Building & Sustaining University-Agency Research Partnerships:
Lessons from the Trenches In Illinois

Erwin McEwen, Illinois Department of Children & Family Services

Bob Goerge, University of Chicago

Dana Weiner, Northwestern University

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"Innovation in child welfare is thwarted by fear of failure"

-Bryan Samuels

Hedging our Bets

- How can we enhance the likelihood of success when undertaking innovation?
  - System-wide transformation to support the implementation of new practices
  - Dependence on "*content experts*" where appropriate
  - Using data to inform decisions about the *what, when* and *with whom* of implementation

Today's discussion

- Historical Context
- Building a Research Center for Child Welfare Monitoring
- The "Embedded" Researcher

30 years of DCFS-University Partnerships in Illinois

Robert Goerge

ChapinHall at the University of Chicago

Policy research that benefits children, families, and their communities

Around 1981

- Thompson administration
- Gordon Johnson, DCFS Director and Harold Richman, founder of Chapin Hall
- Funding from Edna McConnell Clark Foundation
- Enhanced Case Assessment and Planning System
- Creation of integrated child welfare data

ChapinHall

Monitoring

- 1980 State of the Child Report
  - Data from paper reports and special tabulations by DCFS
- 1985 State of the Child Report
  - Combined microdata with paper report data
- 2000 State of the Child Report
  - All microdata based

ChapinHall

Family Preservation Evaluation

- Contract to Chapin Hall in 1989
- Random assignment to treatment and control groups
- Did not find an effect
- Finding was replicated in a national study

ChapinHall

Children's Policy Project

- Gordon Johnson requested an "A to Z" review in 1990 of DCFS' mission, legal basis, caseload, and performance
- Included a range of experts from outside of Chapin Hall, including Northwestern University professors studying organizational behavior

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Research Director at DCFS

- Jess McDonald named Mark Testa Research Director in 1994

- Important step that helped made a link between the Universities and DCFS

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BH lawsuit

- Necessity to monitor the implementation of the consent decree
- Creation of Child and Family Research Center at the University of Illinois School of Social Work to monitor the consent decree in 1996
- CFRC included researchers from other universities in their efforts
- Began sharing of administrative data – a shared database -- across universities

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More recently

- Universities have collaborated on:
  - Building tools (Geomapping)
  - Supporting evaluation at DCFS
    - Permanency Innovation Initiative
  - Performance monitoring
    - Performance-based contracting
  - Acquisition of data (NSCAW)

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Building a Child Welfare Research Center

TAMARA FULLER, PH.D.
DIRECTOR
CHILDREN AND FAMILY RESEARCH CENTER
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

Two Excellent Resources

- Institute for the Advancement of Social Work Research. (2008). *Strengthening University/Agency Research Partnerships to Enhance Child Welfare Outcomes: A Toolkit for Building Research Partnerships.* Available from: www.iaswresearch.org

- Goerge, R.M. (2008). The development and use of data for child welfare system reform. In R. Chaskin & J. Rosenfeld (Eds.), *Research for action: Cross-national perspectives on connecting knowledge, policy, and practice for children.* New York: Oxford University Press.

"Building" a Child Welfare Research Center

B.H. v. McDonald (1996) specified the creation of a Children and Family Research Center "responsible for evaluating and issuing public reports on the performance of the child welfare service system operated by DCFS and its agents. The Research Center will be independent of DCFS and shall be within an entity independent of DCFS."

Construction of the Children and Family Research Center begins in 1996

Laying the Foundation: A Cooperative Agreement

- Entered into by the Illinois Department of Children and Family Services and the University of Illinois at Urbana-Champaign in 1996

- Specified the purpose to "maintain a research program that is responsive to the Department's mission and responsibilities under statutes and court orders and contributes to scientific knowledge about child safety, permanency, and child and family well-being."

Foundation: The Center's Mission

- Develop the capacity to report on the results of the Department's efforts for children and families...linking of critical policy, process and need indicators to outcomes.

- Initiate and carry out a research agenda in collaboration with a range of stakeholders that helps advance public child welfare reforms and knowledge of child safety, permanency, and child and family well-being.

- Recruit outstanding scholars, practitioners, managers, and students to positions in child welfare research, administration, and education in Illinois.

Adding Structural Supports

Key Supports for Collaboration

- **Leadership** that values unbiased information

- Relationships based on **trust** and **respect**

- **Data** "flow" – access, sharing, retention, confidentiality, reporting

- **Infrastructure** – staff and technology

- A mutually agreed-upon **research agenda**

Goerge (2008)

A Child Welfare Research Agenda for the State of Illinois

EXECUTIVE SUMMARY

Prepared by the

Office of the Research Director
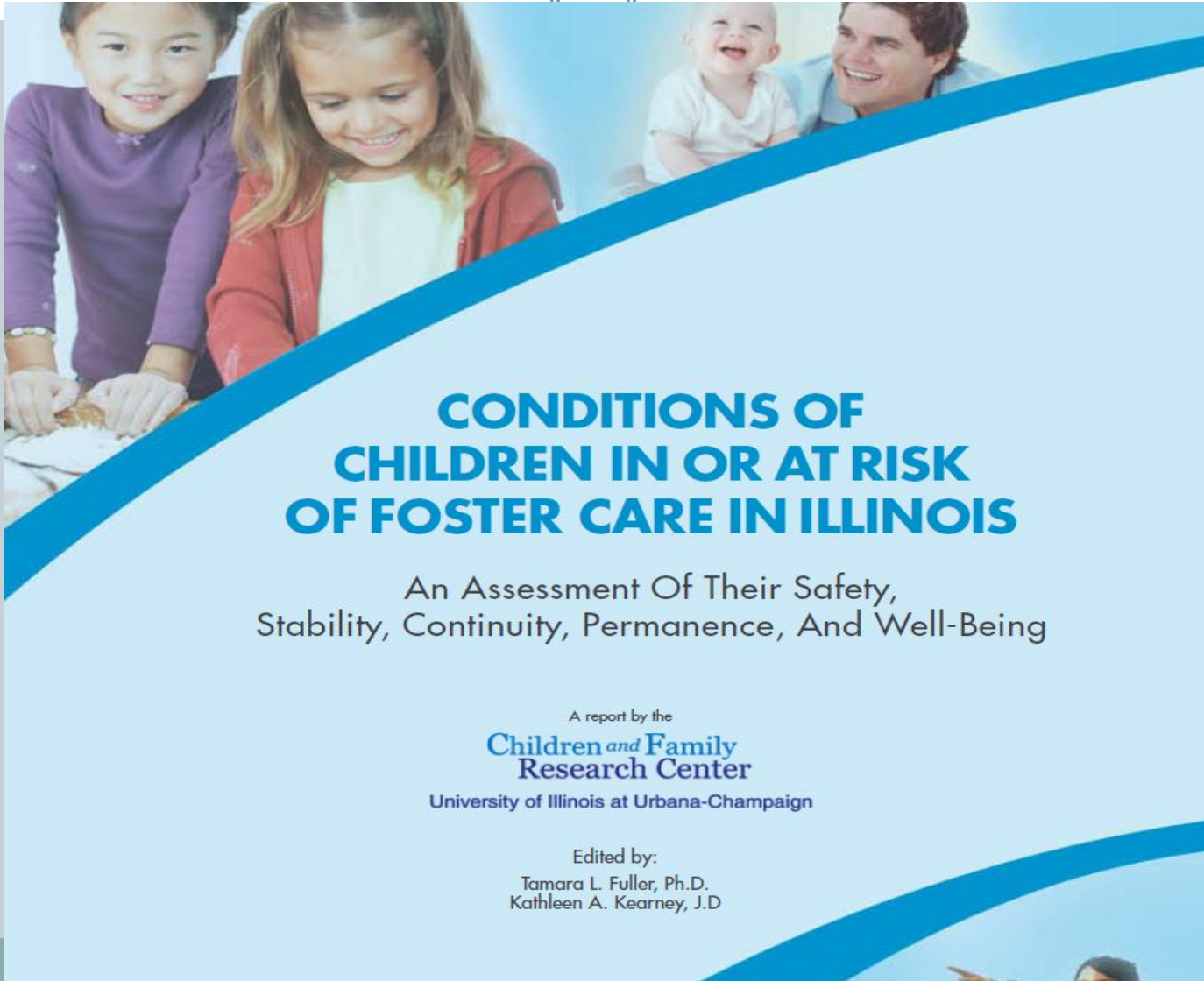State of Illinois Department of Children
and Family Services

