

**Application for Funding from the
National Quality Improvement Center
on Differential Response in Child Protective Services**

1.0 Organizational Profile

Illinois Child Welfare Overview

The State of Illinois child welfare system has a national reputation as a leader in child welfare innovation. The Illinois Department of Children and Family Services (IDCFS, the Department) prides itself on a culture of learning through established research partnerships with local public and private universities to guide successful implementation of systems change. Reliable and valid data is critical for identifying service needs, evaluating system goals, performance and outcomes. Collaboration with university-based partners such as the Children and Family Research Center (CFRC, the Center) at the University of Illinois has been widely credited with helping to turn-around the child welfare system in Illinois from one overwhelmed by child neglect cases, which President Clinton once referred disparagingly to as happening "not in Calcutta but in Chicago,"¹ to what the Congressional Research Quarterly highlighted in 2005 as the "gold standard" of child care.²

The Illinois substitute care system grew rapidly in the early 1990s. By 1996, there were 17.1 foster children for every one-thousand children—the highest prevalence rate in the nation. This growth was fueled by a series of high profile abuse and neglect cases and by a definition of neglect that brought children into care when parents were absent, even if they were living safely with relatives. As a result the size of Illinois' kinship care program swelled to over 27,000 children with more than half of all foster care placements with kin (see Figure 1).

¹ Fornek, S. (December 28, 1994). Young victims of their age; '94 crime news puts children in harsh spotlight. *Chicago Sun-Times*.

² Jost, S. (April 22, 2005). How Illinois reformed a broken system. *CQ Researcher*, 15.

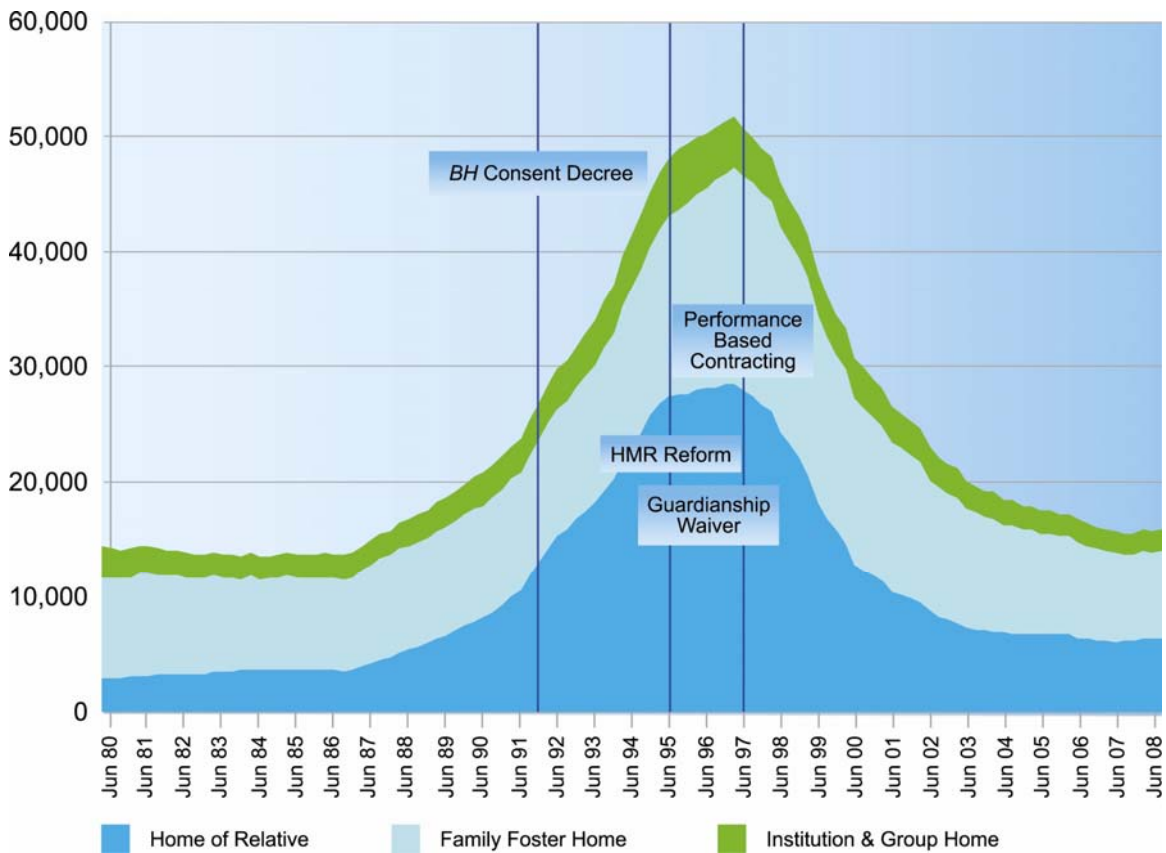


Figure 1. Caseload Dynamics in the Illinois Child Welfare System (1980-2008).

After major investments in *workforce capacity* (e.g. reduced case-to-worker ratios, required MSW degrees for supervisors, and Council on Accreditation [COA] accreditation) and the successful implementation of a series of interrelated *permanency planning innovations* (e.g. performance based contracting, subsidized guardianship waiver, and permanency legislation), the size of the substitute care population in Illinois declined from 51,780 children in March of 1997 to 15,460 by August 31, 2009.³

Other contributing factors to Illinois' turnaround were the improvements in safety assessment and planning that were introduced with the implementation of the 1995 Child

³ Illinois Department of Children and Family Services. (2009). Monthly executive summary for August 2009. Retrieved October 2, 2009 from the Illinois Department of Children and Family Services web site: <http://www.state.il.us/dcf/index.shtml>.

Endangerment Risk Assessment Protocol (CERAP), a clearer delineation of the line between child dependency and child neglect where relatives were involved as defined by the 1995 Home of Relative (HMR) Reform Plan, closer collaborations with the Illinois courts to ensure that children are removed from their home only when their safety cannot be assured and alternative permanent homes found when they cannot be safely reunified, and a renewed partnership with private child welfare agencies to align resources and incentives with the safety, permanency, and well-being outcomes valued by families, communities, and the public at large.

From 1998 to 2008 IDCFS has changed approximately 427 rules and procedures to keep pace with the shifting child welfare landscape. Changing definitions of families, risk, minimal standards, and best practice require the Department to remain vigilant as the Illinois child welfare system looks at past and present practice so that it can confidently move forward into the future. Differential Response is an approach that builds on Illinois' history of child welfare innovation. Designed to provide help and support to parents who are struggling to meet the needs of their children, it incorporates strengths-based approaches to build upon the many strengths present in families to prevent their children from ever coming into care.

The Illinois Department of Children and Family Services believes that it is imperative that its past achievements in child welfare should be preserved, sustained, and improved upon by engaging families at the earliest possible opportunity using non-adversarial approaches. Differential Response is by definition a strengths-based, family-centered and community-involved approach to child welfare practice. The Department will have a greater presence in local communities of most need, thereby building social

capital and promoting community well-being. By doing so, the ability of families to succeed is greatly enhanced. Differential Response is a necessary strategy to make this possible in Illinois.

Innovative Approaches to System Integration in Illinois

The Department's commitment to innovative child welfare practice is evident in its record in implementing similar system-wide initiatives. In 2006, IDCFs incorporated a research-informed child abuse prevention strategy into practice, known as *Strengthening Families Illinois (SFI)*; this program works through early child care and education programs, child welfare collaborations, and parents directly. The *SFI* program encourages early childhood care and education with significant parent involvement to prevent child maltreatment. Using a strengths based approach it identifies 6 protective factors: parental resilience, social connections, knowledge of parenting and child development, concrete support in time of need, social and emotional competency of children; and healthy parent-child relationships.

For the past three years, IDCFs has been in the process of developing and implementing the *Trauma Informed Practices Program*, which involves broad systemic changes in rules and procedures, client assessments, service plan development and case work practice. Key to this newly integrated trauma perspective has been the development of trauma informed curricula to train the entire state's child welfare system staff, both public and private, through a new learning collaborative model. Over 4000 public and private agency staff have been trained in the first training phases, consisting of Psychological First Aid, Trauma 101, Trauma 201 (complex trauma), and the use of the Child and Adolescent Needs and Strengths (CANS) tool.

IDCFS Director Erwin McEwen’s vision involves an integrated approach which overlays the protective factors present in the *Strengthening Families* initiative with a fuller understanding of the causative factors of child trauma. By building protective factors into the child welfare system as a whole, quality practice is supported and children heal. Figure 2 is a visual depiction of the IDCFS model supporting systemic innovation by matching protective factors to a trauma-based practice approach thereby improving outcomes for children and families.

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

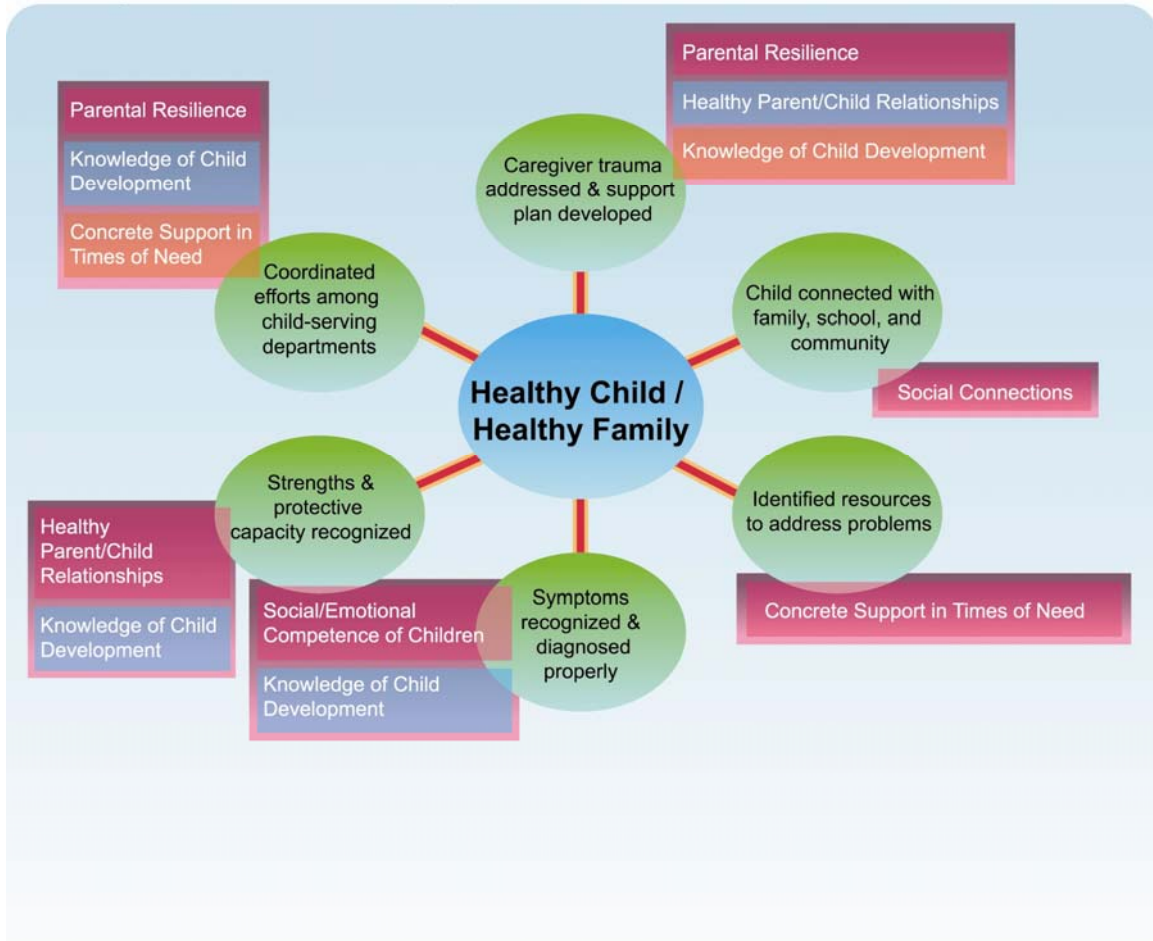


Figure 2. IDCFS Protective Factors and Trauma Informed Practice Model.

The Department has adopted a broad array of programmatic strategies for making this vision become a reality as depicted in Figure 3. The implementation of Differential Response is critical for this coordinated effort to address child trauma

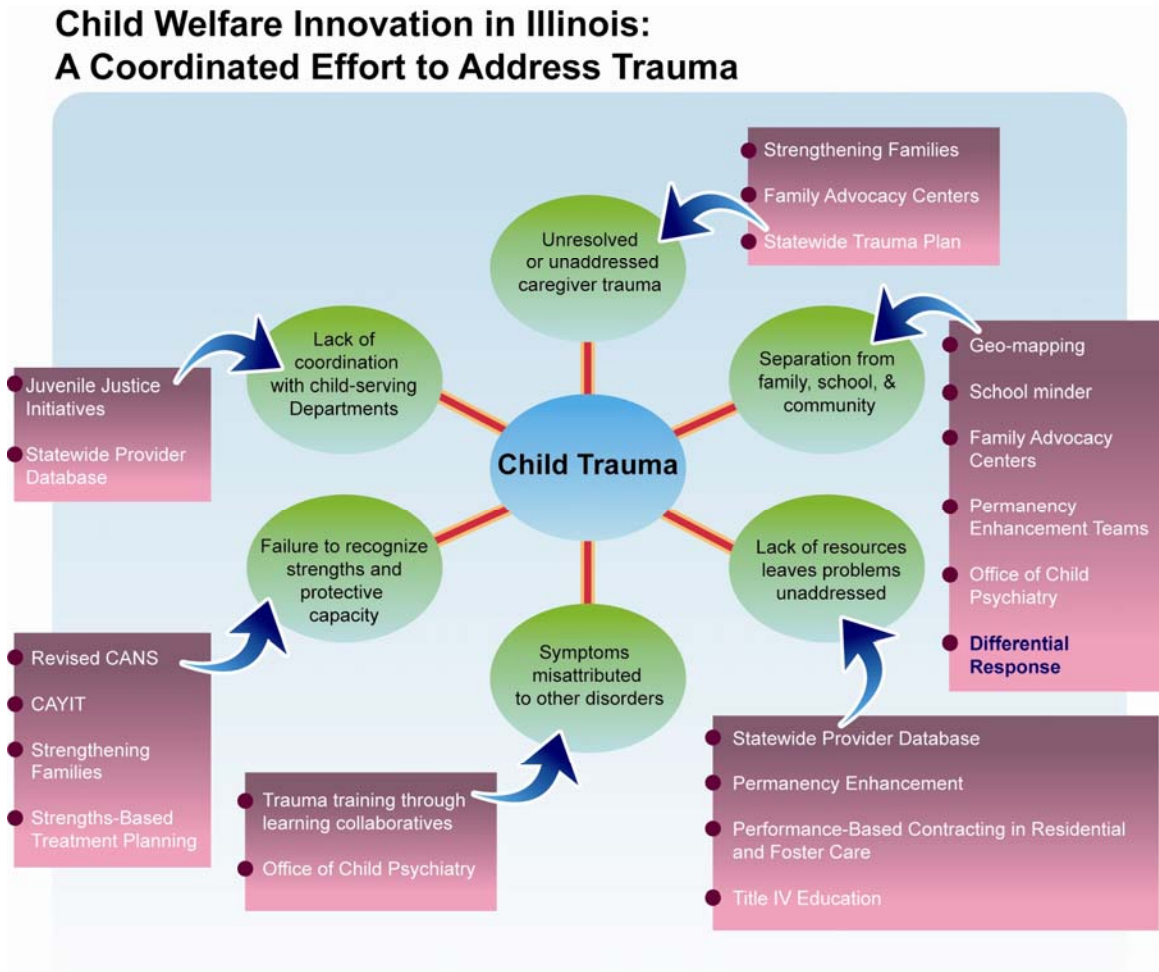


Figure 3. IDDFS Programmatic Strategies to Support System Innovation and Integration

In 2004, IDDFS established *Family Advocacy Centers (FACs)* statewide to provide advocacy and support to parents outside of the formal child welfare system. The FAC sites were strategically selected for their location in areas where IDDFS intake rates are highest. FACs are marketed as a safe haven and support for both IDDFS-involved and non-involved families, where families can come and receive friendly, supportive, individualized attention in meeting the needs of both caregivers and their children.

