

**Semi-Annual Report of the State of Illinois to the  
National Quality Improvement Center  
on the Privatization of Child Welfare Services**

***Striving for Excellence: Illinois Expansion of Performance Based Contracting to  
Residential and Transitional/Independent Living Service Provision***

**April 15, 2009**

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**I. Project Description**

**A. Performance-Based Contracting and Quality Assurance Model**

The Illinois Department of Children and Family Services (DCFS), in partnership with the Child Care Association of Illinois (CCAI) and the Children and Family Research Center, School of Social Work of the University of Illinois at Champaign-Urbana (CFRC), is expanding its existing performance based contracting initiative to private contract agencies providing residential, group care, independent and transitional living services. Illinois has led the nation since 1997 in the implementation of performance-based contracting and quality assurance (PBC/QA) initiatives for foster care case management.

Despite the success of this initiative in moving over 35,000 children into permanent homes, Illinois failed to achieve substantial conformity on any of the seven child welfare outcome measures in its 2003 Child and Family Services Review (CFSR). One of the weakest areas identified by the federal reviewers was the State's performance on Permanency Outcome 1 (children have permanency and stability in their living situations) wherein Illinois was found to have substantially achieved this outcome in only 36% of the foster care cases reviewed. Reviewers found a lack of consistency with efforts to ensure placement stability, establish permanency goals in a timely manner, and ensure that older children in long-term foster care receive appropriate services to assist them in transitioning out of care into independent living (Illinois CFSR, 2003). Illinois currently serves over 2,500 children and youth in residential, independent and transitional living programs.

Current research indicates the complexity of the service needs of these target populations. A 2006 study by the Chapin Hall Center for Children at the University of Chicago on placement stability in Illinois found that the placement change rate in Illinois is relatively high when compared to other states and has been steadily increasing. Behavior problems, prior institutionalization and runaway incidents increased subsequent placement stability (Zinn, 2006).

In 2004, Chapin Hall conducted one of the most extensive studies ever done on foster youth in residential care.<sup>1</sup> According to their findings, the residential care caseload has changed over time to include an increasing number of youth who have experienced multiple placement disruptions and failures, longer stays in foster care, and the lack of a permanent home before entering residential care (Budde, 2004).

In Illinois, like many other states around the country, a smaller number of residential service providers are now serving more troubled children and youth than residential programs in the mid-1990s. Children who are discharged from residential care into less restrictive settings are less likely to remain there. Chapin Hall found that 51% of youth discharged from their first residential care setting to a less restrictive setting during the years 1995-2003 were eventually returned to higher levels of care during this time frame (Budde, 2004). It is important to note this study included youth who were placed in shelters while they awaited assessment and treatment, which could have inflated the finding. Nevertheless, there is consensus that the rate of placement in a more restrictive setting following discharge from residential care is unduly high.

The Children and Family Research Center (CFRC) of the University of Illinois at Urbana-Champaign prepares an annual report on the conditions of children in or at risk of foster care in Illinois. Several recent findings have implications for this project. The 2007 report found that the age group most likely to run away from care is children entering foster care at age 15 or older. Children residing in Cook County (Chicago) are much more likely to run away than children in other parts of the state. Girls are slightly less stable in their placements than boys (Testa & Rolock, 2008).

Illinois is also reporting an increase in foster youth over the age of 11 committing at least one delinquent act within a six month period of time. Overall, 52% of foster youth were reported as committing a delinquent act in 2007. For youth in group care (which includes residential treatment facilities and group homes which are the subject of this project) the percentage of youth committing a delinquent act rises to 69% (Testa & Rolock, 2008). Recent research in Los Angeles, California by Dr. Joseph Ryan of the CFRC found that the relative risk of juvenile delinquency is approximately two and one half times greater for adolescents with one group home placement when compared with youth who have been placed in foster care settings (Ryan, Marshall, Herz & Hernandez, 2008). The Illinois Department of Children and Families is noting a spike in co-occurring delinquency and dependency but it is too soon to determine if this is a building trend.