and the

Children and Family Research Center
School of Social Work
University of Illinois at Urbana-Champaign

Curb Appeal: What's in it for you?

An Independent Viewpoint

Institutional Capacity to Respond Quickly

Children *and* Family Research Center

UNDERSTANDING PLACEMENT INSTABILITY IN ILLINOIS: AN IN-DEPTH CASE REVIEW

RESEARCH BRIEF | NANCY ROLOCK, EUN KOH, THEODORE P. CROSS AND JENNIFER EBLEN-MANNING | December 2010

Although placement stability for children in substitute care has been a policy concern since the Adoption and Safe Families Act of 1997, many children experience multiple moves. In 2007, plaintiff attorneys in the B.H. consent decree requested that the Children and Family Research Center (CFRC) conduct a study in collaboration with the Illinois Department of Children and Family Services' (DCFS) Division of Quality Assurance to examine the factors associated with multiple placement moves and to assess the extent to which the Child and Youth Investment Team (CAYIT) process decreased the number of placement moves. A Child and Youth Investment Team brings together caseworkers, parents, foster caregivers, mental health professionals, and others involved in a case in an effort to stabilize out-of-home placements through the provision of timely services and, if needed, placement

was to ensure that the two samples were comparable at the beginning of the review period to facilitate identification of those characteristics of children's experience *in care* that may have affected placement stability.

Case records for all cases were reviewed. Based on information from the caseworker and caregivers in the case records, reasons for moves from placement were coded into three categories: *foster family–related reasons* (e.g., foster caregiver change in employment status, or allegations of maltreatment in the foster home), *child behavior–related reasons* (e.g., child's disruptive behavior led caregivers to end placement, child ran away), and *system or policy–related reasons* (e.g., moving a child to live with siblings or to a potentially permanent home). Relevant characteristics of the caregivers and setting were also coded for each

Useful and Practical Products:

CHILDREN AND FAMILY RESEARCH CENTER

OUTCOME DATA - CONDITIONS OF CHILDREN

Child Safety: Of all children with a substantiated report, what percentage did not have another substantiated report within 12 months?

Data for this indicator can be viewed by the following geographic breakouts: Illinois total, DCFS Regions, LAN, County, and Chicago Community Area. This geographic breakout is based on where the child lived at the point of entry into substitute care. In addition, the data can be broken out by age, gender, or race/ethnicity.

Select the geographic area you want and then choose either an age, gender, or race/ethnicity breakout. Once these items have been selected click 'compute table'. A table with the information identified will automatically be computed. Explanation of the table can be found at the bottom of the page.

ILLINOIS TOTAL

By Race/Ethnicity, Age, and Gender

Demographic Variable: Race/Ethnicity ▼

[Compute Table] [Clear]

DCFS REGIONS

By Race/Ethnicity, Age, and Gender

Demographic Variable: Race/Ethnicity ▼

Regions: Northern Region ▼

[Compute Table] [Clear]

The Embedded Researcher

Dana A. Weiner, Ph.D.

Northwestern University
Mental Health Services & Policy Program

The Role of "Embedded" Researcher

* Model the use and application of data in decision-making

* Identify opportunities for data analyses for planning purposes

* Document trends and explore sources of variation over time & place

* Provide technical assistance with development or implementation of new tools

What makes it work?

- Administrative leadership that seeks empirical guidance

- Contractual agreements that support ongoing data driven outcomes management and technical assistance

- Alignment of research and practice priorities

DCFS/NU Evaluation Activities

	Family & Youth	**Program**	**System**
Decision Support	Service Planning; SPD CANS-Recommended Service Report	Placement Decision Making – CAYIT algorithms & trajectories	Maps of CANS-assessed Needs and Resources from SPD
Outcome Monitoring	CANS Compare Report Parent Readiness for Reunification Report	SOC Outcomes Reporting	Performance Based Contracting in Foster Care & Residential Placement
Quality Improvement	Learning Collaboratives	Data Summits for individual programs – CAYIT, IA	Statewide Trauma Plan

Research Collaboration Examples

- Analyses to support application for funding new initiatives
  - Target population for Permanency Innovations Initiative
  - Mapping provider/client data for complex trauma treatment availability
- Ongoing monitoring of program effectiveness
  - System of Care (SOC)
  - Outpatient therapy
- Development of new tools for decision-making at case, program, and agency levels
  - Placement trajectories
  - CANS Assessment
  - Gap analyses to inform contracting

