

# Peer Review in CBCAP

A Source Document for  
Assessment and Best Practice



FRIENDS National Resource Center  
for Community-Based Child Abuse Prevention



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# Table of Contents

## Section 1

Introduction .....	6
Definition of Peer Review .....	7
Purpose of Peer Review .....	8
Principles of Peer Review .....	8
Structural Elements of Peer Review .....	8
The Nuts and Bolts of Peer Review .....	11
Five Steps Toward a Successful Peer Review Process .....	11
Closing the Loop .....	14
Strengths and Benefits of Peer Review .....	15
Challenges of Peer Review .....	15
Ten Strategies for a Successful and Meaningful Peer Review .....	16
Peer Review that Fits You .....	17
Conclusion .....	17

## Section 2

CBCAP Peer Review Tool .....	18
Use of Tool .....	18
Program Administration .....	20
<i>General Information</i> .....	20
<i>Boards/Councils</i> .....	22
<i>Staff Roles and Capacities</i> .....	23
<i>Staff Training</i> .....	26
Program Services and Activities .....	28
<i>General Information</i> .....	28
<i>Parenting Education</i> .....	32
<i>Child Development</i> .....	34
<i>Home Visiting</i> .....	37
<i>Center Environment</i> .....	40
Community Collaboration .....	42
Continuous Quality Improvement .....	46
Appendix A: Overview of CBCAP Peer Review Activities: State by State Table .....	55
Appendix B: Principles of Family Support .....	69
Appendix C: Additional Resources for Peer Review Practice .....	70

# Section 1

## Introduction

Title II of the Child Abuse Prevention and Treatment Act (CAPTA) includes language that requires Community-Based Child Abuse Prevention Programs (CBCAP) to implement a peer review process in their states.<sup>1</sup> The legislation and Program Instructions from the Children’s Bureau have not previously defined peer review with specific parameters. This has given states the flexibility and the opportunity to create a peer review process that would meet the unique needs of program staff, communities, and families. While programs have enjoyed this flexibility, they have also asked for guidance in forming, implementing, and sustaining their peer review practice to ensure a process that is high in quality and meaningful for programs.

Peer review is a process by which a set of peers of funded programs review and assess each others’ practice. It is also considered a form of quality assurance that uses a process of internal self-assessment and external review to gather information about the program and participant outcomes.<sup>2</sup> Grounded in the principles of family support and prevention, the overall goal of peer review is to use the findings for program planning and to improve practice.

*Peer Review in CBCAP: A Source Document for Assessment and Best Practice* provides a set of peer review guidelines and an assessment tool that supports improved program practice. The document’s two primary purposes are 1) to provide a snapshot of current known peer review practices across the states, and 2) to break the peer review process down into manageable steps and provide an assessment tool to assist in that process.

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<sup>1</sup> Child Abuse Prevention and Treatment Act (CAPTA) Title II: Community-Based Grants for the Prevention of Child Abuse and Neglect, 2003.

<sup>2</sup> Family Support America. *Peer Review Training*. Power Point. California Office of Child Abuse Prevention.

## Definition of Peer Review

To begin to understand the peer review process, we will examine some common definitions of peer review.

Family Support America provides the following:

Peer review brings together two family support centers or programs in a mentoring relationship and facilitates the sharing of expertise and information. Peer review is an opportunity for a center to learn and share ideas and strategies with another center that provides similar services. Program staff members, parents, and administrators help to review each center's strengths and identify areas for potential improvement. Peer review is not a tool that allows funders or state or county governments to monitor a family support center.<sup>3</sup>

The California Office of Child Abuse Prevention defines peer review as

"...an opportunity for you to develop a supportive relationship with your colleagues and learn from one another so that families receive the best services possible."<sup>4</sup>

Similarly, the Wisconsin Children's Trust Fund notes that peer reviews are "...comprehensive, face-to-face, reciprocal onsite visits by a team of peers that allow ample time for review and occur with regular frequency."<sup>5</sup>

The specifics of a peer review process will vary from state to state and program to program. Yet, there is a common thread that links these definitions together. It is the idea that a peer review process is one where programs make connections and develop relationships with others that are working in the same field. As we examine the purpose, principles, and structural elements of peer review, we will realize that although in practice, different agencies may take different approaches to peer review, it is founded in guidelines that can be carried across agencies.

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<sup>3</sup> [http://www.familysupportamerica.org/content/projects/peer\\_rev.htm](http://www.familysupportamerica.org/content/projects/peer_rev.htm). Last accessed February 1, 2006.

<sup>4</sup> DeLapp, J., Gowan, B., Marcus, A., and Sneed, S. *Peer Review for California Family Resource Centers*. A training manual prepared for California Department of Social Services Office of Child Abuse Prevention.

<sup>5</sup> Wisconsin Children's Trust Fund (2004). *Peer Review Process for Family Resource Centers: A self assessment for Wisconsin family resource centers based on family support best practices and guidelines*.

## Purpose of Peer Review

Peer review, by itself, is not an evaluation. However, it is a key component of a comprehensive evaluation plan, which incorporates qualitative approaches such as self-assessment and peer reviews. While many agencies may combine peer review and evaluation for a quality assurance process, the overall purpose of peer review is slightly different. Evaluation asks specific outcome questions, like “Did our families improve?” Peer review asks practice-specific questions, like “Did our program provide an environment where families could improve?” This is illustrated in the following list of purposes of peer review that was created from peer review documents from CBCAP agencies already engaged in the process:<sup>6</sup>

- Ensure the delivery of useful and high-quality services to local families served by the program
- Review and discuss the results of each center’s own process of self-assessment
- Consider aspects of sustainability
- Encourage the development of networks and mentoring
- Clarify areas for program improvement and develop long-range plans to enhance program practices
- Reinforce that child abuse and neglect prevention is the primary service outcome
- Promote accountability to peer programs, funders, the community, and families that receive program services
- Provide an opportunity for technical assistance

CBCAP programs are committed to providing services to children and families that increase protective factors and focus on family strengths to overcome obstacles. The same core principles may be applied to peer review.

## Principles of Peer Review

Using the principles of family support to guide the creation of the peer review process creates an environment attune to unique program and community needs, cultural differences, and respect for the importance of involving families at each stage of the process. (See Appendix B: Principles of Family Support.) Using peer review as a tool to celebrate successes and create a plan for improvement benefits programs and program participants through the delivery of stronger services.

Similar to family support program practice, peer review is also focused on protective factors and strengths. Program managers and service providers are use to building on pre-existing strengths for families, allowing them to easily transfer that mindset to focusing on the program’s strengths and assets. Building upon program strengths, such as a low staff turnover rate or a high level of community involvement, will help staff understand that peer review is not a punitive activity but one where the program and its achievements can be celebrated.

## Structural Elements of Peer Review

The structural elements of peer review can be examined within the framework of the three structural elements of a community of practice. Communities of practice are groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis.<sup>7</sup> CBCAP Lead Agencies share a passion for strengthening families to

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<sup>6</sup> Purpose list created from peer review materials from CBCAP lead agencies in California, Idaho, Massachusetts, Vermont, and Wisconsin.

<sup>7</sup> McDermott, R., Snyder, W., and Wenger, E. (2002). *Cultivating Communities of Practice: A Guide to Managing Knowledge*. Page 4, Harvard Business School Press, Boston, MA.

prevent child abuse and neglect. And they enhance their knowledge about best practices in the field of family support by sharing with one another.

The framework of communities of practice is one way to look at the network of CBCAP Lead Agencies and prevention programs that can guide us through the peer review process. Three structural elements—focus topic, community, and practice—are equally important, and each contributes to a successful peer review model.<sup>8</sup> By learning how to define the three elements and examining current CBCAP peer review practices that are examples of each element, we will have a better understanding of what peer review can look like across agencies.

A focus topic is based upon common knowledge shared by a group. It is the element that can inspire people to participate and creates a common ground for people to come together. For CBCAP agencies, the focus topic is prevention and family support. Prevention and family support are intrinsic to the work that is done each day with children and families and are reflected in the way programs reach out to communities. A strong focus topic, like prevention, has the potential to create an intersection for meaning and strategy.

What is unique about one CBCAP Lead Agency, the Idaho Children's Trust Fund, is that it uses peer review to concentrate its focus topic. Each year, the agency examines one aspect of its prevention work through peer review. In 2005, its prevention programs were given a self-assessment tool with the title *"How will you strengthen the child abuse and neglect prevention information, messages and training in your program?"*<sup>9</sup> The self-assessment tool then asked if the agency found this to be a strength or a challenge on 27 different aspects of program practice. Seventy percent of recently surveyed CBCAP agencies report using a self-assessment tool in their peer review process.<sup>10</sup> Even though the Idaho Children's Trust Fund may use a self-assessment tool that is more concentrated than others, it still achieves two of the goals of peer review: it brings prevention programs to the table to talk about family support and provides them with a medium to examine one common aspect of their program.

The community as a structural element is a group of people who care about the focus topic. CBCAP agencies may find that they have a local, regional, and national community with which to share a passion for the focus topic of prevention. Community is a critical structural element because it is where relationships are built, learning takes place, and a mutual sense of belonging and commitment are developed.<sup>11</sup>

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<sup>9</sup> Idaho Children's Trust Fund Project Self-Assessment Tool. (2004). *How will you strengthen the child abuse and neglect prevention information, messages and training in your program?*

<sup>10</sup> Information gathered through a web-based survey sent to CBCAP agencies in the fall of 2005.

<sup>11</sup> McDermot et al (2002, 34).

At the Missouri Children’s Trust Fund, peer review is an activity that takes place over a day and half in Jefferson City four times a year. For Missouri, this regular meeting schedule helps to keep the operational plans as “living documents.” By regularly coming together, grantees that are located hundreds of miles apart have developed natural relationships. Missouri’s executive director, Kirk Schreiber, remarked that when grantees come into Jefferson City for the quarterly meeting, they are also looking forward to going out to dinner as a group outside of the peer review process. A current survey of CBCAP Lead Agencies reported that 56 percent of the respondents are using the exchange of peer team visits as part of their peer review process.<sup>12</sup> However, in Missouri, site visits are conducted by staff members of the CBCAP Lead Agency, not by visiting peer review teams from peer programs. This is a strategic practice, and a way for the Lead Agency to protect the relationships that programs have developed with one another. Schreiber notes, “We could easily incorporate the other community partners into a rotation for site visits, but we believe site monitoring is our responsibility as Lead Agency and didn’t want to place the community sites in a position where it could interfere with the relationships and the sharing of ideas that seem to have developed naturally between them.”<sup>13</sup> By keeping Lead Agency staff in the role of monitor for on-site visits, the programs remain as peers. Schreiber says this “may not be a traditional peer review model, but it is what is working for us.”<sup>14</sup>

Practice is what develops out of a community’s passion for its focus topic and commitment to the group. It is a specific set of frameworks, ideas, and tools. One of the tasks of programs with a shared practice is to establish a baseline of knowledge, knowledge that everyone within the program or community should possess. While members of the community will have specific areas of expertise, a shared base of knowledge creates common ground for community members. Practice should remain focused toward the future and become integrated into the daily process of community members in order to facilitate improved service or program outcomes.

In an interview, Karen Foley-Schain, Executive Director of the Connecticut Children’s Trust Fund, talked about the process of peer review and program practice: “It is a circular process, where research leads to discussion and discussion leads to new practice, which leads to more research.” Connecticut engages local universities to facilitate an intense research process where peer review is constantly integrated into practice. Peer review is used to choose new grantees as well as to provide objectivity and credibility to advance prevention policy. And, just like 67 percent of CBCAP agencies surveyed about their peer review practice, Connecticut uses peer review to meet with programs to develop plans that identify key objectives for improvement of next year’s practice.<sup>15</sup>

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<sup>12</sup> Information gathered through a web-based survey sent to CBCAP agencies in the fall of 2005.

<sup>13</sup> Telephone interview with Kirk Schreiber. January 5, 2006.

<sup>14</sup> Ibid.