Family Advocacy Centers are affiliated with community agencies with a proven track record in their communities, and provide culturally-competent services to community members. There are currently seven Family Advocacy Centers in the state and four more in development.

Establishing a Differential Response model consistent with the core principles outlined by the National Quality Improvement Center on the Differential Response in Child Protective Services (QIC-DR) in its Request for Applications for Research and Demonstration (RFA) and in its published literature review, is consistent with Illinois's existing family centered practices, advances systemic change and with the over-arching goal of refocusing the Department's priorities on providing needed support to families well before their circumstances warrant removal of a child from the home.

Child Protection Services in Illinois

The Illinois child welfare system is one of the largest in the nation. In FY2008, approximately 266,000 calls were made to the Illinois State Central Register (SCR; commonly referred to as "the hotline") and screened for potential abuse and neglect (see Figure 1). This is down from 306,500 in FY2001, but represents an increase from approximately 250,000 in FY2005. A little over a quarter of these calls were determined to meet the criteria for Child Protective Services (CPS) investigation; these 67,959 investigations involved approximately 111,899 child reports of suspected abuse and neglect (see Figure 4). The percentage of referrals in Illinois that are "screened-in" for investigation (25.5%) is quite low when compared to the national average of 61.7% in

FFY2007.⁴ In slightly more than one of every four child reports of maltreatment (26.7%), CPS workers found credible evidence that a child was maltreated. In FY2008, almost 30,000 children in Illinois were indicated for abuse or neglect, a 12% increase from the past two years (Figure 4).

Illinois Child Protective Services (CPS) caseload volume

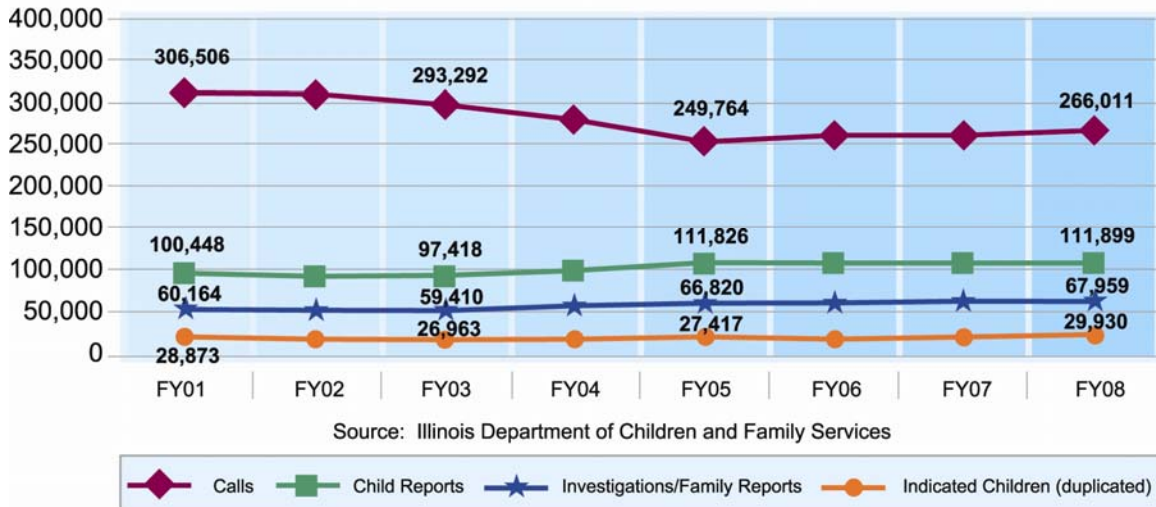


Figure 4. Child Protective Services Caseload Trends in Illinois (FY 2001-2008).

The most recent major child protective system reform in Illinois occurred well over a decade ago, with the introduction of a structured safety assessment instrument in late 1995. Following a series of highly publicized child fatalities in 1993 and 1994, Illinois legislators passed PA 88-614 on September 7, 1994, which mandated that the Illinois Department of Children and Family Services (IDCFS) develop and implement a standardized child endangerment risk assessment protocol, train and certify all public and private agency workers in its use, and submit an annual evaluation report to the Illinois General Assembly that includes an examination of the reliability and validity of the protocol. The Child Endangerment Risk Assessment Protocol (CERAP) was

⁴ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2009). *Child Maltreatment 2007*. Washington, DC: Government Printing Office.

implemented statewide on December 1, 1995, and each year since then, the Children and Family Research Center of the University of Illinois at Urbana-Champaign (CFRC) has evaluated the impact of the CERAP on child safety in Illinois. In these evaluations, child safety has been examined by looking at trends in maltreatment recurrence, or the experience of an additional indicated report of maltreatment within a specific time period following an initial report.

Results from the annual CERAP evaluations have been clear: both short-term (60 day) and 6 month maltreatment recurrence rates have dropped significantly from 1995 (the year prior to CERAP implementation) through 2008 (see Figure 5). Despite these improvements in child safety, Illinois' failure to meet the federal standard for maltreatment recurrence in both the first and second Child and Family Service Review (CFSR) will trigger significant financial penalties for the state until the standard is met.

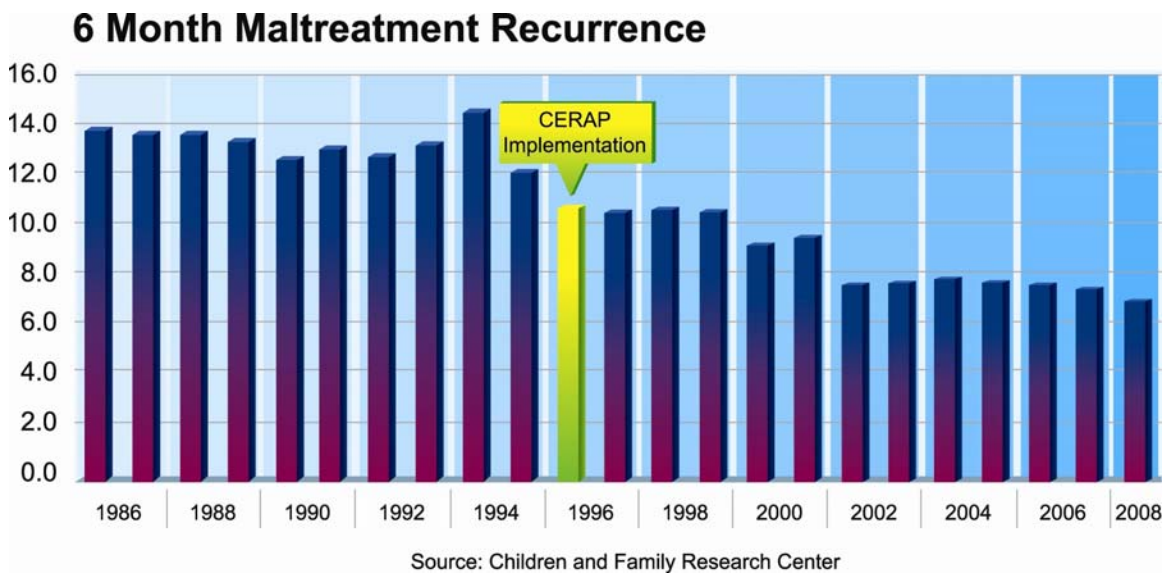


Figure 5. Six Month Maltreatment Recurrence Trends in Illinois (1986-2008).

Very few families receive services in Illinois through the public child welfare system following an investigation, even if maltreatment is substantiated. According to a recent national study, only 20.2% of children with indicated maltreatment in Illinois are

provided with post-investigation services, compared to the national average of 62%. An even smaller percentage of children with unsubstantiated maltreatment reports are provided with services in Illinois, 6.4%, which again is much lower than the national average of 31.2%.⁵

Thus, the child protection system in Illinois is positioned and ready for a new and innovative effort which will serve the dual goals of providing services to more families who are “at-risk” of additional contact with the child welfare system while potentially reducing maltreatment recurrence rates to bring the state in compliance with the federal standard. To this end, the Department convened a task group to develop a structure which would support the development, implementation, and evaluation of a differential response pathway in Illinois. Members of the group received guidance from participation in the Differential Response Policy and Practice Summit hosted by the National Quality Improvement Center on Differential Response in Child Protective Services (QIC-DR). In July 2009, Casey Family Programs sponsored a peer-to-peer match where members of the Illinois task group spent several days sharing experiences and learning from child welfare leaders in Minnesota about their experiences designing and implementing a differential response program. The Illinois task group met frequently during the 2 months following the peer-to-peer match to envision and develop a differential response model for the State of Illinois. This model, called Illinois Pathways to Strengthening and Supporting Families (PSSF) is set forth in this application.

⁵ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2009). *Child Maltreatment 2007*. Washington, DC: U.S. Government Printing Office.

Organizational Structure of the Illinois Department of Children and Family Services

Child welfare services in Illinois are administered statewide through one state agency, the Illinois Department of Children and Family Services. Through this organizational framework, IDCFCS is able to devote the collective resources of both the agency and its partnerships with statewide private child welfare agencies to implement initiatives and projects uniformly throughout the entire state. The Department is organized into sixteen divisions, each administered by a Deputy Director who reports to the Director's Office (see organizational chart attached as Appendix A). Each division serves a major function related to the provision of services to youth and families in fulfilling the Department's mission. The Director holds weekly meetings with all Deputy Directors to facilitate better programmatic integration. The Deputy Directors of Budget and Finance, Child Protection, and Field Operations participated in the task group responsible for initial project design. Representatives from the Office of Information Technology Services (OITS) responsible for SACWIS have also been fully engaged in the differential response planning process.

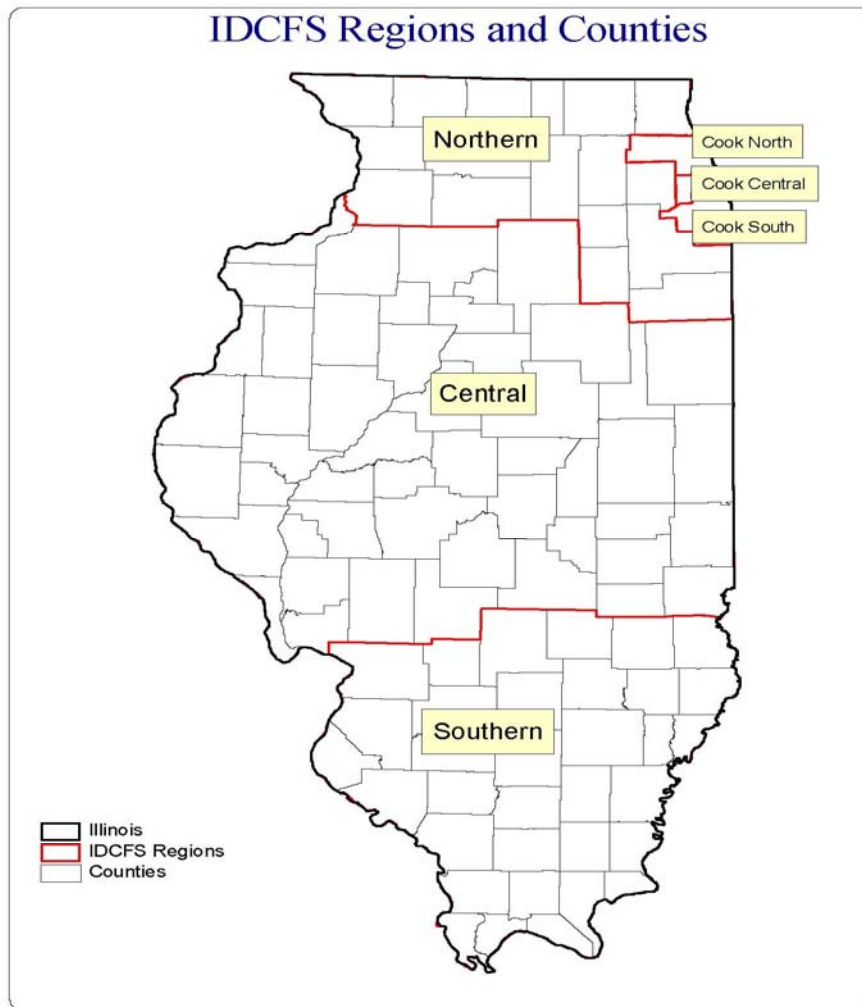
Operationally, the Department is divided into six administrative regions (see Figure 6). The three Cook regions are located in a very urban area (Chicago and surrounding metro area), while the Southern region, with the exception East St. Louis, is much more rural. The Northern and Central regions are less populous than Cook, but do contain moderately sized cities.

Current CPS staffing numbers in each of the regions are:

<i>Cook North:</i>	2 managers, 6 supervisors, 48 investigators
<i>Cook Central:</i>	3 managers, 10 supervisors, 45 investigators
<i>Cook South:</i>	1 manager, 13 supervisors, 69 investigators

<i>Northern:</i>	3 managers, 22 supervisors, 115 investigators
<i>Central:</i>	5 managers, 26 supervisors, 155 investigators
<i>Southern:</i>	3 managers, 13 supervisors, 78 investigators

Child protection services in Illinois are provided entirely through IDCFS rather than through any kind of contractual relationship with community agencies or law enforcement agency. Intact family services are provided by both IDCFS caseworkers (80%) and private agency providers (20%) under contractual Purchase of Services (POS) agreements.



