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
Tami Fuller, University of Illinois
“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

Chapin Hall 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
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
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
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.
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
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
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)
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


"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

CONDITIONS OF CHILDREN IN OR AT RISK OF FOSTER CARE IN ILLINOIS

An Assessment Of Their Safety, Stability, Continuity, Permanence, And Well-Being

A report by the Children and Family Research Center
University of Illinois at Urbana-Champaign

Edited by:
Tamara L. Fuller, Ph.D.
Kathleen A. Kearney, J.D
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 substitue 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:

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.
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

<table>
<thead>
<tr>
<th>Decision Support</th>
<th>Family &amp; Youth</th>
<th>Program</th>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Planning; SPD CANS-Recommended Service Report</td>
<td>Placement Decision Making – CAYIT algorithms &amp; trajectories</td>
<td>Maps of CANS-assessed Needs and Resources from SPD</td>
<td></td>
</tr>
<tr>
<td>Outcome Monitoring</td>
<td>CANS Compare Report Parent Readiness for Reunification Report</td>
<td>SOC Outcomes Reporting</td>
<td>Performance Based Contracting in Foster Care &amp; Residential Placement</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Learning Collaboratives</td>
<td>Data Summits for individual programs – CAYIT, IA</td>
<td>Statewide Trauma Plan</td>
</tr>
</tbody>
</table>
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
Prevalence of Trauma & Evidence-Based Treatment
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
## CANS Comparison

**Name:** Sally Field  
**CYSIS ID:** 12312312

<table>
<thead>
<tr>
<th>CANS Context</th>
<th>CAYIT</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Submitted</td>
<td>Submitted</td>
</tr>
<tr>
<td>Assessor</td>
<td>Screener7</td>
<td>IAUser 2343</td>
</tr>
<tr>
<td>Assessment Date</td>
<td>04-01-2008</td>
<td>10-13-2007</td>
</tr>
<tr>
<td>CANS Version</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

### Trauma

<table>
<thead>
<tr>
<th>Trauma</th>
<th>CAYIT</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sexual Abuse</td>
<td>2 *</td>
<td>1</td>
</tr>
<tr>
<td>2. Physical Abuse</td>
<td>2 *</td>
<td>1</td>
</tr>
<tr>
<td>3. Emotional Abuse</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4. Neglect</td>
<td>1</td>
<td>2 *</td>
</tr>
<tr>
<td>5. Medical Trauma</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. Witness to Family Violence</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Community Violence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>8. School Violence</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>9. Natural or Manmade Disasters</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10. War Affected</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. Terrorism Affected</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Witness/Victim to Criminal Activity</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. Parental Criminal Activity</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### Traumatic Stress Symptoms

<table>
<thead>
<tr>
<th>Traumatic Stress Symptoms</th>
<th>CAYIT</th>
<th>IA</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Adjustment to Trauma</td>
<td>1</td>
<td>2 *</td>
</tr>
<tr>
<td>15. Traumatic Grief/Separation</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>16. Reexperiencing</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>17. Avoidance</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>18. Numbing</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
## Section 3:

### Reviewing and Scoring the CANS Readiness

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

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
### Identified Needs

<table>
<thead>
<tr>
<th>Domain</th>
<th>Change</th>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANS - Trauma Experiences</td>
<td>N</td>
<td><strong>Sexual Abuse</strong> - Child has experienced severe or chronic sexual abuse with multiple episodes or lasting over an extended period of time. This abuse may have involved penetration or multiple perpetrators.</td>
</tr>
<tr>
<td>CANS - Trauma Experiences</td>
<td>N</td>
<td><strong>Emotional Abuse</strong> - 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.</td>
</tr>
<tr>
<td>CANS - Life Domain Functioning</td>
<td>N</td>
<td><strong>Social Functioning</strong> - Child consistently and pervasively has problems interacting with others and building and maintaining relationships.</td>
</tr>
<tr>
<td>Safety Threat</td>
<td></td>
<td>4. - Child's immediate medical needs are not being addressed or there is a delay in seeking medical attention for a serious injury.</td>
</tr>
<tr>
<td>Safety Threat</td>
<td></td>
<td>6. - Caregiver is behaving in a bizarre manner.</td>
</tr>
<tr>
<td>IA Recommendation</td>
<td></td>
<td>IA Test recommendation 1</td>
</tr>
<tr>
<td>IA Recommendation</td>
<td></td>
<td>IA Test recommendation 2</td>
</tr>
<tr>
<td>Other Recommendation</td>
<td></td>
<td>Other Test recommendation</td>
</tr>
</tbody>
</table>

### Strengths

<table>
<thead>
<tr>
<th>Domain</th>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANS - Child Strengths</td>
<td><strong>Family</strong> - 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.</td>
</tr>
<tr>
<td>CANS - Child Strengths</td>
<td><strong>Optimism</strong> - Child has a strong and stable optimistic outlook on his/her life. Child is future oriented.</td>
</tr>
<tr>
<td>CANS - Child Strengths</td>
<td><strong>Community Life</strong> - This level indicates a child with significant community ties although they may be relatively short term (e.g. past year).</td>
</tr>
<tr>
<td>Parent / Caregiver Resilience</td>
<td><strong>Mental Health</strong> - Parent/caregiver has no mental health limitations that require assistance or impact childcare.</td>
</tr>
<tr>
<td>Parent / Caregiver Resilience</td>
<td><strong>Substance Use</strong> - Parent/caregiver has no substance-related limitations that impact or impair parent/caregiving ability and childcare.</td>
</tr>
</tbody>
</table>

Select one or more needs and any strengths that will support the identified needs and then click Create Outcome.
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.
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” that depends on multiple outcome measures.
- This threshold can be applied, along with population patterns, to derive estimates of underserved areas and ‘under-reached’ providers.
Percent Change in Total Number of SOC Clients Over Base

- Ada S. McKinley
- Aunt Martha's 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

% Optimal
% Realigned
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
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

Data Monitoring & Analysis

Data driven decision-making

Child Welfare Practices

Outcomes and Effectiveness
• In Illinois we are regularly generating *practice-based evidence*
• In Illinois we practice *data-driven decision-making*
<table>
<thead>
<tr>
<th></th>
<th>Evidence-Based Practice based on Randomized Controlled Trials</th>
<th>Data-Driven Practice in Child Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope</strong></td>
<td>Targeted interventions for specific problems</td>
<td>Collections of strategies that span multiple contexts, participants, and challenges</td>
</tr>
<tr>
<td><strong>Sample</strong></td>
<td>Voluntary, clinically homogeneous</td>
<td>Involuntary, disproportionately minority, complex problems &amp; involvement in multiple systems</td>
</tr>
<tr>
<td><strong>Data &amp; Measures</strong></td>
<td>Narrow measures don’t capture all the sources of variation or unintended consequences</td>
<td>Data analyzed is from the same population that will receive the intervention</td>
</tr>
</tbody>
</table>
“Keep the Focus on Protecting Children by Strengthening and Supporting Families”