PII Target Population Analyses

- Identification of youth at greatest risk for Long-Term Foster Care

- Development of a predictive model to inform practice at case opening

- Latent Class Analysis to refine understanding of the clinical and case characteristics of youth in LTFC
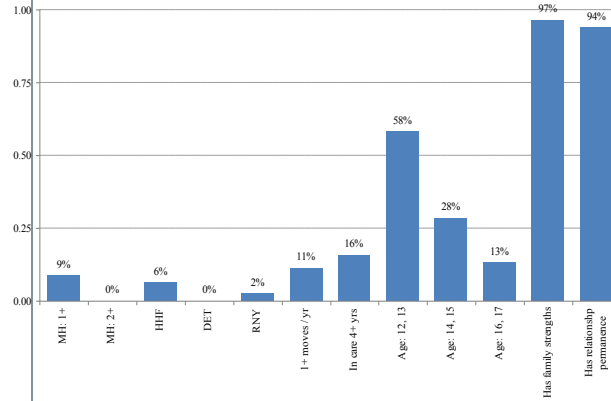
IL PII Latent Class Analysis

- Six cluster solution with 71% precision in the most recent cohort

- Similar results with multiple historical cohorts

- Based on data from 2645 youth ages 12-17 in care at least two years

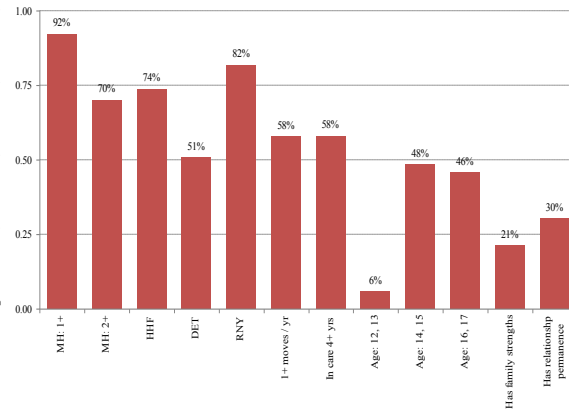- 4 clusters illustrate risk factors, 2 clusters inconsistent with prior risk findings
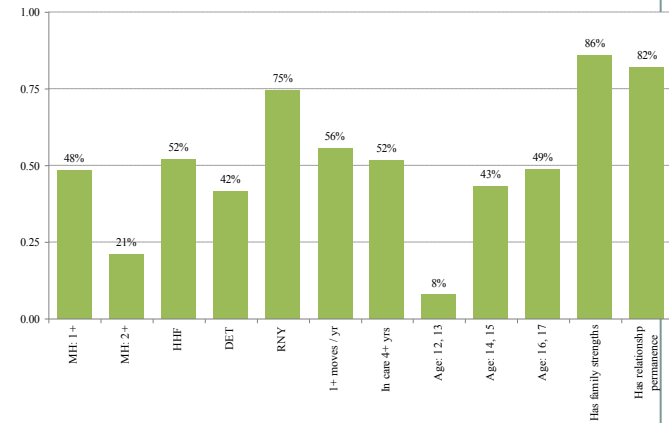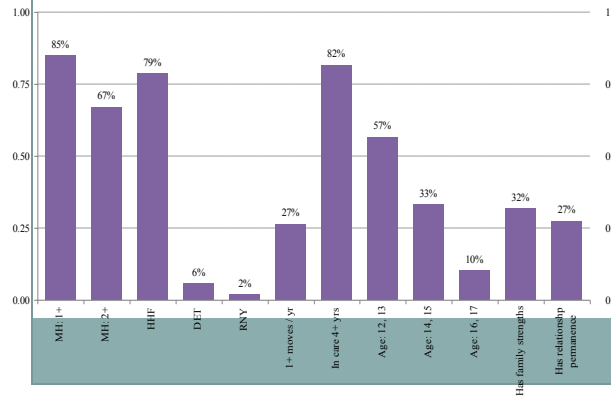
Clusters 1-6, at a glance

Class 1 (19.4%)

Class 2 (15.1%)

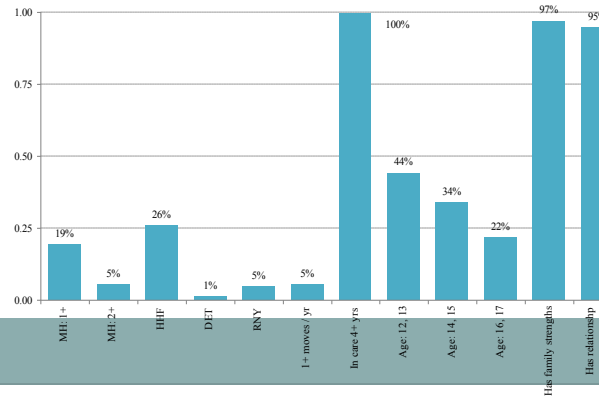Class 3 (10.8%)

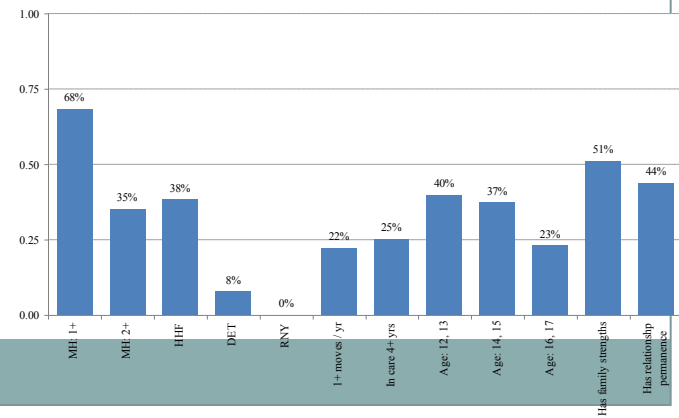Class 4 (14.0%)

Class 5 (27.5%)

Class 6 (13.3%)