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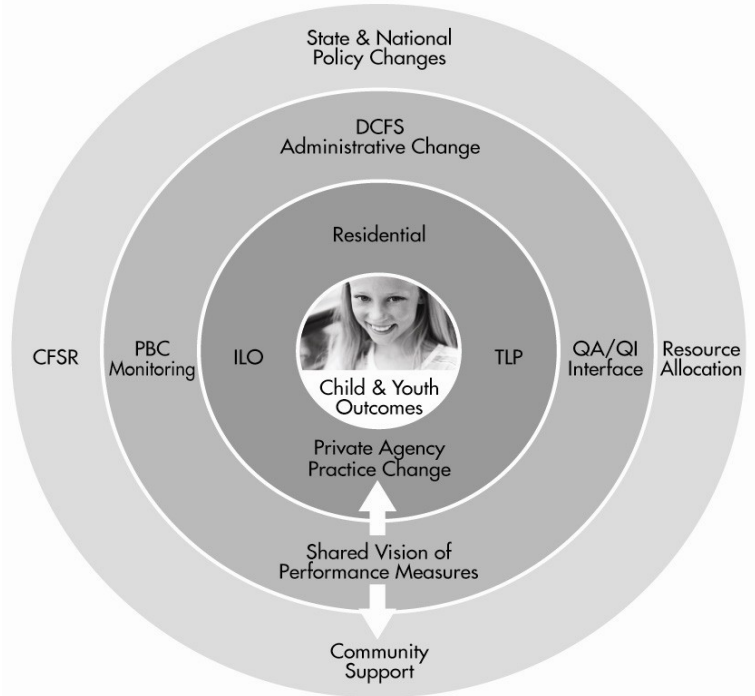
<sup>1</sup> “Residential care” is defined in this study as institutional and group care settings. Illinois has adopted the same definition for this project, excluding shelter and diagnostic care programs.

Illinois' successful past experience with performance based contracting in foster care case management has led DCFS to believe that the expansion of performance-based contracting and its related quality assurance initiatives into the provision of residential services, independent living (ILO) services and transitional living (TLP) services is a worthwhile strategy for improving outcomes for children and youth. The primary driver of performance based contracting for foster care case management was to reduce the number of children in care by "right sizing" the system. Achieving permanency goals and outcomes were – and remain – the focused priorities of these contracts.

The *Striving for Excellence* project shifts the focus to child well-being. The overarching goals of the current expansion of PBC/QA to residential care are to increase placement stability, sustain treatment gains obtained during residential placement post-discharge, and incentivize shorter lengths of stay in residential care while improving client stability and functioning thereby allowing for expanded availability of residential care beds for children at earlier stages of their need thereby increasing the likelihood of successful intervention. For ILO/TLP programs, the long term goals are to increase client self-sufficiency, stability and healthy living practices thereby improving readiness for successful emancipation and transition to a productive adulthood.

Drawing upon lessons learned in the development and implementation of its foster care case management contracts, a core principle of the *Striving for Excellence* project is allowing all stakeholders to have substantial and meaningful input into the planning and design phases of this project. The operating theory is that this will lead to higher quality of care, increased stability in placement, smoother and effective transition of children to less restrictive environments and successful emancipation of youth from state custody to productive independence as adult citizens. This project must also take into consideration changes in federal and state policy, most particularly changes in Medicaid resulting from the Deficit Reduction Act of 2005, and implementation of the National Youth in Transition Database (NYTD), and the Fostering Connections and Increasing Adoptions Act of 2008 ( P.L. 110-351) all of which will have significant impact on this project.

DCFS Director McEwen, DCFS Senior Leadership and the Project Steering Committee strongly believe that improved communication between the public and private sectors, as well as with the community at large, will ultimately improve outcomes for children and youth. This theory of change is best represented in the diagram set forth below in **Figure 1**:



**Figure 1: Illinois Theory of Change Model**

The project logic model has been revised to incorporate the latest thinking of the Project Steering Committee. See **Exhibit 1: *Striving for Excellence*** Illinois Project Logic Model as revised March 31, 2009.

During this reporting cycle significant changes in state and federal policy have been experienced. Congress passed HR 6893 “Fostering Connections to Success and Increasing Adoptions Act of 2008” which was signed into law by President Bush and is now incorporated into P.L. 110-351. This legislation significantly impacts the Illinois child welfare system by amending Parts B and E of Title IV of the Social Security Act to extend kinship caregiver supports, provide federal assistance to foster youth over the age of 18, and allow Title IV-E training funds to be used for private non-profit child welfare workers and juvenile court staff. Illinois has an existing Title IV-E waiver for kinship care which is expiring. P.L. 110-351 has been deemed critical to the entire Illinois child welfare system because it will allow the current kinship care system operating under the waiver to remain intact, allow for federal reimbursement for some costs incurred serving youth over the age of 18; and allow for partial federal reimbursement for training costs for private agency staff performing child welfare services.

Legislative changes have occurred at the state level as well. Judges have been given the authority to commit delinquent youth under the age of 15 to the

Department of Child and Family Services for treatment. This has resulted in increased concerns about the ability of the child welfare system to adequately care for youth who are both delinquent and dependent.

In previous reporting periods the lack of financial resources to support project implementation has not been an issue. This changed during the last reporting cycle where substantial budget reductions by the State of Illinois impacted the entire system of care. Although some of these cuts were restored by the Illinois General Assembly in September, 2008, substantial fiscal issues remain due to the continued decline in economic conditions nationally. Further discussion is presented below in Section II.A.3.