<sup>15</sup> Information gathered through a web-based survey sent to CBCAP agencies in the fall of 2005.

The combination of focus topic, community, and practice creates a peer review process with a strong foundation. This foundation leads the way to the specifics of the peer review process and highlights the benefits, strengths, and challenges of peer review practice.

## The Nuts and Bolts of Peer Review

### *Five Steps Toward a Successful Peer Review Process*<sup>16</sup>

#### **1. Form a Peer Review Team**

Programs need a peer review team that is comprised of four to six stakeholders from the program who can participate in making decisions, choosing peer review tools, organizing the peer review meeting dates and activities, and participating in the review and debriefing process. FRIENDS recommends the peer review team consist of a diverse group drawn from peers from other CBCAP funded programs, board members, community representatives, program partners outside of the CBCAP agency, staff from the state Lead Agency, direct line staff, parents, and other program participants, including youth. By having a diverse peer review team, opinions from all elements of the community-based program will be factored into the review process.

Since 1988, the Vermont Parent Child Centers (PCC) have been providing support and education to families with young children. These centers share a common goal of helping to give families a healthy start by promoting well-being, building on family strengths, and preventing problems. In an interview, Hilda Green of the Department for Children and Families Child Development Division, the CBCAP Lead Agency in Vermont, reported that PCC has been doing peer review for almost 20 years. Vermont gathers a diverse group of stakeholders to participate in its peer review process. Participants of the peer review team typically include a representative from the Vermont Parent Child Center Network, two PCC directors, staff from the planning division of the Department for Children and Families Child Development Division, parents from PCC programs, and a local director. Teams may even include individuals from other appropriate state and local partners and board members of the local PCC. This multifaceted team offers the opportunity for comprehensive review of all programs and services.

Including the parents and families receiving services is an important element of forming a peer review team. In follow-up interviews, many CBCAP programs expressed a desire to incorporate program participants but found many challenges in achieving this goal. A process that includes program participants, invites members of the state Lead Agency, integrates program staff, and involves community program partners provides an approach that is focused on many points of view, not just on the needs of one stakeholder. The following statistics give us an idea of who CBCAP agencies are currently involving in their peer review practice.<sup>17</sup>

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<sup>16</sup> DeLapp et al.

<sup>17</sup> Information gathered through a web-based survey sent to CBCAP agencies in the fall of 2005.

- 89 percent reported including peers from other CBCAP-funded programs
- 50 percent reported involving board members and community representatives
- 54 percent reported working with program partners outside of the CBCAP agency
- 46 percent reported involving the State Lead CBCAP Agency
- 42 percent reported including family members or consumers of services as members of their peer review team

## 2. Attend a Peer Review Team Training

Once a peer review team is formed, training should be the next step in the peer review process. It is important to start the process of self-assessment and peer team site visits with training, because it helps everyone to understand the purpose, principles, and steps of peer review. Another important aspect of peer review training is emphasizing the importance of confidentiality. All information about programs and program participants must remain confidential and only be shared as a piece of the peer review process. Training should also be conducted on an ongoing basis to ensure the process stays fresh and that the teams stay current in practices and procedures. Trainings may be provided on-site or at a central location and could include some or all of the potential peer review team. CBCAP Lead Agencies may contact FRIENDS to receive technical assistance in creating a peer review training that meets their specific needs.

In an interview, Linda Hockman of the California Office of Child Abuse Prevention, talked about a peer review process that brings programs together. “We started developing and implementing peer review for family resource centers about eight years ago in California...a team of either four or six individuals (including parents) representing all levels within their organization attend a training to prepare for the peer review process. What we’ve learned is that organizations benefit from self-assessment and that the peer-to-peer process helps people understand that all organizations face challenges and find many ways to address them. We’ve also learned that there is a great deal of personal and professional growth of the team members.”<sup>18</sup> Each year, 18 family resource centers go through the day-long training to learn how to complete the self-assessment tool and conduct a peer review. Peer review training is contracted out and administered locally. In the same interview, Greg Rose emphasized that in California peer review is thought of as one quality assurance approach. Peer review is intended to provide an environment where programs can improve and grow. He stated, “We are not the experts. Local people are the experts.”<sup>19</sup>

## 3. Complete the Program Self-Assessment Tool

The program self-assessment tool is an important component of the peer review process because it provides an objective review from those within an organization and can lay the foundation for a review from outside peers. The California Office of Child Abuse Prevention has a peer review training manual that defines self-assessment as “a review of your program by those involved in the program, including staff and parents. The purpose of doing self-assessment is to honestly and objectively reflect on how well your program is meeting your intended objectives.”<sup>20</sup>

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<sup>18</sup> Telephone interview with Greg Rose and Linda Hockman. January 10, 2006.

<sup>19</sup> Ibid.

<sup>20</sup> DeLapp et al. (p. 39)

Begin the process by choosing or adapting a program self-assessment tool. This may be an existing tool that is available either for purchase, or for free in the public domain. To learn more about the tools that other CBCAP Lead Agencies are using, see Appendix A: Overview of CBCAP Peer Review Activities: State by State Table. To learn more about agencies outside of the CBCAP community that may have developed self-assessment tools, see Appendix C: Additional Resources for Peer Review Practice. CBCAP Lead Agencies that decide to create a tool that is unique to their programs can receive training and technical assistance from FRIENDS.

The CBCAP Peer Review Tool, developed with prevention programs in mind, is located in Section 2 of this document. The tool targets key areas and sub-domains directly related to CBCAP activities. The tool is in the public domain and therefore is a free resource for programs as they implement peer reviews.

When choosing a tool, look for one that examines many areas of your program. The following are guidelines for outcomes of an effective self-assessment tool:<sup>21</sup>

- Examine day-to-day aspects of operation
- Increase understanding of the program mission and philosophy
- Identify strengths and recognize achievements of individual goals and objectives made by the program
- Clarify areas for improvement or enhancement
- Develop strategic plans to enhance specific program practices
- Identify changing needs in the community

Stakeholders, staff and participants who will be asked to complete the tool should be given adequate information in advance so they can provide appropriate and useful feedback. Provide the context for completing the tool (i.e., Are they evaluating only one service of the program or the agency as a whole? Are they examining any special procedures? Should they keep in mind any particular materials as they complete the assessment?) Schedule an informational meeting or question-and-answer time for individuals completing the assessment facilitated by a member of the peer review team.

#### **4. Invite Your Partner Center to Your Center to Conduct a Peer Review**

The fourth step of the peer review process happens after the completion of the self-assessment and involves peers from an outside agency. Begin this step by formally inviting a peer program to participate in this review process by sending a letter that outlines what peer review is, what the program's role would be in the process, and the amount of staff time and follow-up work that would be required. Provide the peer program with specific dates and times as well as any preparatory work that would be involved so that its staff can make the decision to participate in the review with all the necessary information.

Once a peer program has agreed to participate in the review process and a date and time have been set, provide the visiting team with any information that they will need to conduct the visit, such as directions to the program, an overview of program activities, and results of the program self-assessment. Create an agenda for the site visit that outlines meeting times, activities, and responsible individuals. Some CBCAP Lead Agencies may conduct peer review with program partners that are very familiar with their work and program operations; others will review with programs that know very little about the staff and families served by the program. An agenda for hosting a peer review site visit may contain the following components:<sup>22</sup>

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<sup>21</sup> New York State Children and Family Trust Fund and New York State Family Resource Center Network (2003). *New York State Family Resource Center Program Self-Assessment and Peer Review*.

<sup>22</sup> Site visit components adapted from peer review materials from CBCAP Lead Agencies in California and New York.

- Welcome and introductions
- Tour of program
- Observation of program activities
- Share findings from self-assessment tool
- Peer-to-peer discussions
- Identification of program strengths and challenges
- Development of mutually agreed upon recommendations and workplan for program improvement
- Evaluation of the peer review process

Including time for lunch, short breaks, and questions from peer review participants creates an agenda with flexibility that allows the outside peer review team the opportunity to gather information as questions arise. Prepare the host peer review team prior to the visit by reviewing the agenda, assigning roles for the peer review site visit, and reinforcing the purpose of the peer review process—to improve program practice. Confidentiality is another important aspect of the peer review site visit. The visiting review team may observe program participants sharing personal information during a parent support group or discover a difficult challenge that the host program is working to overcome. In these instances, it is important to note that none of the information learned within the peer review process is to be shared with the general public, it is only to be shared between the peer review team and the host program.

### **5. Visit Your Partner Center to Conduct a Peer Review**

Programs participate in a reciprocal review process with a peer program by visiting one another, reviewing each other's self-assessments, and collaborating to develop a workplan to implement recommendations for program improvement. Prepare to visit a peer program by reviewing necessary materials, such as the program's completed self-assessment, ahead of time. Keep an open mind if the agenda for the site visit differs from the agenda at your program's site visit, or if the program offers services in a way that is different from your program. Offer feedback that identifies strengths as well as challenges and participate in forming recommendations and a workplan for action towards those recommendations for improvement. Maintain confidentiality by only sharing information and observations with the peer review team and host agency in the context of the peer review process.

## **Closing the Loop**

One of the components of an effective peer review process is a debriefing session or follow-up report for both the review process and the program reviewed. The peer review process can be evaluated through a survey or group discussion. Each give participants the opportunity to voice their opinions on the strengths and weaknesses of the process, as well as on how to improve the next peer review.

It is essential that programs under review receive feedback, acknowledgement, and recommendations for improved program practice. This feedback may come in the form of a letter, a summary report, or an oral debrief. A debrief allows the agency under review to respond to the recommendations being made. Whatever the format is, the feedback should include identification of program strengths, recommendations for program enhancement, a plan for implementing recommendations, and technical assistance to support that implementation. When peer review recommendations lead to tangible results for CBCAP programs, this is evidence of a meaningful and successful peer review practice.

## Strengths and Benefits of Peer Review

*“Our group really likes peer review because they see that they can get solutions to their problems by brainstorming with one another.”<sup>23</sup>*

– CBCAP Survey Respondent

Peer review creates an environment for opportunity, an opportunity to provide support that will result in big differences for the families and children that CBCAP agencies serve. As you gather your peer review teams and plan for the implementation of peer review training, the strengths and benefits of peer review will quickly become evident. Peer review provides an opportunity for program staff to bounce challenges, ideas, and solutions off of one another. The effective use of peer review allows agencies to evolve and meet the needs of their community and collaborate with other agencies. This strengthens each agency individually to better serve program participants and strengthens the community’s ability to meet the needs of its population. The following strengths were identified most often by CBCAP agencies that responded to the web-based survey.<sup>24</sup>

- 88 percent responded that identification of strengths was a benefit of peer review
- 80 percent reported that peer review encourages a quality environment
- 80 percent reported that peer review stimulates new ideas
- 72 percent reported that peer review nurtures collaboration

*“Relationship building between the lead agency and community sites, community site to community site, as well as within each community site is key to the success of the program. The more opportunities we allow for communication/sharing, and vehicles for learning to take place, the stronger the relationships become over time.”<sup>25</sup>*

– CBCAP Survey Respondent

## Challenges of Peer Review

*“The biggest challenge is finding the time to conduct peer reviews. Programs do not have enough time to provide all of the needed services, much less additional services.”<sup>26</sup>*

– CBCAP Survey Respondent

There are challenges and obstacles to implementing a successful peer review process. Yet many programs are working to overcome those obstacles every day. When FRIENDS surveyed CBCAP Lead Agencies in the fall of 2005, 38 agencies responded to the survey, and 80 percent of those agencies reported that they are currently engaged in peer review practice. Through examination of lessons learned from those already engaged in peer review practice, other agencies can plan for possible challenges which may help to simplify their process. The following is a sampling of the challenges reported by CBCAP Lead Agencies:<sup>27</sup>

- *“Getting the grantees to understand the process and implementing the peer review process. It is an intense process that places a lot of responsibility on the grantees to accomplish.”*
- *“Getting individuals to complete the assessments that we provide.”*

<sup>23</sup> Information gathered through a web-based survey sent to CBCAP agencies in the fall of 2005.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

<sup>27</sup> Ibid.

