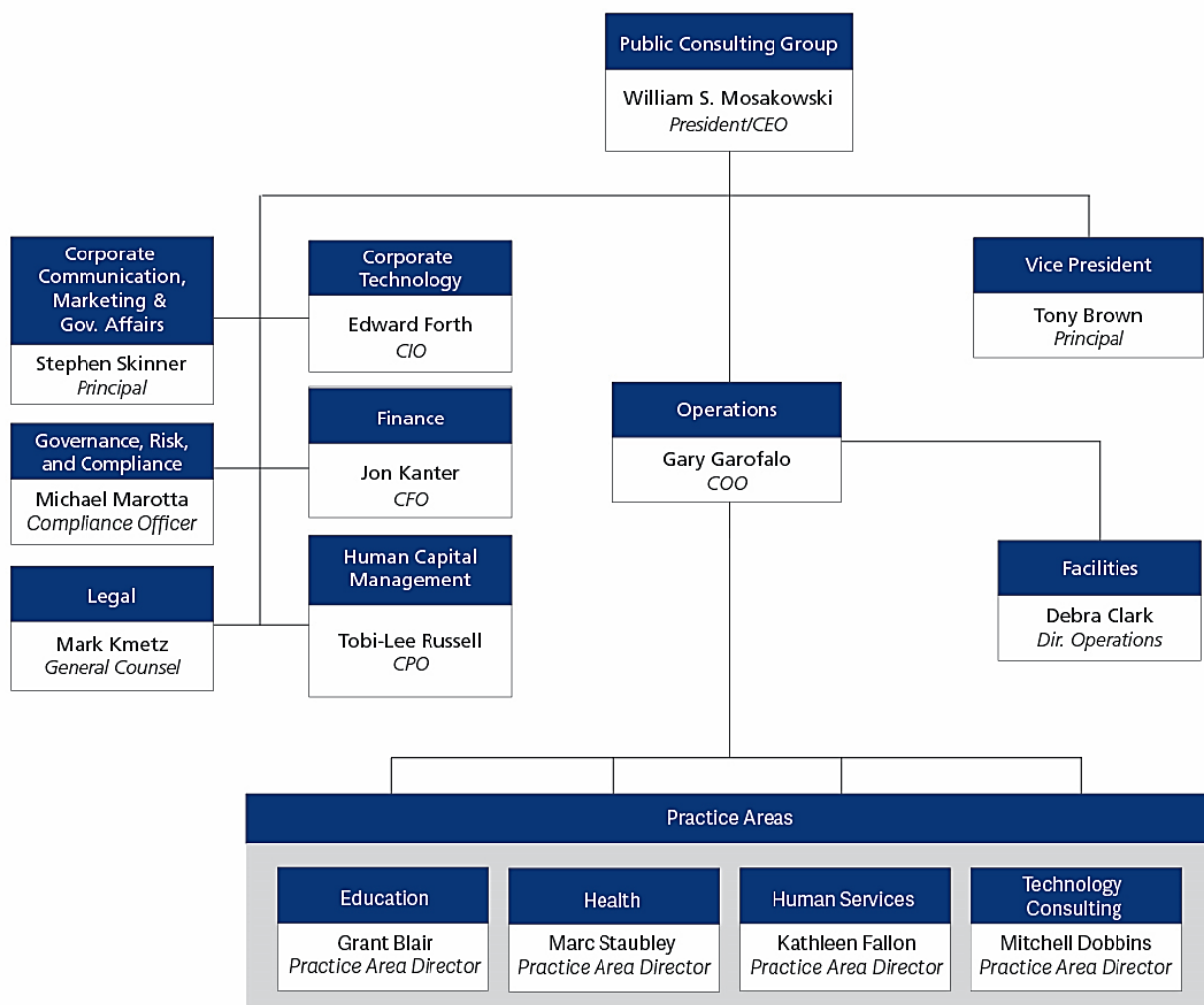
E.3 Project Management, Organization, and Staffing

A. Provide an organizational chart that displays the overall business structure including proposed personnel job titles and lines of supervision. If subcontractors are proposed, provide an organizational chart for each.

Organizational Chart

PCG is managed through four practice areas, each of which is run by a Practice Area Director (PAD) who maintains responsibility, accountability, and authority for overall project management, client relations, and business development. These practice areas are supported by a corporate infrastructure as indicated in the organizational chart (figure 3) below, which defines the structure of our company and the management team.

