



Erwin McEwen, Director



Children and Family  
Research Center

# *Putting It All Together: Lessons Learned from Implementing Differential Response in Illinois*

*A presentation for the 2010 Conference on Differential Response in Child Welfare*

Womazetta Jones, Illinois DCFS

William Wolfe, Illinois DCFS

Dr. Tamara L. Fuller, Children & Family Research Center

Judge Kathleen A. Kearney, Children & Family Research Center

# Presentation Overview

- What is the role of Differential Response (DR) in child welfare innovation in Illinois?
- Why implement Differential Response in Illinois?
- What does research tell us about the core drivers of successful implementation?
- What was the planning process used to design the Illinois DR model?
- How did the Illinois project address the core implementation drivers?
- How are you evaluating the effectiveness of DR in Illinois?

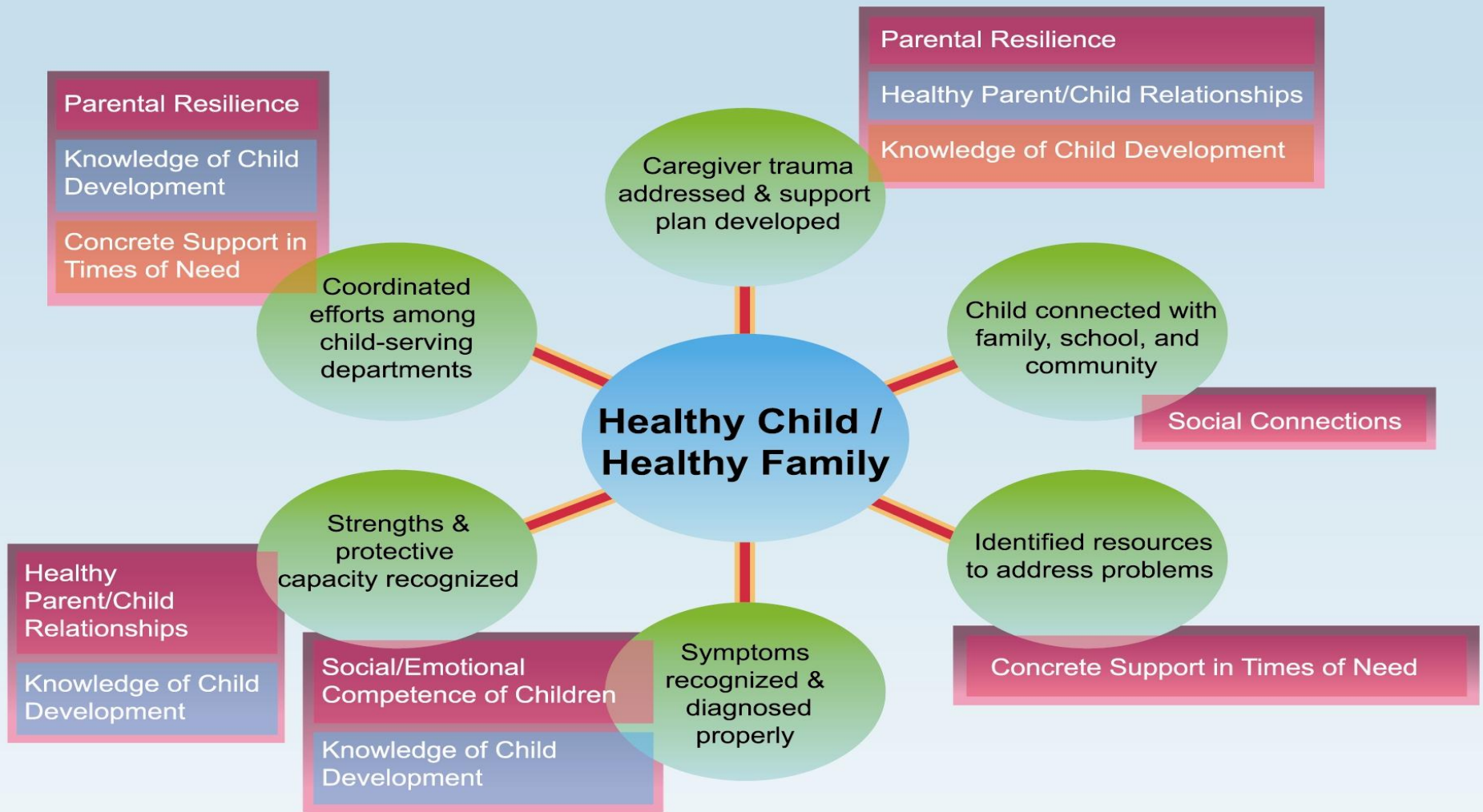
***What is the role of Differential  
Response in child welfare innovation  
in Illinois?***