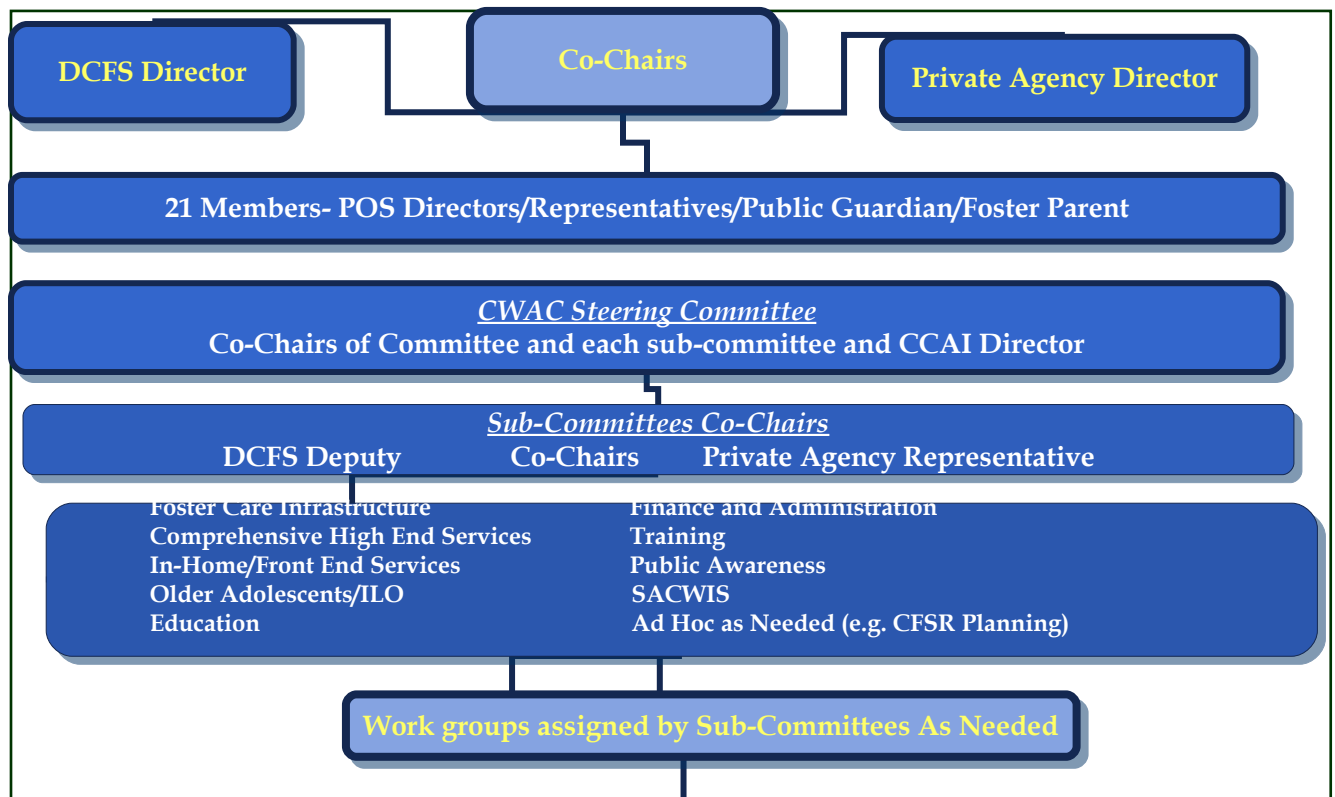
The *Striving for Excellence* Project during its first two years of operation completed the following tasks:

- Established a Project Steering Committee comprised of the relevant Illinois Child Welfare Advisory Committee (CWAC) Subcommittee and Workgroup Chairs and senior leadership of DCFS to provide oversight and policy direction for the project;
- Convened Illinois Child Welfare Data Summits to bring university partners and representatives of child welfare data repositories together to review existing data sets, discuss implementation challenges and make recommendations to the Department of Children and Family Services and the Child Welfare Advisory Committee (CWAC) about child welfare system reform including residential and ILO TLP program services;
- Used the existing Child Welfare Advisory Committee (CWAC), its Subcommittees and Workgroups to review and develop proposed metrics, process and outcome measures, data collection and quality assurance protocols and the address barriers and challenges identified throughout project implementation;
- Facilitated annual Statewide Provider Forums for child welfare system stakeholders to engage in the planning process, provide critical feedback on the proposed metrics, measures, data collection protocols, program implementation, and ultimately share best practices with one another;
- Implemented a demonstration contract for residential and ILO/TLP providers effective October 1, 2007 wherein all providers were held harmless under this contract until July 1, 2008 while performance data was collected and analyzed;

- Incorporated lessons learned and feedback received during the demonstration contract period into fully performance based contracts effective July 1, 2008 and continued to refine contractual terms during the course of FY 2009 to address systemic issues as they arose; and
- Provided for the on-going documentation of the processes used and evaluation of the project with findings disseminated to the Steering Committee, DCFS and all interested child welfare system stakeholders for their use in system improvement throughout the life of the project.