- *“Our state is very competitive for the minimal funding that’s available for non-profits so it makes it challenging to get people to participate.”*
- *“We do not have ‘buy in’ at this point for rigorous peer review. Programs vary widely in their degree of professionalism and sophistication. The process needs to be very non-threatening.”*

One challenge for the CBCAP Lead Agency is defining its role in the process. By leading the process from a distance, or contracting with an outside agency, the Lead Agency lets programs know that peer review is not a punitive process, or a monitoring process, but a chance for program change and improvement. Talking about the potential challenges before the process begins and attending peer review training can alleviate some of the more difficult aspects of peer review. CBCAP Lead Agencies already engaged in peer review and FRIENDS can serve as helpful resources to agencies at the beginning stages of their peer review process.

## **Ten Strategies for Successful and Meaningful Peer Review Practice**

Many CBCAP agencies are already engaged in peer review practice and have developed creative strategies to capitalize on the strengths of peer review and overcome the challenges. The following is a list of ten strategies that help CBCAP programs continue to make peer review a meaningful process for everyone involved.<sup>28</sup>

- 1) Create a peer review process that is based on written guidelines, procedures, and protocols to ensure fairness and objectivity.
- 2) Remain flexible and alter the peer review process to meet the needs of specific programs, changing communities, and staff.
- 3) Establish a timeline for peer review that includes reporting results back to the program being reviewed in a timely manner.
- 4) Form a peer review team composed of stakeholders from multiple facets of the program including managers, line staff, board members, outside program partners, members of the statewide network, and consumers of services.
- 5) Parents and youth should be provided opportunities to participate in the peer review process in a meaningful way by encouraging and supporting participation in the program design, training, and team reviews.
- 6) Bring peers together as a group for training on the peer review process, both initially and as an on-going practice.
- 7) Provide opportunity for peer review teams to discuss each program’s self-assessment results to identify strengths and challenges.
- 8) Create a plan for enhancing strengths and overcoming challenges based on the results of the peer review process.
- 9) Provide targeted technical assistance and ongoing professional development to enhance the capacity of service providers.
- 10) Provide opportunity for programs to showcase their successes to peers who will fully appreciate them.

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<sup>28</sup> Strategies developed from the FRIENDS National Resource Center for CBFPS Programs Fact Sheet Number 1: Peer Review: Guidelines for CBFPS Programs (2000) and peer review documents from the Wisconsin Children’s Trust Fund.

## Peer Review that Fits You

Peer review practice, just like CBCAP Lead Agencies, takes on many forms and can be big or small and can focus on short-term goals or long-term outcomes. The diversity between peer review processes, and agencies, is evident when you begin to look at the pieces, or the structure, that make up the individual peer review process. On a continuum of quality assurance practices, which begins with formal monitoring processes that include strict guidelines and led by external experts, peer review falls on the less formal end, where peers lead the process with families as full partners and self-assessment tools are used for internal evaluation.<sup>29</sup> No matter where your program falls on the continuum of agency size or experience with peer review, what matters is that you participate in a peer review process that fits your program capacity and enhances strengths while overcoming challenges. Peer review guidelines are not meant to be rigid restrictions, but recommendations on best practices in the field.

## Conclusion

*"It is in and through the social sector that a modern society can again create responsible and achieving citizenship...a sphere in which they can make a difference in society."<sup>30</sup>*

– Cultivating Communities of Practice

This document has provided an overview of the definition, purpose, principles, and practice of peer review. Many CBCAP Lead Agencies have been working hard to develop and implement peer review processes that are responsive to community needs and meaningful to the programs they fund. As with all our efforts, there are a number of strengths and challenges to peer review. To be sustainable, a peer review process has to have purpose and meaning. Peer review guidelines and workplans must be living documents that continue to evolve with your community. One of the most important benefits of peer review is the ability to make connections and build relationships with peers and supporting agencies. Through this process, CBCAP Lead Agencies can build more social capital. "Social capital is defined as the active connections between people; including trust, mutual understanding, shared values, and behaviours that bind together the members of groups, networks, and communities and make cooperation possible; or, comprises the norms and relations embedded in social structures that enable people to coordinate action to achieve desired goals."<sup>31</sup> Social capital is an asset that does not run out or expire; it grows as it evolves like our CBCAP agencies in the state and local communities. Peer review is an important tool to help celebrate, facilitate, and foster the shared vision of CBCAP agencies to strengthen families and prevent child abuse and neglect.

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<sup>29</sup> DeLapp et al.

<sup>30</sup> McDermott et al. (2002, 223-224)

<sup>31</sup> <http://www.markintell.com/s-intelligence-language/> Last accessed September 2009.

## Section 2

### CBCAP Peer Review Tool

The CBCAP Peer Review Tool was developed with prevention programs in mind and targets key areas directly related to CBCAP. This tool is in the public domain and therefore offers an inexpensive alternative for programs as they implement peer reviews.

#### *Use of Tool*

The tool includes assessment items in four key areas. Programs can use the tool flexibly and choose any of the scales that meets their self-assessment needs. Key areas included in this resource are:

- Program Administration
  - *General Information*
  - *Staff Roles and Capacities*
  - *Staff Training*
- Program Services and Activities
  - *General Information*
  - *Parenting Education*
  - *Child Development*
  - *Home Visiting*
  - *Center Environment*
- Community Collaboration
- Continuous Quality Improvement

Each key area and subscale is designed to be a stand-alone tool that will allow programs to focus only on the areas of interest. Each key area has specific points at the beginning that are relevant to using that section, such as places to find information, appropriate stakeholders for participation, and purpose of information assessed. Note: FRIENDS recommends that programs narrow their focus for peer review by selecting a particular domain or subscale. This focus allows programs to gather a higher level of information without overburdening the stakeholders participating in the process.

Each subscale is scored with a 5 point Likert scale. Likert scales are a type of evaluation question that elicits answers along a continuum of responses. The scale here ranges from strongly agree to strongly disagree, or a “Don’t Know” choice. A few items have a “Not Applicable” option but this choice was only given after much thought about the ability of programs to opt out of items based on best practice knowledge. This format lends itself well to quantifying the responses. For more information on using data in evaluations, see the FRIENDS Evaluation Toolkit and the section on Utilizing Data at <http://www.friendsnrc.org/outcome/toolkit/evalplan/data/index.htm>.

Stakeholders completing the assessment should choose the answer that most closely matches their opinion of how the program or agency is functioning. There are no right or wrong answers. Any comments on a particular question or section can be added in the comments section at the end of each assessment.

Prior to beginning the tool, programs should develop a strategy for dissemination, data collection, analysis, and sharing. A successful peer review process will help programs strengthen partnerships, emphasize strengths, and improve services for families. For in-depth information on how to conduct a peer review, programs can refer to Section 1 of this document.

Points to remember when designing a peer review:

- 1) Include the broadest range of stakeholders to complete the assessment; they should have the knowledge necessary to give informed feedback (remember you can give them copies of program manuals, promotional materials, or other items to assist them).
- 2) Provide stakeholders a safe and welcoming environment that encourages candid feedback.
- 3) Copy and distribute the tool directly to each stakeholder for completion and designate a contact person if they have questions or comments.
- 4) Have a mechanism in place for the collection of the data.
- 5) Provide stakeholders with informed consent about the use of the data, timeframes for the process, and how to access the results once the process is completed.

Throughout the assessments, questions are posed that address culturally competent practice. This is referred to as culturally sensitive and/or responsive practice in most instances. FRIENDS defines this as activities or services that are conducted and/or provided in a way that shows an understanding and respect for cultural differences. This includes acknowledging differences in cultures, understanding how one's own cultural colors one's perceptions, developing an appreciation of other cultures, and shifting practice styles to meet the needs of the client cultures whenever possible. A person can never become fully competent in a culture that is not his or her own, but understanding and respecting the similarities and differences that are present are a key to providing culturally sensitive and responsive practices.

There is not a stand-alone assessment in this tool on cultural competence for a couple of reasons. First, because FRIENDS believes that cultural competence is an integral part of how agencies should do business, we have woven the concepts throughout to highlight that approach. Second, there are some great existing assessments available in this area. Agencies interested in examining their cultural competence on a more in-depth basis can check out the *Cultural Competence Agency Self-Assessment Instrument* from Child Welfare League of America at [www.cwla.org](http://www.cwla.org).

# Program Administration

This self-assessment tool will help agencies examine the administration of programs with relation to its CBCAP responsibilities. Agencies can use the entire tool or the individual subscales:

- General Information
- Boards/Councils
- Staff Roles and Capacities
- Staff Training

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. “NA” (not applicable) should only be used when the box is clear of shading.

Answers to questions in this area may be found in various locations. For example, respondents may want to have access to items, such as program handbooks, public awareness materials, family assessments, policy and procedure documents, and meeting minutes.

## General Information Subscale

Please answer the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. Program has a written vision/mission statement. <i>(Statement is consistent with the principles of strength-based and family-centered services and is culturally appropriate.)</i>							
2. The program has a policy for administering background checks for staff and volunteers.							
3. The program supports staff members by:							
a. Ensuring workers' and families' safety							
b. Ensuring that staff members have reasonable workloads							
c. Encouraging mentoring and regular communication among staff members							
d. Maximizing staff flexibility							
e. Providing wages that are consistent with experience and responsibilities							
f. Providing adequate benefits							
g. Addressing job-related stress							
h. Ensuring mechanisms are in place to report suspected child abuse and neglect							
i. Ensuring all staff are adequately trained to be culturally sensitive and responsive to the families served							
4. Staff receive ongoing supervision to monitor performance and set goals, based on their particular duties and their level of experience.							
5. Job performance reviews are conducted regularly.							

# Program Administration

## General Information Subscale *(continued)*

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
6. Job performance reviews assess cultural sensitivity and responsiveness of employees.							
7. The program has effective monitoring and evaluation programs in place. <i>(For more information on effective monitoring and evaluation programs, visit <a href="http://www.friendsnrc.org/outcome/index.htm">www.friendsnrc.org/outcome/index.htm</a>)</i>							
8. The program has evaluation components that monitor:							
a. Overall service delivery that is culturally sensitive and responsive to the community and families served							
b. Cultural competence within the organization							
9. The program's goals, missions, and objectives are clearly communicated for:							
a. Staff							
b. Board/Council							
c. Community							
10. The program uses evidence-based or evidence-informed curriculum in service delivery whenever possible.							
11. The program meets all local, state, and federal licensing, insurance, and safety standards.							
Comments on any items above:							

# Program Administration

## Boards/Councils Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. The role of the board/council is clearly defined.							
2. Board/council meets on a regularly scheduled basis throughout the year.							
3. Parents that reflect the diversity of the community served (e.g. racial, ethnic, cultural, socioeconomic, family structure, etc.) comprise a significant portion of the board/council. (30% target)							
4. Parents' participation in the board/council is encouraged and supported by the agency. <i>Evidence that supports this may include orientation for parents and other committee members, leadership training and ongoing skills training, compensation for time and expenses (such as meals, transportation, and child care), background information is available for parents and committee members as needed, materials are provided in the primary language of the parent, and the board/council includes a designated contact or mentor for parents.</i>							
5. The board/council actively recruits members to ensure a broad representation of community partners.							
Comments on any items above:							

# Program Administration

## Staff Roles and Capacities Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. Hiring practices are sensitive to the diversity of the community served.							
2. Hiring practices examine the applicant's experience, competence, and sensitivity in working with different races and cultures.							
3. The program strives to create a diverse staff that reflects the racial, ethnic, and cultural heritage of the families being served.							
4. Staff are adequately prepared to do the tasks required of them.							
5. Staff are aware of their responsibilities and how these are linked to the stated mission, goals, and outcomes of the program.							
6. Staff work together as a team.							
7. Staff is encouraged to give input through:							
a. Team meetings							
b. Group problem-solving							
c. Participating on committees							
8. Expectations and job responsibilities are clearly communicated to staff through:							
a. Initial orientation							
b. Written job descriptions							
c. Regular supervision							
d. Clear organizational chart							
e. Written personnel policies made accessible to all staff							
9. Staff are knowledgeable about:							
a. Child development							
b. Knowledge and skills parents need to promote healthy development in children							
c. Culturally sensitive and responsive services in the community							
d. Other services in the community							
e. The experiences of families using other services in the community							