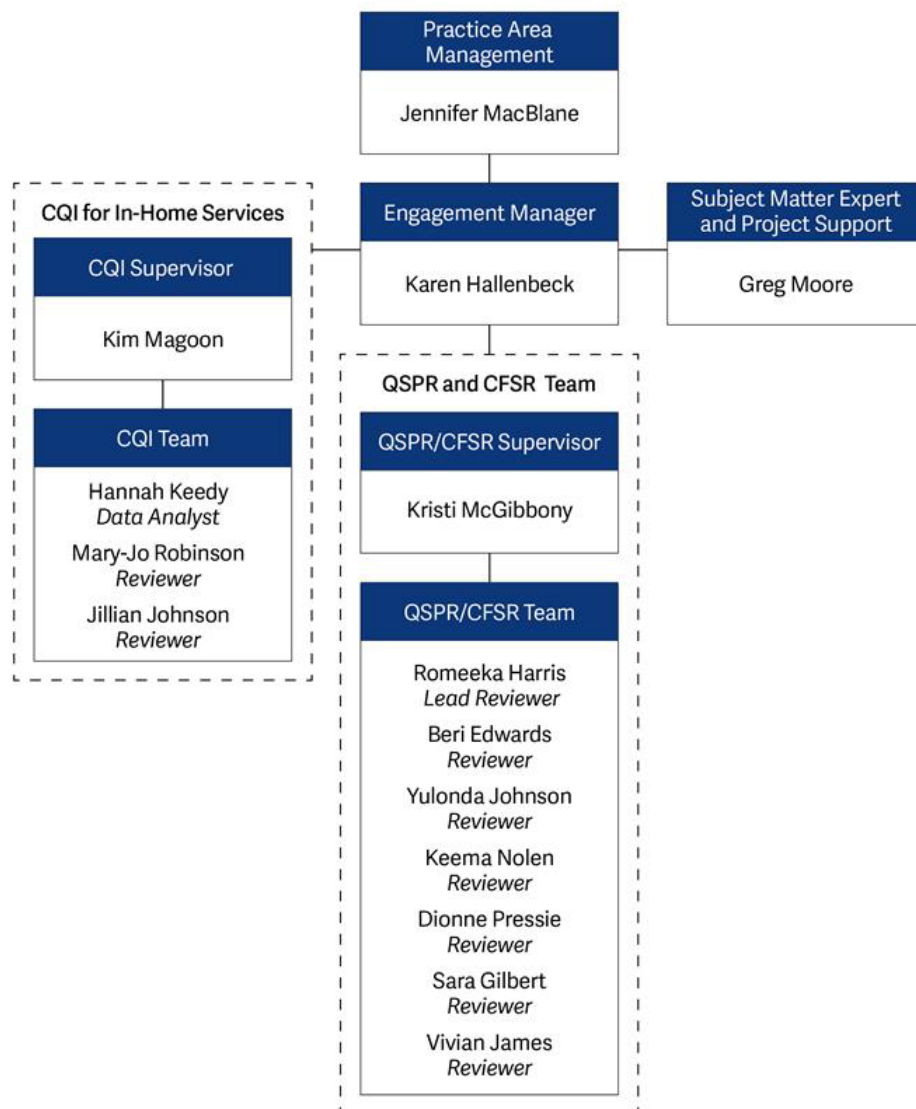
FIGURE 3: PCG'S CORPORATE ORGANIZATIONAL STRUCTURE



This project will be managed within our Human Services practice area. Our Human Services team helps state, county, and municipal human services agencies achieve their performance goals and better serve populations in need. The practice area's seasoned professionals offer proven solutions to help agencies design programs, services, and systems; increase program revenue; cut costs and improve compliance with state and federal regulations. PCG is a proven national leader in management consulting services for state Temporary Assistance for Needy Families (TANF) programs, state child welfare and juvenile justice programs, workforce investment boards, Social Security advocacy management, early childhood programs, and state Supplemental Nutrition Assistance Programs (SNAP).

Figure 4 below provides an organizational chart of the project team for this scope of work, including job titles of team members and lines of supervision. Our team brings the required educational and professional experience to this project, with experience in case management, direct child welfare services, and program management. Note that this is a team of familiar names to DCFS – ***no other team can start on day one of this project with the experience of our PCG team.***

FIGURE 4: PCG'S PROJECT TEAM



Project Team Roles and Responsibilities

TABLE 4: PCG TEAM ROLES AND RESPONSIBILITIES

Name(s)	Title	Responsibilities
Jennifer MacBlane	Practice Area Management	Allocate resources from across the practice area as needed to support the project.
Karen Hallenbeck	Engagement Manager	Provide strategic direction and oversight to the team. Regularly review the project schedule and work directly with the entire team to address any project risks or issues. Provide second level quality assurance of reviews.
Greg Moore*	Subject Matter Expert	Provide expertise and support to the team and conduct first level quality assurance of reviews.
Kristi McGibbony*	QSPR/CFSR Supervisor	Oversee the day-to-day operation of the QSPR/CFSR team, consistently monitoring the project status and the quality of deliverables, supervise the QSPR and CFSR team, and act as the first point of contact for the client.
Romeeka Harris*	QSPR/CFSR Lead Reviewer	Conduct QSPR/CFSR reviews, conduct first level quality assurance of reviews.
Beri Edwards	QSPR/CFSR Reviewer	Conduct QSPR/CFSR reviews
Yulonda Johnson*	QSPR/CFSR Reviewer	Conduct QSPR/CFSR reviews
Keema Nolen*	QSPR/CFSR Reviewer	Conduct QSPR/CFSR reviews
Dionne Pressie	QSPR/CFSR Reviewer	Conduct QSPR/CFSR reviews
Sara Gilbert	QSPR/CFSR Reviewer	Conduct QSPR/CFSR reviews
Vivian James	QSPR/CFSR Reviewer	Conduct QSPR/CFSR reviews
Kim Magoon	CQI Supervisor	Manage the CQI review process, oversee the work of the CQI team, conduct reviews.
Hannah Keedy	Data Analyst	Conduct quantitative data analysis of purveyor data files and data collected by PCG.
Mary-Jo Robinson	CQI Reviewer	Conduct CQI reviews
Jillian Johnson	CQI Reviewer	Conduct CQI reviews