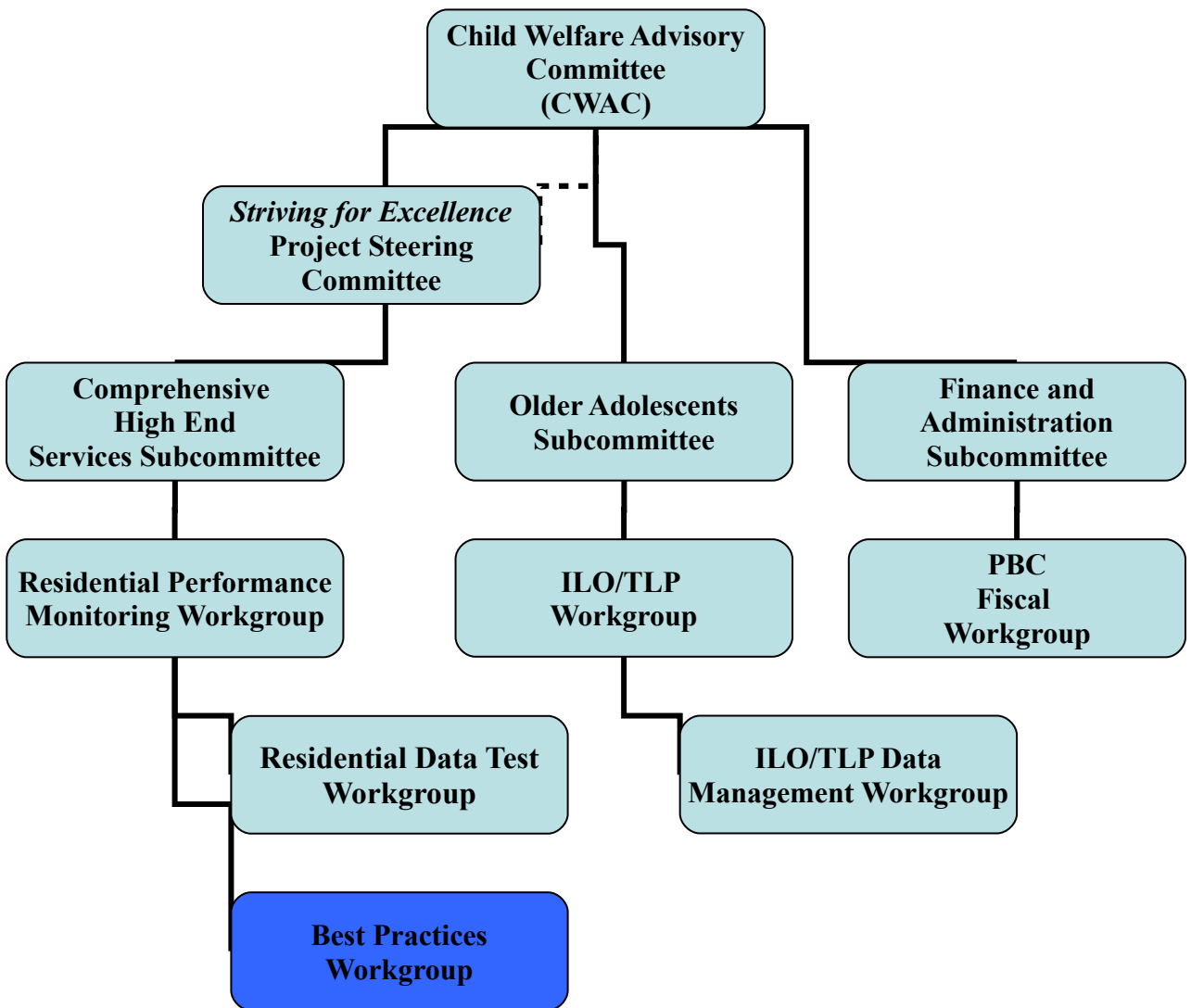
The essential project format used during the first two years remains intact in the third year of implementation, i.e. developing shared vision through a collaborative planning process through the use of Child Welfare Advisory Committee (CWAC) working groups comprised of both public and private representation, deployment of the developed intervention to the field, and review and analysis of the effect of the intervention with modifications made if necessary.

Illinois formally institutionalized its child welfare public/private partnership over a decade ago through executive order and ultimately through legislative action. Comprised of representatives from both DCFS and private provider agencies, CWAC and its Subcommittees are tasked with child welfare policy development and large scale system improvement.



**Figure 2: Illinois Child Welfare Advisory Committee (CWAC) Structure**

This project utilizes the existing CWAC structure, set forth in **Figure 2** above, to develop, implement and monitor this project’s proposed outcome measures, fiscal incentives, and risk adjustment strategies. The *Striving for Excellence* Illinois Project Steering Committee was established to provide overall project guidance and direction. It is co-chaired by Illinois DCFS Executive Deputy Director Denice Murray and Margaret Vimont, Chief Operating Officer of Jewish Family Services. **Figure 3** below depicts the organizational structure of this project.