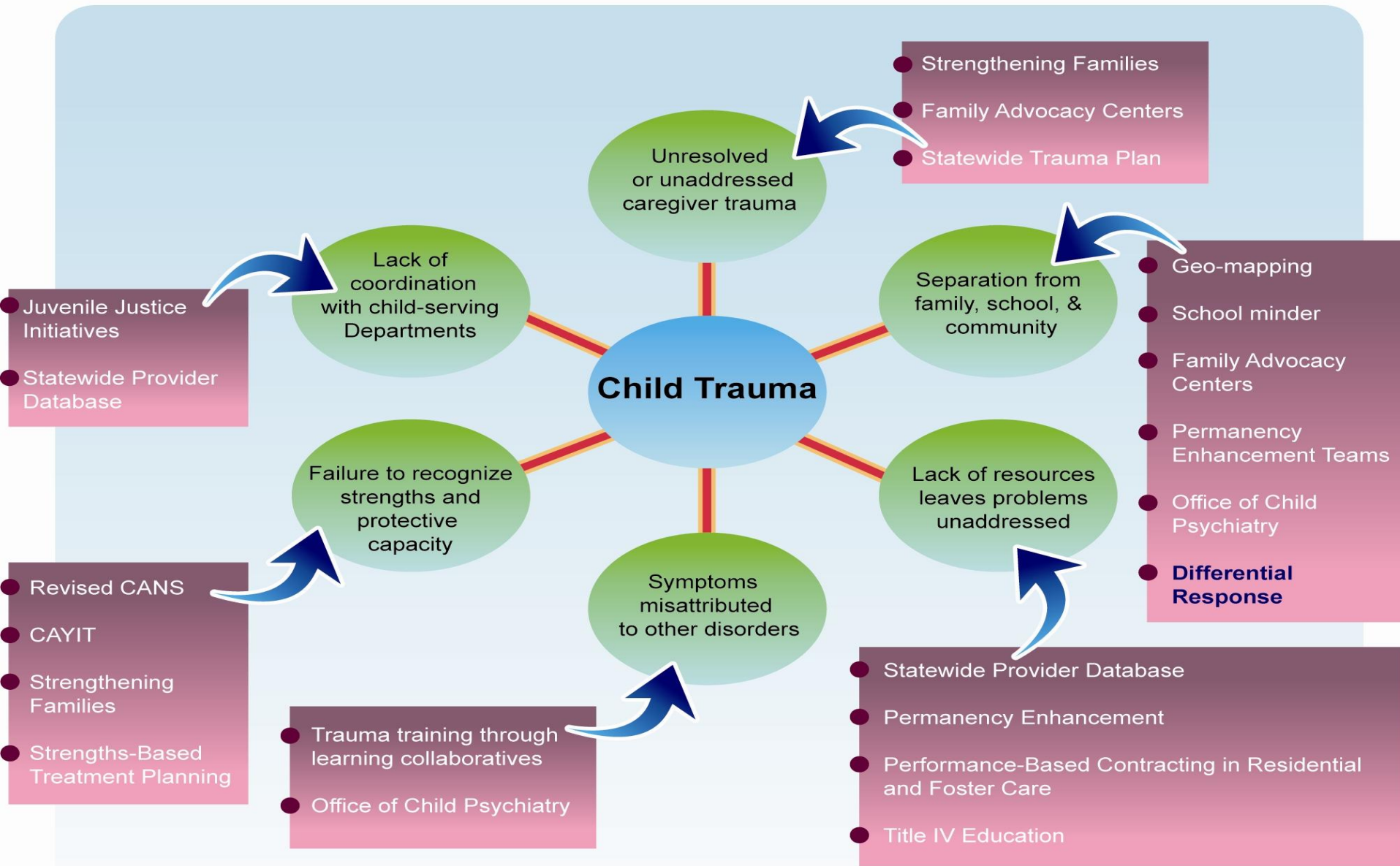
# System Integration in Illinois

- *Strengthening Families Illinois* established in 2006 with the overarching framework to build:
  1. Parental Resilience
  2. Social Connections
  3. Knowledge of Parenting and Child Development
  4. Concrete Support in Times of Need
  5. Social and Emotional Competence of Children
  6. Healthy Parent-Child Relationships
- *Trauma Informed Practice Program* infused throughout rules, assessments, services plans and case work practice

# Building Protective Factors Supports Quality Practice and Helps Children Heal ...



# Child Welfare Innovation in Illinois: A Coordinated Effort to Address Trauma



# *Why implement Differential Response in Illinois?*

- The most recent child protective system reform in Illinois occurred 15 years ago with the implementation of the Child Endangerment Risk Assessment Protocol (CERAP)
- Despite significant drops in both short term (60 days) and 6 month maltreatment recurrence rates since 1995, Illinois CFSR results present disturbing trends



# Illinois 2009 CFSR Findings and Trends

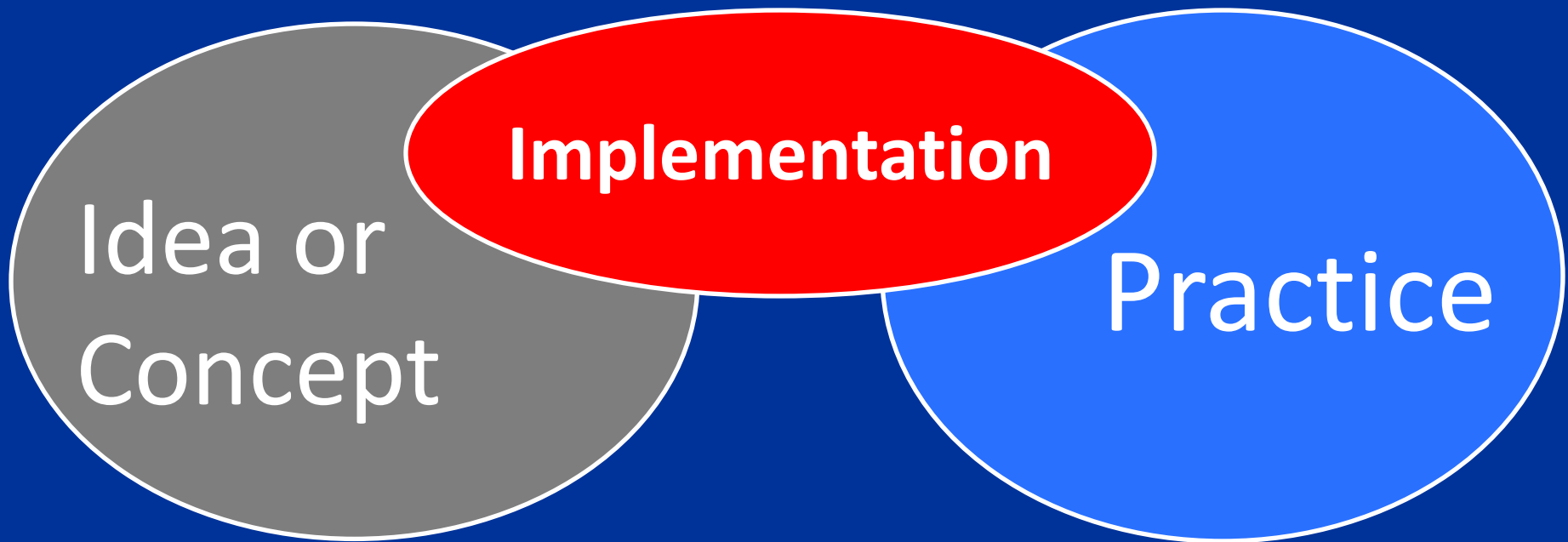
| Outcomes/Items –<br>% Substantially Achieved                   | 2003 | 2009  | Trend |
|--|------|-------|-------|
| <b><i>Safety 1: Children protected from abuse/neglect</i></b>  | 91%  | 85.7% | Down  |
| Item 2: Repeat maltreatment                                    | 93%  | 81%   | Down  |
| <b><i>Permanency 2: Continuity of family relationships</i></b> | 76%  | 55%   | Down  |
| Item 14: Preserving connections                                | 92%  | 75%   | Down  |
| Item 16: Relationship of child in care with parents            | 77%  | 38%   | Down  |
| <b><i>Well-Being 1: Families have enhanced capacity</i></b>    | 52%  | 43.1% | Down  |
| Item 18: Family involvement in case plan                       | 57%  | 48%   | Down  |
| Item 20: Caseworker visits with parents                        | 55%  | 43%   | Down  |