# Program Administration

## Staff Roles and Capacities Subscale (continued)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
f. Strength-based approaches to supporting families							
g. Mandated reporting requirements							
<b>10. At least one staff member has skills in:</b>							
a. Facilitating parent-child activities and family events							
b. Early childhood education and childcare							
c. Home visiting							
d. Facilitating support groups							
e. Counseling							
f. Crisis management							
g. Parent leadership							
h. Advocacy							
i. Resource and referral							
j. Respite							
k. Fatherhood							
l. Community outreach							
m. Parent education							
n. Teen parenting							
o. Housing							
p. Other: <i>(Please specify)</i>							
<b>11. Staff provide an environment that encourages:</b>							
a. Parents to take the lead in making decisions about the family							
b. Families to set the agenda and priorities for services							
c. Family members to identify options and resources for addressing family priorities							

# Program Administration

## Staff Roles and Capacities Subscale *(continued)*

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
d. Supporting family decisions as appropriate							
e. Families to set the pace at which they handle issues							
f. Respectful, culturally sensitive, and responsive relationships with families							
g. Families to recognize steps taken and acknowledge accomplishments							
12. Mechanisms are in place for staff who work with the same family to regularly share information while ensuring confidentiality.							
Comments on any items above:							

# Program Administration

## Staff Training Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. Staff are provided with professional development and training opportunities that are necessary for their work.							
2. All staff are provided initial training in:							
a. Principles of family support							
b. Working with the entire family in a culturally sensitive and responsive manner							
c. Assisting families in identifying and building on strengths and capacities							
d. Working collaboratively within the community							
e. Working collaboratively with diverse populations							
f. Document and record keeping							
g. Cultural competency							
h. Worker safety							
i. Recognizing risk factors							
j. Recognizing warning signs of domestic violence							
k. Providing services that are culturally sensitive and responsive							
3. All staff are provided ongoing training in:							
a. Principles of family support							
b. Working with the entire family in a culturally sensitive and responsive manner							
c. Assisting families in identifying and building on strengths and capacities							
d. Working collaboratively within the community							
e. Working collaboratively with diverse populations							
f. Document and record keeping							
g. Cultural competency							
h. Worker safety							
i. Recognizing risk factors							

# Program Administration

## **Staff Training Subscale** *(continued)*

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
j. Recognizing warning signs of domestic violence							
k. Providing services that are culturally sensitive and responsive							
Comments on any items above:							

# Program Services and Activities

This self-assessment tool will help agencies examine the program services and activities with relation to its CBCAP responsibilities. Agencies can use the entire tool or the individual subscales:

- General Information
- Parenting Education
- Child Development
- Home Visiting
- Center Environment

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. "NA" (not applicable) should only be used when the box is clear of shading.

## General Information Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. Program activities and services are responsive to the identified needs and interests of families.							
2. Program activities and services are meeting the needs of families in a culturally sensitive manner.							
3. Families have opportunities to build relationships and informal networks with other families in the program through:							
a. Social activities							
b. Parent/child activities							
c. Peer mentoring ( <i>formal or informal processes</i> )							
d. Informal conversations							
e. Other:							
4. Activities and services offer a variety of ways to learn and practice skills in a culturally sensitive and responsive manner, such as:							
a. Workshops or classes							
b. Discussion/support groups							
c. Parent/child activities							
d. Home visits							
e. Counseling/coaching							

# Program Services and Activities

## General Information Subscale (continued)

Please answer the items below using the following scale:

SA- Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD- Strongly Disagree    DK- Don't Know

Question	SA	A	N	D	SD	DK	NA
f. Peer mentoring and other mentoring							
g. Educational materials							
h. Volunteer opportunities							
i. Parent leadership							
j. Parenting education							
k. Other:							
5. When appropriate, quality childcare, respite care, or children's activities are provided to facilitate parents' participation in services.							
6. While some of the activities are time-limited, the program offers opportunities for ongoing participation. (Examples of this may include volunteering, family social events, serving as board members and co-leaders, etc.)							
7. The program involves families who require accommodations by: <i>Note: Those requiring accommodations can be defined as anyone requiring specialized supports. Some examples of this may be parents of young children who need stroller access, persons who have inflexible work schedules, persons requiring translation, persons with special health or physical needs in accessing services, etc.</i>							
a. Ensuring facilities are accessible to all							
b. Supporting parents advocating for the special needs of a child or adult (such as needs for education, services, and access)							
c. Linking with other service providers who have the appropriate specialized services							
d. Ensuring activities are flexible and accommodating to all whenever possible							
e. Other:							
8. When needed, staff link or refer families to others who provide:							
a. Childcare/respite care							
b. Healthcare							
c. Mental health/counseling							

# Program Services and Activities

## General Information Subscale (continued)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
d. Drug and alcohol treatment							
e. Housing/shelter							
f. Food							
g. Clothing							
h. Economic supports							
i. Transportation							
j. Emergency/crisis resources							
k. General Equivalency Diploma (GED)							
l. Continuing education							
m. English as a Second Language (ESL) services							
n. Job training/employment counseling							
o. Legal issues							
p. Domestic violence							
q. Child welfare							
r. Developmental disabilities/screening							
s. Other:							
<b>9. Staff help families address barriers to accessing services, such as:</b>							
a. Lack of transportation							
b. Lack of childcare							
c. Inability to pay for program services							
d. Inability to pay for community services							
e. Lack of access to telephone or computers							
f. Difficulty filling out applications							
g. Difficulty demonstrating eligibility							
h. Language/literacy issues and lack of access to interpreters							

# Program Services and Activities

## General Information Subscale (continued)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
i. Other:							
Comments on any items above:							

# Program Services and Activities

## Parenting Education Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>1. The program provides parents' opportunities to learn about child development, including:</b>							
a. General principles of positive parenting							
b. Appropriate expectations of their children							
c. Activities to engage in with their children							
d. Being sensitive to their children's cues and signals							
e. Age-appropriate discipline techniques							
f. Approaches that are culturally responsive to the families served							
g. Other:							
<b>2. The program helps participants:</b>							
a. Examine their values and behaviors							
b. See how their own childhood experiences effects their present family interactions							
c. Set goals for their family							
d. Recognize their strengths and abilities as parents							
e. Feel more confident about their parenting skills							
f. Explore cultural traditions and expectations about parenting							
g. Other:							
<b>3. The program provides opportunities for participants to develop and enhance:</b>							
a. Self-esteem							
b. Self-control							
c. Decision-making skills							
d. Communication skills							
e. Ability to access and use resources							

# Program Services and Activities

## Parenting Education Subscale (continued)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
f. Goal-setting skills							
g. Ability to manage stress							
h. Other:							
<b>4. The program provides opportunities that:</b>							
a. Strengthen parent-child relationships							
b. Enhance parent-child communication							
c. Allow parents and children to learn together							
d. Help families resolve conflicts							
e. Allow parents and children to discuss experiences involving discrimination							
f. Other:							
<b>5. Parents and caregivers have opportunities to observe their child interacting with other children and staff in the program.</b>							
<b>6. Program staff:</b>							
a. Model appropriate parenting techniques							
b. Coach parents and caregivers about how to interact effectively with their children							
c. Are knowledgeable about the parenting practices of different cultures and ethnic groups in their community.							
d. Respectfully reach out to parents to share their concerns about the children and parenting practices with the family.							
e. Other:							
<b>Comments on any items above:</b>							

# Program Services and Activities

## Child Development Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>1. The program provides opportunities for caregivers to learn about child development, including:</b>							
<b>a. General principles of positive parenting</b>							
<b>b. Appropriate expectations of their children</b> <i>(in areas such as bed wetting, eating habits, and discipline)</i>							
<b>c. Activities to engage in with their children</b>							
<b>d. Sensitivity to their children's cues and signals</b> <i>(in areas such as potty training, feeding and sleeping patterns)</i>							
<b>e. Age-appropriate discipline techniques</b>							
<b>f. Other:</b>							
<b>2. Children's activities:</b>							
<b>a. Are fun, interesting, and educational</b>							
<b>b. Are age-appropriate</b>							
<b>c. Encourage problem-solving</b>							
<b>d. Enhance cultural appreciation</b>							
<b>e. Provide opportunities to succeed</b>							
<b>f. Provide opportunities for creativity and exploration</b>							
<b>g. Other:</b>							
<b>Services for families with children from birth to age 5:</b>							
<i>If this section is not applicable, proceed to question 5.</i>							
<b>3. The children's component of the program provides culturally sensitive and responsive opportunities for children to develop:</b>							
<b>a. Self-esteem</b>							
<b>b. Language skills</b>							
<b>c. Social skills</b>							
<b>d. Basic communication skills</b>							
<b>e. Motor skills</b>							

# Program Services and Activities

## Child Development Subscale (continued)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
f. Cognitive development							
g. Other:							
<b>4. The program provides services or referrals for families in:</b>							
a. Developmental screenings ( <i>health, early intervention</i> )							
b. Play groups							
c. Childcare and early childhood education							
d. Parent-child activities							
e. Enhanced parent-child communication							
f. Other:							
<b>Services for families with children age 6 and up:</b> <i>If this section is not applicable, proceed to question 7.</i>							
<b>5. The children's component of the program provides culturally sensitive and responsive opportunities for children to develop:</b>							
a. Sense of personal responsibility							
b. Goal-setting skills							
c. Sense of accomplishment and belonging							
d. Critical thinking and problem-solving skills							
e. Communication and negotiation skills							
f. Enhanced parent-child communications							
g. Other:							
<b>6. Activities for children are culturally appropriate and include:</b>							
a. Social and recreational activities							
b. Learning and educational activities							

# Program Services and Activities

## Child Development Subscale *(continued)*

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
c. Parent-child activities							
d. Other:							
<b>7. The program offers parenting education and/or appropriate referrals that address information in:</b>							
a. Social and emotional development							
b. Cognitive development							
c. Physical development							
d. Parent-child communication							
<b>Comments on any items above:</b>							

# Program Services and Activities

## Home Visiting Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. Home visits are scheduled at times convenient for the family.							
2. To meet the family's needs and concerns, home visits are flexible.							
3. Families and home visitors are partners and together determine the content and duration of the visits.							
4. Home visitors are respectful of family circumstances and living conditions.							
5. Home visitors are respectful of the child-rearing practices and customs of individual families.							
6. Home visitors speak the primary language of the family or have access to translators.							
7. Home visitors acknowledge all caregivers and household members.							
8. Home visitors are able to interact with children, caregivers, and household members in a culturally sensitive and responsive manner.							
9. Home visitors are able to respond in a culturally sensitive manner to a wide range of family concerns, including but not limited to:							
a. Child and parental health and safety							
b. Child and adolescent development							
c. Parenting and child rearing							
d. Family relationships							
e. Setting personal and family goals							
f. Life skills							
g. Communication skills							
h. Accessing local resources							
i. Interactions with local institutions (e.g., schools and health centers)							
j. Issues of racism and discrimination							
k. Family crises							
l. Other:							

# Program Services and Activities

## Home Visiting Subscale *(continued)*

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>10. Home visitors are knowledgeable about:</b>							
<b>a. Community resources</b> <i>(e.g., formal/informal networks, local events, customs, etc.)</i>							
<b>b. Child abuse and neglect reporting requirements</b>							
<b>c. Indicators of protective factors</b> <i>(These include healthy social and emotional development of the child, parental resilience, social connections, knowledge of parenting and child development, concrete supports)</i>							
<b>d. Indicators of risk factors</b> <i>(These include poverty and unemployment, social isolation, lack of social supports, violence in communities, domestic violence, substance abuse, young parents, family history of abuse, life stressors, families with disabilities, mental health issues, lack of resources)</i>							
<b>e. Indications of child abuse, domestic violence, depression, and substance abuse</b>							
<b>f. Problem solving and conflict resolution</b>							
<b>g. Positive parenting techniques</b>							
<b>h. Child development and developmental delays</b>							
<b>i. Other:</b>							
<b>11. Home visitors:</b>							
<b>a. Are responsive to parents' concerns</b>							
<b>b. Link parents to culturally appropriate community resources</b>							
<b>c. Make referrals to appropriate services</b>							
<b>d. Act as parents' advocates with community agencies</b>							