**Figure 3: Illinois *Striving for Excellence* Project Organizational Chart March 2009**

Three standing CWAC Subcommittees are currently working on this project. The Comprehensive High End Subcommittee (commonly referred to as “High End”) provides oversight for the implementation, analysis and refinement of performance measures for residential treatment programs. The High End Subcommittee is co-chaired by Karen Rousey of the Babyfold (a private, non-profit child welfare agency) and Michael C. Jones, of DCFS Permanency and Placement Division. The Residential Performance Monitoring Workgroup, co-chaired by Dennis Wiley of Onarga Academy and Norman Brown, Director of Residential Performance Monitoring for DCFS, is responsible for systemic improvement and quality assurance monitoring for residential treatment programs.

The Residential Data Test Workgroup, which reports to the Residential Performance Monitoring Workgroup, has been tasked with examining and refining the specific outcome measures, data sources, and recommendations for risk adjustment. The Residential Data Test Workgroup has been, and will continue to be throughout the life of this project, the primary workgroup monitoring the data collection and analysis of the residential performance indicators developed for this initiative. It is co-chaired by Dr. Alan Morris of the University of Illinois at Chicago and Brice Bloom-Ellis, DCFS Quality Assurance Director for Residential Treatment. Karen Rousey, Co-Chair of the High End Subcommittee and Dennis Wiley, Co-Chair of the Residential Performance Monitoring Workgroup also serve on the Data Test Workgroup, which enhances the communication between all of the groups working on this project.

During this reporting cycle, the Residential Performance Monitoring Workgroup decided to add a new workgroup to address growing issues related to practice. This decision was made following concerns brought forth by Co-Chair Norman Brown pertaining to an increase in suicide attempts by youth in residential treatment as noted in monitoring reports. Mr. Brown requested the assistance of the Residential Performance Monitoring Workgroup in identifying agency protocols which successfully address this issue. From this discussion it was determined that a formal workgroup should be established. The “Best Practices Workgroup” was formed to identify areas of practice for in-depth examination and to identify programmatic best practices. Communication strategies will be identified by this Workgroup to disseminate their findings to the field. Preliminary discussions related to tasks for this workgroup have included the formation of a technical assistance or mentoring network to encourage the sharing of information between agencies currently using the identified best practices with those who are in need of assistance.

The Older Adolescents Subcommittee formed the ILO/TLP Workgroup to facilitate ongoing reforms of the ILO/TLP programs. Given the expansion of performance based contracting to ILO/TLP services, and its synergy with



ongoing reform efforts, the ILO/TLP Workgroup was assigned to work on this project. The Older Adolescents Subcommittee and the ILO/TLP Workgroup continue to meet jointly, therefore the distinction between the two groups is not clear at the present time. Both the Subcommittee and Workgroup are chaired by Mary Hollie, Chief Executive Officer of Lawrence Hall Youth Services, and Miller Anderson, DCFS Deputy Director of Monitoring.

Given the challenges discussed in Section II.A. below concerning the ILO/TLP program, a new workgroup modeled on the Residential Data Test Workgroup was established during the last reporting cycle. This workgroup is comprised of experienced members of the Data Test Workgroup with expertise in Independent and/or Transitional Living, representatives of both Cook County and downstate providers, and university based researchers. It is slightly larger than the Residential Data Test Workgroup with eight provider agencies represented to ensure adequate diversity in agency size, location and specialty populations served. Like the residential workgroup upon which this entity is based, they are charged with refining the data collection protocols and developing a risk adjustment strategy upon which performance benchmarks for ILO/TLP providers can be based. A more detailed description of their work during this reporting period is set forth below in Section II.A.

The Finance and Administration Subcommittee had previously formed an expanded PBC/QA Fiscal Workgroup to develop and review the financial aspects of this project and make recommendations to the Project Steering Committee. Since the fiscal structure has now been established, this workgroup did not meet during this reporting period separate from the Finance and Administration Subcommittee. The Finance and Administration Subcommittee is co-chaired by Mark Nufer, CFO of Lawrence Hall Youth Services and Matthew Grady, Deputy Director of Budget and Finance, DCFS. The work of this Subcommittee during the current reporting cycle has centered on the examination of the fiscal implications of the Department paying providers for one hundred percent of their contracted capacity when beds remain empty. This resulted in significant expense which when annualized could not be justified to funders. Further discussion of this critical issue is included in Section II.A. below.

A description and listing of the project meetings held during this reporting period is set forth below in Section II.A.6.