# In Illinois, very few families receive services following an investigation, even if maltreatment is substantiated

|  |                          |                     |
|--|--------------------------|---------------------|
| Children with Indicated Maltreatment       | Illinois<br><b>20.2%</b> | Nationally<br>62%   |
| Children with Unsubstantiated Maltreatment | Illinois<br><b>6.4%</b>  | Nationally<br>31.2% |

*What does research tell us about implementing a project like this?*



# Stages of Implementation

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Implementation occurs in stages:

- Exploration
- Installation
- Initial Implementation
- Full Implementation
- Innovation
- Sustainability



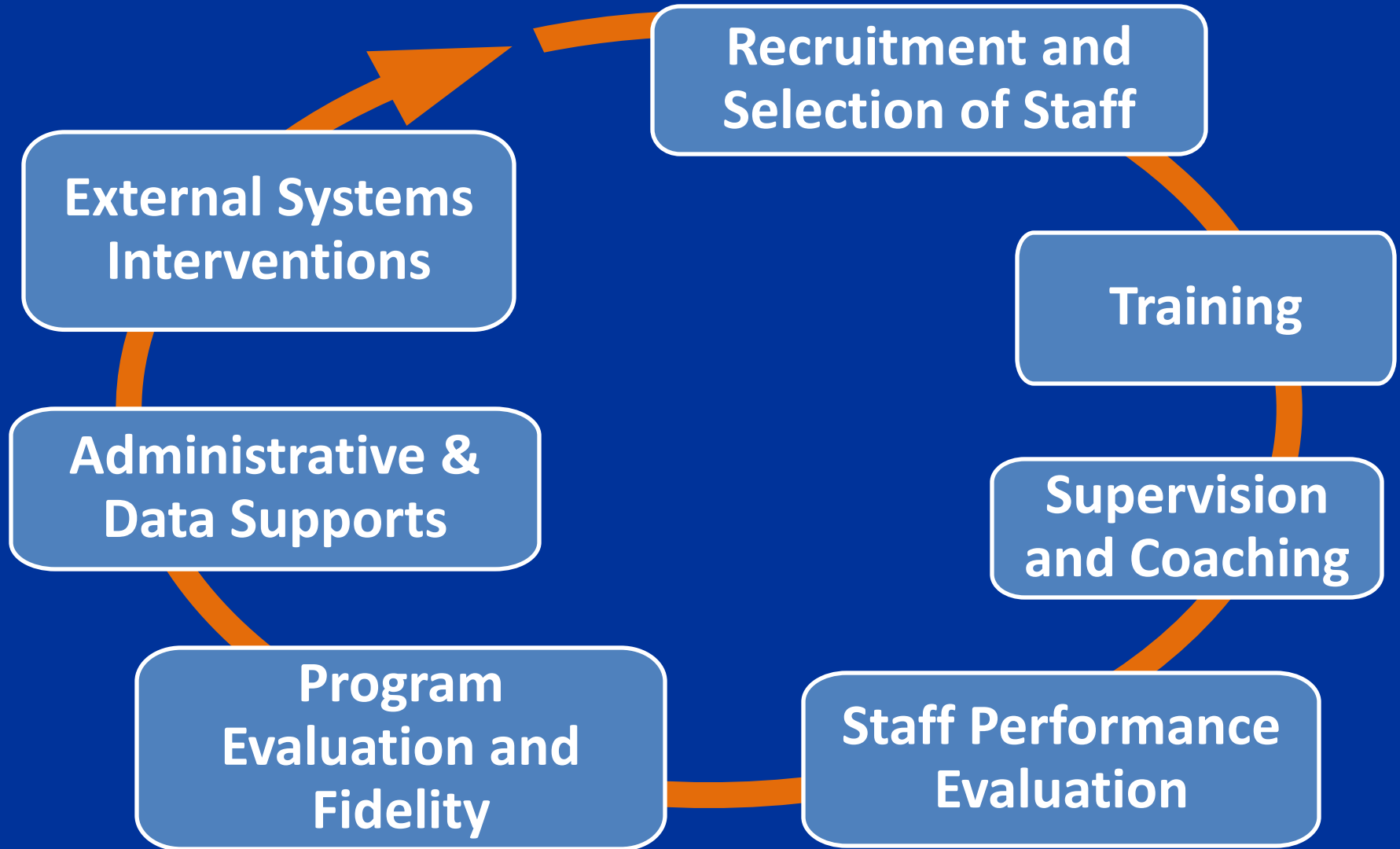
2 – 4  
Years

# Degrees of Implementation

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- **Paper Implementation**
  - “Recorded theory of change”
- **Process Implementation**
  - “Active theory change”
- **Performance Implementation**
  - “Integrated theory of change”