*Located in Arkansas

Subcontractors

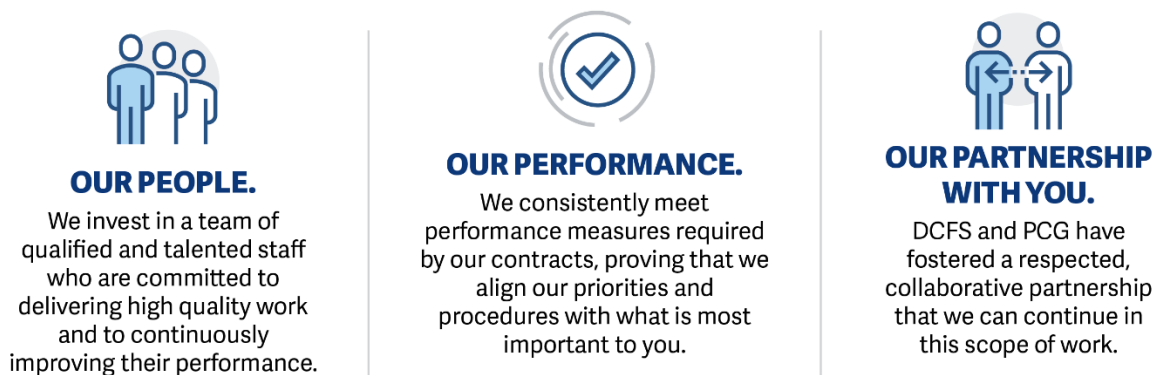
No subcontractors are proposed for this engagement.

B. Describe successful experience of a project of similar size and scope including a description of work performed, the time period of the project, and customer reference including a current phone number.

PCG is a leader in providing quality assurance and evaluation services for children's services, and a leader in helping states create high quality children's systems of care. The firm is at the forefront of initiatives that impact children's services and systems of care including the Family First Prevention Services Act (FFPSA), and we have assisted Arizona, Colorado, Indiana, Kentucky, Louisiana, Maine, Michigan, Nevada, and others to implement the Act.

The most relevant experience PCG brings to the scope of work under this RFP is the experience we have gained by performing Quality Services Reviews to Arkansas since 2009. Under this contract, we have worked closely with DCFS to adapt to the State's changing needs as well as the needs of the Children's Bureau. **We are invested in your success!** Here's what makes us the best vendor for the job shown in figure 5.

FIGURE 5: PEOPLE, PERFORMANCE, PARTNERSHIP



The PCG team significantly exceeds the minimum five years of experience sought for this project. For the **past 20 years**, we have provided quality assurance services for children's services in Pennsylvania and Arkansas. Recently, we have expanded our quality service review services to the state of Louisiana. Additionally, we provide ongoing CQI evaluation for two in-home EBP's in Maine.

Below we describe our longstanding partnership with the state of Arkansas to provide quality services reviews as well as similar work that we perform in Pennsylvania.



Arkansas Division of Child and Family Services

For 20 years, PCG's evaluation team served as the Quality Assurance Unit for Arkansas' Division of Children and Family Services (DCFS). The unit was responsible for producing regularly scheduled and ad hoc reports for both internal and external consumption and conducting special studies. In 2009, DCFS expanded PCG's work to support the state's Round 2 CFSR Program Improvement Plan (PIP) activities. The PIP called for the state to strengthen its Quality Services Peer Review (QSPR) process to make sure it aligned with federal practice requirements as well as the state's practice model and that reviews are conducted in all ten service areas annually. **PCG was selected to administer the Service Quality and Practice Improvement unit and this work continues today.** The PCG team conducts case reviews in each of Arkansas' ten Service Areas to assess the extent to which children are safe, achieve permanency and achieve well-being. Reviewers utilize the online instrument used by the federal government for the federal CFSRs to assess each Service Area's performance. Staff conduct case reviews and interviews with area directors, caseworkers and supervisors, service providers and family members to measure

performance on each of the items related to safety, permanency and well-being. Following completion of the reviews, the QSPR project manager and DCFS meet with Area directors and local staff to provide intensive feedback to help them understand how to improve casework in relation to the items.