# Program Services and Activities

## Home Visiting Subscale (continued)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
e. Encourage parents to advocate for themselves							
f. Model appropriate behavior and interactions							
g. Accompany families to appointments, if asked							
h. Arrange for appropriate childcare, respite care, or transportation if needed							
i. Encourage parents to participate in group activities, events, or workshops with other families within the community							
j. Share information with families on relevant topics, issues, and concerns							
k. Are accessible to families between visits							
l. Other:							
<b>12. Home visitors receive:</b>							
a. Scheduled formal supervision							
b. Supervisor and peer support as needed							
c. Regularly scheduled trainings and educational opportunities ( <i>recommended quarterly minimum</i> )							
d. Regular training in cultural responsiveness appropriate to the target population							
<b>13. Parents in home visiting programs are routinely encouraged to provide input into:</b>							
a. Service planning							
b. Implementation of services							
c. Evaluation of services							
d. Participation on advisory boards							
Comments on any items above:							

# Program Services and Activities

## Center Environment Subscale

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. Families are greeted as they come in the door.							
2. Center makes appropriate culturally sensitive and responsive information readily available to families. (This may include such information as services available, hours of operation, fee schedule, names and phone numbers of key staff, etc.)							
3. The center has flexible scheduling and operating hours to reflect the needs of the families being served (e.g., employment or education schedules).							
4. The center and its environment are:							
a. Inviting and comfortable							
b. Reflective of the community and cultures it serves							
c. Reflective of cultural diversity							
d. Reflective of confidentiality							
e. Properly child-proofed							
f. Clean and well maintained							
5. The center includes:							
a. A welcoming reception area							
b. Space for caregivers to gather informally							
c. Group meeting space							
d. A place to prepare and eat meals							
e. A private area for confidential discussions							
f. A play/activity area for children							
g. An area in which children and caregivers can participate in activities together							
h. Adequate work space for staff							
i. A secure location for document storage							
j. Infant changing tables							
k. Resource/library area							
l. Food pantry							

# Program Services and Activities

## Center Environment Subscale *(continued)*

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
m. Clothing closets							
n. Other:							
<b>6. The program is:</b>							
a. Easy to find ( <i>signs posted inside and out, as appropriate</i> )							
b. Located near public transportation and/or has parking available							
c. Located in a well-lit area							
d. Located in a community of need							
e. Maintained as a safe haven in the community							
f. Provides appropriate security measures							
<b>7. The children's activity area is arranged with learning centers that:</b>							
a. Allow children to make choices							
b. Encourage cooperative social interactions							
c. Capitalize on children's individual interests							
d. Are appropriate for a wide range of developmental capabilities							
e. Are cleaned and sanitized according to a regular schedule							
f. Other:							
<b>Comments on any items above:</b>							

# Community Collaboration

This self-assessment tool will help programs examine their roles within the community, analyzing their ability to work cooperatively with other organizations, their knowledge of available community resources, and their ability to access those resources, as appropriate.

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. "NA" (not applicable) should only be used when the box is clear of shading.

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
1. The program connects participants with appropriate community organizations/ resources by working with families to identify interests and needs.							
2. The program works to promote comprehensive and accessible services for families by:							
a. Advocating for local, state, and federal policy changes that will promote better services for families							
b. Working with other service providers to increase understanding of and ability to relate to families of different cultural backgrounds							
c. Participating in collaborative planning bodies							
3. The agency encourages community partnerships with public and private agencies.							
4. The agency consistently updates resource and referral information available within the community on:							
a. Education							
b. Healthcare							
c. Domestic violence							
d. Substance abuse							
e. Child welfare							
f. Mental health							
g. Immigration							
h. Childcare							
i. Housing							
j. Legal and Financial Services							
k. Other services affecting families: <i>(Please specify)</i>							

# Community Collaboration

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>5. The agency coordinates with local, public, and private service providers and networks to:</b>							
a. Develop and streamline effective referral processes so that families are connected to needed resources in a timely manner							
b. Recognize, address, and reduce or resolve competing/conflicting demands on families							
c. Assess gaps in services and designs plans to address those gaps <i>(these include cultural issues, access, and need)</i>							
d. Encourage and develop effective strategies to partner with family representatives (i.e., participants or former participants) in efforts to strengthen the community's knowledge and capacity to serve families							
<b>6. The agency works to ensure that community partnerships are:</b>							
a. Representative of the community							
b. Inclusive of the range of community resources for children and families							
c. Knowledgeable of cultural issues facing the families they serve							
<b>7. The agency updates its community partners about new and/or related initiatives, funding opportunities, and resources for families.</b>							
<b>8. The community demonstrates its support of the program by providing resources, such as financial support, in-kind donations, and referrals for services.</b>							
<b>9. The agency connects participants with other community organizations by:</b>							
a. Providing information or presentations on activities, events, and services available within the community							
b. Providing appropriate referrals to meet participants' identified needs							
c. Encouraging participants to be active in neighborhood institutions such as churches, block clubs, play groups, cooperatives, etc.							
d. Identifying leadership opportunities within the community and encouraging participation							

# Community Collaboration

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
e. Participating in community activities, fairs, celebrations, etc.							
f. Other:							
<b>10. The agency and its participants engage in community-building activities such as:</b>							
a. Health and resource fairs							
b. Cultural celebrations							
c. School events							
d. Town hall meetings with public officials							
e. Community advocacy/self-advocacy							
f. Meeting with the media to promote coverage of community issues							
g. Fostering dialogue among groups within the community							
h. Other:							
<b>11. The agency serves as a resource for the whole community by:</b>							
a. Sponsoring events for all families							
b. Providing resources or space for community events, meetings, or organizing							
c. Distributing community news or information							
d. Other:							
<b>12. The agency develops strong working relationships with other key providers of services and programs by:</b>							
a. Providing staff cross-training							
b. Coordinating scheduling of events							
c. Establishing an agreed-upon philosophy for culturally appropriate practice							
d. Developing common culturally relevant referral intake forms and information-sharing protocols <i>(For example, eligibility, key contacts, specific service agreements with service availability)</i>							
e. Other:							

# Community Collaboration

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>13. The agency adapts to:</b>							
<b>a. Changing needs of families and the community</b>							
<b>b. Cultural/ethnic changes in the community</b>							
<b>c. Economic and social trends</b>							
<b>d. Other:</b>							
<b>Comments on any items above:</b>          							

# Continuous Quality Improvement (CQI)

This self-assessment tool will help identify the strengths and needs related to creating and/or maintaining a CQI environment to allow for stronger evaluation. Unlike the previous tools, FRIENDS recommends completing all sections of this tool in one round of peer review so as to gain a full picture of your CQI process and environment. This domain is therefore broken into sections and not subscales.

The rating for the items is described at the top of each subscale. For questions regarding the administration of the assessment and the scoring of the items, please see the *Use of Tool* section of *Peer Review in CBCAP*, page 18. "NA" (not applicable) should only be used when the box is clear of shading.

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 1 – Understanding of Participant Needs and Desires

Question	SA	A	N	D	SD	DK	NA
1. Community needs are understood before services are planned.							
2. The target population and its needs and desires are clearly identified. <i>(This would include cultural needs.)</i>							
3. Participant satisfaction is measured formally on a routine basis. <i>(Using surveys, comment box, etc.)</i>							
4. Participant satisfaction is measured informally on a routine basis. <i>(Using interviews, casual observations, discussions with staff and consumers, etc.)</i>							
5. Staff has empathy for and understanding of families from different cultures.							
6. Services are designed to meet the needs of families of different cultural backgrounds as identified in the community needs assessment.							
Comments on any items above:							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 2 – Evidence-Based (EB) and Evidence-Informed (EI) Programs and Practices

Question	SA	A	N	D	SD	DK	NA
<b>1. The concept of EB and EI Programs and Practices is understood by:</b>							
a. Participants							
b. Staff							
c. Board/Council Members							
d. Funders							
e. Other Key Stakeholders <i>(Please specify):</i>							
<b>2. The value and importance of using EB and EI Programs and Practices is recognized by:</b>							
a. Participants							
b. Staff							
c. Board/Council Members							
d. Funders							
e. Other Key Stakeholders <i>(Please specify):</i>							
<b>3. In selecting EB and/or EI Programs and Practices, the target population's language, ethnicity, and cultural background are considered.</b>							
<b>4. The program is offering EB and/or EI Programs and Practices.</b>							
<b>5. The core components of the EB and/or EI Programs and Practices have been identified and are being implemented and monitored for fidelity.</b>							
<b>Comments on any items above:</b>							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 3 – Logic Model

A logic model is a map of the program. It is a simple, straight-forward illustration of what the program does, why the program does it, and how observers will know if the program is successful. There is a wide variety of logic model formats, but most have the same key components.

For more information on logic models, please visit FRIENDS Evaluation Toolkit at <http://www.friendsnrc.org/outcome/toolkit/index.htm>.

Question	SA	A	N	D	SD	DK	NA
<b>1. The assumptions the program makes about why services should be effective appear valid.</b> <i>(Assumptions, also referred to as underlying theory or rationale, should include a statement of the target population's needs, existing research base, practice-based evidence, and the context of the program.)</i>							
<b>2. The agency has a logic model for each of its funded programs.</b>							
<b>The logic model includes well-defined:</b>							
<b>a. Vision statement</b> <i>(also referred to as a long-term goal or long-term impact).</i>							
<b>b. Description of population served, including its needs and desires, which were identified in the comprehensive needs assessment.</b>							
<b>c. Outcomes and indicators that are directly linked to services/activities.</b> <i>(Outcomes can also be referred to as goals or objectives. Indicators can also be referred to as performance objectives, performance targets, or objectives. For more information, please refer to FRIENDS Evaluation Toolkit referenced above.)</i>							
<b>d. Services to be delivered, including the "dose" of services (duration and intensity) and the targeted number of participants.</b>							
<b>e. Resources to provide the services are:</b> <i>(also referred to as inputs or investments)</i>							
<b>1) Identified</b>							
<b>2) Adequate</b>							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
3. Outcomes identified in the logic model relate to the agency's mission and values.							
4. The logic model is reviewed and revised as needed.							