# Implementation Drivers



# Key Elements Supporting Organizational Change

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- Commitment of leadership to the implementation process
- Involvement of stakeholders in planning and selection of programs to implement
- Creation of an implementation task force made up of consumers and stakeholders
- Suggestions for “unfreezing” current organizational practices
- Resources for extra costs, effort, equipment, manuals, materials, recruiting, access to expertise, re-training for new organizational roles
- Alignment of organizational structures to integrate staff selection, training, performance evaluation
- Alignment of organizational structures to achieve horizontal and vertical integration
- Commitment of on-going resources and support

*What was the planning process  
used to design the Illinois DR  
model?*



# Preliminary Planning Process

## ■ 2008

- CFRC “white paper” on differential response and potential for implementation in Illinois
- Critical stakeholders/organizations identified
- Potential legislation drafted

## ■ 2009

- Peer-to-Peer Technical Assistance Match sponsored by Casey Family Programs held with Minnesota representatives
- Initial Project Steering Committee established and developed approach and implementation strategies



# Collaborative Stakeholder Planning

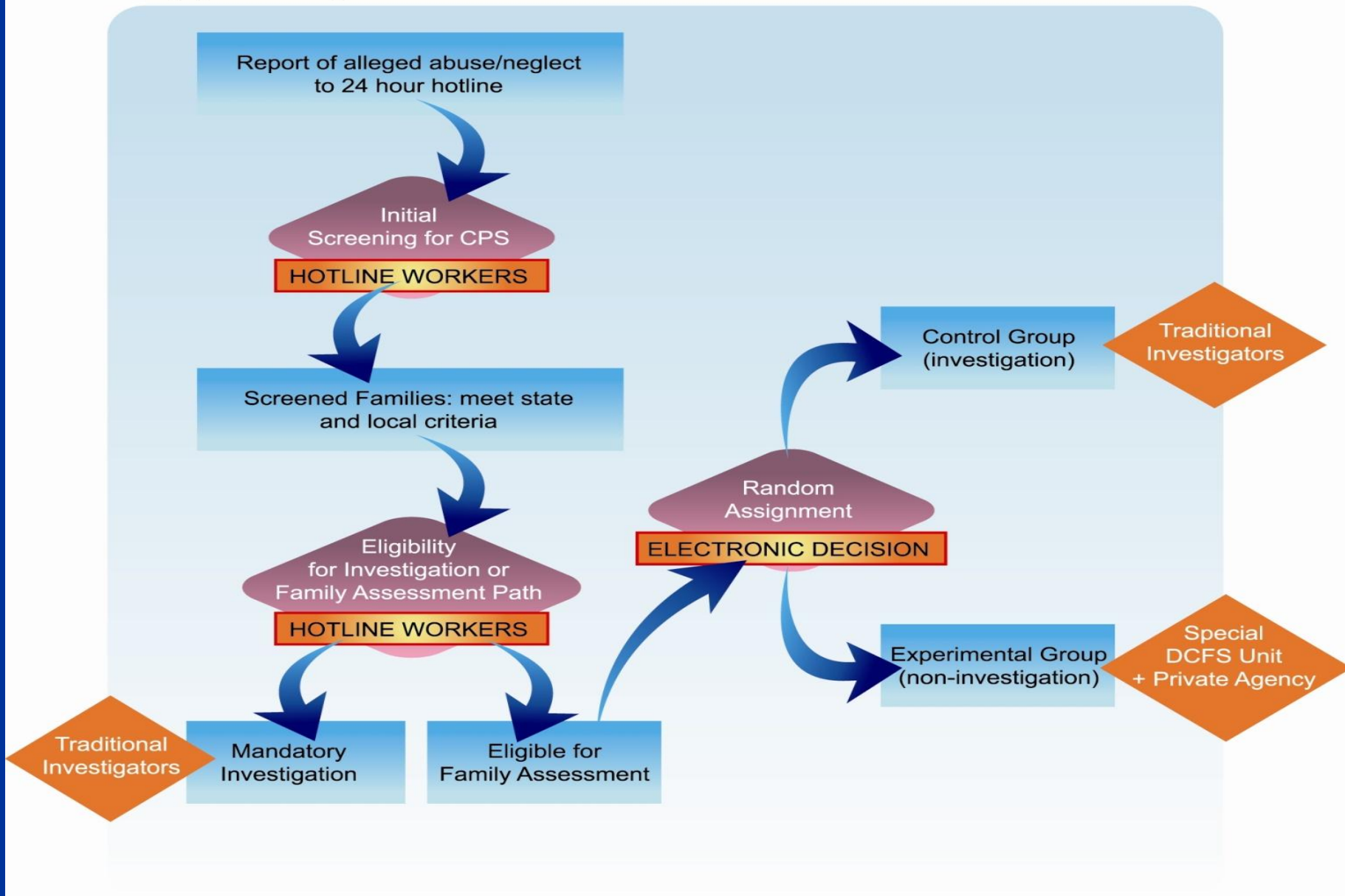
## July – September 2009

- Project Steering Committee meets for day long planning sessions on July 31<sup>st</sup>, September 8<sup>th</sup>, and September 25<sup>th</sup> 2009
- Steering Committee includes all critical public agency stakeholders including CPS, Office of the Inspector General, legal, policy, union, operations, training, quality assurance, Office of the Public Guardian, and information technology
- CFRC, Casey Family Programs and *Strengthening Families Illinois* representatives provided technical assistance and support