Following the reviews, PCG produces a report for each Service Area, summarizing the strengths and areas in need of improvement, focusing on those items where the most serious improvement is needed and those which have the most significant impact on children and families. The reports are structured to guide the Area directors and supervisors towards the issues they should address in planning for program improvement.

With the approval of Arkansas' five-year Family First Prevention Services Plan, PCG's Continuous Quality Improvement (CQI) support to DCFS was expanded. PCG was contracted in fall 2020 to develop a case review protocol and interview instruments to assess the extent to which the state implements the Family Centered Treatment and Intercept evidence-based programs to fidelity. Strengths and areas of opportunity are identified for eligibility and referral processes as well as model implementation. In addition, 24-, 18-, 12- and 6-month outcomes are summarized for cases in each cohort, as available. Originally, the CQI team intended to survey families who had completed the FCT and Intercept programs. However, in coordination with the FCT Foundation and Youth Villages, it was learned that a program satisfaction survey was already incorporated into discharge protocols administered for each program. To reduce duplication, PCG requests and utilizes these existing participant surveys from the FCT Foundation and Youth Villages.

Because this work is provided to DCFS, no reference information is provided here.

Pennsylvania Department of Public Welfare, Office of Children Youth and Services

Beginning in 2001 and continuing through the present, PCG provides data analysis and outcome measurement for the Pennsylvania Office of Children Youth and Families. Pennsylvania has no statewide electronic system for tracking either child welfare or juvenile justice cases, so the only available data sources are the AFCARS and NCANDS files the state is required to submit to the federal government for child welfare programs. PCG utilizes the federal reporting files to produce data packages for each of the 67 counties in the state comparing the county's performance on the federal child welfare outcome measures to that of other counties of similar size and to the state as a whole.



This information is provided on a semi-annual basis with trend lines covering up to five years. In addition, the data packages break down the populations on each measure so that the counties are able to determine, for example, whether children and youth are more likely to return to care after discharge if their original placement reason was child behavior as opposed to physical abuse. Beyond designing and building the programs to calculate the outcomes and generating the data, PCG has also provided training to counties on how to interpret the information, using these population breakdowns as clues on where to target local resources to improve performance.

Additionally, PCG provided technical assistance, training and staff support in the development, implementation and monitoring of the Program Improvement Plan stemming from the first federal Child and Family Services Review. PCG served on the PIP Executive Committee and provided guidance on program monitoring strategies; provided technical assistance and training to counties in selecting and implementing Research to Practice Program Models identified by the Child Welfare League of America; developed tools for data collection; implemented data collection through surveys, interviews and site visits; developed, modified and supported the Quality Service Review (QSR) software; assisted counties with the QSR processes; drafted results for PIP reports; and provided staff support for developing three-month updates and other reports as needed to the federal government to demonstrate progress in implementing the Program Improvement Plans. **PCG also helped to develop the QSR instrument which is used to monitor counties performance in improving its outcomes to children and families.** PCG has automated the online data collection tool to generate reports and presentations, providing an opportunity for the review teams to review and discuss the results at the end of the reviews, and the participating counties to identify their strengths and weaknesses quickly and implement practice change, where needed.

Customer Reference:

Pennsylvania Office of Children, Youth and Families (OCYF), Needs-Based Planning and Budgeting

Natalie Bates, Acting Deputy Secretary

Office of Children, Youth and Families
Pennsylvania Department of Human Services
625 Forster Street | Health and Welfare Building, Room 131
Harrisburg, PA 17120
Phone: (717) 783-7376
nabates@pa.gov

Elysa K. Springer, Director

Systems and Data Management
Division of Operations
Office of Children, Youth and Families
Pennsylvania Department of Human Services
2525 North 7th Street
Harrisburg, PA 17110
Phone: (717) 409-3933
elyspringe@pa.gov

C. Describe the approach to project management and project control methods including the following:

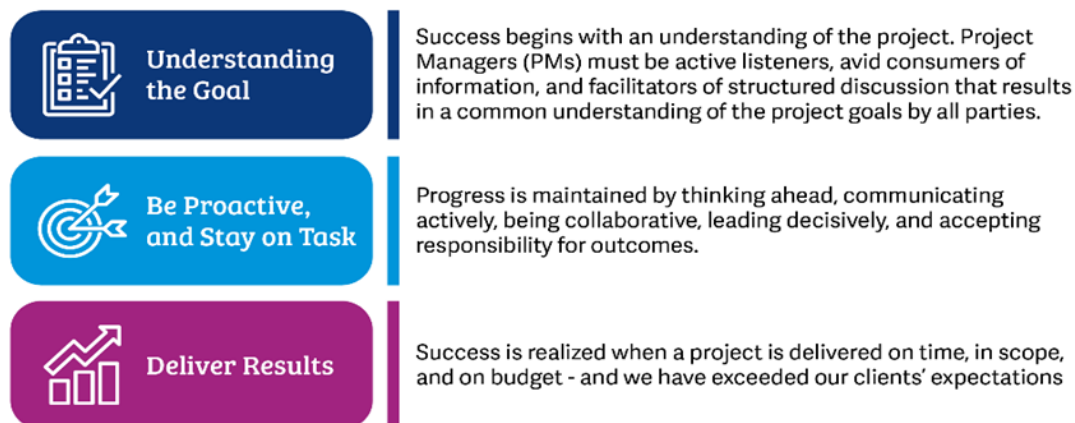
1. How the project will be managed
2. How project activities will be controlled
3. How progress will be captured and reported
4. How proposed staffing will coordinate and interact to achieve objectives