Comments on any items above:

## Section 4 – Evaluation Activities

1. The program has a documented evaluation plan.							
2. The evaluation plan includes a mechanism to evaluate the program's cultural sensitivity and responsiveness.							
3. The evaluation plan was developed in partnership with participants, staff, and other stakeholders, including community elders.							
4. Evaluation tools adequately measure program indicators described in the logic model.							
5. Process/implementation measures are included in the evaluation plan. <i>(Process/implementation measures examine the way services are conducted, allowing for quality evaluation between providers, locations, and fidelity to model issues.)</i>							
6. There is an established plan for data management. <i>(data entry and storage)</i>							
7. Staff who administer the evaluation tools have been trained to conduct the evaluations.							
8. There are specified timelines for administering, reviewing, and sharing evaluation findings.							
9. Informal evaluation is a daily activity that is effectively documented for inclusion in the data summary. <i>(Informal evaluation activities include self-observations, direct or indirect feedback from participants, staff, funders, and other stakeholders, debrief sessions, supervision observations, staff communication.)</i>							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>10. Quantitative data is collected.</b> (Examples include scaled responses to measurement tools, counts of families participating in services, or number of visits a family received)							
<b>11. Qualitative data is collected.</b> (Examples include group or case notes, checklist items, comments on a standardized measurement tool, supervision notes, or staff observations)							
<b>12. Participants are given full disclosure about the evaluation, their participation, and the intended use of the data.</b>							
<b>13. Data shared is compliant with agency privacy policies.</b>							
<b>14. Results of the evaluation data are reviewed by a committee of staff, participants, and stakeholders for recommendations prior to final reporting.</b>							
<b>15. Evaluation reports are prepared and disseminated to key stakeholders, funders, staff, and participants.</b>							
<b>16. The evaluation plan is updated as needed.</b>							
Comments on any items above:							
<b>Section 5 – Standardizing Policies and Procedures</b>							
<b>1. Each program has a policies and procedures manual.</b>							
<b>2. The target population and a statement of its needs and desires are clearly spelled out in the policies and procedures manual.</b>							
<b>3. The manual includes:</b>							
<b>a. Administrative forms related to that program</b> (i.e., class rosters, intake forms, checklists, etc.)							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
b. Program-specific policies							
c. Policies related to cultural sensitivity and responsiveness							
d. Policies related to parent leadership							
e. Guidelines for initial and ongoing training of staff							
f. Precise description of how services are delivered							
g. Employee and volunteer job descriptions							
h. Program's logic model and evaluation plan							
4. Staff are knowledgeable about policies and procedures.							
5. Participants have the knowledge and ability to access all program policies and procedures.							
6. Policies and procedures are supportive of the agency's program goals and objectives.							
7. CQI activities are defined and explained as an expectation in the policy manual.							
8. Manual is reviewed and updated as needed.							
Comments on any items above:							
<b>Section 6 – Trained and Supported Staff</b>							
1. Job descriptions include details of staff and volunteer roles in implementing the program.							
2. Staff supervision includes time for informal and formal evaluation of staff performances and participant outcomes.							
3. The staff meets as a team on a regular basis to share and dialogue.							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
4. The Board/Council meets regularly with the program director and appropriate staff.							
5. Adequate pre-service training is available to:							
a. Line Staff							
b. Supervisors							
c. Volunteers							
6. Routine in-service training is available to:							
a. Line Staff							
b. Supervisors							
c. Volunteers							
7. A grievance process is in place in the event conflicts occur.							
Comments on any items above:							

## Section 7 – Data-Driven Decision Making

1. The team responsible for analyzing and reviewing data receives input and support from staff, participants, and other stakeholders.							
2. The team reviews, analyzes, discusses data, and makes suggestions for improvements.							
3. Decisions for change are based on all data, including financial resources and agency capacity.							
4. Improvement plans are documented, prioritized, and reviewed regularly.							
5. Program improvement goals are reflected in all relevant documents. <i>(logic models, policy and procedural manuals, evaluation plan, etc.)</i>							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

Question	SA	A	N	D	SD	DK	NA
<b>6. Participants, staff, funders, and other relevant stakeholders are notified of the program improvement:</b>							
<b>a. Goals</b>							
<b>b. Progress</b>							
<b>7. Successes are reported and celebrated.</b>							
<b>Comments on any items above:</b>							
<b>Section 8 – Safe and Supported Environment</b>							
<b>1. Formal evaluation processes include an explanation to participants on why the information is requested and how it will be used.</b>							
<b>2. Staff and participants' privacy is respected during evaluation activities.</b>							
<b>3. All staff, including line staff, volunteers, and supervisors, feel comfortable expressing concerns and suggestions. (This may be demonstrated through self-reporting and sharing.)</b>							
<b>4. Participants feel comfortable expressing concerns and suggestions. (This may be demonstrated through self-reporting and sharing.)</b>							
<b>Comments on any items above:</b>							

# Continuous Quality Improvement (CQI)

Please answer the items below using the following scale:

SA-Strongly Agree    A-Agree    N-Neutral    D-Disagree    SD-Strongly Disagree    DK-Don't Know

## Section 9 – System-wide Support of CQI

Question	SA	A	N	D	SD	DK	NA
1. As needed, the agency's mission and values are reviewed and revised with input from appropriate stakeholders.							
2. The agency supports creating and maintaining a CQI environment, including providing the necessary resources and infrastructure.							
3. The board/council supports creating and maintaining a CQI environment, including providing the necessary resources and infrastructure.							
4. The agency models CQI in its administrative functions.							
5. Staff and volunteers understand and support the need for a CQI process.							
6. Participants understand and support the need for a CQI process.							
Comments on any items above:							

# Appendix A: Overview of CBCAP Peer Review Activities: State by State Table

## Overview of Peer Review Activities in CBCAP Agencies

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Alabama*	Vicki Cooper-Robinson Children's Trust Fund of Alabama P.O. Box 4251 Montgomery, AL 36103 Phone: 334-353-4580 Fax: 334-242-5711 vicki.c-robinson@ctf.alabama.gov	<ul style="list-style-type: none"> <li>Peer review process includes site visits by individuals external to the agency as well as on- and off-site technical support</li> <li>Peers from other CBCAP-funded programs and program partners involved in service delivery participate in the process</li> </ul>		
Arizona	Jenna Shroyer Division of Children, Youth and Families 1789 W. Jefferson Phoenix, AZ 85007 Phone: 602-542-0218 Fax: 602-542-6098 jshroyer@azdes.gov	<ul style="list-style-type: none"> <li>A peer review process for Healthy Families Arizona led by an outside accreditation agency</li> <li>CBCAP peers, board members, and community representatives, occasionally, program participants and state lead agency staff</li> <li>Programs are provided with quality assurance and evaluation results to support program improvement</li> </ul>		<ul style="list-style-type: none"> <li>Ages and Stages Questionnaire</li> <li>Healthy Families Parenting Inventory</li> <li>Parenting Stress Index</li> <li>Child Abuse Potential Inventory</li> </ul>
California*	Yvette Albright Office of Child Abuse and Prevention California Department of Social Services 744 P Street Mail Station 11-82 Sacramento, CA 95814 Phone: 916-657-4709 Fax: 916-651-6328 yvette.albright@dss.ca.gov	<ul style="list-style-type: none"> <li>Peer review is part of quality assurance practice, and grantees participate on an annual basis</li> <li>Peer review training is offered three times per year in different locations across the state to facilitate use of the self - assessment tool</li> <li>Programs are provided with technical assistance throughout and after the peer review process in addition to a debriefing at the end</li> <li>Peer review teams include program staff, parents, and trainers, but not lead agency staff</li> </ul>	<ul style="list-style-type: none"> <li>Program Self-Assessment Tool: How Well Is Your Center Doing?</li> <li>Peer Review Training Manual</li> <li>Peer Review Purpose Statement</li> </ul>	

\* Asterisk notes participation in peer review workgroup.  
Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Colorado*	<p>Scott Bates Department of Public Health &amp; Environment Colorado Children's Trust Fund 4300 Cherry Creek Drive South Denver, CO 80246-1530 Phone: 303-692-2942 Fax: 303-691-7852 scott.bates@state.co.us</p>	<ul style="list-style-type: none"> <li>Peer review process includes annual site visits, on- and off-site technical support, regular conference calls to discuss implementation, and a discussion of peer review findings with grantees</li> </ul>	<ul style="list-style-type: none"> <li>Peer review tools developed by Colorado state lead agency</li> </ul>	
Connecticut	<p>Karen Foley-Schain Children's Trust Fund 505 Hudson Street Hartford, CT 06106 Phone: 860-418-8761 Fax: 860-566-6728 karen.foley-schain@po.state.ct.us</p>	<ul style="list-style-type: none"> <li>Peer review is a piece of an intense research process involving process studies, participant ethnographies, and participant life history studies</li> <li>Quality assurance teams meet with grantees to develop next steps and provide technical assistance to implement recommendations</li> <li>Program outcomes for children and families are compared with statewide benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly workplan for programs</li> </ul>	<ul style="list-style-type: none"> <li>Nurturing Families Network Baseline Data Form</li> <li>Child Abuse Potential Inventory</li> <li>Nurturing Families Network Exit Status Form</li> <li>Nurturing Connections Final Summary</li> <li>Kempe Assessment Form</li> <li>Family Stress Checklist</li> </ul>
District of Columbia	<p>Loren Ganoe Child and Family Services Agency 400 6<sup>th</sup> Street, S.W., 5<sup>th</sup> Floor Washington, DC 20024 Phone: (202) 442-6160 Fax: (202) 727-6505 loren.ganoe@dc.gov</p>	<ul style="list-style-type: none"> <li>Four out of seven grantees are involved in a peer review process in which programs visit each other and complete a self assessment</li> <li>This process is very new, but was modeled after activities in NY, NJ, and CT</li> </ul>	<ul style="list-style-type: none"> <li>Self-Assessment Tool</li> </ul>	<ul style="list-style-type: none"> <li>Parent Stress Index</li> </ul>

\* Asterisk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Georgia	<p>Jen Bennecke  GA Children's Trust Fund Commission  55 Park Place  Atlanta, GA 30303  Phone: 404-206-6035  Fax: 404-206-6041  jbennecke@gactfc.com</p>	<ul style="list-style-type: none"> <li>Peer review includes an evaluation plan and an annual self assessment</li> <li>Each evaluation plan is reviewed by the state evaluation team, made up of four evaluation specialists</li> <li>One program from each region is selected for a self-assessment verification visit that includes a state Family Connection Partnership staff representative who is not a member of the evaluation team, and Family Connection coordinator from another region</li> </ul>	<ul style="list-style-type: none"> <li>Family Connection Partnership Self Assessment</li> </ul>	
Hawaii*	<p>Helene Kaiwi  Maternal &amp; Child Health Branch  Department of Health  741-A Sunset Ave,  Honolulu, HI 96816  Phone: 808-733-9094  Fax: 808-733-9078  helene.kaiwi@doh.hawaii.gov</p>	<ul style="list-style-type: none"> <li>Peer review is supported by local resources for training and facilitation and broken up into four segments to minimize challenges</li> <li>Programs use a self-assessment tool, receive site visits by individuals external to the agency, provide facility tours, observe services, exchange team visits, discuss findings and feedback, and develop a plan for quality improvement</li> <li>Previous peer review participants mentor new participants</li> <li>CBCAP peers, program participants, board members, and program partners involved in service delivery participate in the process</li> </ul>	<ul style="list-style-type: none"> <li>Utilizing peer review process software from FRIENDS</li> </ul>	

\* Asterisk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Idaho	Roger Sherman Idaho Children's Trust Fund 450 West State Street Boise, ID 83701-2015 Phone: 208-386-9317 Fax: 208-386-9955 shermanr@dhw.idaho.gov	<ul style="list-style-type: none"> <li>Peer review is used with six community-based programs that are receiving three-year grants</li> <li>Each year, one theme for the peer review process is established, such as "How do you spread your message about child abuse prevention?" A questionnaire is developed to match this theme</li> <li>Programs come together at an annual meeting where they are separated by program type (home visiting, family resource center, etc) to network and share information</li> </ul>	<ul style="list-style-type: none"> <li>Idaho Children's Trust Fund Project Self-Assessment Tool</li> </ul>	
Indiana*	Roberta Henry Baker Indiana Dept of Child Services Prevention Unit 402 W. Washington St. Room E306 Indianapolis, IN 46204-2739 Phone: 317-234-2335 Fax: 317-232-4436 roberta.henry-baker@dcs.IN.gov	<ul style="list-style-type: none"> <li>Peer review is used with a newly formed network and includes peer review training, site visits, and a follow-up report that makes mandatory and suggested recommendations for change</li> <li>Programs engage in the process on a yearly basis</li> <li>To engage more parent leaders, CBCAP has contracted with Prevent Child Abuse Indiana</li> </ul>	<ul style="list-style-type: none"> <li>Modified and blended from existing Indiana state tools</li> </ul>	
Iowa*	Ray Salsbury Iowa Department of Human Services Division of Child & Family Services 1305 E. Walnut St Des Moines, IA 50319-0114 Phone: 515-281-6819 Fax: 515-281-6248 raisbu@dhs.state.ia.us	<ul style="list-style-type: none"> <li>Peer review process includes site visits, exchange of peer team visits, on-site technical support, and discussion of findings and feedback for agencies</li> <li>CBCAP peers, program participants, and state lead agency staff participate in the process</li> </ul>		