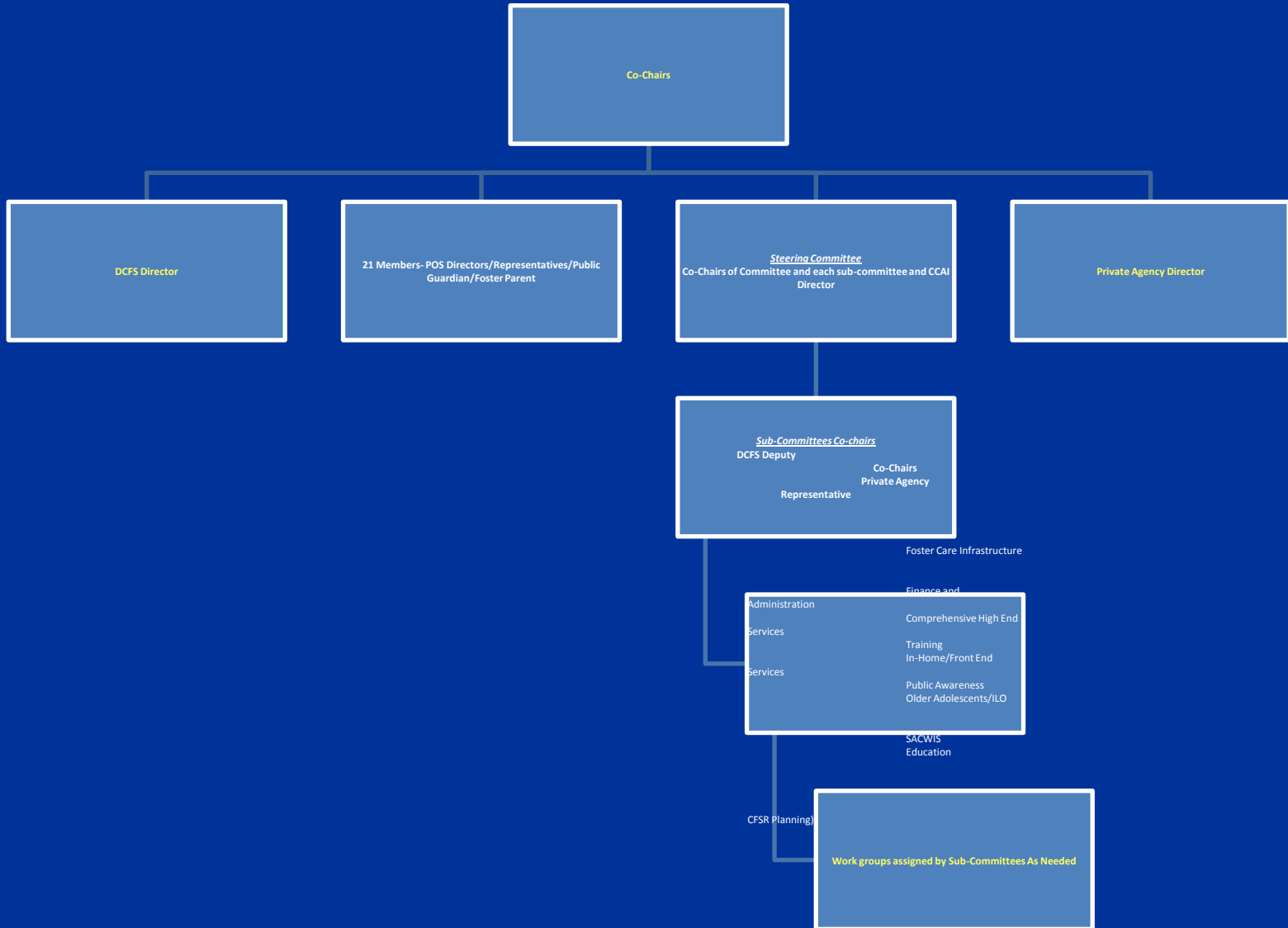
# Tasks Performed by Initial Project Steering Committee

- Project name selected
- Criteria established for investigative pathway and Family Assessment pathway
- Team approach pairing a DCFS child welfare specialist with a community-based agency Family Assessment worker is developed and approved
- Qualifications for both DCFS child welfare specialists and Family Assessment workers discussed, but not finalized
- Appropriate outcome measures determined
- Training implications assessed
- SACWIS changes identified to support Differential Response
- Need for robust public awareness campaign recognized