1. How the Project will be Managed

PCG relies on rigorous and fundamental project management techniques to deliver high quality work on time and within budget. Throughout the contract, PCG's Engagement Manager and QSPR/CFSR and CQI Supervisors will commit to:

- **Effective Communication:** we will provide timely and accurate communication to project participants and stakeholders throughout the entire project.
- **Proactive Management:** we will regularly scan for potential problems before they develop and initiate appropriate preventive or corrective action.
- **High-Quality Work:** our team will deliver high quality end products that address business objectives and meet DHS' expectations.
- **On-Time Delivery:** we will complete deliverables on schedule and within budget.

FIGURE 6: PROJECT MANAGEMENT KEYS TO SUCCESS



PCG has adopted the PMBOK project management process, described in more detail below in figure 7, as our project management protocol.

FIGURE 7: PMBOK® PROJECT MANAGEMENT PROCESS

Initiating

When PCG prepares a response to a client's Request for Proposals (RFP), the Initiation phase of the project life cycle begins. During *initiation*, the PCG project team evaluates the RFP, ensuring that we possess the necessary resources to carry out the project work. The project team collaborates to create high-level project documents based on the scope of work serving as initial estimates of the project's scope, budget, and resource needs. These will be refined once project work begins and PCG gathers more detailed project requirements from stakeholders.

Planning

The second piece of the project life cycle, *Planning*, begins once PCG and the client sign the project contract. During this meeting, PCG will review the scope of work with the DHS/DCFS Project Manager to form a shared understanding of the project. After the kickoff meeting, PCG will finalize the project plan and send it to the DHS/DCFS Project Manager for a final approval and signoff. We approach the project plan as a "living" document that is revisited and updated as necessary according to documented change protocols so there is a clear understanding where the project stands, what has changed, and how it potentially impacts the project timeline.

Executing

The third piece of the project life cycle is the *Execution* phase. During this time, PCG conducts project work according to the project plan. While project work is underway, the PCG Engagement Manager and QSPR/CFSR and CQI Supervisors will gather team performance data (to be analyzed in Monitoring and Controlling), improve project efficiency, conduct meetings, and implement any approved changes resulting from the PCG Change Management Process. For day-to-day project operations, the project team will use project management tools, such as Smartsheet or similar tools to plan and track project status. The project management tools are task-oriented which allows us to manage the project's day-to-day activities and track adherence to the schedule baseline, such as when QSPR cases are ready for first and second rounds of quality assurance reviews. Through the project management tools, PCG will be able to provide real-time project updates and reports to DHS/DCFS staff, including active project resources, critical path, and estimated completion times.

Monitoring and Controlling

The fourth phase is *Monitoring and Controlling*, which occurs throughout the entire project life cycle. In the Monitoring and Controlling phase, the PCG Engagement Manager and QSPR/CFSR and CQI Supervisors will continually analyze the team performance data gathered during the Executing phase to see if project work is being conducted according to the project plan.

There will never be a point during this engagement when the PCG project team will make changes to the project baselines without DHS/DCFS knowledge and approval. Instead, all change requests will first be submitted to PCG's Engagement Manager and brought before DHS/DCFS staff to evaluate the risks, benefits, and impact of implementation. If the change request is approved, the PCG Engagement Manager will determine the next steps (*i.e.*, corrective or preventative actions) to implement the change in collaboration with DHS/DCFS. Though we expect minimal changes to the baseline, PCG's Change Management process is designed to effectively facilitate the implementation of any that occur.

Closing

The final phase in the project life cycle is *Closing*. This crucial step is completed annually to evaluate the previous year of PCG's project performance. PCG will also send DHS/DCFS staff an online Client Feedback Survey, which allows project stakeholders to provide feedback on PCG's project. At this juncture, PCG and DHS/DCFS staff can also discuss reprioritization and any changes to the project scope that the client deems appropriate for the following year, including involvement in CFSR planning and execution. To complete the Closing phase, the PCG project team will collectively fill out an internal Lessons Learned survey to reflect on our project successes and areas for improvement. The collaborative survey response process gives PCG the chance to learn from past performance so that our work continually improves.