Map produced by: *Agency Operations Analysis, Division of POS Monitoring/QA*

Figure 6. IDCFS Regional Structure

IDCFS has the capacity and necessary infrastructure to fully support the collection and analysis of administrative data to measure the implementation and impact of Differential Response in Illinois. The Department’s Division of Quality Assurance (DQA) in collaboration with the Office of Information Technology Services (OITS) has maintained centralized statewide computerized data collection and reporting systems for nearly 30 years. The 2003 Illinois CFSR and three separate Council on Accreditation

(COA) reviews over the past 12 years have confirmed that IDCFS has a rich array of databases to advance child welfare outcomes. Several databases are maintained through contractual relationships and partnerships with research universities. This has enhanced data integrity and analysis of administrative data. Every child and family for whom the Department and its contractors serve has detailed case information captured in one or more of the following data systems:

- **SACWIS:** provides a portal to access information on all investigation, and intact family and placement cases;
- **Management Accounting and Reporting System (MARS):** tracks information regarding service providers and licensed caregivers;
- **Residential Treatment Outcomes System (RTOS):** uses a web-based application to monitor performance outcomes and unusual incident reports regarding youth in residential care;
- **Administrative Case Review (ACR) System:** tracks all activities relative to the required 6-month Administrative Case Reviews for all children in the legal custody of IDCFS;
- **Statewide Provider Database (SPD):** searchable web-based catalog of services located in communities across Illinois. The SPD includes information about 1100 agencies and 1600 programs across the state that offer 9000 services to children and families. It allows those working with families to identify health and mental health services, assessment resources, as well as recreational or other community resources. The database allows users to search for services based on geographic proximity, agency type, and fee policy, and also includes information about what is required to access services.

Qualifications of the Children and Family Research Center

The Department has chosen the Children and Family Research Center (CFRC, the Center) at the School of Social Work at the University of Illinois at Urbana-Champaign (UIUC) to conduct an objective, comprehensive statewide evaluation of the proposed research and demonstration (R&D) project. The Children and Family Research Center

was established in 1996 in a cooperative agreement between IDCFS and the UIUC 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, family permanence, and child well-being. The Center was created pursuant to modifications to the *BH* Consent Decree that the federal court approved in 1995.⁶ Under the modifications, the plaintiffs' attorneys and IDCFS agreed upon a set of outcomes as the focus of compliance efforts. The state defendants articulated a set of strategies intended to address many of the most serious non-compliance issues. The parties agreed that the state would replace some of the functions of the court-appointed monitor with a Research Center to be housed at the University of Illinois.

Since its creation in 1996, the Center has emerged as a national model of a university-agency partnership to improve public child welfare systems. Through this unique partnership with IDCFS, the Center has been widely credited with vastly improving the Illinois child welfare system through a long-term program of research that has included both large-scale random assignment trials, longitudinal studies of children in foster care, quasi-experimental program evaluations, and qualitative studies that capture the perspectives of youth in care. The Center has an established reputation as an objective evaluator with the capacity to conduct rigorous research and disseminate relevant, accessible, and useful findings to both policymakers and practitioners.

The Center is uniquely qualified to serve as the local evaluator for the Differential Response demonstration project in Illinois for several reasons. In its role as court monitor under the *BH* consent decree since 1996, the Center produces an annual report

⁶ *B.H. v. McEwen*, No. 88-cv-05599, Supplemental Order to Enforce Consent Decree, (N.D. Ill. June 30, 2009).

that examines trends in the child welfare outcomes of safety, stability, continuity, permanence, and well-being. This report is used by both the federal court and the Department to determine the need for system change or “course correction” in these areas. As part of its function as *BH* monitor, the Center already receives quarterly updates of administrative (SACWIS) data from IDCFS, and has data analysts who are intimately familiar with the structure of this large, complex database and have working relationships with the IDCFS data management team. The existing expertise and relationships would allow the Illinois Differential Response research and demonstration site to work quickly to gather baseline information needed for process, outcome, and cost components of the evaluation.

As the independent evaluator for five different IV-E waiver demonstration projects (Subsidized Guardianship demonstrations in Illinois, Tennessee, and Wisconsin, Enhanced Subsidized Guardianship in Illinois, and the Illinois Alcohol and Other Drug (AODA) demonstration), the Center also has ample experience with large-scale child welfare randomized control trials (RCTs) and the complex Institutional Review Board (IRB) requirements associated with these designs. In these and other statewide evaluations, the Center has built capacity to collect primary interview and survey data, and manage these data securely. Researchers from the Center have also completed annual evaluations of the Illinois safety assessment instrument (CERAP) since 1997, and are nationally-recognized experts in child safety and maltreatment recurrence.

The Center also has existing mechanisms in place for information dissemination both during and following the PSSF project evaluation. The recently created Office of Research Partnerships (ORP) is maintained by the Center but housed within the

administration offices at the Department. The Director of this Office works closely with the IDCFS Director and his top administrative staff to implement evidence-based practice changes that evolve from the work of the Center and other university-based researchers. In addition, the Office of Research Partnerships plans and conducts at least two statewide Data Summits a year, during which researchers, IDCFS administrators and staff, private child welfare agency staff, and other stakeholders come together to discuss recent research findings and their implications for child welfare practice and policy in Illinois. This existing forum would easily lend itself to dissemination of the results of the differential response demonstration evaluation. The Center currently serves as the local (Illinois statewide demonstration) site evaluator for the National Quality Improvement Center on the Privatization of Child Welfare Services, and fully acknowledges the nature of cooperative agreements and also the need to fully participate in cross-site evaluation activities.

Legislative changes to support Differential Response

Illinois Governor Pat Quinn signed the Differential Response Program Act (Public Act 096-0760) into law on August 25, 2009. The language in the Act is consistent with the core elements set forth in Section 2.0 of the QIC-DR RFA. Public Act 096-0760 amends the Illinois Children and Family Services Act and the Abused and Neglected Child Reporting Act to:

- Allow the Department of Children and Family Services to provide services to any child or family after completion of a family assessment, as an alternative to an investigation, under the “differential response program.”
- Allow IDCFS to offer services to any child or family with respect to whom a report of suspected child abuse or neglect has been in to the hotline after

- Provide that review of a final administrative decision under the Administrative Review Law is not applicable to a decision to conduct a family assessment because no determination concerning child abuse or neglect is made and nothing is reported to the central register.
- Provide authorization to IDCFS effective January 1, 2010 to implement in rule a 5 year demonstration of differential response which gives the Department authority to either conduct a family assessment or investigation upon receiving a report of suspected child abuse or neglect.
- Direct the Department to promulgate criteria, standards, and procedures that shall be applied in making the determination of whether an investigation or family assessment shall be conducted that takes into consideration the Child Endangerment Risk Assessment Protocol (CERAP).
- Direct the Department to arrange for an independent evaluation of the differential response program to determine whether it is meeting the goals in accordance with the Abused and Neglected Child Reporting Act.
- Provide that the demonstration shall become a permanent program upon the completion of the demonstration project period.

Public Act 096-0760 is attached as Appendix B.

2.0 Project Capacity

Illinois Pathways to Strengthening and Supporting Families (PSSF) will be implemented statewide, in one of the largest public child welfare systems in the nation. This ensures more than adequate sample sizes needed for a rigorous evaluation with the ability to detect differences in key variables. The numbers in the table below amply demonstrate the ability of the Illinois evaluation to obtain adequate sample size, based on the number of screened-in reports each year.

Illinois CPS case volume (2000 – 2008)

	Number of calls to the State Central Register	Number of children screened-in as reports (duplicated)	Number of children indicated (duplicated)
2000	306,818	103,577	32,712
2001	306,506	100,448	28,873
2002	304,804	98,181	26,785
2003	293,292	97,413	26,956
2004	277,295	104,228	26,826
2005	249,764	111,815	27,404
2006	257,481	110,234	26,484
2007	258,563	111,742	28,394
2008	266,911	111,890	30,047

Source: Illinois Department of Children and Family Services. (November 2008). *Child Abuse and Neglect Statistics Fiscal Year 2008*

Table 1. Illinois Child Protective Services Case Volume Trends (2000-2008).

Although the Illinois implementation of the PSSF program will be state-wide, it will be important to examine differences in implementation and outcomes at a regional level. Illinois is a diverse state, with different agency resources and procedures in urban areas in Cook County (Chicago) versus rural areas in southern Illinois. The following table presents the distribution of investigated reports and indicated reports in each region in FY2008. Although not all investigated reports will be eligible for the Family Assessment Pathway, even a 10% eligibility rate would equate to approximately 6800 eligible families per year, which is much larger than the minimum sample size of 600 required of all research and demonstration sites.

Investigated and indicated maltreatment reports in Illinois (FY2008)

Region	Investigated Reports		Indicated Reports	
	Family Reports	Child Victims	Indicated Family Reports	Indicated Child Victims
Northern	18,721	29,899	5,007	8,400
Central	18,331	30,773	5,220	9,043
Southern	9,713	16,637	2,412	4,335
Cook North	5,577	8,542	1,416	2,211
Cook Central	5,276	8,305	1,234	1,924
Cook South	8,838	14,887	1,824	3,012
Cook Admin	1,495	2,830	530	1,112
Unknown	8	17	3	10
State	67,959	111,890	17,646	30,047

Source: Illinois Department of Children and Family Services. (November 2008). *Child Abuse and Neglect Statistics Fiscal Year 2008*

Table 2. Illinois Investigated and Indicated Maltreatment Reports for FY 2008

As previously discussed, IDCFS has the capacity and necessary infrastructure to fully support the collection and analysis of administrative data to measure the implementation and impact of the Pathways to Strengthening and Supporting Families project in Illinois. IDCFS SACWIS administrators have been a part of the PSSF steering committee since inception, and have already begun to outline the changes that will need to be made to the existing SACWIS system to support the new PSSF approach. Staff from the Office of Information Technology Services (OITS) have the ability to “pull” large administrative data sets and send them to the evaluators, and have done so in the past on numerous occasions. The letter of intent from Dennis Egoff, Acting Deputy Director is attached as required in Section I.iv.

Child welfare and family service agencies in Illinois have a unique relationship with the many research universities located within the state. Research and demonstration projects are incorporated into the daily work environment. Previous research projects have resulted in high return rates on survey instruments and high participation rates in focus groups and for structured interviews. The Department and its contracted service agencies will commit to adhering to all data collection protocols to ensure fidelity to the model. Existing FY 2010 contracts will be amended for any agencies with which the Department contracts which will provide PSSF services in the future. New FY 2010 contracts for PSSF services will include contractual language requiring fidelity to both the model and data collection.

The Office of Training and Professional Development (OTPD) that serves both the public and private sector is charged with the mission of strengthening the overall well being of the family, including child safety and protection, permanency, early intervention and prevention, all in partnership with the local community. In July of 2008, the Department implemented the Virtual Training Center (VTC), a statewide online, state-of-the-art learning management system which gives each participant an online personal training account. In October of 2008, the Department implemented the statewide use of local Learning Collaboratives. Learning Collaboratives are community-based groups comprised of public and private agency workers that enable participants to receive training, technical assistance, and support within 30 minutes travel time of their home office or residence. Currently, there are 32 local learning collaboratives statewide.

3.0 Approach

Description of Existing IDCFS Investigation Procedures

The current child protection system in Illinois has only one response that is available to families statewide, a maltreatment investigation. The investigation process begins with a universal intake system located at the State Central Register (SCR). Reports of child abuse or neglect may be made to the SCR 24-hours per day, 7 days a week or to local IDCFS offices where full-time investigative staff are located. Once a call comes in, the SCR intake worker screens the information given by the reporter to determine whether or not the criteria for a maltreatment report are met. These criteria include:

- The reporter must have reasonable cause to believe the a child has been abused or neglected; and
- The alleged victim(s) must be less than 18 years of age; and
- The alleged victim(s) either must have been harmed or must be in a substantial risk of physical injury; and
- There must be a specific abusive or neglectful incident which falls within the description of an allegation which caused harm to the child or a set of circumstances that lead a reasonable person to believe that a child is at risk of harm; and
- If the allegations presented were true, the situation would constitute abuse or neglect as defined in Abused and Neglected Child Reporting Act (ANCRA);
- For abuse, the alleged perpetrator must be the child's parent, immediate family member, any individual who resides in the same home as the child, any person who is responsible for the child's welfare at the time of the incident, or paramour of the child's parent;

- For neglect, the alleged perpetrator must be the child’s parent or any other person who was responsible for the child at the time of the alleged neglect.⁷

If the above criteria are met, the information constitutes a report of child abuse or neglect and an investigation is conducted. The abuse and neglect allegation system used by IDCFS is outlined in the table below.

Abuse	Neglect
Death	Death
Head Injuries	Head Injuries
Internal Injuries	Internal Injuries
Burns	Burns
Poison/Noxious Substances	Poison/Noxious Substances
Wounds	Wounds
Bone Fractures	Bone Fractures
Substantial Risk of Physical Injury	Substantial Risk of Physical Injury
Cuts, Bruises, Welts, Abrasions or Oral Injuries	Cuts, Bruises, Welts, Abrasions or Oral Injuries
Human Bites	Human Bites
Sprains/Dislocations	Sprains/Dislocations
Tying/Close Confinement	
Substance Misuse	Substance Misuse
Torture	
Mental and Emotional Impairment	Mental and Emotional Impairment
Sexually Transmitted Diseases	
Sexual Penetration	
Sexual Exploitation	
Sexual Molestation	
Substantial Risk of Sexual Injury	
	Inadequate Supervision
	Abandonment/Desertion
	Inadequate Food
	Inadequate Shelter
	Inadequate Clothing
	Medical Neglect
	Failure to Thrive
	Environmental Neglect
	Malnutrition (non-organic)
	Lock-out
	Medical Neglect of Disabled Infants

Table 3. Illinois Allegations of Abuse and Neglect

⁷ Illinois Department of Children and Family Services, Procedures 300, Section 300.30, p. 1-2.

The SCR transmits the report and all pertinent information via SACWIS to the local investigative unit. Upon receipt of the SACWIS Intake Report, an investigative worker from the responsible team initiates the investigation by establishing an in-person contact (or a good faith effort) with the alleged child victim(s) within 24 hours or sooner if immediate harm is alleged. According to IDCFS Procedures 300, Section 300.50 (p. 1), the process for completing a thorough interview includes the following steps:

- Review intake and prior investigations.
- Review contact and evidence requirements for current allegations.
- Develop investigation plan with supervisor and law enforcement, if appropriate, to ensure required contacts are completed and evidence gathered.
- Identify multiple explanations for alleged incident of maltreatment. Do not assume the report information provides an accurate explanation for the occurrence of the injury.
- Do not conclude the investigation at the point “credible evidence” established.
- Develop interview questions specific to the subject being interviewed, prior to the interview, to assure that required evidence is developed.
- Use Child Advocacy Centers, when appropriate, for victim sensitive interviews.
- Assess credibility and motivation of witnesses.
- Corroborate statements through other witness interviews.
- Identify and document physical and medical evidence as required by the allegation.
- Assess “factors to be considered” for specific allegation.
- Complete all required assessment (e.g., CERAP safety assessment, etc.).
- Complete required background checks.
- Thoroughly document all investigative activities.

- Evaluate witness statements, medical evidence, physical evidence and background data to determine investigative finding.

Current investigation procedures outline the time frames in which certain activities should occur. Investigators usually arrive at the site of the alleged maltreatment or at the location of the alleged victim unannounced. Initial safety assessment, conducted with the Child Endangerment Risk Assessment Protocol, should occur within 24 hours after the investigator first sees the alleged child victim(s). A final determination, or substantiation decision, should occur within 60 days, although a 30-day extension can be granted under certain circumstance. The investigator can make one of two findings: a report can be "unfounded" when there is no credible evidence that the child was abused or neglected or a report can be "indicated" when there is credible evidence that child was abused or neglected. The name of the perpetrator of an indicated incident of maltreatment is placed on a central registry and retained according to a schedule based on the seriousness of the allegation.