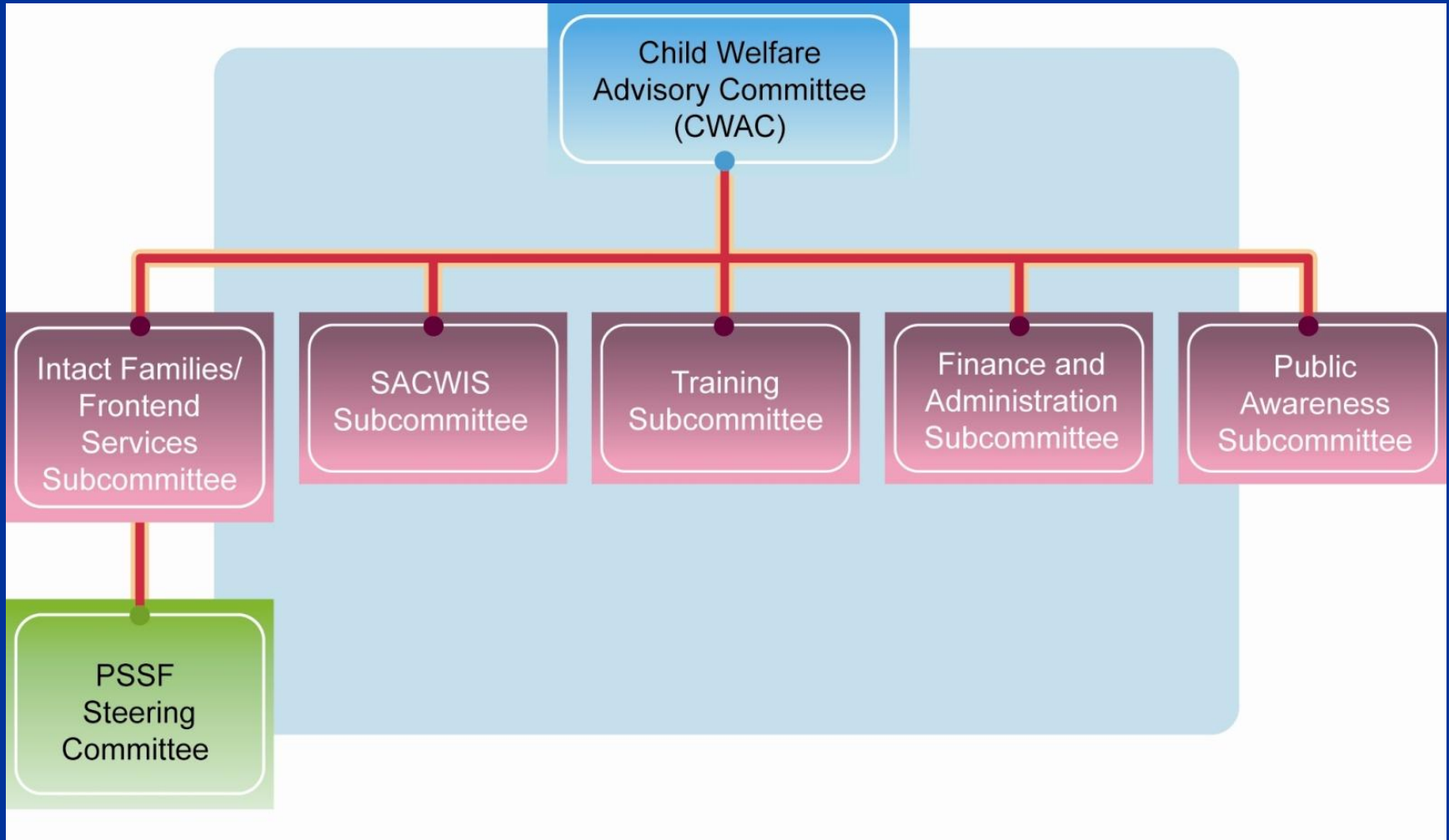
# Illinois DCFS Pathways to Strengthening and Supporting Families



# Illinois Child Welfare Advisory Committee (CWAC)



# Project Governance



*How did the Illinois DR project address the core implementation drivers?*



# Recruitment and Selection of Staff DCFS Specialists

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- Insert bullets regarding worker qualifications, hiring process, total number of staff, staffing ratios, locations
- Insert slide regarding union issues and challenges here or wait until the end to identify challenges in a separate slide?

# Recruitment and Selection of Staff

## POS Agency Selection

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- Insert bullets regarding the selection of the POS agencies, procurement process, model being used (lead agency/ASO w/ subcontractors), contract terms, and monitoring for quality assurance



# Training

- Insert bullets regarding both the CPS control group and the DR staff in the private agencies including duration, location, number trained, who did the training, etc.
- This may need several slides – we may want to insert a table of the modules of training for the DR side

# Supervision and Coaching

## DCFS DR Specialists

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- Insert bullets regarding DCFS supervisor qualifications, selection, training (DR specific), supervision model used including frequency
- Is there anything specific in the DCFS supervision model related to coaching?

# Supervision and Coaching POS Agencies

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- Is this included in the contract? What are the expectations?
- Insert bullets regarding POS supervisor qualifications, selection, training (DR specific), supervision model used including frequency
- Is there anything specific regarding coaching in the contract and/or the DR training modules related to this?

# Performance Evaluation

## DCFS DR Specialists

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- Insert bullets regarding how you will evaluate the performance of the DR Specialists – what changes, if any, did you make to the ones used for CPS workers? Did you include anything related to family engagement? If not, why not? How often will you evaluate worker performance?

# Performance Evaluation POS Agencies

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- Is anything specified in the contracts related to how DR workers will be evaluated? Annually? How will DCFS know if this is being done by the POS agencies? Do you expect they will include the ability to effectively engage families as part of the evaluation?

# Decision Support and Quality Assurance Systems

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- In this slide we need to discuss the fidelity to the DR model for both the DCFS Specialists and the POS Agencies. How will we know that the workers are doing what they are supposed to do on every case? What tools and/or checklists do we have in place – or need to put in place – to ensure fidelity?

# Administrative & Data Supports

## Illinois SACWIS Functionality

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- Intake and Investigation Assignment
- Investigation Management
  - Roles and Access
  - Process
  - Investigation Closing
  - Records Retention

# SACWIS Intake & Investigation Assignment

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- Calls statewide come into the State Central Registry (SCR)
- SCR operators determine:
  - Allegations
  - Whether to take report
  - Linkage to other reports
  - Assignment of unique identifier (if new)
  - Assignment of investigation to team



# Investigation Management

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- “Roles” created including Investigator, Supervisor, up the chain through the Director, and (on a read only basis) the Office of the Inspector General
- Access to investigation information is a function of assignment and role and on a need to know basis
- SACWIS contains a series of screens that move the investigation forward in accordance with the law.
- SACWIS functionality includes notes, assessments and comments and it develops required responses such as letters to mandated reporters

# Investigation Management

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- Investigation Closing: SACWIS investigation is closed with either indicated or unfounded results
- Record Retention: Records are retained as per Illinois law; unfounded allegations are expunged quickly, indicated allegations are kept 5 to 99 years

# Changes Made to Support Differential Response

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- Intake and Assignment
- Case Management
  - Roles and Access
  - Case Opening and Closing
  - Process moves the case on the scheduled DR path and timeframes.
  - Notes and comments are made in SACWIS and required forms
  - Records Retention (10 Years)

# Intake & Assignment

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- No change in initial hotline intake procedure.
- Accepted reports are automatically screened for DR eligibility. DR eligible cases are randomly assigned to Investigations or DR.
- Subsequent accepted reports on DR cases trigger investigations.
- Subsequent additional information reports are being managed outside the automated system as of now.