Prevalence of Trauma & Evidence-Based Treatment

Source: Illinois Dept. of Children & Family Services
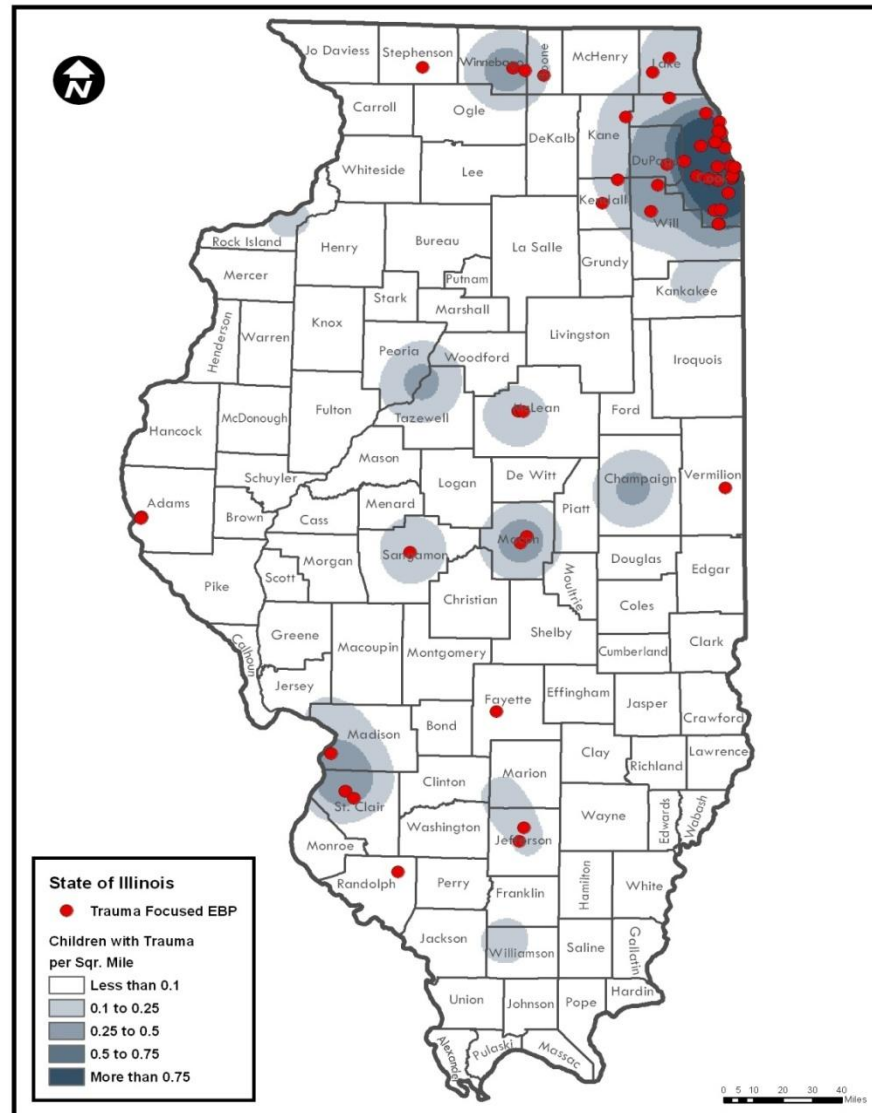
Ongoing Outcomes Monitoring: SOC

- System of Care program aims to stabilize foster care placements in jeopardy

- Provides wraparound services, flexible funding, individualized plans of care, and intensive case management

- Regular reports distributed to providers, administrators, and agency leadership

SOC Outcomes Monitoring

- Rate of placement changes among youth referred to SOC decreases by half almost immediately after the initiation of services

- Increases in stability are maintained and enhanced over time, suggesting lasting improvements in care for these youth

- Variation in agency service individualization & outcomes

Research-Informed Practice Tools

- Statewide Provider Database
- CANS Online data entry and reporting system
- SACWIS CANS/Risk Adjustment
- Placement Trajectory Graphing Tool
- Geomapping for Gap Analysis

CANS Implementation

- Decade-long history of paper implementation
- CANS online implementation accompanied by Learning Collaboratives to support knowledge transfer
- Reporting functionality in addition to data collection
- Integration of CANS into SACWIS achieves full implementation

Assessment Tool ⟷ *Research Tool*

Practice Enhancement Tool

IDCFS**CANS**|CWS
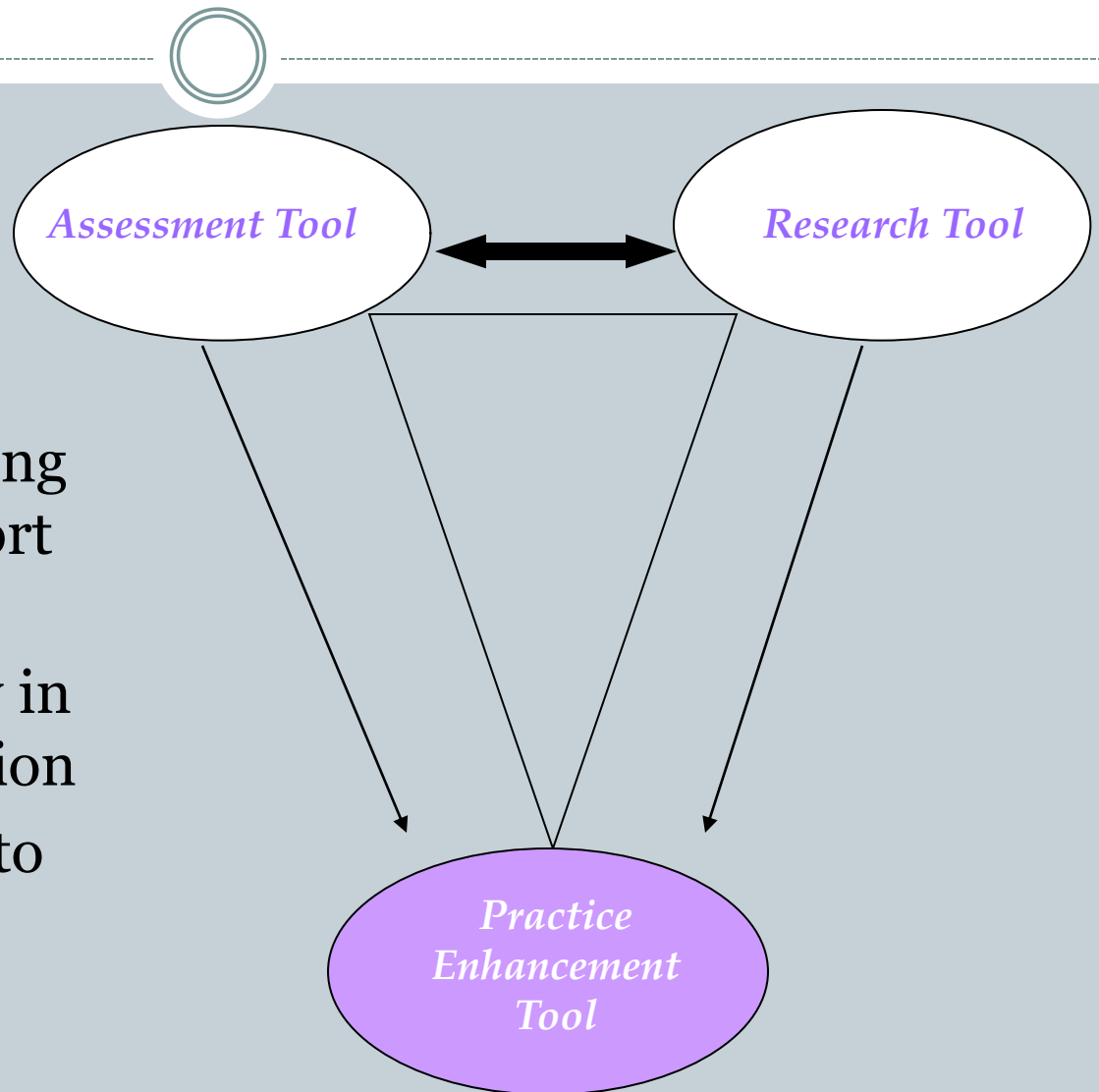
CANS Comparison
Name: Sally Field
CYCIS ID: 12312312