Project Management Documentation

For all our projects, including this initiative, the PCG project team produces at least four governing project management documents. PCG has found these documents to be a highly successful way to distill PMBOK best practices into four necessary pieces for project tracking. Beyond this, PCG will implement any further project management measures needed by DHS/DCFS staff. These documents are discussed in greater detail below.

Project Plan – The project plan first organizes the project by deliverables, then breaks the deliverables down into the smaller work packages and activities within each deliverable. The project plan is designed to keep the project team and stakeholders on the same page about project scope and will be updated as needed with approved project changes. The preliminary project plan will be presented to DHS/DCFS during the kickoff meeting. Following any edits, PCG will revise the project plan and submit an updated version to DHS/DCFS.

Schedule – The schedule records the planned and actual dates and activity durations for all project activities in the project plan. To create the schedule, PCG identifies dependencies between activities and assigns a duration to each activity. A project schedule document will be provided to all stakeholders at the project kickoff meeting, and the schedule baseline will be continuously monitored during project execution.

Communications Matrix – The project team will use the communications matrix to manage PCG communications to all project stakeholders. The communications matrix is a contact list that includes each stakeholder's project role, and preferred method and level of communication. This document dictates the frequency and type of project updates that each stakeholder receives, ensuring that each is given only updates relevant to their interest level. The communications matrix will be finalized during the project initiation phase and continuously referenced throughout execution as project communications are dispatched.

Risk Register – During the creation of these project documents, the Engagement manager and QSPR/CFS and CQI Supervisors will assess and identify possible risk factors. By abiding by the industry best practice of documenting potential risks during the project planning phase, PCG aims to avert as many risks as possible and prepare the project team for any that arise. The initial risk register will be brought before DHS/DCFS staff at the project implementation meeting, then monitored and appended throughout project execution.

2. How the Project will be Controlled

A key component of project oversight and control will include our project governance structure, which includes:

Karen Hallenbeck, Engagement Manager – Karen will provide strategic direction and oversight to the team, and direct support and supervision to the QSPR/CFSR and CQI Supervisors. She will regularly review the project schedule and progress and work directly with the teams to address any project risks and/or address staffing needs and issues.

Kristi McGibbony, QSPR/CFSR Supervisor – Kristi will oversee the day-to-day operation of the QSPR/CFSR team, consistently monitoring the project status and the quality of deliverables. Kristi supervises the QSPR/CFSR reviewers, reviews their work, and provides direct feedback to each of them.

Kim Magoon, CQI Supervisor – Kim will oversee the day-to-day operation of the CQI team, consistently monitoring the project status and the quality of deliverables. Kim supervises and reviews their work and provides direct feedback to each of them.

Greg Moore, Subject Matter Expert and Project Support – Greg provides guidance to the team on child welfare practice, specifically practice in Arkansas, and helps the QSPR, CFSR, and CQI reviewers troubleshoot case reviews and answer questions that arise during reviews. Greg also provides QSPR quality assurance reviews.

Romeeka Harris, QSPR Lead Reviewer – Romeeka provides first level quality assurance reviews for the QSPR team, helping to maintain the high standards of the team's work. Romeeka also helps the team resolve questions that arise during the reviews and provides guidance and support to the team.

At the practice area leadership level, the project will be supported by **Jennifer MacBlane**, accessing and allocating resources across the practice area as needed to support the team. The methods that this leadership team will utilize to maintain project controls are described below.

Standard Operating Procedures

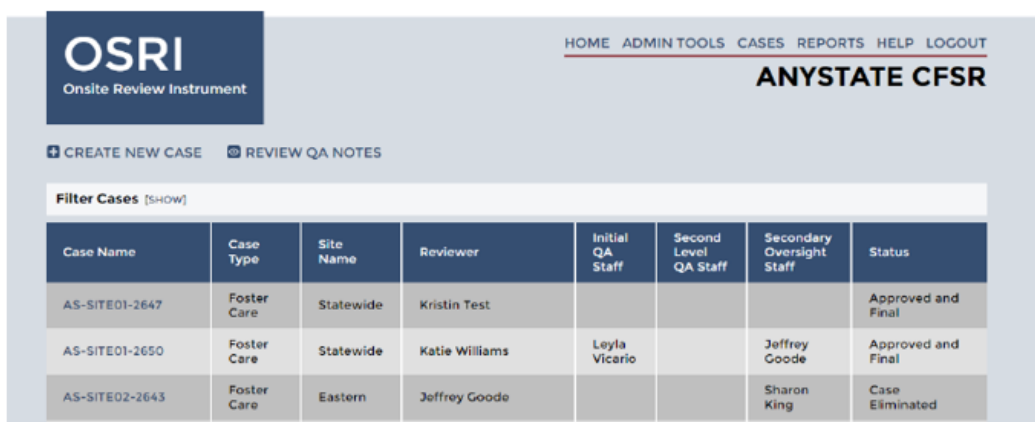
PCG has developed Standard Operating Procedures (SOP) to provide guidance to the QSPR/CFSR team on the steps to follow in reviewing cases. The SOP provides guidance on every step of the review process, including completing the face sheet, looking up information in CHRIS, rating each item, and interviewing stakeholders. Early in the project implementation process, PCG will submit these SOPs to DHS/DCFS for review and feedback. Once approved, these will serve as the foundation and basis for how the PCG team does its work. Kristi, as QSPR/CFSR Supervisor, will regularly confirm that staff are following the correct protocols and procedures through her review of cases. As needed, PCG will update the SOPs and submit them to DHS/DCFS for approval, and this will occur at least once annually. Below in figure 8 is an example of the detailed instructions included in the SOP.