\* Asterisk notes participation in peer review workgroup.  
 Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Kansas*	<p>Jim Redmon            Kansas Children's Cabinet and Trust Fund            Landon State Office Building            900 SW Jackson St.            Topeka, KS 66612-1221            Phone: 785-368-7044            Fax: 785-296-8694            james.redmon@srs.ks.gov</p>	<ul style="list-style-type: none"> <li>Peer review includes training, a self-assessment tool, a site visit by individuals external to the agency, facility tours, off-site technical support, exchange of peer team visits, and the establishment of a plan for quality improvement</li> <li>CBCAP peers participate in the process</li> </ul>		
Louisiana	<p>Judy Harrison            Louisiana Children's Trust Fund            P.O. Box 3318            Baton Rouge, LA 70821            Phone: 225-342-6674            Fax: 225-342-2268            jharris1@dss.state.la.us</p>	<ul style="list-style-type: none"> <li>Peer review includes program observation, off-site technical support, and the establishment of a plan for quality improvement</li> <li>CBCAP peers, program participants, board members, and program partners involved in service delivery participate in the process</li> </ul>		
Maine	<p>Jan Clarkin            Maine Children's Trust Fund Inc.            24 Stone Street            Augusta, ME 04330            Phone: 207-623-5120            Fax: 207-623-5134            janc@mechildrenstrust.org</p>	<ul style="list-style-type: none"> <li>Peer review process includes completion of a self-assessment tool, site visits by individuals external to the agency, exchange of peer team visits, facility tours, and discussion of findings and feedback</li> <li>Peers from CBCAP-funded programs participate in the process</li> </ul>		

\* Asterisk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Maryland	<p>Margaret Williams  Friends of the Family Inc.  1001 Eastern Avenue  Baltimore, MD 21202-4364  Phone: 410-659-7701  Fax: 410-783-0814  mwilliams@friendsofthefamily.org</p>	<ul style="list-style-type: none"> <li>Programs use peer reviewer training, a self-assessment tool, receive site visits by individuals external to the agency, provide facility tours, observe services, exchange team visits, discuss findings and feedback, provide on- and off-site technical support, and develop a plan for quality improvement</li> <li>Peers from other CBCAP-funded programs and program partners involved in service delivery participate in this process</li> </ul>		
Massachusetts*	<p>Suzin Bartley  Massachusetts Children's Trust Fund  294 Washington Street  Boston, MA 02108  Phone: 617-727-8957 ext. 304  Fax: 617-727-8997  sbartley@mcf.state.ma.us</p>	<ul style="list-style-type: none"> <li>Every three years grantees participate in a peer review process that includes a 22-page self-assessment tool, a summary report, and technical assistance</li> <li>Three percent of each grant award is earmarked for peer review activities</li> <li>Programs engage in "peer-to-peer mentoring" between peer reviews</li> </ul>	<ul style="list-style-type: none"> <li>Massachusetts Family Centers/ Massachusetts Family Networks Peer Review Process Fact Sheet</li> <li>Massachusetts FamilyCenters/ Massachusetts Family Networks Peer Review Process Program Self-Assessment Tool adapted from Family Support America's "How are We Doing," California's Family Resource Center Self-Assessment Tool, and California's Peer Review Training for Community Based Services</li> </ul>	

\* Asterisk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Michigan	Michael Foley Children's Trust Fund 235 South Grand Avenue Suite 1411 Lansing, MI 48909 Phone: 517-373-4320 Fax: 517-241-7038 FoleyM2@michigan.gov	<ul style="list-style-type: none"> <li>A regional technical assistance team comprised of local peer review leaders provides site visits</li> <li>Peer review teams also convene regular regional meetings to provide technical assistance and support</li> </ul>	<ul style="list-style-type: none"> <li>Peer review system developed by Michigan Children's Trust Fund</li> </ul>	
Missouri*	Kirk Schreiber Missouri Children's Trust Fund Truman Building P.O. Box 1641 Jefferson City, MO 65102 Phone: 573-751-5147 Fax: 573-751-0254 kirk.schreiber@oa.mo.gov	<ul style="list-style-type: none"> <li>Members from the four grantee programs are brought together once each quarter for a one-and-a-half day meeting that includes training, program review, and individualized technical assistance</li> <li>Each grantee receives one site visit per year from the Missouri Children's Trust Fund</li> <li>Peers from CBCAP-funded programs, program participants, state lead agency staff, and outside consultants participate in this process</li> </ul>	<ul style="list-style-type: none"> <li>Questionnaire regarding program goals and objectives</li> </ul>	<ul style="list-style-type: none"> <li>Child Abuse Potential Inventory</li> <li>Stress Index for Parents</li> </ul>

\* Asterisk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Montana	Robin Suzor Montana Children's Trust Fund 1400 Broadway-Cogswell Bldg. Room C123 Helena, MT 59604 Phone: 406-444-5903 Fax: 406-444-5956 rsuzor@mt.gov	<ul style="list-style-type: none"> <li>Peer review includes peer reviewer training for program managers, the use of a self-assessment tool, site visits by individuals external to the agency, facility tours, program observation, exchange of peer team visits, discussion of findings and feedback, on- and off-site technical support, and a plan for quality improvement</li> <li>This peer review process is currently being revised</li> <li>The new process will pair up programs and focus on one area each year for review</li> <li>Peers from other CBCAP-funded programs, program participants, and board members or community representatives participate in the process</li> </ul>	<ul style="list-style-type: none"> <li>A checklist for programs modeled after a tool previously used in Idaho</li> </ul>	
New Hampshire*	Keryn Bernard-Kriegl New Hampshire Children's Trust Fund 10 Ferry St, Suite 315 Concord, NH 03301 Phone: 603-224-1279 Fax: 603-223-9847 kbernardkriegl@nhctf.org	<ul style="list-style-type: none"> <li>Moved from peer review process to certification by Family Support America</li> <li>Currently reassessing process and certification</li> </ul>		<ul style="list-style-type: none"> <li>Family Support Program Outcome Survey</li> </ul>

\* Asterisk notes participation in peer review workgroup.  
 Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
New Jersey	<p>Kathy Enerlich  New Jersey Division of Prevention &amp; Community Partnerships  50 East State Street  Trenton, NJ 08625-0717  Phone: 609-984-0678  Fax: 609-292-1306  Kathy.Enerlich@dcf.state.nj.us</p>	<ul style="list-style-type: none"> <li>Programs use peer reviewer training and a self-assessment tool, receive site visits by individuals external to the agency, provide facility tours, observe services, exchange team visits, discuss findings and feedback, provide off-site technical support, and develop a plan for quality improvement</li> <li>Peers from other CBCAP-funded programs, program participants, and board members or community representatives participate in this process</li> </ul>		
New York*	<p>Judy Richards  New York Office of Children &amp; Family Services  New York State Children and Family Trust Fund  52 Washington Street- 331 North Rensselaer, NY 12144  Phone: 518-474-9613  Fax: 518-474-6824  Judy.Richards@dfa.state.ny.us</p>	<ul style="list-style-type: none"> <li>Peer review includes peer reviewer training, the use of a self-assessment tool, site visits by individuals external to the agency, facility tours, program observation, on- and off-site technical support, exchange of peer team visits, discussion of findings and feedback, and a plan for quality improvement</li> <li>Peers from other CBCAP-funded programs, program participants, board members or community representatives, program partners involved in service delivery, and state lead agency staff all participate in this process</li> <li>In addition, a consultant has been hired to help individual sites through the process</li> </ul>	<ul style="list-style-type: none"> <li>Peer Review Manual designed by New York State Lead Agency</li> <li>Self-assessment tool was based on Family Support America's "How Are You Doing" and has been revised several times</li> </ul>	

\* Asterisk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
North Carolina	Charisse Johnson North Carolina Division of Social Services Resource Development Team Albemarle Building 325 N. Salisbury Street Raleigh, NC 27699-2410 Phone: 919-334-1148 Fax: 919-733-4756 charisse.johnson@ncmail.net	<ul style="list-style-type: none"> <li>Comprehensive peer review process that involves CBCAP peers, program participants, board members and community representatives, and program partners</li> <li>Peer review process includes a site visit, completion of a self-assessment tool, on- and off-site technical support, and establishment of a plan for program quality improvement</li> </ul>	<ul style="list-style-type: none"> <li>"How Are We Doing?" from Family Support America</li> </ul>	
North Dakota	Marilys Baker North Dakota Department of Children's Services Children and Family Services Division 600 East Blvd. Ave. Bismarck, ND 58505-0250 Phone: 701-328-1853 sobakm@nd.gov	<ul style="list-style-type: none"> <li>Peer review is an emerging practice</li> <li>A network of parent resource centers provides opportunity for informal support and review</li> <li>An annual meeting brings together grantees, Prevent Child Abuse North Dakota, and other statewide partners to share information and ideas and to network</li> </ul>		
Oklahoma	Annette Jacobi Oklahoma State Department of Health Child Abuse Prevention Services 1000 NE 10th Street Oklahoma City, OK 73117-1299 Phone: 405-271-7611 Fax: 405-271-1011 AnnetteJ@health.ok.gov	<ul style="list-style-type: none"> <li>Peer review training, completion of a self-assessment tool, exchange of team visits, and a discussion of findings and feedback are a part of this peer review process</li> <li>Peers from CBCAP agencies, other state-funded programs, and state lead agency staff participate</li> </ul>		

\* Peer review notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Rhode Island	C. Lee Baker Department of Children, Youth and Families Office of the Director 101 Friendship Street, 5th Floor Providence, RI 02903 Phone: 401-528-3627 Fax: 401-528-3922 lee.baker@dcyf.ri.gov	<ul style="list-style-type: none"> <li>Peer review process used with three agencies and led by an outside administering agency that provides the state lead agency with aggregate information regarding peer review results</li> <li>Participating agencies receive a detailed report from the administering agency that outlines obstacles, strengths, recommendations, etc. This report does not go to the state lead agency</li> <li>Peer review team includes members of our child abuse prevention network, current grantees, and a representative from the administering agency that coordinates our peer review</li> </ul>	<ul style="list-style-type: none"> <li>Rhode Island Community-Based Family Resource and Support Peer Review Information Form</li> </ul>	
South Carolina*	Joan Hoffman Children's Trust Fund of South Carolina 1205 Pendelton Street, Suite 506 Columbia, SC 29201 Phone: 803-734-8936 jhoffman@scchildren.org	<ul style="list-style-type: none"> <li>Peer review includes peer reviewer training, the use of a self-assessment tool, site visits by individuals external to the agency, facility tours, exchange of peer team visits, and discussion of findings and feedback</li> <li>Program participants, board members or community representatives, and program partners involved in service delivery participate in this process</li> </ul>		

\*sterisk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
South Dakota	<p>Sherrie Fines            Dept. of Social Services Child Protective Services            700 Governors Drive            Pierre, SD 57501-2291            Phone: 605-773-3227            Fax: 605-773-6334            sherrie.fines@state.sd.us</p>	<ul style="list-style-type: none"> <li>Process includes use of self-assessment tool, on-site visits by individuals external to the agency, facility tours, exchange of peer team visits, and a plan for program quality improvement</li> <li>Upon completion, all programs receive a letter from the state lead agency outlining findings and recommendations</li> <li>CBCAP peers, board members, and community members, program partners, and state lead agency staff all participate in the peer review process</li> </ul>	<ul style="list-style-type: none"> <li>Peer Review Process Common Sense Parenting Partners Questionnaire</li> </ul>	
Tennessee*	<p>Jeanne Brooks            Tennessee Department of Children's Services            Office of Child Safety            436 6th Avenue N            Nashville, TN 37243            Phone: 615-532-5622            Fax: 615-532-6495            jeanne.brooks@tn.gov</p>	<ul style="list-style-type: none"> <li>Currently, a committee of providers is working to develop a peer review process</li> <li>Tennessee is also in the midst of the accreditation process with the Council on Accreditation which includes a peer review component</li> </ul>	<ul style="list-style-type: none"> <li>Council on Accreditation materials and forms</li> </ul>	
Texas	<p>Janene Roch            Texas Department of Family &amp; Protective Services            Prevention &amp; Early Intervention Services MC Y-956            P.O. Box 149030            Austin, TX 78714-9030            Phone: 512-929-6798            Fax: 512-339-5894            janene.roch@dfps.state.tx.us</p>	<ul style="list-style-type: none"> <li>Peer review includes the use of a self-assessment tool, discussion of findings and feedback, and a plan for quality improvement</li> <li>Peers from other CBCAP-funded programs and program partners involved in service delivery participate in this process</li> </ul>		

\*Risk notes participation in peer review workgroup.