CANS Context	CAYIT	IA
Status	Submitted	Submitted
Assessor	Screener7	IAUser 2343
Assessment Date	04-01-2008	10-13-2007
CANS Version	1.0	1.0
Trauma	* = notes	
1. Sexual Abuse	2 *	1
2. Physical Abuse	2 *	1
3. Emotional Abuse	1	1
4. Neglect	1	2 *
5. Medical Trauma	1	0
6. Witness to Family Violence	0	0
7. Community Violence	1	1
8. School Violence	1	1
9. Natural or Manmade Disasters	0	0
10. War Affected	0	0
11. Terrorism Affected	0	0
12. Witness/Victim to Criminal Activity	0	1
13. Parental Criminal Activity	0	1
Traumatic Stress Symptoms		
14. Adjustment to Trauma	1	2 *
15. Traumatic Grief/Separation	0	1
16. Reexperiencing	1	1
17. Avoidance	0	1
18. Numbing	1	0

∧

∨

Parent Readiness for reunification worksheet

Section 3:

Reviewing and Scoring the CANS Readiness

Safety	CWS 8/19/09	CWS 2/01/10	CWS Caregiver 4/15/10	Current Parent Readiness
95. Safety	3	3	N/A	
96. Supervision	1	1	1	
97. Neighborhood Safety and Resources	3	3	3	
98. Condition of the Home	N/A	N/A	N/A	
99. Marital/Partner Violence in the Home	2	3	1	

An asterisk (*) by a score from a completed CANS indicates that the CANS contains an explanatory note about the score.

Parent's Strengths
(items scored a "0" or "1")

96. Supervision

99. Marital/Partner Violence in the Home

▼ Individual Needs

▼ ████████ (06/30/1998)

	Domain	Change	Identified Needs
☒	CANS - Trauma Experiences	N	<u>Sexual Abuse</u> – Child has experienced sever or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration or multiple perpetrators.
☐	CANS - Trauma Experiences	N	<u>Emotional Abuse</u> – Child has experienced moderate degree of emotional abuse. For instance, child may be consistently denied emotional attention from caregivers, insulted or humiliated on an ongoing basis, or intentionally isolated from others.
☒	CANS - Life Domain Functioning	N	<u>Social Functioning</u> – Child consistently and pervasively has problems interacting with others and building and maintaining relationships.
☐	Safety Threat		<u>4.</u> – Child's immediate medical needs are not being addressed or there is a delay in seeking medical attention for a serious injury.
☒	Safety Threat		<u>6.</u> – Caregiver is behaving in a bizarre manner.
☐	IA Recommendation		<u>IA Test recommendation 1</u>
☒	IA Recommendation		<u>IA Test recommendation 2</u>
☐	Other Recommendation		<u>Other Test recommendation</u>

	Domain	Strengths
☒	CANS - Child Strengths	**<u>Family</u>** Moderate level of family strengths. There is at least one family member with a strong loving relationship who is able to provide limited emotional or concrete support.
☐	CANS - Child Strengths	**<u>Optimism</u>** Child has a strong and stable optimistic outlook on his/her life. Child is future oriented.
☒	CANS - Child Strengths	**<u>Community Life</u>** This level indicates a child with significant community ties although they may be relatively short term (e.g. past year).
☐	Parent / Caregiver Resilience	**<u>Mental Health</u>** Parent/caregiver has no mental health limitations that require assistance or impact childcare.
☒	Parent / Caregiver Resilience	**<u>Substance Use</u>** Parent/caregiver has no substance-related limitations that impact or impair parent/caregiving ability and childcare.

Create Outcome

Placement Decision-Making

- Current practice is to monitor placement decision making by measuring adherence to an algorithm's recommendation

- Evolution of this strategy relies upon nearly a decade of data (over 35,000 assessments) to establish predicted trajectories of improvement based on starting characteristics

Trajectory Model Example 1
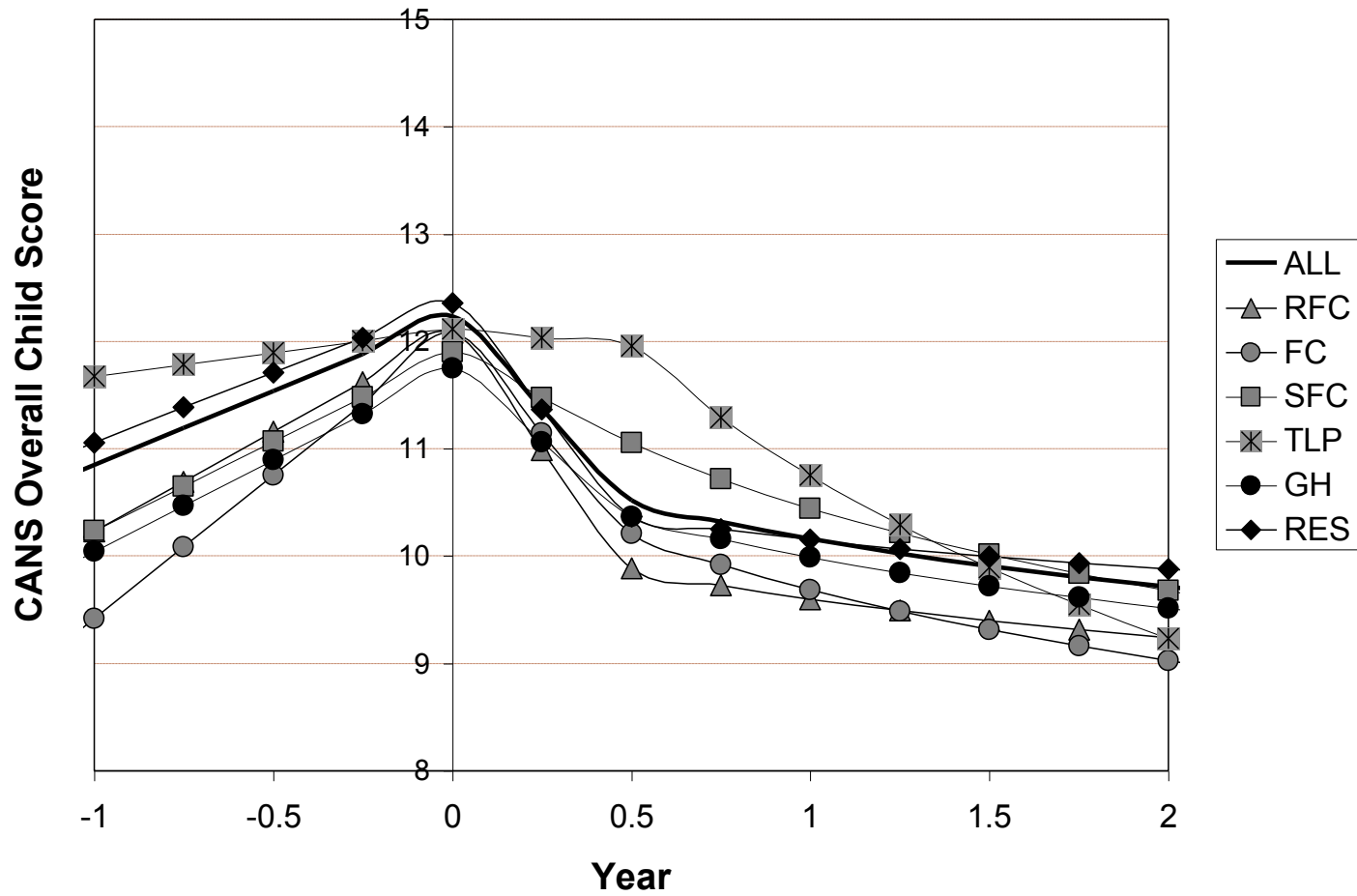
Case 1: Broad range of above average problems.