FIGURE 8: PCG'S QUALITY SERVICES PEER REVIEW SOP

STEP TWO: Complete the face sheet in the CFSR Online Monitoring System (OMS) tool.

To create a new case in the online tool, navigate to (<https://www.cfsrportal.acf.hhs.gov>). After you log into the portal, select the "CFSR OMS" tile on the portal homepage, and then click the blue button on the left that says, "Go to the OMS".

Select the "Create New Case" link at the top of the page. When you click the "Create New Case" button, a pop-up message will appear asking you to verify whether or not you are in the proper site (CQI or CFSR). The pop-up message only appears for users with access to both the CQI and CFSR sites for the same state. Once you have verified this information, complete the fields for the new case on the Case Setup page and select the "Save" or "Save and Continue" option at the bottom of the page to create the new case.



Case Name	Case Type	Site Name	Reviewer	Initial QA Staff	Second Level QA Staff	Secondary Oversight Staff	Status
AS-SITE01-2647	Foster Care	Statewide	Kristin Test				Approved and Final
AS-SITE01-2650	Foster Care	Statewide	Katie Williams	Leyla Vicario		Jeffrey Goode	Approved and Final
AS-SITE02-2643	Foster Care	Eastern	Jeffrey Goode			Sharon King	Case Eliminated

The PUR start date is filled in by the Reviewer at the individual case level, unless a request is made to have a fixed PUR pre-set for all cases within a review. Once the Case Setup questions are completed and saved, the new case will appear in the case list when you navigate back to the dashboard page. Select "Save and Continue" to continue directly to the Face Sheet.

Project Schedule

The Engagement Manager maintains an overall project schedule that includes the expected timing for QSPR reviews as well as the CQI for Intercept and FCT. The schedule and progress are regularly reviewed by the Engagement Manager who contacts the QSPR/CFSR and CQI Supervisors or individual reviewers to resolve any specific challenges that are delaying case completion. PCG's Human Services team requires all supervisors to meet with their direct reports at least once per week for individual check-ins. The purpose of these check ins is to review the status of work, share feedback, and plan for future activities and professional development. Each reviewer meets with their supervisor to resolve challenges weekly and these meetings are a venue for the QSPR/CFSR Supervisor and Engagement Manager to discuss the schedule and progress with individuals to keep the progress moving forward successfully.

Quality Assurance

The QSPR reviews undergo at least two rounds of quality assurance reviews by peers and/or the project leadership team to improve inter-rater reliability, enhance compliance with the tools, and strengthen narrative justifications. This improves the quality of the team's work and serves as a foundation for identifying areas

where the team needs more training. Findings from the reviews inform internal trainings, team meeting agendas, and team chat discussions.

3. How Progress will be Captured and Reported

PCG proposes that quarterly meetings be held with DHS/DCFS leaders. Using an agency-approved template, the meetings will address:

- A brief “What You Need to Know” discussion that captures the most critical information for leadership.
- A summary of upcoming project milestones and deliverable schedule
- Review of key tasks, accomplishments, and deliverables since last reporting period
- Any forecasted changes to engage the Change Management Process
- Key in-progress and planned activities for the next reporting period
- Risks and Issues accompanied mitigation plans

The quarterly meetings will offer the State the opportunity to ask questions and obtain additional information.