According to IDCFS Procedures 300, Section 300.90, the investigator may offer services or refer the child and family for services while the report is pending, or after a finding has been made. As previously noted, very few families receive services following an investigation even if maltreatment is substantiated.

Differential Response in Illinois: Pathways to Strengthening and Supporting Families

Under the Illinois Pathways to Strengthening and Supporting Families approach, calls made to the SCR will be initially screened as before to determine if they meet the criteria for a child abuse or neglect report under Illinois statute (see Figure 7). The PSSF approach, as authorized by Public Act 096-0760, will include two discrete response

pathways for reports to the SCR that are screened-in and accepted: an investigation pathway and a family assessment pathway (also referred to as the non-investigation pathway in this document). The PSSF model is depicted in Figure 7.

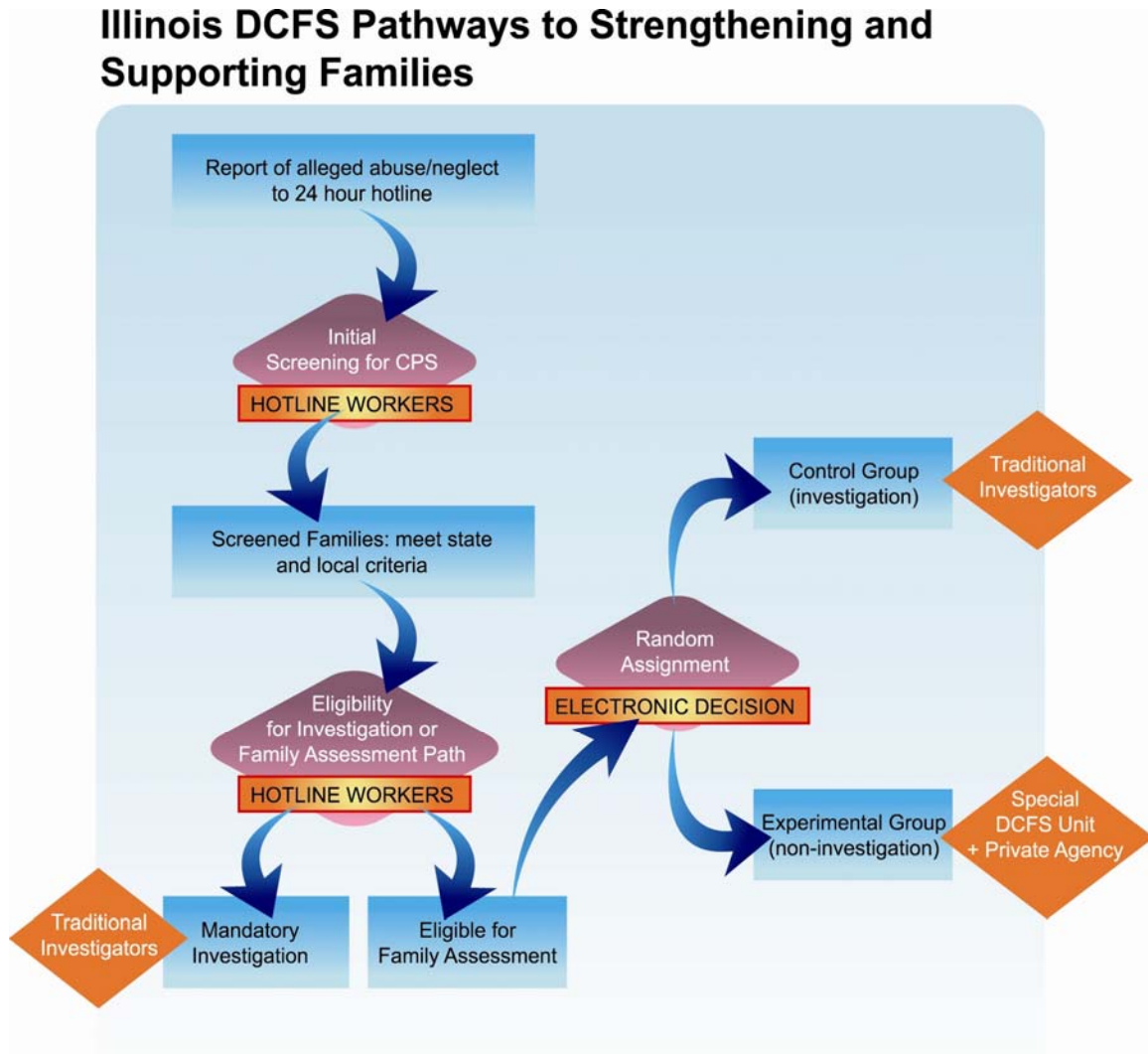


Figure 7. Illinois Pathways to Strengthening and Supporting Families Program Model

Pathway Assignment Criteria

SCR intake workers (i.e., hotline workers) will obtain as much information as possible from the maltreatment reporter to determine if a family is eligible for the family assessment pathway or if an investigative pathway is required. Pathway assignment

criteria depends on several factors, including the presence of imminent danger, prior indicated maltreatment reports, the type of alleged maltreatment, the relationship of the perpetrator to the child, and the age of the alleged victim. Families *must* be assigned to the investigation pathway if any child in the home has any of the following allegations of abuse or neglect, singly or in combination with any other allegations:

- Death;
- Head injuries;
- Internal Injuries;
- Burns;
- Poison/Noxious Substances;
- Wounds;
- Bone Fractures;
- Substantial Risk of Physical Injury;
- Cuts, Bruises, Welts, Abrasions, or Oral Injuries;
- Human Bites;
- Sprains/Dislocations;
- Tying/Close Confinement;
- Substance Misuse;
- Torture;
- Mental and Emotional Impairment;
- Sexually Transmitted Diseases;
- Sexual Penetration;
- Sexual Exploitation;
- Sexual Molestation;
- Substantial Risk of Sexual Injury;
- Inadequate Supervision if the child(ren) is under age 8 or with an emotional/mental functioning of that of a child under age 8, and there was no adult present or able to be located or if the adult is present but impaired and unable to supervise;
- Abandonment/Desertion;
- Failure to Thrive;
- Malnutrition (non-organic); or
- Medical Neglect of Disabled Infant.

These reports are not eligible for the family assessment pathway and will receive an investigation according to the IDCFS rules and procedures as outlined above.

Reports eligible for the family assessment pathway must meet all of the following criteria:

1. Either no prior family reports to the SCR; OR no prior *indicated* allegations of abuse and/or neglect; OR prior indicated reports have been expunged within timeframes ranging from five to fifty years; AND
2. Alleged perpetrators are parents (birth or adoptive), legal guardian, or responsible relative; alleged victims are not currently in IDCFS care or custody or wards of the court; AND
3. Protective custody is not needed or taken; AND
4. Allegations include, singly or in combination:
 - Lock Out
 - Inadequate Food
 - Inadequate Shelter
 - Inadequate Clothing
 - Environmental Neglect
 - Mental Injury
 - Medical Neglect
 - Inadequate Supervision unless the child or children are under the age of 8 or with an emotional/mental functioning of that of a child under the age of 8 and there was no adult present or able to be located or if the adult is present but impaired and unable to supervise.

During the research and demonstration project, all cases that are eligible for the family assessment pathway will be randomly assigned to either the investigation pathway or the family assessment pathway.⁸ Initial pathway assignment can be changed based on new information gathered during the investigation or assessment that alters the risk level or safety concerns. However, in order to minimize pathway change during the research and demonstration project, families will not change from the investigation pathway to the family assessment pathway, even if risk levels or threats of harm have decreased. Only

⁸ See Evaluation and Data Collection Plan section for more detailed information about the randomized control trial design.

families initially assigned to the family assessment pathway can switch to the investigation pathway if level of risk or threats of harm increase.

Family Assessment Pathway Staffing

Families assigned to the family assessment pathway will be served by a paired team consisting of one IDCFS Child Welfare Specialist and one Family Assessment Caseworker who is employed by a private community-based agency. Within IDCFS units comprised of Child Welfare Specialists and their supervisors will be created in each region to serve families in this pathway. These units will be staffed with (preferably current) IDCFS employees specifically hired to fill these positions based on criteria consistent with the PSSF family centered approach that are yet to be determined. These IDCFS Child Welfare Specialists will only work with families assigned to the family assessment pathway, that is, they will not investigate any cases assigned to the investigative track. These IDCFS employees will be required to take the same core child welfare specialist training as other employees, including all certification and licensing requirements, in addition to specific training modules on the PSSF approach. .

Local, community-based agencies will be selected by IDCFS to provide family assessment services. These agencies will have formal Purchase of Service (POS) contracts with the Department to provide assessment, intervention and support services for families assigned to the family assessment track. These agencies will be selected from a variety of existing local providers or service entities that have experience in engaging and supporting families in their communities.

The location of IDCFS units and the procurement of the private agencies providing on-going family support and services will be determined through the use of

“geo mapping” through the assistance of Northwestern University. In support of this application an example has been provided to demonstrate this capability. Figure 8 depicts a map of families meeting criteria for participation in differential response. It was created using ESRI’s Spatial Analyst package. The concentration of cases that would be eligible for the family assessment (non-investigation) pathway, represented by the shaded areas, is derived from data files of cases with the following allegations: Lock Out, Inadequate Food, Inadequate Shelter, Inadequate Clothing, Environmental Neglect, Mental Injury, Medical Neglect, and Inadequate Supervision. This GIS tool allowed Northwestern to geocode the locations of these investigations then use those locations to calculate their density throughout the state. Potential providers of family assessment services, such as the Family Advocacy Centers, the Comprehensive Community Based Youth Services (CCBYS) agencies which provide services to at risk youth under the auspices of the Illinois Department of Human Services, and the existing intact family services agencies currently under contract to IDCFS are also depicted. It is the intent of the Department to place the PSSF Family Assessment teams where they are most needed.

Families Meeting Criteria for Differential Response

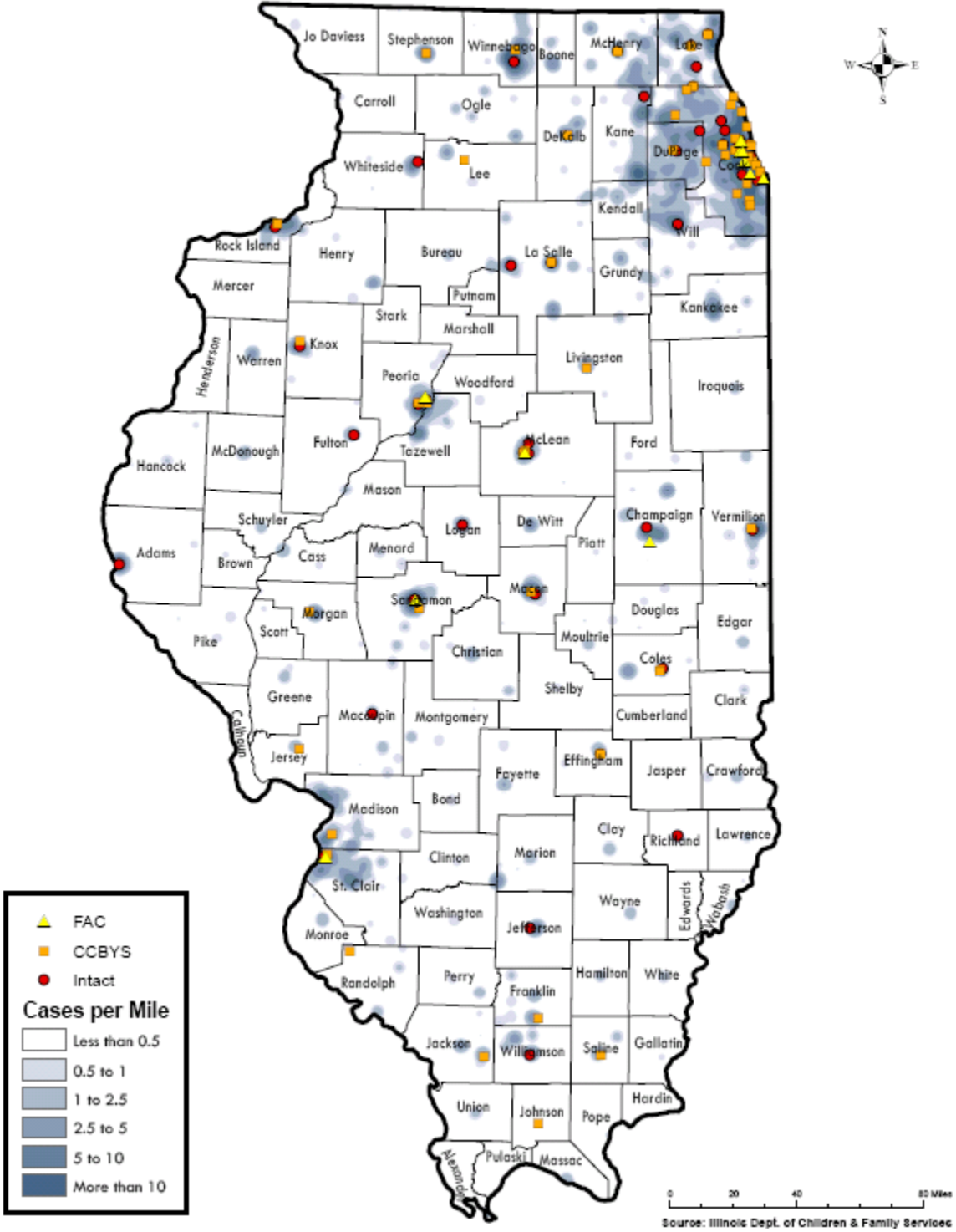


Figure 8: Geo Map of Potential Families Meeting Criteria for Non-Investigative Pathway with Potential PSSF Service Provider Locations.

Family Assessment Pathway Procedures

Once the information about families assigned to the family assessment pathway is transmitted to the local units, the paired IDCFS Child Welfare Specialist and private agency Family Assessment Caseworker will schedule a joint meeting with the family, which should occur within three calendar days. The process for completing a thorough family assessment includes the following:

- The IDCFS Child Welfare Specialist will assess the safety of all children in the home using the Child Endangerment Risk Assessment Protocol within 24 hours after initial contact.⁹
- The IDCFS Child Welfare Specialist will assess the risk factors present in the home using the appropriate IDCFS risk assessment tool.
- If the child(ren) is determined to be unsafe, or if the level of risk is high, IDCFS supervisors have the authority to and will reassign a family to the investigation pathway.
- If there are no immediate safety concerns, the IDCFS Child Welfare Specialist will staff the case with the private agency Family Assessment Caseworker and hand over all future services to the private agency worker thereby ending DCFS involvement with the family.
- The private agency Family Assessment Caseworker will complete a family needs and strengths assessment using the Child and Adolescent Needs and Strengths (CANS) instrument;
- The private agency Family Assessment Caseworker will refer the family to or provide them with a wide array of services targeted to their specific concerns.
- Families in the family assessment pathway can refuse to participate in the assessment and may refuse to accept services without consequences if there are no safety concerns.
- Families in the family assessment pathway can request a switch to the investigation pathway if desired.