Trajectory model Example 2
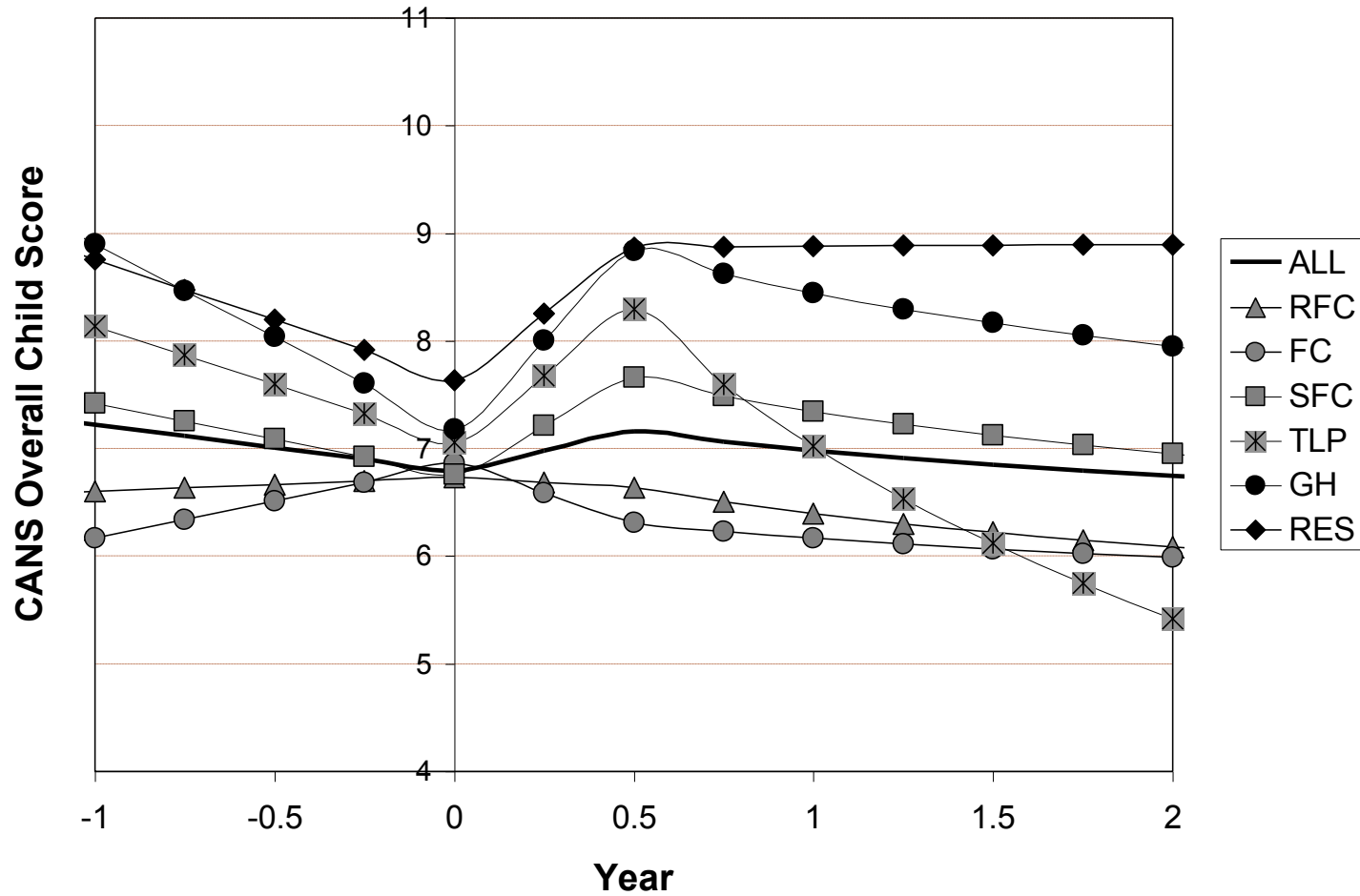
Case 2: trauma history, adaptive strengths, fewer problems in functioning, needs, and risk.