# Case Assignment

Case ID: 870600

Case Name: Smith BB, Missy

Case Type: DR Case

Case Open Date: 08/11/2010

Current Assignments

[Team Summary](#)

[Auto Address Search](#)

[Mailbox Search](#)

[Worker Search](#)

| Responsibility | Subject(s)/<br>Member(s) | Assigned To<br>RSF/Role/Worker* | Start Date/Time     | Acknowledged<br>Date/Time |  |
|----------------|--------------------------|---------------------------------|---------------------|---------------------------|--|
| Parallel       | ALL                      |                                 | 08/25/2010 01:24 PM |                           |  |

Assignment Entered By: Diffnorth, Supervisor

Assignment Ended By:

Assignment Entered On:

Assignment Start Date/Time: 08/25/2010 10 01:24 PM

Assignment End Date/Time: [ ] 10 [ ]

Assignment Create Narrative:

Assignment End Narrative:

Verbal Communication

|         |     |                                     |                     |  |  |
|---------|-----|-------------------------------------|---------------------|--|--|
| Primary | ALL | Cook North Differential<br>Response | 08/11/2010 02:37 PM |  |  |
|---------|-----|-------------------------------------|---------------------|--|--|

# DR Case Management

- New roles were created for DCFS DR Caseworker & DR Supervisor, Private Agency (POS) DR Caseworker & Supervisor.
- Access remains based on assignment and role on a need to know basis.
- Case Opening and Closing:
  - DR cases are automatically opened in SACWIS.
  - A Child and Youth Centered Information System (CYCIS) Case is also opened for DR cases for private agency case management
  - At the end of the case, based on time or intervening event, the cases are closed in CYCIS and SACWIS.

## Voluntary Family Enhancement Plan

Case ID: [937961](#)

Case Name:

Case Type: DR Case

Date Plan Initiated: \*

Effective Date:

Plan ID:

Reason For Involvement: Differential Response

Approval Status: Not requested

Worker Name:

[New Note](#) [Note Search](#) [Voluntary Family Enhancement Plan Document](#)

General

Create Outcomes/Interventions

Summary

Summarize significant developments/events in the case since the last plan:

Family's primary language or mode of communications:

Are any of the following needed?

- Yes  No Bilingual Worker
- Yes  No Translator
- Yes  No Special Equipment

Describe:

- Yes  No Are recommended services available in the preferred language or mode of communication?

Describe:

### Notes

Note ID: Case ID: [932821](#) Case Name: [Smith, Missy](#) Case Type: DR [Note Search](#)

Category:\* Case Sub Category:\*

Contact Type:\*   Attempt

Contact Date/Time:\*   Contact Duration:  (in minutes)

Contacted By:\* Responsewkr, Central [Search](#)

Supervised By:

Created On Date/Time: 08/10/2010 01:40 PM

Created By: Responsewkr, Central

**Contact Met With: \***

- ACR
- Adoption
- Advocacy
- Advocacy Office
- Agency Staff

- Smith, Stephen (DOB: 01/13/2001)
- Kent, Ralph (DOB: 02/28/2002)
- Kent, Tracy (DOB: 03/12/1980)
- Smith, Missy (DOB: 04/28/1982)

**Narrative:\***

**Others Present during the Interview**

**Location of Interview**

Location:  [Select Address](#)

**Other Contacts**

Sub Category:\*

- Advocacy
- Advocacy Office
- Agency Staff
- Budgeting
- Case Closure



# Administrative Supports

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- Are there any other administrative supports which should be included here? Was anything else done to support implementation?