⁹ Safety, risk, and needs assessment information will be collected in both the investigation and family assessment pathways as part of the randomized control trial (RCT) evaluation. The instruments used for collecting this information will be more thoroughly described in the following section on evaluation and data collection.

- The family assessment service case may remain open for up to 90 days. After 90 days, 30 day service extensions for up to an additional 90 days may be granted by the private agency providing the family assessment services in consultation with the family based upon their needs and the availability of funds.
- There is no substantiation determination of alleged maltreatment for families served in the family assessment pathway. Therefore, perpetrators and victims are not identified nor listed in a central registry.

Family Assessment Pathway Service Array

The high correlation between poverty and child neglect is well documented.

Many of the Illinois families that will be served through the family assessment pathway will be affected by deep and persistent poverty, and the service array available to these families must be reflective of these needs. IDFCs is prepared to respond to the service needs of families served through the family assessment pathway by making flexible funds available and increasing formal and informal partnerships with private and community service providers. Working collaboratively, the private agency Family Assessment caseworker and the family will develop and implement a service plan to address the family’s needs. The Family Assessment caseworker will document family progress and the provision of services to which the family has been referred. The following services are envisioned as part of the service array to be provided as needed by PSSF families by the private agencies conducting Family Assessment caseworker services:

- 1) **Provide crisis intervention and short term interventions** to address issues in the individual, family and/or environment that threaten to destabilize the household and to allow for continued care of the child(ren) in that household.
- 2) **Refer to and broker needed services**, including but not limited to: special education, vocational training, employment, housing, financial assistance,

- 3) **Use of the *Statewide Provider Database* to conduct a search with each family** for the appropriate services for them at the neighborhood and community level. The Family Assessment caseworker will be adept in using Statewide Provider Database and provide the family with a catalog of services which will meet their needs using the appropriate search parameters, e.g. geographic location, availability of transportation services, or payment options.
- 4) **Transport the parent and child to critical appointments** if the family is without reasonable means of transportation until an intervention service plan is established and started. Exploration of relatives, friend's, church members, unpaid agency volunteers or appropriate community members to transport or provide child care to will be pursued.
- 5) Apprise the family of available **federal, state and local benefits** to which they may be entitled or eligible, including but not limited to: Temporary Assistance for Needy Families (TANF), Medicaid, Supplemental Nutrition Assistance (formerly Food Stamps), WIC, SSI housing supplements, subsidized housing, Head Start, Early Head Start and Title XX day care.
- 6) Provide **cash assistance and in-kind assistance services** where necessary. Cash Assistance Services allows a Family Assessment caseworker to access funds to

- 7) Provide **advocacy and support services** when necessary and make referrals for legal services where appropriate including but not limited to housing, child support enforcement, employment and educational needs.
- 8) Assist in providing a forum for **family meetings and mediation** through the use of strategies such as Family Group Conferencing to utilize the resources of extended family to capitalize and draw on the strengths of the larger family unit.
- 9) Link families to relevant local **support groups**.
- 10) Provide assistance to families with newborn infants in proper **infant care/parenting education** and/or support groups including providing a crib and education on safe sleeping arrangements.
- 11) Assist the family in creating and maintaining a **safe home environment**. The Family worker will share with the family *A Helpful Guide for Parents and Caregivers* to guide the family on simple ways to reduce the rate of household injuries and violence.

Implementing the Pathways to Strengthening and Supporting Families Approach in Illinois

In addition to the selection of DCFS staff to perform differential response services, the procurement and contracting of private agencies to provide Family Assessment services, the training of all public and private staff in the model, several other core activities will accompany the implementation of the PSSF approach and associated shift in practice. A formal Project Steering Committee will be established, as further

described below, to meet monthly to provide clear guidance and direction for project implementation. A statewide “kick-off” summit will be held with both the public and private sectors to build collaborative system-wide support for the model. Following the initial kick-off meeting, biannual summits will be held to report on progress and challenges and serve as venues for communication and feedback. The Department also plans to engage the community through an awareness campaign that will target community stakeholders and providers through public service announcements (PSAs), community events, brochures, a public access “IDCFS Dialog” television show, and town hall meetings.

Project Management

The Illinois Pathways to Strengthening and Supporting Families project will require ongoing and intensive management from both IDCFS and the Children and Family Research Center, with ongoing oversight from the PSSF Steering Committee. The Steering Committee will be formed from current members of the Illinois Child Welfare Advisory Committee (CWAC) Front-End and Intact Services Subcommittee, the Illinois Collaboration on Youth (ICOY), the Child Care Association of Illinois (CCAI), key IDCFS child protection and administrative staff, and members of the local evaluation team. The PSSF Steering Committee will meet monthly to discuss and resolve issues and barriers that may arise during the development, planning, implementation and maintenance of differential response and its evaluation in Illinois.

Roles and responsibilities of the IDCFS project director, fiscal manager, and local evaluator the Children and Family Research Center, are outlined in Table 4. A more detailed project management plan will be developed by the DCFS project manager in

consultation with the PSSF Project Steering Committee, the local evaluation team and the QIC-DR within the first month of project.

Role and Responsibilities of Key Project Staff

DCFS Project Director	DCFS Fiscal Manager	Children and Family Research Center <i>Local (Illinois) Evaluator</i>
<ul style="list-style-type: none"> ■ Participate in relevant QIC-DR scheduled activities, including site visits, meetings, and conference calls; ■ Provide access to and coordination with the Child Welfare Advisory Committee (CWAC) and its subcommittees on Front End/Intact Families; ■ Attend all Steering Committee, CWAC and relevant subcommittee meetings and provide them with requested information and proposed protocols; ■ Develop and describe a plan for outreach, collaboration, and education within IDCFS and its purchase of service (POS) partners; ■ Provide management and leadership for the implementation of the PSSF approach in Illinois; ■ Provide any and all data, as well as staff access, to CFRC and the QIC PCW to allow for a complete and thorough evaluation of this initiative; ■ Form a Family Consumer Council (FCC) composed of a minimum of 5 families that have participated in the PSSF in Illinois. Each FCC will meet two times a year to solicit input; ■ Encourage attendance of appropriate caseworkers, supervisors, and agency partners at the annual PSSF Summits facilitated by CFRC; ■ Submit annual reports to QIC-DR on project progress and financial reports; ■ Work with CFRC to produce Replication Product in Year 5. 	<ul style="list-style-type: none"> ■ Fiscally manage the QIC-DR project; ■ Participate in relevant QIC-DR scheduled activities, including site visits, meetings, and conference calls; ■ Submit financial report every 3 months to the QIC-DR. 	<ul style="list-style-type: none"> ■ Serve as the primary point of contact between the QIC-DR and the site (Illinois) for all evaluation activities; ■ Participate in relevant QIC-DR scheduled activities, including site visits, meetings, and conference calls; ■ Work with QIC-DR evaluation staff to select common instrumentation and establish data collection and reporting procedures; ■ Develop and submit IRB materials, including informed family consent procedures and protocols, to the American Humane Association, IDCFS, and University of Illinois Institutional Review Boards; ■ Attend all CWAC and relevant subcommittee meetings to document, assess and analyze the process used to facilitate this process; ■ Evaluate this project employing methods for constant, objective measurement of progress using verified data; ■ Facilitate the annual PSSF Summits; ■ Submit semi-annual data report to QIC-DR on basic descriptive statistics on families in the sample, updates on process evaluation, and basic cost data; ■ Write and submit final evaluation report at conclusion of data collection and follow-up period; ■ Work with Project Director to produce Replication Product in Year 5; ■ Disseminate research and evaluation findings in coordination with and the direction of the QIC PCW.

Table 4. Roles and Responsibility of Key Project Staff

Project Timeline

A Gantt chart depicting the proposed implementation and evaluation activities for the Pathways to Strengthening and Supporting Families is attached as Appendix C.

Collaborative Partnerships

Illinois has a long standing tradition of employing private providers for child welfare services, particularly in Cook County. Following a gubernatorial directive previously entered by executive order mandating its existence, the Department established by administrative rule the Child Welfare Advisory Committee (CWAC) in 1995 (Illinois Administrative Code Section 428.50) to advise the Department on programmatic and budgetary matters related to the provision or purchase of child welfare services. Comprised of representatives from both IDCFS and private provider agencies, as well as other community and child welfare stakeholders, CWAC and its Subcommittees are tasked with child welfare policy development and large scale system improvement (see Figure 9).

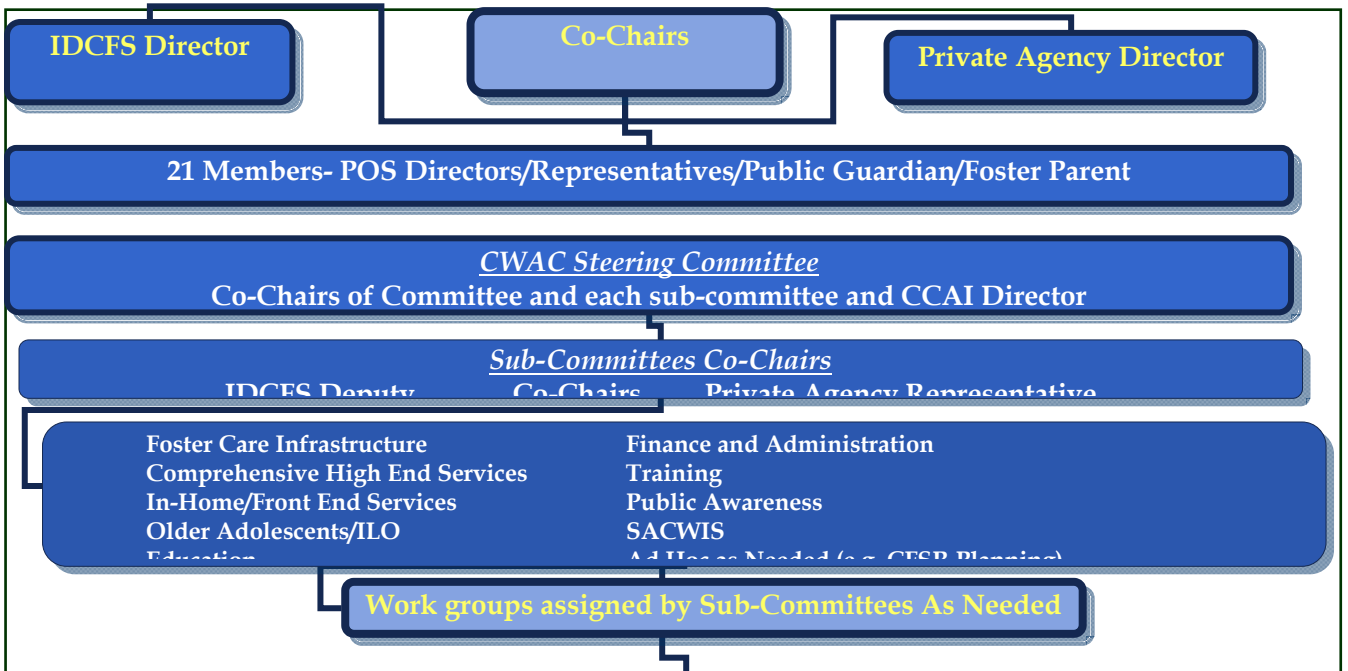


Figure 9. Illinois Child Welfare Advisory Committee (CWAC) Structure

Five standing CWAC subcommittees have a bearing on the *Pathways to Strengthening and Supporting Families* project: In-Home/Front End Services, SACWIS, Finance and Administration, Training and Public Awareness. In order to ensure coordination of efforts between these subcommittees, a Project Steering Committee will be created as an ad hoc entity to provide project supervision and policy guidance (see Figure 10). The PSSF Project Steering Committee will consist of the public and private co-chairs of these subcommittees as well as appointed representatives from IDCFS, the Family Advocacy Centers, intact family services agencies, Strengthening Families Illinois, the Illinois Collaboration on Youth (ICOY), and the Child Care Association of Illinois (CCAI). To ensure adequate representation of families, representatives from the existing Birth Family Council will be appointed during the first year of implementation. These families will be replaced with families who have participated in the *Strengthening and Supporting Families* project and are members of the Family Consumers Council (FCC) when fully operational.

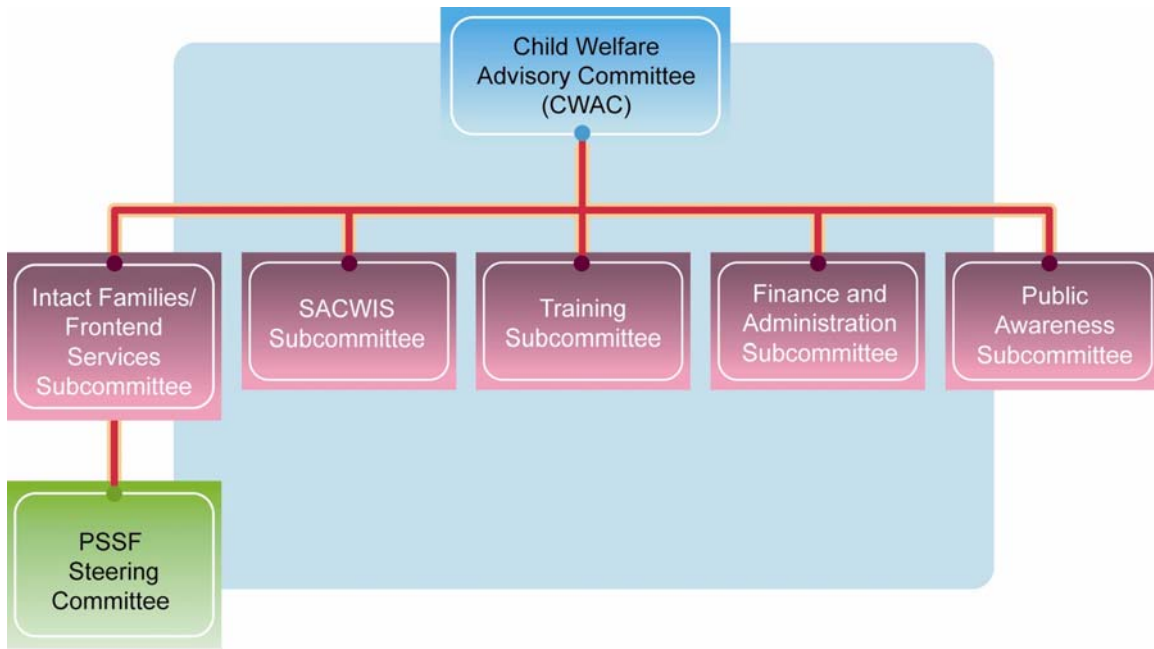


Figure 10. Pathways to Strengthening and Supporting Families Governance Structure

The CWAC committee structure has been used for all child welfare reform and innovation efforts in Illinois since its enactment by rule. A recent example of the use of this collaborative structure is the design and implementation of the expansion of the use of performance based contracting to residential, Independent and Transitional Living Services. The Project Steering Committee will meet monthly.