Geomapping for Gap Analysis

- Initial work suggests that proximity to resources impacts stability outcomes for youth receiving wraparound services, and that effects decrease with population (and service) density

- Follow up work seeks to establish a threshold for "access" the depends on multiple outcome measures

- This threshold can be applied, along with population patterns to derive estimates of underserved areas, and 'under-reached' providers

SOC Ward Access to Community SOC Providers

SOC Kids
- ▲ Low Access
- ● Medium or High Access

Community Service Providers
- ■ Low Access
- ● Medium or High Access
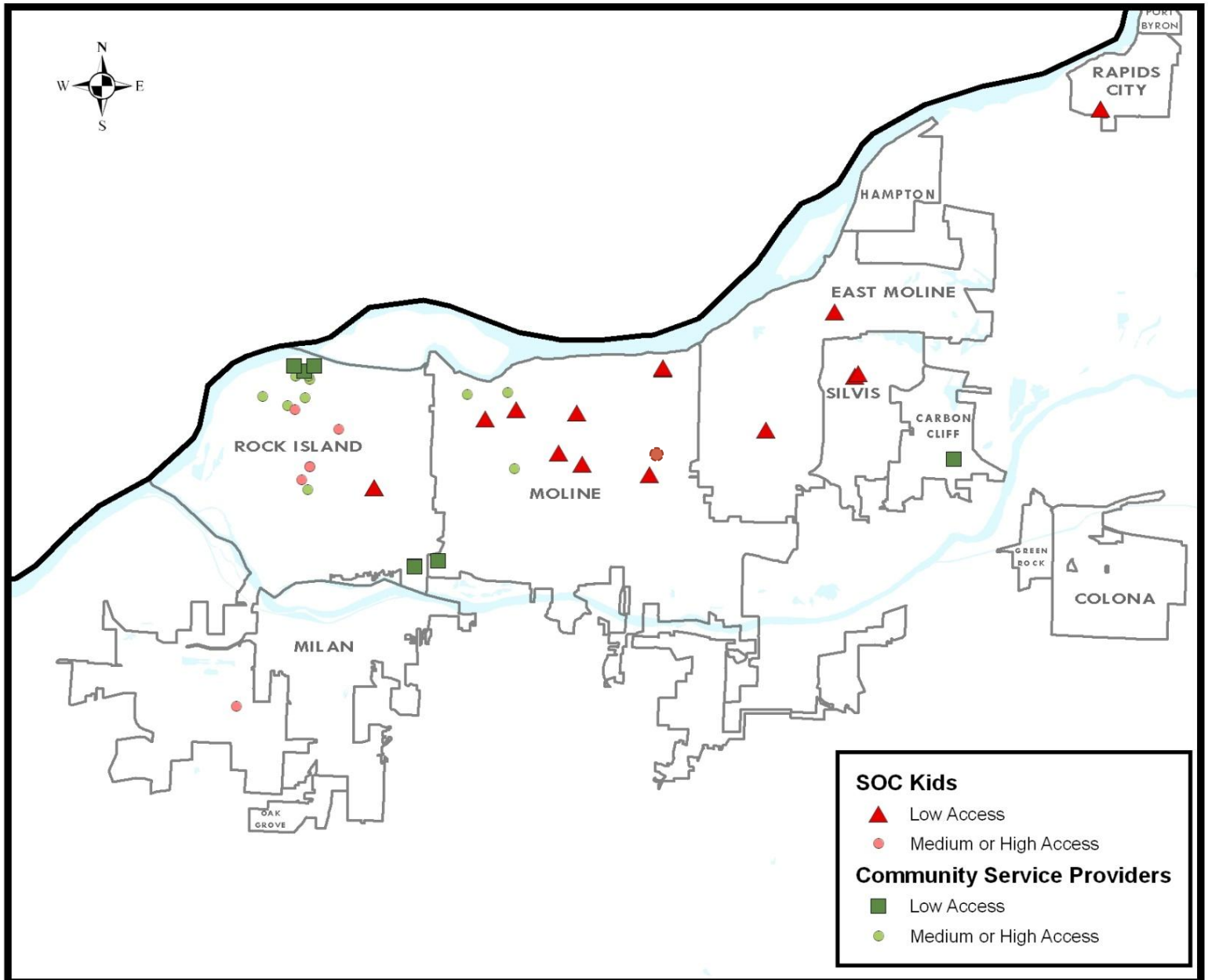
0   0.5   1   2 Miles