Note: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
Utah*	Christie Kinghorn Division of Child & Family Services 120 North 200 West Salt Lake City, UT 84103 Phone: 801-538-4340 Fax: 801-538-3993 cjkingho@utah.gov	<ul style="list-style-type: none"> <li>Peers from other CBCAP-funded programs and state lead agency staff engage in this process</li> <li>Peer review includes off-site technical support, discussion of findings, and a plan for program quality improvement</li> </ul>		
Vermont*	Ruth Matthews Children & Family Council for Prevention Program 103 South Main Street Waterbury, VT 05671-0203 Phone: 802-241-2928 Fax: 802-241-4461 ruth.matthews@ahs.state.vt.us	<ul style="list-style-type: none"> <li>Vermont has been using peer review with community-based parent-child centers for 20 years</li> <li>Once every three years this day-long, comprehensive peer review process includes the use of a self-assessment tool, site visits by individuals external to the agency, facility tours, exchange of peer team visits, discussion of findings and feedback, on- and off-site technical support, and a plan for quality improvement</li> <li>Peers from CBCAP-funded agencies, program participants, board members or community representatives, program partners involved in service delivery, state lead agency staff, and other state and local partners come together for this process</li> </ul>	<ul style="list-style-type: none"> <li>Parent Education/Parent Support and Home Visiting Self Assessment modeled after Family Support America's "How Are We Doing?"</li> <li>Vermont also has a Parent-Child Center Report that outlines the purpose and process for peer review as a piece of its evaluation efforts</li> </ul>	
Washington	Joan Sharp Children's Trust of Washington 605 First Avenue, Suite 412 Seattle, WA 98104-2224 Phone: 206-464-5493 Fax: 206-464-6642 joan@wcpcon.wa.gov	<ul style="list-style-type: none"> <li>Peer review includes the use of a self-assessment tool, site visits by individuals external to the agency, facility tours, program observation, exchange of peer team visits, discussion of findings and feedback, on-site technical support, and a plan for quality improvement</li> </ul>		

\* Asterisk notes participation in peer review workgroup.

... e: Information in this chart was accurate as of January 2006. Please contact your state's CBCAP Lead Agency for updated information.

CBCAP Agency	Contact Information	Peer Review Activities	Peer Review Tools	Supplemental Assessment Tools
West Virginia*	<p>Tina L. Faber West Virginia Department of Health &amp; Human Services 350 Capitol Street Charleston, WV 25301 Phone: 304-558-3363 Fax: 304-558-4563 Tina.L.Faber@wv.gov</p>	<ul style="list-style-type: none"> <li>Executive board of five nonprofit professionals is responsible for peer review of 16 family resource centers. Each member must visit and review between two to four programs a year and provide feedback for improvement</li> <li>All reviews result in a summary report that is included in the annual CBCAP report</li> </ul>	<ul style="list-style-type: none"> <li>Quality Indicators Checklist</li> </ul>	
Wisconsin*	<p>Mary Anne Snyder Wisconsin Children's Trust Fund 110 East Main Street Madison, WI 53703 Phone: 608-266-3737 Fax: 608-266-3792 maryanne.snyder@ctf.state.wi.us</p>	<ul style="list-style-type: none"> <li>Process includes peer review training, use of a self-assessment tool, site visits, on- and off-site technical support, exchange of peer team visits, discussion of findings and feedback, and a plan for program quality improvement</li> <li>CBCAP peers, program participants, board members and community representatives, other program partners, and local child care centers participate in this process</li> </ul>	<ul style="list-style-type: none"> <li>Protective Factors Model</li> <li>2004 Peer Review Process for Family Resource Centers Training Materials</li> <li>Training materials based on "How Are We Doing?" from Family Support America, "Strengthening Families through Early Care and Education Self-Assessment", from the Center for the Study of Social Policy's, and "Peer Review Instrument" from the Children's Trust Fund</li> </ul>	

\* asterisk notes participation in peer review workgroup.

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## Appendix B: Principles of Family Support

1. Staff and families work together in relationships based on equality and respect.
2. Staff enhance families' capacity to support the growth and development of all family members—adults, youth, and children.
3. Families are resources to their own members, to other families, to programs, and to communities.
4. Programs affirm and strengthen families' cultural, racial, and linguistic identities and enhance their ability to function in a multicultural society.
5. Programs are embedded in their communities and contribute to the community-building process.
6. Programs advocate with families for services and systems that are fair, responsive, and accountable to the families served.
7. Practitioners work with families to mobilize formal and informal resources to support family development.
8. Programs are flexible and continually responsive to emerging family and community issues.
9. Principles of family support are modeled in all program activities, including planning, governance, and administration.

From Family Support America (1996) *Guidelines for Family Support Practice*. Chicago.

## Appendix C: Additional Resources for Peer Review Practice

*The following nine organizations are engaged in some form of peer review or accreditation process. Please use these as a reference to support or enhance your own peer review process.*

### **Center for the Study of Social Policy (CSSP)<sup>32</sup>**

#### ***Strengthening Families Through Early Care and Education Initiative***

The Strengthening Families Through Early Care and Education Initiative (SFI) is a child abuse and neglect prevention initiative that focuses on strategies that providers of early care and education can employ to support families. CSSP offers a program handbook and self-assessment tool that outlines strategies to enhance protective factors that will support families and reduce the likelihood of child abuse and neglect. The handbook and self-assessment tool are available for use by any interested early care or education program. For more information contact Judy Langford at [judy.langford@cssp.org](mailto:judy.langford@cssp.org) or Nilofer Ahsan at [nilofer.ahsan@cssp.org](mailto:nilofer.ahsan@cssp.org) or go to the CSSP website, [www.cssp.org](http://www.cssp.org).

### **Child and Family Service Reviews (CFSR)<sup>33</sup>**

The purpose of this review process is to ensure conformity with federal child welfare requirements, determine what is actually happening to children and families involved in the child welfare system, and assist states to enhancing their capacity to help children and families achieve positive outcomes. It is a two-stage process that includes a statewide assessment and an on-site review of child and family service outcomes and program systems. The on-site portion is comprised of case reviews, interviews with children and families, and interviews with community stakeholders such as the courts and community agencies engaged in services. For more information, go to [www.acf.hhs.gov/programs/cb](http://www.acf.hhs.gov/programs/cb), or call the Child Welfare Review Project at 301-565-3260.

### **Child Welfare League of America (CWLA)<sup>34</sup>**

CWLA provides accreditation support services through its consultation division, the National Center for Field Consultation (NCFC). NCFC works closely with agencies as they go through the accreditation process with the Council on Accreditation and the Joint Commission on the Accreditation of Health Care Organizations. NCFC may provide agencies with a range of technical assistance and support services, including an accreditation orientation, work plan and group plan development, accreditation readiness assessment, or ongoing consultation related to accreditation. Agencies must pay a fee or apply member benefit time for support services. For more information go to [www.cwla.org](http://www.cwla.org) or contact the NCFC Intake and Project Development Manager at 978-365-5068 or by e-mail at [ncfc@cwla.org](mailto:ncfc@cwla.org).

### **Commission on Accreditation of Rehabilitation Facilities (CARF)<sup>35</sup>**

CARF uses a rehabilitative model to provide accreditation services to rehabilitation and human service providers. One branch of the organization, Child and Youth Services, focuses on services specific to children and families. Services include child welfare, safety and permanence, family self-sufficiency, and more. Accreditation for child and youth services engages parents and professionals to develop an accreditation that will enhance the quality of services. This accreditation process is based on the concepts of peer review, networking, and sharing ideas. Programs must pay an intent to survey fee and a survey fee. Preparing for accreditation typically takes six to twelve months. For more information go to [www.carf.org](http://www.carf.org) or call 888-281-6531.

<sup>32</sup> Information obtained at [http://www.strengtheningfamilies.net/index.php/about/category/the\\_basics/](http://www.strengtheningfamilies.net/index.php/about/category/the_basics/). September 11, 2009

<sup>33</sup> Information obtained at <http://www.acf.hhs.gov/programs/cb/cwmonitoring/recruit/cfsfactsheet.htm>. September 8, 2009.

<sup>34</sup> Information obtained at <http://www.cwla.org/consultation/accreditation.htm>. September 8, 2009.

<sup>35</sup> Information obtained at <http://www.carf.org/Providers.aspx?content=content/Accreditation/Opportunities/CYS/AccreditationStandards.htm>. September 11, 2009

### **Council on Accreditation (COA)<sup>36</sup>**

COA uses a community-based social services model to accredit behavioral healthcare and social service organizations. COA's accreditation process involves a detailed review and analysis of an organization's administrative operations and service delivery against national standards. COA reviews and accredits entire organizations, not specific programs. Organizations complete an Application for Accreditation and a Standards and Self-Study Manual and receive a site visit from trained peer reviewers as a part of the accreditation process. The process typically takes between 12 and 14 months and accreditation lasts for four years. Organizations must pay an accreditation fee. For more information go to [www.coanet.org](http://www.coanet.org).

### **Healthy Families America (HFA)<sup>37</sup>**

An application and credentialing process allows programs to use the Healthy Families name by formally associating with the HFA initiative. Credentialing through HFA is available to established and new home visitation programs. Single-site and multi-site credentialing is available. The credentialing process begins with the HFA credentialing application, followed by a site self-assessment tool, and a peer review team site visit. Programs pay an application fee and an annual affiliation fee. To find out more about the application and credentialing process, contact the Quality Assurance Division at 312-663-3520 or go to [www.healthyfamiliesamerica.org](http://www.healthyfamiliesamerica.org).

### **Joint Commission on the Accreditation of Health Care Organizations (JCAHO)<sup>38</sup>**

JCAHO is one of the nation's predominant accrediting agencies in health care. JCAHO's accreditation process evaluates an organization's compliance with standards and other accreditation requirements. Organizations that may seek JCAHO accreditation include hospitals, medical equipment services, nursing homes, behavioral health care organizations, addiction services, rehabilitation centers, and other ambulatory care providers, as well as independent laboratories. Accreditation lasts for three years and organizations must pay an accreditation fee. For more information go to [www.jcaho.org](http://www.jcaho.org).

### **National Association for the Education of Young Children (NAEYC)<sup>39</sup>**

NAEYC provides accreditation services to programs for young children, birth through age eight. Programs seeking accreditation engage in a process that includes verification visits, unannounced site visits, and the completion of the NAEYC self-study form, an early childhood program description form, and a classroom observation summary sheet. Accreditation is good for five years and programs must submit an annual report each year between accreditations. Programs must pay an initial fee for accreditation as well as annual report fees. For more information go to [www.naeyc.org](http://www.naeyc.org) or call 800-424-2460.

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<sup>36</sup> Information obtained at <http://www.coanet.org/front3/page.cfm?sect=19>. September 11, 2009.

<sup>37</sup> Information obtained at [http://www.healthyfamiliesamerica.org/network\\_resources/credentialing.shtml](http://www.healthyfamiliesamerica.org/network_resources/credentialing.shtml). September 11, 2009.

<sup>38</sup> Information obtained at <http://www.jointcommission.org/AboutUs/>. September 11, 2009.

<sup>39</sup> Information obtained at <http://www.naeyc.org/accreditation>. September 8, 2009.