Plans for Funding and Sustainability

In order for IDCFS to secure the legislative changes that were needed to move forward with Differential Response in Illinois, fiscal affordability has already been assessed and confirmed within the Department-wide budget process. The best way to insure sustainability of a program is to find funding within the existing budget allocation. As the largest accredited child welfare system in the country, the Illinois child welfare system has encouraged an atmosphere of innovative leadership in the area of prevention for several years. These prevention initiatives, including most recently the *Strengthening*

Families Illinois program and the Family Advocacy Centers, as well as other administrative initiatives have had a cumulative effect and helped Illinois to reduce the substitute care population even during a period of economic crisis. The savings that result from reducing expensive substitute care costs are in turn being invested in prevention-oriented programs including Pathways to Strengthening and Supporting Families. Consequently, by redirecting funds from placement costs to intact services, within existing allocations, IDCFS will insure sustainability of PSSF as a permanent and routine cost.

Start-up costs that will be incurred even prior to the QIC-DR funding period should be mentioned since those components help lay the foundation for a successful implementation. Those costs include the following:

- **SACWIS Development Costs** - Given the work to date in Illinois, computer support costs associated with Differential Response are affordable within existing allocations. This is not to minimize the amount of program development time needed to make the necessary changes particularly to the intake and assessment reporting processes, but prioritizing staff time to the project has not resulted in excess costs.
- **Training** – Initial staff training and provider awareness training will be incorporated into the existing budget allocations. On-going and field support training will also be included in future budgets and is an area that could be supported by federal grant dollars.
- **Consultation** – IDCFS has always had a close partnership with leading universities across the state. This partnership has again been accessed to help organize and guide the PSSF planning to date. This partnership will continue through the design and implementation phases. While on-going direct service costs have sufficient funding; time limited research, evaluation and reporting would be made possible and greatly enhanced through a QIC-DR grant. Therefore, this proposal would focus funding on research in order to advance the knowledge and practice of child welfare as it relates to supporting and preserving families through the PSSF approach.

To insure sustainability, three major areas of long term cost have been reviewed, including state personnel staff costs, increased service levels due to improved family engagement, and private agency costs as they partner with IDCFS in this new initiative. Personnel costs are a major consideration and have been carefully considered throughout the case from intake to case closure. In general, since the State Central Registry intake criterion remains the same, the “front door” entry of families into the child welfare system will remain stable. IDCFS family assessment pathway units will be staffed by current IDCFS workers and supervisors. Staffing levels will be adjusted within existing budgeted headcount. Only employees who choose to work in a family assessment unit will be considered, with final staffing made in accordance with union negotiated selection criteria.

An increased service level is anticipated for families assigned to the family assessment pathway. A review of available research from other states frequently finds that once child welfare staff move away from the question of a formal forensic finding, families were more open to accepting services once they knew the concern of an “indicated” finding was removed. In addition, not only were more families willing to accept help, they were more open to identifying needs. So not only is a percentage increase in families receiving services anticipated through the family assessment pathway anticipated, but service levels are also expected to increase. Previous research in states implementing differential response has shown trends in increased mental health counseling, particularly for children, the biggest increase was seen in “concrete” services. Consequently, funding for up to a maximum of \$500 per family in such services will also

be budgeted for using state funds to meet the financial needs of families with the stated intent to stabilize and strengthen families by reducing environmental risks and stressors.

The last major cost factor will be the development of a private agency/purchase of service (POS) case management model for PSSF. Existing contracts for intact families target higher risk families and provide services for up to an average of twelve months. The PSSF program will be based on a 90 day model with up to three thirty (30) day DCFS-approved extensions for a total maximum of six months. Case reimbursement figures are being worked on jointly with the provider community.

4.0 Evaluation and Data Collection Plan

According to a recent review, 17 states or jurisdictions have conducted or are currently conducting evaluations of their differential response (DR) programs.¹⁰ However, only one of the completed differential response evaluations (Minnesota) used an experimental design with random assignment to pathways; the large majority of the completed evaluations have used quasi-experiments in which clients who were referred to and participated in the new program were compared to those who were eligible for the new service but were either not referred or did not participate (i.e., no random assignment to conditions). Although more rigorous evaluation design would permit greater confidence in the veracity of the results, a handful of findings have emerged consistently across studies. The most consistent finding was that child safety was not compromised as a result of families being served through the non-investigation pathway. In fact, participation in the non-investigation pathway reduced the number of post-intervention CPS reports, though differences were often modest. In addition, parents served in the

¹⁰ Kaplan, C., & Merkel-Holguin, L. (2008). Another look at the National Study on Differential Response in Child Welfare. *Protecting Children*, 23, 5-21.

non-investigation pathway reported more favorable attitudes toward CPS services, were more likely to be positively engaged in the service process, and more likely to receive services earlier. Both families and workers were more satisfied with the non-investigation pathway than with the investigation pathway.¹¹

Yet gaps in knowledge regarding differential response practice and its effects on outcomes remain. Pre-existing differences between the families that received “traditional” investigation and those that were served in a non-investigation pathway could account for the results seen, except in one study that used an experimental design with random assignment to conditions. Moreover, the conditions in which differential response works best need further elucidation and the mechanisms through which the positive outcomes associated with differential response are achieved are unclear. What are the best strategies to increase family engagement? Are certain workers better able to implement these strategies than others? Which array of services is most effective for families served through a non-investigation pathway? Does participation in a non-investigation pathway differentially affect families of different socio-demographic backgrounds? Additional research is needed on worker-family interactions and services that occur in the non-investigation pathway. Specific features of the approach, such as the length of time a worker is engaged with the family, the goals and objectives addressed during the intervention, characteristics of service provision (e.g. number of contacts with the family and adherence to service recommendations), and worker and agency caseload have not been fully explored.

¹¹ Loman, L.A., & Siegel, G.L. (2004). *Minnesota Alternative Response evaluation*. St. Louis, MO: Institute of Applied Research.

Advancement in the field will require additional evaluation using the most rigorous methodology possible, including large samples that provide adequate power to detect moderate effects; random assignment to pathways to rule out alternative explanations for differences in outcomes; collection of reliable administrative, survey, and interview data that is consistent and comparable across studies; and appropriate statistical analysis. The proposed evaluation of Illinois Pathways to Strengthening and Supporting Families (PSSF), the state's new differential response program, will provide a substantial contribution to the knowledge base for numerous reasons:

- Statewide implementation in one of the largest public child welfare systems in the nation will ensure sufficiently large sample sizes in each pathway to detect differences between the investigation and non-investigation pathways, as well as support subgroup analyses in an array of different types of communities and segments of the population;
- A true experimental design with random assignment of eligible cases to pathways will allow the most rigorous test of treatment effects;
- A substantial portion of the QIC-DR funding will be allocated to the program evaluation, which will allow for detailed assessment of critical process and outcome variables;
- Implementation of a new differential response system (as opposed to expansion of an existing system) will allow for detailed documentation of the entire implementation process so that comprehensive replication materials can be produced;
- Illinois has the capacity to monitor differential response outcomes beyond the time limits of the QIC research and demonstration funding, which will allow for exploration of longer-term outcomes for families, workers, and agencies; and
- Illinois child welfare system administrators and the local evaluator (located within the flagship state university) have a strong relationship and considerable experience collaborating on research, ensuring timely compliance with cross-site data collection, implementation, and reporting requirements.

Conceptual Framework and Logic Model

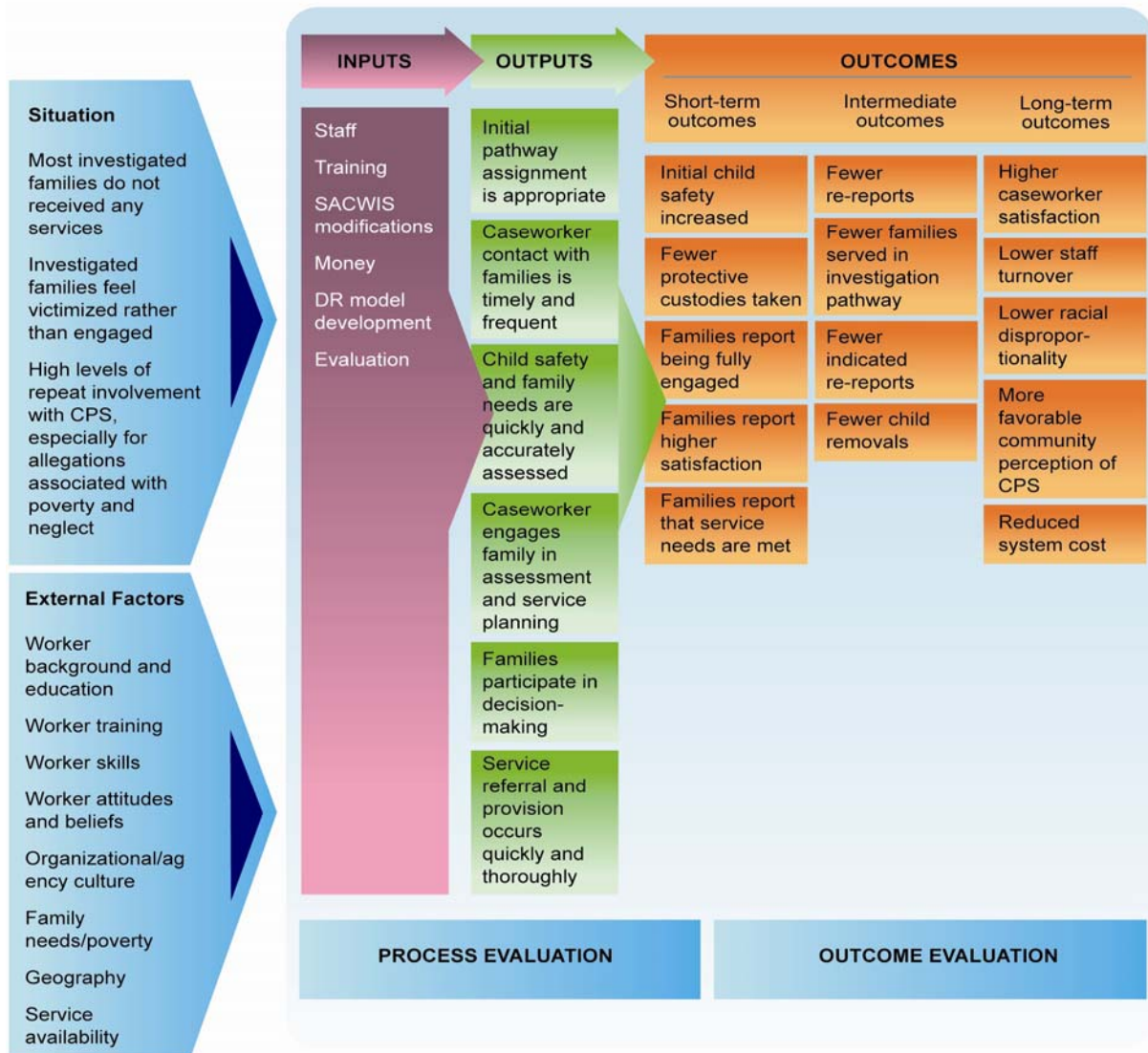
The differential response movement represents a conceptual shift away from traditional CPS investigation in several ways. In systems with differential response, families with low to moderate risk for child harm who would otherwise meet the statutory criteria for a traditional CPS response (i.e., investigation), are eligible for an alternative (i.e., non-investigation) response focused on engaging and supporting the family through assessment and service provision. The core values that guide the development and implementation of differential response include: an engagement versus adversarial approach, services versus surveillance, labeling caregivers as in need of services/support versus labeling them as perpetrators, encouraging versus threatening, identification of needs versus punishment, and continuum of response versus one size fits all.¹² In the Illinois Pathways to Strengthening and Supporting Families program logic model (Figure 11), the proposed mechanism of change in the non-investigation pathway is worker collaboration with the family (represented by different worker attitudes, behaviors, and number of contacts with the family), which leads to better and quicker identification of family needs as well as increased family engagement (i.e., family attitude, family motivation), which then leads to better service provision (services are more closely matched to needs and delivered in a more timely fashion). These outputs, in turn, lead to the outcomes of increased initial child safety, fewer emergency removals, decreased child and family service needs, increased family satisfaction with CPS services, reduced maltreatment recurrence, increased worker satisfaction, decreased worker turn-over, and decreased overall CPS agency costs as fewer children are placed into substitute care and

¹² Kaplan, C., & Merkel-Holguin, L. (2008). Another look at the National Study on Differential Response in Child Welfare. *Protecting Children*, 23, 5-21.

fewer experience repeated CPS contacts. Contextual variables influencing this process are local organizational/agency culture, worker training, skills, and background, service availability, family poverty, and urban versus rural locale.

Numerous research questions emerge from the Illinois logic model and will guide the evaluation (these include the cross-site questions as well as questions of specific interest in Illinois). The first set of questions concerns the role of external or contextual variables on the outputs and the outcomes of the intervention; the second set involves careful description of the model that is developed and implemented in Illinois (outputs); the third examines the short, intermediate, and long-term outcomes on children, families, caseworkers, and the Illinois child welfare system associated with the investigation and non-investigation pathways; and the fourth involves the costs of implementing and maintaining a non-investigation pathway compared to costs of the existing practice model.

Figure 11.
Illinois Evaluation Logic Model



Contextual Factors

It will be important to document the agency and community contexts in which differential response is implemented, and IDCFS is especially interested in exploring this

aspect of the model. Studies of social service implementation effectiveness suggest that organizational social context directly affects service quality and outcomes, and can be changed with planned organizational interventions. The social context of an organization includes the norms, values, expectations, perceptions, and attitudes of the members of the organization. These can encourage or inhibit the adoption of best practices; strengthen or weaken fidelity to established protocols; support or attenuate the relationship between service providers and consumers; and increase or decrease the availability, responsiveness, and continuity of services.¹³ A number of studies in various social service organizations link organizational culture (e.g., proficiency, resistance) and organizational climate (e.g., worker stress and engagement) to service quality, service outcomes, worker morale (e.g., satisfaction, commitment), staff turnover, the adoption of innovations, and organizational effectiveness.¹⁴ Organizational culture may vary widely among IDCFS field offices in different regions of the state, as well as between IDCFS field offices and community service agencies contracted to provide assessment and services in the non-investigation pathway. It is also expected that the availability of community services will vary widely in different regions of Illinois, which may have important implications for both implementation and outcomes.

Worker characteristics will have a strong influence on both the outputs and outcomes of the investigation and non-investigation pathways. There is likely to be wide variability in caseworker characteristics such as educational background, number of years

¹³ Glisson, C. (2009). Assessing and changing organizational culture and climate for effective services. *Research on Social Work Practice, 17*, 736-747.

¹⁴ Glisson, C. (2007). *Organizational climate, job satisfaction, and service outcomes in child welfare agencies*. Manuscript submitted for publication. Glisson, C., & Green, P. (2006). The effects of organizational culture and climate on access to mental health care in child welfare and juvenile justice systems. *Administration and Policy in Mental Health and Mental Health Service Research, 33*, 433-448.

working in child welfare, working style, and attitudes toward differential response and child protection in general. Since these differences will not be controlled through random assignment of workers to pathways, it will be important to measure them prior to implementation so that their effects on outcomes can be analyzed. Initial measures will also provide baseline data to measure change in worker caseloads and satisfaction.