## **B. Status of Privatization in Illinois**

All residential, ILO and TLP services are provided by private agencies in Illinois. Contracts with these entities prior to this project had been on a per diem basis with individual rates negotiated between each provider and the Department of Children and Family Services. The *Striving for Excellence*

project standardized the residential treatment rates based upon severity level and staffing patterns. ILO/TLP services underwent significant reform in FY 2006 – 2007 whereby a tier system was instituted based upon client age and educational goals. Rates were standardized by tier level as a result of this reform effort. Foster care case management is 80% privatized statewide with cases assigned to private agencies on a random rotating basis.

### **C. History of Performance Based Contracting in Illinois**

As previously noted, the Illinois Department of Children and Family Services (DCFS) initiated and implemented a performance-based contracting system for privatized foster care case management services in fiscal year 1997 starting first with City of Chicago kinship care providers and expanding statewide within a two year period. This system is largely credited with reducing the number of children in out-of-home placement from over 51,000 at its inception to 15,851 as of March 31, 2009 (DCFS Executive Statistical Summary, March 2009). Children no longer languished in foster care and revenue saved through case reduction was reinvested in the system to improve services by reducing worker caseload size. Illinois received a Harvard Innovations in American Government Award in 2000 in recognition of its achievements (McEwen, 2006).

The Illinois model was predicated upon a switch from the per-diem administrative rate based on the number of children and days of care to an administrative rate based on caseworker-to-caseload ratios with a predetermined number of cases expected to move out of the system and an equal number of new cases expected as intake. Cases were assigned to each private agency on a rotational basis thus ensuring each agency would have an equal opportunity to receive new cases. Success was determined by each agency achieving permanency for children through reunification, adoption, or subsidized guardianship on 24% of their beginning caseload. This percentage was increased to 29% in fiscal year 2004 (Illinois CFSR Program Improvement Plan).

Foster care case management agency performance is reviewed on an annual basis. Agencies are ranked from lowest to highest in permanency-placement rates. Those with the highest rates are more likely to receive their guaranteed intake of new cases, thereby sustaining a steady revenue stream. In cases where an agency meets, but does not exceed, its desired permanency rate, it is possible that this agency will not be given new clients in favor of an agency that has exceeded expectations (McEwen, 2006). This paradigm shift in contracting for services resulted in the State retaining better performing agencies and eliminating those who failed to meet performance goals (Blackstone, 2004).

DCFS initiated its formal Continuous Quality Improvement (CQI) process in 1997 concurrently with performance-based contracting in foster care case management. The CQI process includes an evaluation of Unusual Incident Reporting (UIR) data and quarterly peer review of records. Frontline caseworkers and supervisors are engaged in the CQI process. Illinois is one of the few state systems where the Council on Accreditation of Services for Families and Children accredits the quality assurance system (Illinois CFSR, 2003).

Illinois established a Residential Performance Monitoring Unit (RPMU) to provide oversight and technical assistance to residential service providers. The RPMU monitors both the quality of care and the appropriateness of the level of care and is charged with the identification of weaknesses in the overall system of care. A contract with Northwestern University was developed to provide the monitors. This program was discontinued in State Fiscal Year 2007-2008 following the Department's decision to bring the monitors "in house" as DCFS employees. Delays in hiring the monitors were attributed to negotiations with the labor union representing state employees. The Department hired and trained the monitors in the first half of calendar year 2008. The monitors are regionally based. The Department's intent with this redesign was to significantly lower the ratio of youth to monitors from 50:1 to 35:1 although it is unclear at this writing if this staffing ratio has been achieved given other budgetary constraints. The Department believes the lower staffing ratio will allow the monitors to spend more time in each agency during monitoring visits and will assist in the implementation of the new quality assurance protocols developed as part of the expansion of performance based contracting to residential programs. Monitors are reporting this is the case even though the new Discharge and Transition Protocol requires them to attend staffings which has increased their daily workload.

## II. Process Evaluation

### A. Subgrantee Implementation Activities

#### 1. What is the status of your implementation?

The *Striving for Excellence* updated project work plan (from March 31, 2009 to September 30, 2009) is attached as **Exhibit 2** to this report. The project remains on schedule as to implementation and evaluation of performance based contracting for residential programs. The project continues behind schedule for full implementation of performance based contracting for Independent and Transitional Living programs although significant progress has been made during this reporting cycle. A

more detailed discussion of these efforts is set forth below in Section II.A.2.