4. How Proposed Staffing will Coordinate and Interact to Achieve Objectives

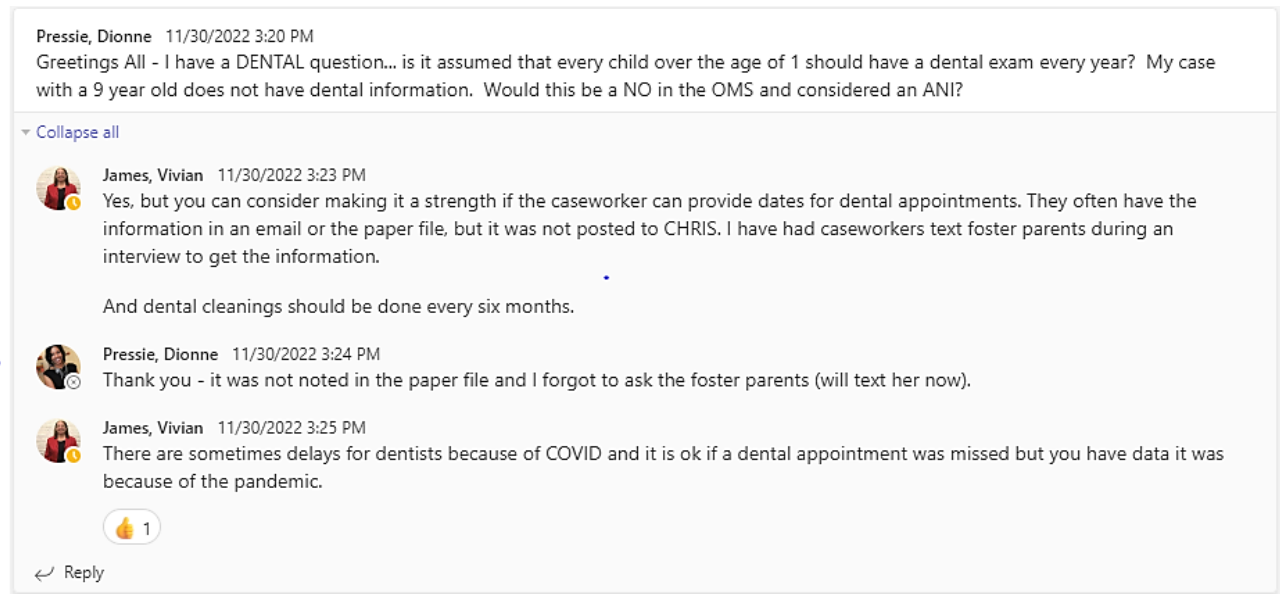
Teamwork is key for successful execution of this project and there are several mechanisms by which the team stays coordinated and integrated to effectively achieve outcomes.

Tracking Tools

The QSPR/CFSR team utilizes a tracking sheet to indicate when cases are ready for quality assurance and to track the status of the two levels of QA for each service area in a spreadsheet in Teams. This allows for a streamlined process for tracking case status and effectively managing workflows and workloads. Similarly, the CQI team utilizes a workload tracking document to keep track of the review progress for each cycle.

Daily Communication

For day-to-day collaboration and interaction, PCG established a Microsoft Teams (Teams) channel to provide a space for reviewers to pose and answer questions, resolve challenges, share successes, and regularly communicate with each other. Access to the Team is limited to the staff working on this project and includes members of the QSPR/CFSR and CQI teams. When someone posts a question or comment the team receives a notification and can respond. Below in figure 9 is an example of how this works in action.

FIGURE 9: EXAMPLE OF DAILY COMMUNICATION

This allows the team to resolve questions more efficiently and maintain forward momentum on case reviews. Additionally, the Team houses folders and files such as the SOP and other relevant project information so that reviewers have this information available at their fingertips and the Teams channel is where the QSPR/CFSR and CQI Supervisors can post new information or any communication they wish to quickly convey to the team.

Case Consultations

Upon case assignment, reviewers have the option to schedule a case consultation with the QSPR/CFSR Supervisor. These generally are scheduled after the reviewer takes an initial review of the case in CHRIS. If the reviewer is having any difficulty locating key case information, they can schedule time with the Supervisor who will help them search for the information in CHRIS and put together the key case events.

Internal Meetings

Additionally, the QSPR, CFSR, CQI team meets monthly as a group via videoconference. Agenda items are identified through suggestions from the team, issues noted by the QSPR/CFSR Supervisor during QA reviews, and questions posed in the Teams channel. The Engagement Manager works with the QSPR/CFSR and CQI Supervisors to develop the agenda and discussion and Q&A is encouraged to resolve questions and challenges. The project schedule is also reviewed and discussed as well as project risks and potential solutions.

Teamwork and collaboration are encouraged and occur daily with this project team. It is entrenched in our day-to-day business and has fostered a close-knit supportive group that celebrates successes (both professional and personal) and collectively tackles challenges. Below in figure 10 we share an example of the personal side of team interactions.

FIGURE 10: EXAMPLE OF TEAM INTERACTION

Edwards, Beri 1/3 9:08 AM

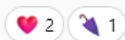
[GrpHUS CWYS - P0048550.10 - AR DHS Quality Service Performance Review - CQI FCT TM](#) How are the Arkansas team members today? It looked like a turbulent weather night for you all. Praying you're all safe!

▼ Collapse all



Harris, Romeeka 1/3 9:23 AM

Thanks! Today is better! Yesterday, there were terrible storms and my electricity went out for a bit. But, this morning it has cleared up, at least in the central part of the state.



Johnson, Yulonda 1/3 9:57 AM

Yes Romeeka explained it perfectly.. We had a time last night... Thanks [Edwards, Beri](#) for checking on us... 😊



Nolen, Keema 1/3 10:11 AM

Beri, thank you. Yep, what Romeeka and Yulonda said except my power didn't go out, but it was definitely scary!



Edwards, Beri 1/3 10:24 AM

I'm glad everyone is safe!



↩ Reply