Research questions related to contextual factors include the following:

1. How do organizational culture and climate vary across IDCFS field offices and PSSF community agencies?
2. What is the type and level of service availability in IDCFS regions prior to PSSF implementation?
3. What is the initial level of worker education, experience, and satisfaction, among workers assigned to the investigation and non-investigation pathways?
4. What is the initial IDCFS attitude toward differential response across all levels (administrators, supervisors, caseworkers)?

Output

A process evaluation will assess how well Illinois implemented its differential response model. This will involve the development and use of fidelity checklists, assessment of staff buy-in and leadership, as well as the identification of barriers to implementation and successful strategies for overcoming these barriers. The number and percentage of cases that switch pathways from non-investigation to investigation will be tracked over the course of the demonstration project, as this can be another indicator that supervisors have not committed to the PSSF approach.

Differences in the investigation and non-investigation pathways will be thoroughly documented so that we know what makes each path distinct. Most differential response logic models suggest that non-investigation pathways differ from

traditional investigation pathways in the following ways: 1) workers are more skilled at engaging families and giving them ownership of the change process, 2) families respond by participating more actively and positively in the intervention, and/or 3) services are more available, provided more quickly, and better matched to families' needs. Increased documentation of the interactions that occur between workers and families in each pathway will provide critical information to evaluate which components of different response intervention are essential to improve outcomes. Specific research questions regarding PSSF outputs are the following:

5. To what degree is fidelity to the initial design of the pathways maintained (i.e., how closely are criteria for determining non-investigation pathway eligibility followed and what other considerations might influence eligibility determination)?
6. How often do families “change tracks” from the non-investigation to the investigation pathway?
7. Is caseworker caseload different in the investigation pathway than in the non-investigation pathway?
8. Are families assigned to the non-investigation pathway contacted more quickly than those assigned to the investigation pathway? Do they receive more face-to-face contacts with caseworkers?
9. Are tools to assess families' needs consistently used in the investigation and non-investigation pathways?
10. Do the families assigned to the non-investigation pathway find that the assessment identifies their needs more accurately than do families assigned to the investigation pathway?
11. Are families assigned to the non-investigation pathway more involved in decision-making than families assigned to the investigation pathway?
12. Are caseworkers in the non-investigation pathway more likely than caseworkers in the investigation pathway to have skills reflecting differential response goals of positive engagement and service orientation?

13. Do families assigned to the non-investigation pathway receive different services and in different quantities than families assigned to the investigation pathway?
14. Are the services provided to families assigned to the non-investigation pathway more closely matched to their assessed needs than those provided to families in the investigation pathway?
15. What barriers to implementation are encountered and how are they resolved?

Outcomes

The centerpiece of the Illinois PSSF evaluation will be a randomized control trial (RCT) experiment that examines the similarities and differences in outcomes between families and children who are randomly assigned to either an investigation or non-investigation pathway. The goal of the Illinois RCT is to examine the effect of the non-investigation pathway on children and families, caseworkers and supervisors, and the Illinois child protection system as a whole. Examination of the Illinois logic model (Figure 11) reveals several expected initial or immediate outcomes as well as multiple intermediate and long-term outcomes. First and foremost, differential response is expected to impact child safety both immediately and over time. This will be examined in the Illinois evaluation by comparing the investigation and non-investigation pathways on the percentage of protective custodies taken during the intervention, safety and risk assessment ratings at the beginning and conclusion of the intervention, the percentages of families that are re-reported, the percentages that are re-served in both pathways, the percentages of children re-victimized (i.e., substantiated maltreatment allegations), and the percentages of children who are removed from their homes.

Second, it is often suggested that differential response derives its effects from increased family engagement with the caseworker and/or quicker and more appropriate

service provision to the family. Either or both of these elements of the intervention could lead to increased family satisfaction with services. Thus, the RCT evaluation will measure all three of these family outcomes (family engagement, service provision and receipt, and family satisfaction with services) as well.

Third, we will examine the effects that differential response has on the agency itself. The evaluation literature suggests that differential response has a number of positive influences on agencies. These include increased job satisfaction and decreased turn-over among caseworkers, which the evaluation will assess in each pathway. The evaluation will also monitor trends in the number of reports screened in to the CPS system overall. It is possible that screeners will begin to screen in a higher number of reports of low-risk families if differential response is perceived as an effective means of ensuring that families receive needed services. Specific research questions on outcomes are the following:

16. Do more children served in the non-investigation pathway remain safely in their homes during the intervention period than those served in the investigation pathway (i.e., are fewer protective custodies taken)?
17. Are percentages of families re-reported after receiving a non-investigation smaller than percentages of families that are re-reported after receiving an investigation?
18. Are percentages of children re-victimized (i.e., substantiated maltreatment allegations) after receiving a non-investigation smaller than percentages of children re-victimized after receiving an investigation?
19. Are the percentages of children who are removed from their homes after receiving a non-investigation smaller than percentages of children removed after an investigation?
20. Are families that receive a non-investigation more satisfied with their CPS experience than those that receive an investigation?

21. Are caseworkers providing services through a non-investigation pathway more satisfied with their work than those providing services through the investigation pathway?

22. Is caseworkers turn-over lower under the non-investigation pathway?

Costs

The cost analysis will examine the costs incurred in developing, implementing, and sustaining differential response in Illinois. It will also compare CPS costs incurred for investigation and non-investigation pathway families. Estimates will be developed for both staffing costs and service costs, and for both short-term costs incurred during the initial case and longer-term costs incurred over the 8- to 24-month follow-up period.

Only one study to date has included a cost analysis component in the differential response evaluation, which suggests higher short-term costs for the non-investigation pathway, but lower long-term costs resulting from lower rates of re-report and removal.¹⁵ Cost analysis questions are the following:

23. What financial investment does Illinois make in order to develop a differential response model?

24. What are the average costs for worker time per family during the investigation and non-investigation pathway response?

25. What are the average costs of additional services per family provided by or arranged for by the caseworker during involvement in the investigation and non-investigation pathways?

26. What are the average costs at the end of the follow-up period per family after involvement in either pathway?

Internal and External Validity of the Illinois Evaluation

¹⁵ Loman, L.A., & Siegel, G.L. (2004). *Minnesota Alternative Response evaluation*. St. Louis, MO: Institute of Applied Research.

The proposed Illinois evaluation will have strong internal and external validity. Several elements of the project will enhance validity. These include a) use of an RCT design, b) assessment and correction of implementation and attrition problems, c) a diverse child welfare population d) implementation of the project statewide, allowing ample representation from both urban and rural communities.

Just as it has done in previous RCT studies with the proposed local evaluator,¹⁶ IDCFS will successfully implement an RCT design, maximizing the internal validity of the study. Random assignment to experimental (i.e., non-investigation) and control (i.e., investigation) groups ensures that any differences in outcomes between the two groups are the result of differences in treatment (i.e., pathways) and not pre-existing differences in families. It equates treatment groups on the expected values of all variables at pretest, measured or not. In this way, random assignment effectively rules out most threats to internal validity such as differences in children's development or families' experience with employment or housing by distributing them randomly across the experimental conditions.¹⁷

Illinois can effectively integrate random assignment to conditions in its response to families involved in the study (see Figure 12). In Illinois, suspected cases of abuse or neglect are reported to the State Central Register (SCR), a statewide, centrally-located call center located in Springfield, Illinois. Calls are initially screened by SCR staff to

¹⁶ Ryan, J.P., Choi, S., Hong, J.S. & Larrison, C.R. (2008). Recovery coaches and substance exposed births: An experiment in child welfare. *Child Abuse and Neglect*, 32, 1072-1079. Testa, M. F., Cohen, L. and Smith, G. (2003). *Illinois Subsidized Guardianship Waiver Demonstration: Final Evaluation Report*. Urbana, IL: Children and Family Research Center.

¹⁷ Shadish, W.R., Cook, T.D., & Campbell, D.T. (2002). *Experimental and Quasi-Experimental Designs for Generalized Causal Inference*. Boston, MA: Houghton Mifflin Company.

determine if they meet the state criteria for child abuse and/or neglect as defined by Illinois statute and IDCFS policy. Under the Illinois DR model, which is being implemented statewide, cases that are “screened-in” or accepted for CPS response are then assessed again by SCR staff using the pathway assessment criteria outlined in the approach section of this proposal.

For this study, families that are eligible for the non-investigation pathway will be randomly assigned to either the investigation or non-investigation pathway. IDCFS administrative data suggests that approximately 20,000 Illinois families would have been eligible for the non-investigation response pathway in FY2009. Extrapolating from these numbers suggests that approximately 30,000 will be eligible for the non-investigation pathway during the 18-month data collection period for the RTC. Of these 30,000 cases that will be eligible, about 5,000 will be randomly assigned to the non-investigation pathway, with the remaining cases randomly assigned to the traditional investigation pathway, using established methods for restricted random assignment to force unequal sample sizes.¹⁸

¹⁸ See Shadish et al., *ibid*, p. 299.

Illinois DCFS Pathways to Strengthening and Supporting Families

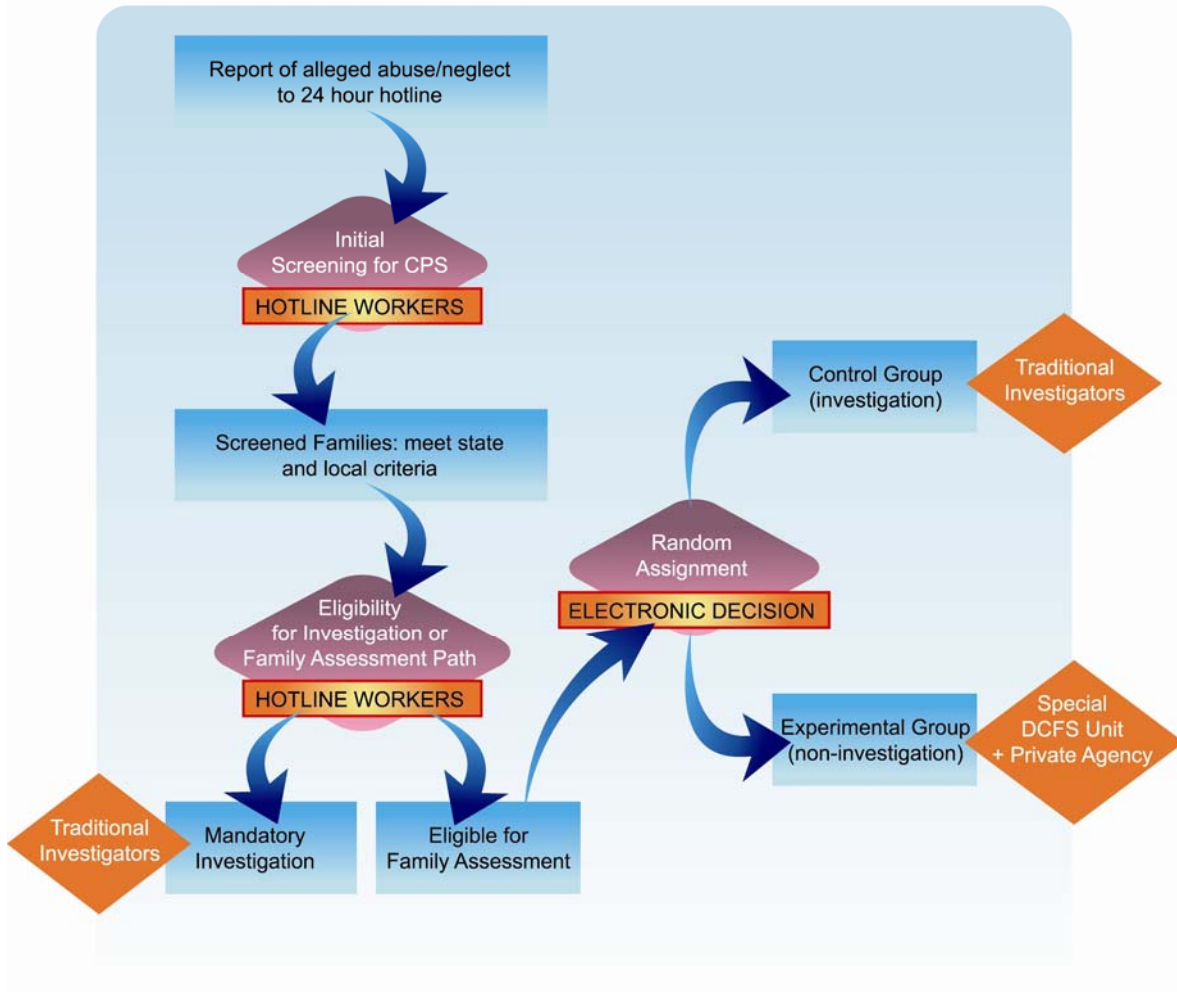


Figure 12. Illinois Pathways to Strengthening and Supporting Families Program Model

The project will take a number of steps to insure the integrity of random assignment. Eligibility for the non-investigation track will be determined prior to and separate from randomization. Project evaluators will have a series of conference calls with relevant DCFS staff (both central office and field sites) to explain the rationale for random assignment and the mechanism for implementing it. A clear procedure for random assignment will be developed using an online randomizer program, which will reduce the threat of covert manipulation of the randomization process by SCR staff. A

master list of assignments will be kept securely with a backup copy in another location. The evaluation team will closely monitor implementation of random assignment.

Note that families randomly assigned to the non-investigation pathway may later be re-routed to the investigation pathway at the discretion of the CPS supervisor if child safety concerns are raised. Since this is a meaningful possible outcome of the non-investigation pathway, these families will be included in the non-investigation pathway for the primary data analysis. Additional data analyses will identify the group of families who are re-routed and compare them both to other families in the non-investigation pathway and to families assigned to the investigation pathway. Previous research in other states suggests that the number of cases that require a pathway reassignment is small (2-5%).¹⁹ Data will be monitored to prevent families from being included more than once in the evaluation, if they become eligible more than once because of multiple reports.

The Illinois evaluation will take steps to address threats to internal validity that can occur even with random assignment. Post-assignment attrition may create systematic differences in the treatment and control groups in addition to decreasing overall sample size. Families in the non-investigation pathway that refuse services will be dropped from the study. The sample size for the non-investigation pathway is large enough to accommodate some attrition without an excessive decrease in statistical power, but the remaining non-investigation families may differ systematically from the families in the investigation pathway, who do not have the option to refuse services. DCFS will provide support and interact flexibly with families to prevent attrition. However, since

¹⁹ Loman, L.A., & Siegel, G.L. (2004). *Minnesota Alternative Response Evaluation Final Report*. St. Louis, MO: Institute of Applied Research.

preventing all attrition is rarely possible, attrition will be analyzed to determine how much it threatens the validity of the conclusions about treatment effectiveness. Attrition rate will be calculated for both groups, and analyses using administrative data will be conducted see how those who declined to participate in compare to those who participate in each condition. Drop-outs will also be compared to the other groups on outcomes measured by administrative data, such as re-reports, re-victimizations and child removal.