The following project milestones have been achieved during this reporting period:

- The Project Steering Committee met monthly except for the month of December, 2008 to provide oversight and policy direction for the project. The Steering Committee is comprised of the CWAC Subcommittee and Workgroup Chairs with equal representation from both the Department of Children & Family Services and private residential, ILO and TLP providers. A list of Project Steering Committee members as of March 31, 2009 is attached as **Exhibit 3** to this report. Judge Kearney attended all Project Steering Committee meetings in person except for the January, 2009 meeting which she attended telephonically, to observe, document and evaluate the processes used to implement this project.
- The Project Steering Committee closely monitored the progress of the residential performance outcomes throughout this period. They analyzed the root causes of the residential fiscal problems created by unused capacity and worked collaboratively to address identified causes attributed to both DCFS and private providers.
- The Residential Data Test Workgroup comprised of representatives from DCFS, private provider agencies, Northwestern University, Chapin Hall Center for Children, and the University of Illinois at Chicago further refined their risk adjustment model.
- The ILO TLP Data Management Workgroup determined the data was not available to adequately provide legitimate benchmarks to ILO TLP agencies during the FY 2009 contract year. They recommended to the Project Steering Committee that contract amendments be drafted which would require agencies to prepare “outcomes enhancement plans” prior to the end of FY 2009 which detail how they intend to improve client stability in placement and post-discharge self-sufficiency. A template was prepared to help guide agencies through the planning process. Plans are to be submitted to Deputy Director Miller Anderson for review and approval by the Monitoring Division. If the Department does not approve of the agency’s submission, technical assistance will be provided to help the agency to prepare a plan which will both meet their agency needs and address quality assurance concerns as they

move forward in FY 2010 with a fully-based performance contract. See Section II.A. for more information on the contract amendment.

- The D-Net web-based computer system continues to be used to facilitate the electronic submission and transmission of records in support of the Centralized Matching Team which controls admission to residential and ILO/TLP programs through the Child and Youth Investment Teams (CAYIT). All providers are required to use the D-Net system in order to obtain referrals for placement and treatment services. Both providers and Department staff indicate the system is working well and has enhanced the admissions process. The use of this system has also greatly increased the transparency of the process.
- The Discharge and Transition Protocol continues to be refined and amended in response to input from both providers and the Department. The Protocol is designed to facilitate continuity of care and supportive transitions for children and youth served through institutional or group home placements. It is deemed of critical importance for improving agencies' sustained favorable discharge rates. The Discharge and Transition Protocol Advisory Council continues to monitor the use and effectiveness of the Protocol. The most recent version of the Discharge and Transition Protocol, effective February 19, 2009 is attached as **Exhibit 4a** to this report. A summary of the changes made to the Protocol as a result of feedback given from the field since its inception in July, 2008 is attached as **Exhibit 4b**. It should be noted this is still in draft form and has yet to be formally adopted by the Advisory Council therefore it has not yet been cleared for public dissemination.
- The Residential Performance Monitoring Workgroup decided to form a "Best Practices" Workgroup which will examine best practices in residential treatment services and develop a communication strategy to disseminate these practices to the field. This workgroup, like all who are formed under the auspices of the CWAC structure, will include representatives from both the public and private sector and will have technical assistance and expertise provided by university based researchers.
- The Children and Family Research Center convened the Third Illinois Child Welfare Data Summit on March 10, 2009 at Chapin Hall in Chicago to examine the topic of dually delinquent and dependent youth in the child welfare system. This topic was

selected due to an increase in the number of these youth in DCFS custody and to examine more closely the programmatic impact of those youth committed to DCFS custody as a result of Senate Bill 291 which allows juvenile court judges to place delinquent wards into DCFS care, usually mandating a residential placement. Judge Kearney moderated the day long meeting of over 60 participants comprised of the Department's senior leadership team, university based child welfare researchers, representatives from Casey Family Programs, representatives from the Office of Juvenile Probation of Cook County and the Chief Judges of both the Child Protection and Delinquency Divisions of the Cook County Juvenile Court. The agenda for this meeting is attached as **Exhibit 5**. Evaluations of the meeting were conducted by the CFRC and a summary of the findings is attached as **Exhibit 6**. A fourth Data Summit is in the planning stages as of the writing of this report.

- The Department's internal Performance Based Contracting Implementation Team continued to facilitate internal communication between the Department's various program offices and resolve issues related to existing FY 2009 contracts and the development of the FY 2010 contracts. The Implementation Team, chaired by Deputy Director Kara Teeple, meets weekly on Thursday afternoons unless scheduling conflicts arise which mandate it be held on a different day. Members include high level staff representatives from Fiscal and Budget, Operations, Quality Assurance, Placement and Permanency, and Monitoring. Roger Thompson of the DCFS fiscal office in Springfield prepares weekly reports (referred to as the "Tuesday Report" because they are sent to members of the team by e-mail each Tuesday) which track the unused bed capacity in residential. These reports help to frame the fiscal issues discussed during each team meeting. An example of the "Tuesday Report" is attached as **Exhibit 7**. Judge Kearney attends these meetings to document the process.
- The Department's PBC Implementation Team is in the process of determining bed capacity needs for FY 2010. Providers will be advised of the Department's intent to purchase a specific number and type of beds from them by May 1, 2009. In determining residential bed capacity, the Implementation Team is reviewing agency performance on contractual outcome measures and will consider performance as a critical factor in deciding whether or not to contract with an agency for services.
- The Residential Treatment Outcomes System (RTOS) is operational and is used by residential providers to track their