Percent Change in Total Number of SOC Clients Over Base

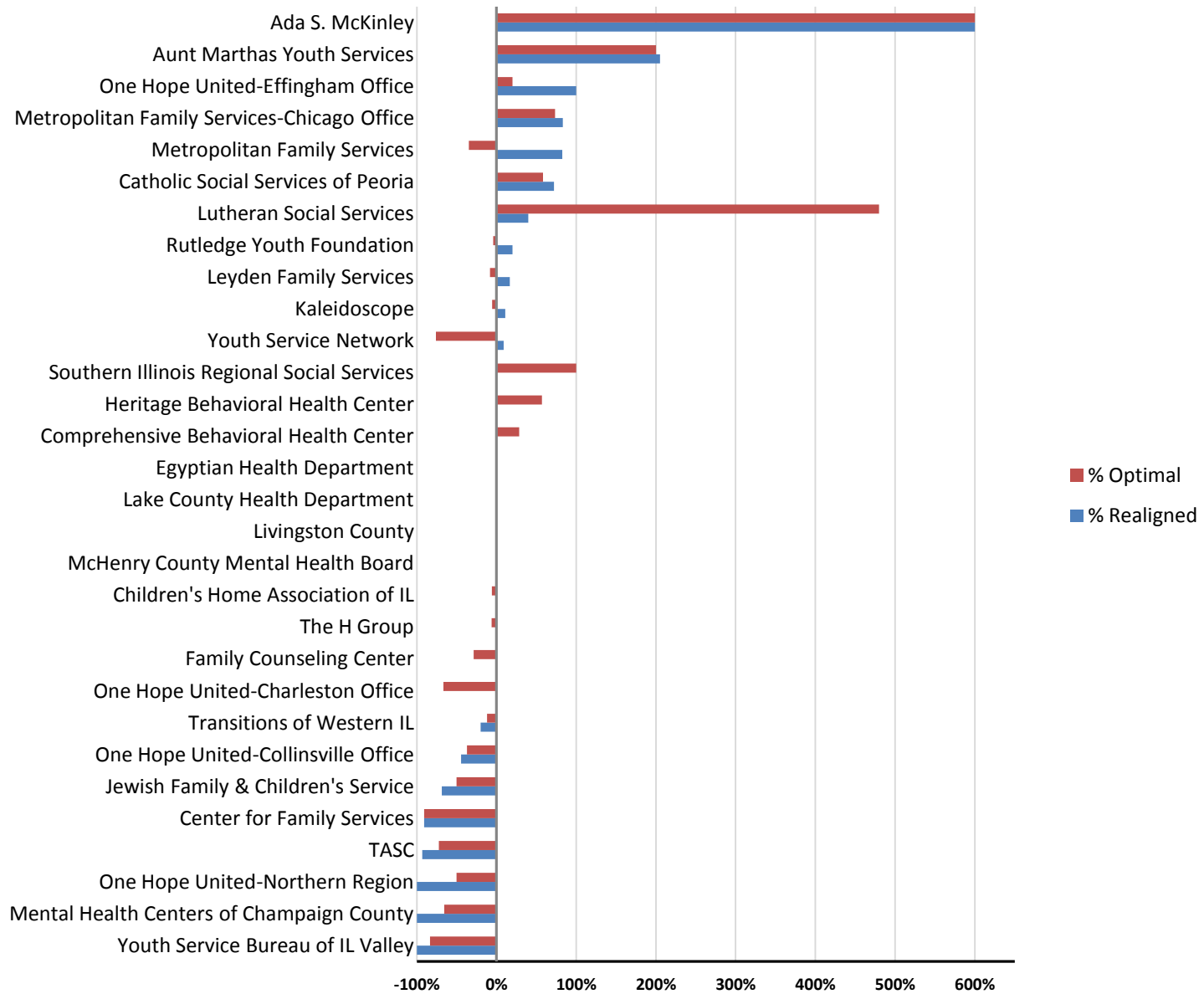
Legend:
- ■ % Optimal
- ■ % Realigned

Organizations (top to bottom):
- Ada S. McKinley
- Aunt Marthas Youth Services
- One Hope United-Effingham Office
- Metropolitan Family Services-Chicago Office
- Metropolitan Family Services
- Catholic Social Services of Peoria
- Lutheran Social Services
- Rutledge Youth Foundation
- Leyden Family Services
- Kaleidoscope
- Youth Service Network
- Southern Illinois Regional Social Services
- Heritage Behavioral Health Center
- Comprehensive Behavioral Health Center
- Egyptian Health Department
- Lake County Health Department
- Livingston County
- McHenry County Mental Health Board
- Children's Home Association of IL
- The H Group
- Family Counseling Center
- One Hope United-Charleston Office
- Transitions of Western IL
- One Hope United-Collinsville Office
- Jewish Family & Children's Service
- Center for Family Services
- TASC
- One Hope United-Northern Region
- Mental Health Centers of Champaign County
- Youth Service Bureau of IL Valley

X-axis: -100%, 0%, 100%, 200%, 300%, 400%, 500%, 600%

Research Collaboration on Agency Goals

- Safety, Permanency & Well-Being – the path to achieving these goals is not the same for all our youth.

- We need Data and Analyses to help us understand the variation in
  - Challenges
 - Barriers
  - Strengths
  - Needs

Closing the Feedback Loop

Beyond targeted interventions for specific problems, the integration of decades of data analyses point toward the need for broad system changes

- Realignment of incentives (services attached to youth, not homes for specialized foster care
- Adjustment of expectations (family engagement for youth in residential care)
- Child Welfare System responsibility for educating system partners
  - Judicial
  - Juvenile Justice
  - Early Childhood
  - Community

Research Collaborations Close the Loop
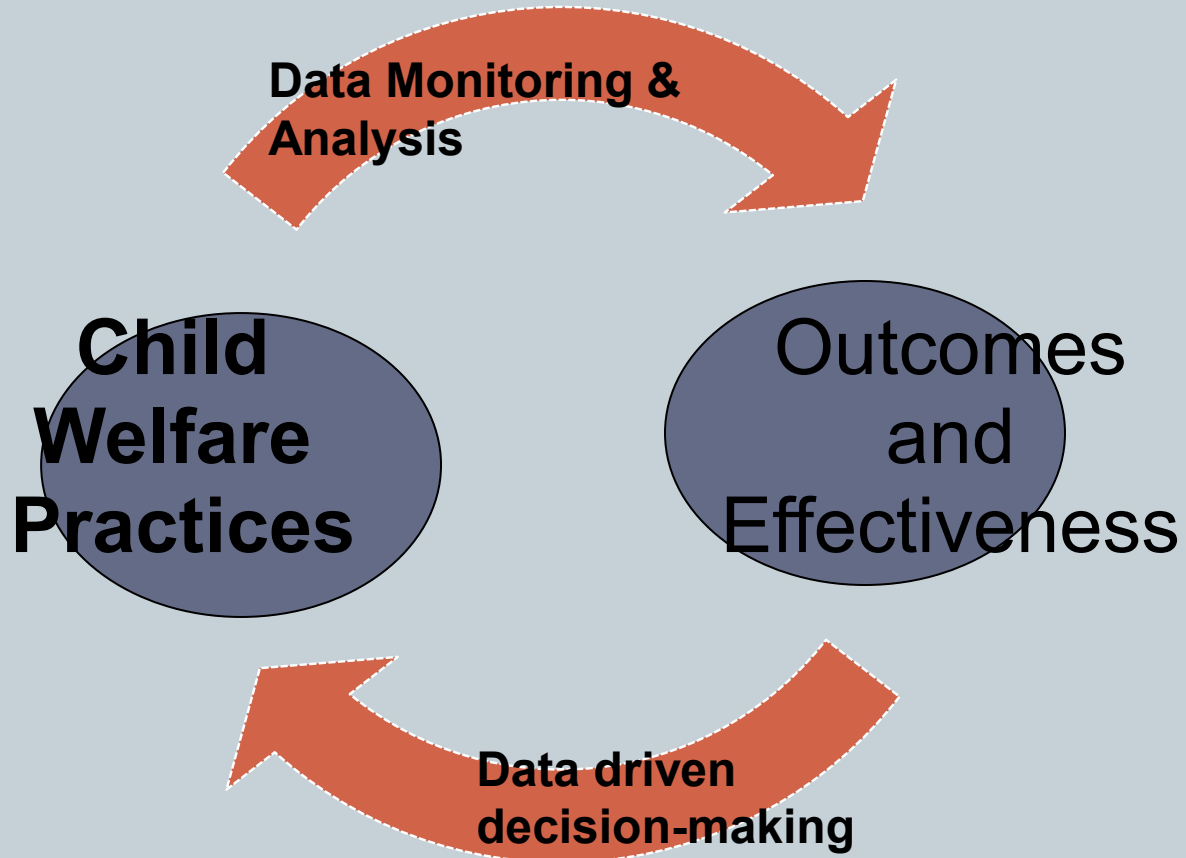
Scientific Method, Research Design, and Evidence-Based Practice

- In Illinois we are regularly generating *practice-based evidence*
- In Illinois we practice *data-driven decision-making*

	Evidence-Based Practice based on Randomized Controlled Trials	**Data-Driven Practice in Child Welfare**
Scope	Targeted interventions for specific problems	Collections of strategies that span multiple contexts, participants, and challenges
Sample	Voluntary, clinically homogeneous	Involuntary, disproportionately minority, complex problems & involvement in multiple systems
Data & Measures	Narrow measures don't capture all the sources of variation or unintended consequences	Data analyzed is from the same population that will receive the intervention

"Keep the Focus on Protecting Children by Strengthening and Supporting Families"