Unreliability of treatment implementation can also reduce the ability to accurately detect differences between treatment and control groups. The process evaluation component of the Illinois differential response evaluation will thoroughly document the reliability of the treatment implementation in both pathways to insure that interventions are carried out as planned in the treatment and control groups. The project will respond to slippage in implementation by augmenting training in non-investigation methods and increasing the intensity of supervision of caseworkers in this pathway.

Additional threats to validity can occur with the introduction of a novel and potentially disruptive intervention like the non-intervention pathway.²⁰ *Compensatory equalization* or *compensatory rivalry* could occur if workers alter their approach to services with the control group or take extra steps to be more engaged with and provide better services. This will be tracked with the process measures used in the study and will be addressed by additional training and supervision if it occurs. Failure to be assigned to the non-investigation pathway may lead investigated families to have even greater

²⁰ Cook and Campbell's 1979 text assigned these to the category of internal validity while Shadish, Cook and Campbell reassigned these to the category of construct validity. They are discussed here because of their relevance regardless of which category they are assigned to. See Cook, T.D. & Campbell, D.T. (1979) *Quasi-experimentation*. Chicago: Rand McNally; Shadish et al, *ibid*.

resentment or demoralization than is normal for investigations; this will also be monitored in the process evaluation and examined in the analysis if widespread.

It is not possible for the Illinois RCT to randomly assign caseworkers to pathways, and caseworker self-selection to work in the investigation and non-investigation pathways may have an impact on outcomes. Yet a good match between intervention and worker interest is a characteristic of any psychosocial intervention, and would be a natural part of the intervention “package” inherent to the non-investigation pathway. Nevertheless it is important to measure to consider the investment of the caseworker as a factor in efficacy (and an important variable for generalizability) and this will be measured in the process evaluation and analyzed as part of the outcome evaluation.

The Illinois evaluation will be strong on external validity because it will facilitate study of the effect of the non-investigation pathway over varying types of families, communities, levels or types of non-investigation intervention, and outcomes. The project will be implemented statewide, which is an advantage because Illinois is in many ways representative of the nation; it has racial-ethnic diversity and substantial representation from both urban and rural families. Chicago is representative of a number of large urban areas with significant child welfare issues and downstate Illinois is representative of much of the Midwest. In addition to enhancing validity overall through substantial statistical power, the very large sample size will allow us to test the efficacy of non-interventions pathways with a variety of subgroups, extending the external validity of the study by identifying impact on which families under what conditions. We plan analyses to test the interaction of pathway assignment with a number of variables,

including type of reported maltreatment, age of child, race-ethnicity, economic status, prior history with DCFS, Cook County (Chicago) vs. downstate, and urban vs. rural, and DCFS region. Analyses using process measures will allow us test the impact of pathway for families who receive varying levels of contact and intervention in the non-investigation track and families who receive different concrete services within this pathway. The inclusion of multiple outcome measures from varying sources (administrative databases, caregivers, caseworkers) further extends external validity by seeing how the impact varies depending on which outcomes are selected and measured. Together from results from other sites, we will be able to make causal inferences about effects in many different situations, increasing the value of the study for other states and for a wide range of individual communities.

Data Collection and Measures

Multiple data sources and data collection methods will be utilized for the evaluation to ensure valid and reliable measurement of the constructs of interest in the Illinois and cross-site logic models. The final set of measures and the data collection plan will be determined in collaboration with the cross-site evaluators, and will support both the core questions identified in the cross-site evaluation and those identified for the State of Illinois. Proposed data collection activities in Illinois will include compilation and analysis of SACWIS and other administrative data; caseworker surveys; site visits and focus groups; naturalistic program observation; caseworker case reports; family exit surveys; and accounting data. Each data collection component of the evaluation will be described in turn.

Administrative Data

The Illinois State Automated Child Welfare Information System (SACWIS) is a rich source of data and already captures most of the information required for the process and outcome evaluations, including demographic characteristics of the family; allegation and disposition data for cases assigned to traditional investigation; safety and risk assessment data; and information on subsequent maltreatment reports, investigations dispositions, and child removals. The current system already has the capacity to track investigated children and families through the system over time, and local evaluators have expertise in analyzing Illinois SACWIS data. Modifications to the existing SACWIS system will occur to accommodate the new non-investigation pathway; the SACWIS development team has already been contacted and is working on needed modifications (see letter of support). The Illinois project director, evaluation team, and SACWIS development team will work closely with the QIC-DR staff to deliver data extracts in a secure manner. Administrative data collection will begin during Year 1 and will continue through Year 4 of the research and demonstration project.

SACWIS data will be used to examine several of the processes that may vary for cases assigned to the investigation and non-investigation pathways, including:

- time to first caseworker contact;
- number of total contacts and face-to-face contacts with caseworkers;
- safety, risk, and needs assessment tool completion;
- length of open case (time span between open and close dates);
- investigation determination, for those cases assigned to or switched to the investigation pathway;
- date of first service;
- amount and type of services rendered; and
- total caseworker/staff time spent on each case.

SACWIS data will provide substantial data for comparing the investigation and non-investigation pathways on outcomes, including:

- initial safety determination from the safety determination;
- risk level from risk assessment instrument;
- family strengths and family needs;
- % of children taken into protective custody;
- % of children re-reported, allegations of these re-reports;
- % of re-reports that are substantiated; and
- % children removed.

Over time, the implementation of a differential response model in Illinois may have a measurable impact on the child welfare system as whole in the state, so SACWIS data will also be used to monitor system-wide and regional indicators over time, including:

- the number of reports made to the State Central Register (SCR);
- the number and percentage of reports “screened-in” for CPS response;
- the number and percentage of screened-in reports determined to be eligible for the non-investigation pathway;
- the number and percentage of cases assigned to a mandatory investigation that are indicated;
- the number and percentage of cases that change pathways from the non-investigation track to the investigation track;
- IDCFS caseworker caseload; and
- availability of a range of difference services.²¹

Safety, Risk, and Family Strengths and Needs Assessments

IDCFS currently assesses child safety during the investigation and throughout the life of a case using the Child Endangerment Risk Assessment Protocol (CERAP). At prescribed milestones throughout the life of an investigation or service case, workers assess the presence or absence of 14 safety factors (e.g., caretaker’s behavior is violent and out of control, etc.), as well as family strengths and other circumstances that might mitigate the risks to the child(ren) in the home. Based on this information and any other

²¹ This information is not available in SACWIS but can be obtained from the Illinois Statewide Provider Database, which evaluators will have access to for purposes of data collection for the PSSF evaluation.

pertinent information about the family, the worker decides if the household is safe or unsafe. The household is considered safe if there are no children in the home likely to be in immediate danger of a moderate to severe nature; it is considered unsafe one or more of the children is in immediate danger of a moderate to severe nature. If one or more of the children is unsafe, a safety plan must be developed with the family or the child(ren) must be removed from the home. CERAP data is currently included in SACWIS.

Family needs and strengths will be assessed using a modified version of the Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment. The CANS is a multi-purpose tool developed to support care planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcome services. Major domains included in the assessment are: life domain functioning, child's strengths, acculturation, caregiver strengths caregiver needs, child behavioral/emotional needs, child risk factors, and child risk behaviors. The CANS has demonstrated reliability and validity. With training, anyone with a bachelor's degree can learn to complete the tool reliably.

Caseworker Surveys

Caseworkers are a critical source of information about the activities that occur in the investigation and non-investigation pathways. The Illinois logic model proposes that differences in *worker skills, attitudes, and behaviors* in the investigation and non-investigation pathways are causal antecedents of hypothesized differences in child and family outcomes in the two pathways. However, because IDCFS caseworkers in Illinois will be allowed to self-select the pathway they will work in (investigation or family assessment pathway), it is likely that there will be pre-existing differences between

IDCFS workers that choose one pathway or the other. For example, it is possible that caseworkers with more years of experience in child welfare will be more likely to continue to work within the traditional investigation pathway, while those with fewer years of experience will prefer the non-investigation pathway.

To assess these potential pre-existing differences prior to the PSSF implementation (Year 1 of the research and demonstration project), a survey will be administered to all IDCFS caseworkers who are selected to work in the family assessment pathway as well as all community-based providers who will be paired with the IDCFS caseworkers in this pathway. Although the final content of the survey will be determined in the early stages of the research and demonstration project in conjunction with QIC-DR evaluation staff, we anticipate that it will gather data on worker age, educational background, job experience, current caseload, current job satisfaction, worker style, organizational culture at their field office or agency, and attitudes toward differential response and child protection. To facilitate data collection, the caseworker survey will be administered at the facility in which the required training in the PSSF model is provided. A comparison sample of IDCFS caseworkers in each region working in the investigation pathway will also be surveyed through individual outreach to these workers. To assess change in worker satisfaction and attitudes toward differential response over time, the survey will be re-administered to the both sets of caseworkers during Year 3 of the research and demonstration project.

Site Visits

It will also be critical to assess the larger organizational and community context in which differential response is implemented in Illinois. To obtain this information, Illinois

evaluators, in conjunction with the QIC-DR cross-site evaluation team, will conduct site visits in during Years 1 and 3 of the research and demonstration project. During these site visits, evaluators will conduct semi-structured interviews and/or focus groups with caseworkers, supervisors, administrators, and community partners. Interview and focus group content will be developed in conjunction with the cross-site evaluators, and will be guided in part by a fidelity checklist that includes the following dimensions:

- Screening and pathway assignment;
- Staff training and responsibilities, staffing structure, worker caseloads;
- Organizational rules, procedures, and culture;
- The role of leadership in the implementation process;
- Perceived barriers to implementation and strategies used to overcome those barriers.

In addition to the site visits, local evaluation staff will also attend all PSSF steering committee meetings, either by phone or in person, to document the implementation process.

During sites visits, focus groups will be conducted with families to obtain their perceptions about differential response, service availability and IDCFS in general. Focus groups will be conducted both Year 1 and Year 3 to assess how perceptions have changed over time, with separate Year 3 groups for investigation and non-investigation families.

Naturalistic Program Observation

In order to gain a rich and detailed understanding of the differences in caseworker-family interactions in the investigation and non-investigation pathways, the evaluation will also include the collection of field observational data. Evaluation staff will accompany caseworkers on selected home visits and other family contacts.

Naturalistic observation will be used to collected detailed information independent from

caseworker and family perceptions about what occurs during caseworker-family interactions in both the investigation and non-investigation pathways, including

- where the interactions occur,
- who is present during the interactions,
- who participates in the interactions,
- how decisions are made,
- specific skills used by caseworkers,
- which services are suggested, and
- whether family strengths are recognized.

Field observation methods are time-consuming and costly, which will limit the amount of data that can be collected. However, at least one period of field observation will occur in each IDCFS administrative region for both the investigation and non-investigation pathways. This will provide detailed descriptive data so that regional differences in practice to be explored.

Caseworker Case Report

Although Illinois SACWIS data is more comprehensive than most states, some variables are more reliable than other, with service provision data often the least reliable. To supplement administrative data, caseworkers in both the investigation and non-investigation pathways will complete a short case information form when each case closes. Information collected in this report will include:

- time to first caseworker contact;
- number of total contacts and face-to-face contacts with family;
- case open and close dates (length of open case);
- date of first service;
- amount and type of services rendered or referred;
- adequacy of services offered to meet family needs;
- level of family engagement;
- rating of family outcomes,
- total time spent on each case; and

- reason for case closing.

This survey will be developed in an effort to minimize additional burden to the caseworker and will be completed and submitted online, if possible.

Family Exit Survey

A short survey will be administered to families at the time of case or investigation closing. This survey will obtain information on the caregiver's perceptions of what services were received, the appropriateness of the services, and whether or not their service needs were met through the CPS (satisfaction with services). They will also respond to questions regarding their level of engagement in the service process, as well as their caseworker's approach and behaviors. Questions regarding child and family well-being will also be included. Local evaluators will develop the family survey in cooperation with QIC-DR evaluation staff, and will make efforts to keep it as short and simple as possible to maximize response rates. Caregivers will be encouraged to complete the survey on site and return it to their caseworker in a sealed envelope, but will also be given the option of mailing it directly to the evaluator at a later date. Caregivers will receive a \$15.00 gift card following completion of the survey.

Response rates for mail surveys among this population of families is expected to be low, so follow-up contact from the evaluators will most likely be needed to obtain useful response rates. Local evaluators have extensive experience with mail and phone surveys with child welfare-involved families, and will draw on that experience to implement strategies to facilitate such follow-up contact. Since administrative data on caregiver address and telephone numbers are often incorrect or outdated, caseworkers will obtain these data directly from the caregivers at case closing. In addition,

caseworkers will ask caregivers to provide the names and contact information for family members or close friends who would know of their whereabouts and provide it to evaluators with a release of information form. If caregivers do not return the exit survey within a couple of weeks, a second survey will be sent to the address provided to the caseworker. If there is no response to the second mail survey, an interviewer will call the caregiver and attempt to complete the survey over the phone. Information on family members and friends will be used to help locate the family if necessary.

Accounting Data

The project fiscal manager will assist the local project evaluation staff in identifying and documenting initial and ongoing implementation costs for the Illinois Pathways to Strengthening and Supporting Families approach. Cost data is already captured for certain services in the IDCFS Management Accounting and Reporting System (MARS). It is anticipated that new accounting data reporting systems will need to be developed to capture the costs involved in caseworker and supervisor time and other non-directly reimbursed services.

Data Reporting and Dissemination

Both during and after the Illinois differential response evaluation, project staff and local evaluators will work together to disseminate the results of the evaluation components to several stakeholders, including the QIC-DR, local (i.e., Illinois) child welfare administrators, supervisors, caseworkers, community partners and families, and the larger child welfare research community.

QIC-DR reporting and dissemination activities

The local evaluators and project director will work together to produce a replication manual by year 5 that will support the QIC-DR's goal of building a library of knowledge on differential response. In addition, the Children and Family Research Center will complete a final evaluation report that summarizes all the findings from the process, outcome, and cost analysis evaluations.

Illinois dissemination activities

The evaluation team and the Department are committed to broad dissemination of the research findings of the *Pathways to Strengthening and Supporting Families* project in keeping with the goal of the Quality Improvement Centers to move the child welfare field forward through knowledge development. Both an internal and external dissemination plan will be prepared in consultation with the PSSF Project Steering Committee and the National QIC-DR within the first three months of project inception.

At a minimum, the internal dissemination plan will include a communication strategy which establishes a feedback loop whereby public and private agency staff can be kept apprised of ongoing evaluation activities and the nature of findings when available. The CFRC evaluation team will present updates of evaluation activities at each PSSF Project Steering Committee meeting and attend relevant workgroup committee meetings to obtain first hand knowledge of challenges and barriers to implementation. The CFRC will also present data and findings at each of the planned statewide biannual summits. Other opportunities to publish data locally in Illinois, such as through the weekly electronic newsletter hosted by the Child Care Association of Illinois will be explored. Externally, it is the intent of the Department and the CFRC to publish findings in peer-reviewed journals, make presentations at national conferences pertaining to

project implementation and findings, and to coordinate efforts with the National QIC-DR and the cross site evaluation team.