# External Systems Interventions

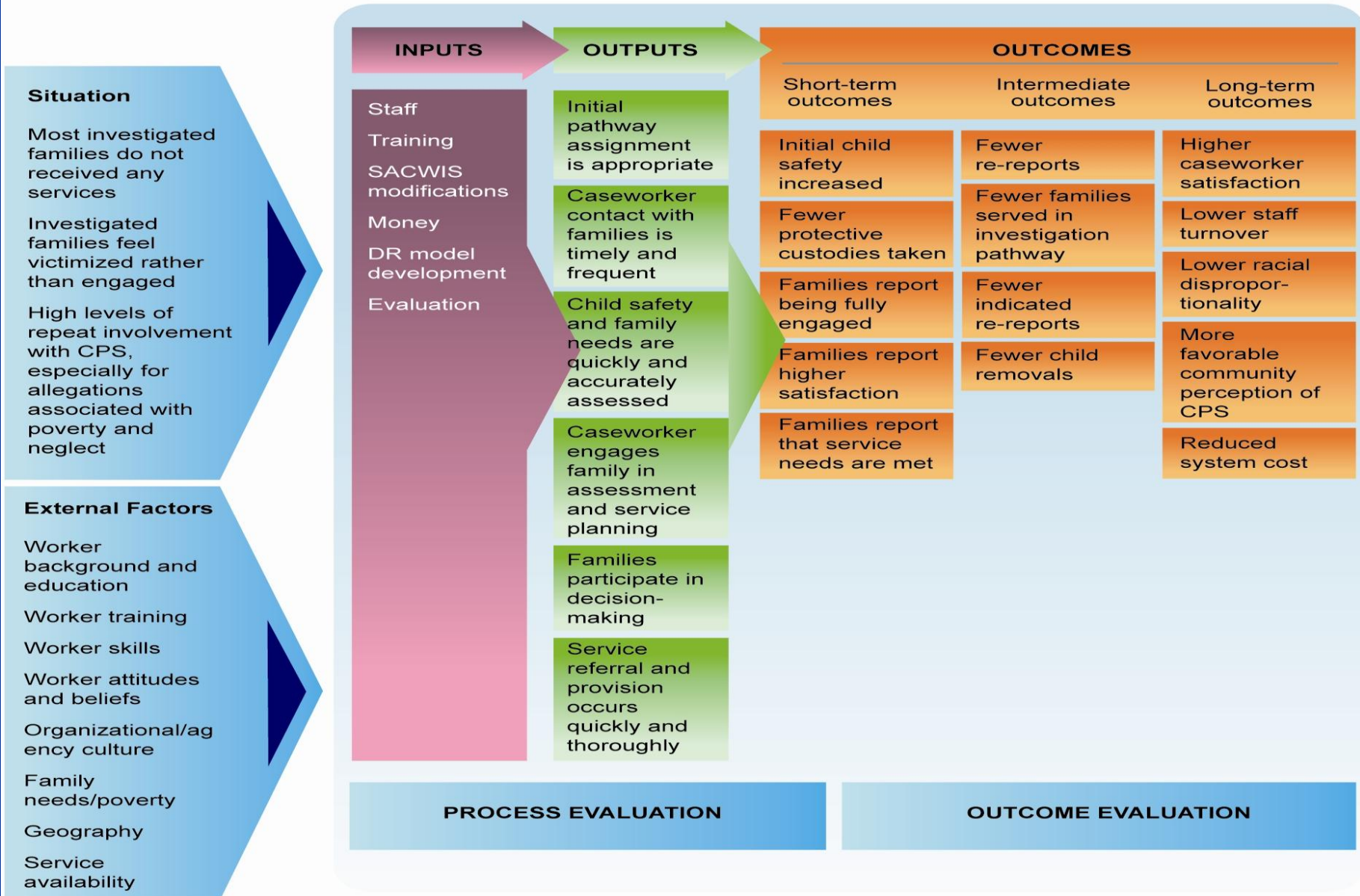
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- This slide should include strategies used to support DR from outside DCFS including the legislation passed to allow the pilot, funding to support it, and the internal and external communication and feedback loops put in place to ensure full stakeholder participation and involvement

*How are you evaluating the effectiveness in DR in Illinois?*



# Illinois Evaluation Logic Model



# What are the gaps in knowledge?

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- Pre-existing differences in families could account for the differences seen in families served through investigation and non-investigation pathways
- Mechanisms through which DR achieves positive outcomes are unclear
- Little is known about the interactions between caseworkers and families that occur in the investigation and non-investigation pathways

# Primary Research Questions

- ***Child Safety:*** Are children whose families receive the non-investigation pathway as **safe** as or safer than children whose families receive the investigation pathway?
- ***Pathway Differences:*** How is the non-investigation pathway different from the investigation pathway in terms of **family engagement, caseworker practice, and services provided?**
- ***Program Costs:*** What are the **cost** and funding implications to the child protection agency of the implementation and maintenance of a DR approach?

# Evaluation Components

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- Analysis of Contextual Factors
- Process Evaluation
- Outcome Evaluation
- Cost Evaluation

# Contextual Factors

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- Important to document the agency contexts in which PSSF is implemented
- Organizational social context directly affects service quality and outcomes
- Organizational social context includes the norms, values, expectations, perceptions, and attitudes of the members of the organization
- Organizational culture and climate may vary widely among DCFS field offices and service agencies



# Contextual Factors

- The culture and climate of agencies implementing DR (e.g. norms, values, expectations and attitudes)
- The organizational structure of agencies implementing DR (e.g. staff selection, supervision, internal resources and supports)
- Worker characteristics (e.g. educational background, experience)
- Worker resources and conditions (e.g. job satisfaction, burnout)

*The CFRC is also looking more closely at the interaction between caseworkers and families in both the DR and IR pathways to identify specific factors or strategies which lead to family engagement*

# Process Evaluation

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- Will examine the DR approach that is designed and implemented
- The entire implementation process will be documented
- Will collect data on agency practices, attitudes of agency staff, and community feedback
- Differences in the pathways will be thoroughly documented so we know what makes them distinct

# Outcome Measurement - Safety

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*Safety will be measured in several ways:*

- Initial safety assessment (CERAP)
- Protective custodies
- Re-reports, allegations
- Substantiated re-reports
- Child removals

# Outcome Measurement– Family Needs

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- Information on family needs will be measured through the CANS (Child and Adolescent Needs and Strengths) comprehensive assessment
- A survey will be given to families at case closure gathering data on family member perceptions of their needs, the adequacy of services, caseworker effectiveness, and their level of engagement
- Overall family satisfaction will also be assessed

# Outcome Measurement – System Change

*The implementation of DR in Illinois may have a measurable impact on the child welfare system as a whole. System-wide and regional indicators that will be monitored over time:*

- Reports made to the hotline
- Reports screened in for CPS response
- Screened in reports eligible for family assessment pathway
- Indication rate in investigation pathway
- Removal rate
- Pathway changes

# Cost Evaluation

- Will examine the costs incurred in developing, implementing, and sustaining PSSF
- Will compare costs incurred for families in the investigation and family assessment pathways
- Are the absolute costs of adopting DR the same , more, or less than those in a system that includes only one investigation option?

# Evaluation Data Sources

*These data collection methods will be used for both the DR and the IR pathways:*

- Differential Response Case Specific Report on each case
- Surveys and Focus Groups of Investigators, DCFS DR Specialists, and PSSF Caseworkers and Supervisors
- Surveys of Family Caregivers at the close of the investigation or DR services
- Individual Interviews with Family Caregivers after the close of the investigation or DR services
- Naturalistic Observation by evaluation team
- Administrative Data from SACWIS

- What else should be included to describe the evaluation? Do we want the slide that defines what an RTC is? (From the proposed CFRC Control Group Training slides)



# Questions?



Do we want a contact  
information slide?