performance on the Treatment Opportunity Days Rate (TODR) performance measure. This system is capable of presenting child/youth level detail thereby enabling each agency to reconcile their own individual agency performance data with that used by the Department. The Sustained Favorable Discharge Rate (SFDR) performance measure report was supposed to be operational on RTOS as of April 1, 2009, however the migration of the data from the Northwestern University server (where the system was designed by subcontractor Objective Arts) to the Department's internal server resulted in an implementation delay. As of this writing, the SFDR report is not yet active on RTOS but is expected to be by May 1, 2009.

- Semi-structured interviews were conducted by Judge Kearney of the eighteen members of the Project Steering Committee in December 2008 and January 2009. The interviews were conducted to identify project strengths as well as challenges and potential pitfalls. Preliminary recommendations were given to the Project Steering Committee for planning purposes during its January 15, 2009 meeting. A written report was prepared and presented to the Project Steering Committee during its February 19, 2009 meeting, a copy of which is attached as **Exhibit 8**.
- The “Staff Survey on Training, Supervision and Evidence Informed Practice” and the “Quality Assurance Survey” developed for the national cross-site evaluation were mailed to 64 private agency Chief Executive Officers on March 19, 2009. Eight of eleven scheduled focus groups have been held with key representative stakeholders between January 22, 2009 and the present day. Information about the status of the local evaluation activities is contained in Section III below.

## 2. Did implementation occur as planned?

No.

The magnitude and complexity of this statewide demonstration project, and the socio-political climate in Illinois has made adhering to projected timelines difficult, if not impossible. Nevertheless, significant progress was made during this reporting cycle particularly in establishing the ILO TLP performance measures for inclusion in the FY 2010 contracts. A discussion of the work of the ILO TLP Data Management Workgroup and its recommended performance measures is contained in section II.A.4.

The Residential Data Test Workgroup continues to chart new territory in the development and refinement of its residential agency risk adjustment strategy. The transparency of the process used to adjust for risk and the new RTOS system which allows agencies to reconcile their performance data with that of the Department has increased confidence in the risk adjustment model on the part of individual provider agencies. Substantial time was devoted during this reporting period to the inclusion of CANS clinical data in the model. Although decisions have not yet been made on adjustments to be made to the model and the FY 2010 performance benchmarks, the consensus of the members of the Data Test Workgroup is that it is currently feasible to include this clinical data in the model. More detailed information about the nature of the work during this reporting period is set forth below. The intense nature of this work required additional meetings and conference calls for various members and the technical experts assisting the project from Northwestern and Chapin Hall. Since at least four members of the Data Test Workgroup are also members of the Project Steering Committee and other CWAC Subcommittees working on this project, the time commitment required of these members continues to be substantial.

### **3. Implementation Barriers**

#### ***Socio-political climate in Illinois and potential pitfalls identified by the Project Steering Committee***

As noted above, the complexity of this project has presented the largest obstacle to implementation. The time commitment required of senior Department and private agency leadership is substantial and is being continuously threatened in these difficult economic times. The potential project pitfalls identified by members of the Project Steering Committee in their semi-structured interviews held in December 2008 and January 2009 differ from those identified following the first year of project implementation. The change is driven by contextual variables outside the control of this project, most notably the arrest and subsequent removal from office of Governor Rob Blagojevich. Fiscal issues, especially the current policy of guaranteeing payment for 100% of projected bed capacity when beds remain empty, were identified concerns in Year 2. The lack of sustained funding and changes in DCFS leadership were cited as primary pitfalls at the end of Year 1, but the tenor of the concern in Year 2 has been elevated due to the current economic downturn experienced nationally and the unique political environment of Illinois.

At the time the Steering Committee interviews were conducted the Governor had not yet been removed from office, although the likelihood of this occurring was very high at the time these pitfalls were identified by



the members. Since that time, Governor Pat Quinn has been assessing the agency heads appointed by Governor Blagojevich. Some have been removed from office. Director McEwen remains the Director of DCFS at the time of the submission of this report and it appears likely he will continue to serve in the capacity in the Quinn administration.

**Figure 4** below lists the potential project pitfalls identified by the Project Steering Committee during the first two years of project implementation. Only those comments made by more than two members are listed in this table for both Year 1 and Year 2. The number in parentheses following the comment indicates the total number of Project Steering Committee members citing it as a concern to them.

2007-2008 (Year 1)	2008-2009 (Year 2)
<ul style="list-style-type: none"> <li>▪ Lack of sustained funding (10)</li> <li>▪ Changes in DCFS leadership (5)</li> <li>▪ Loss of focus or momentum (4)</li> <li>▪ Discharging clients before clinically appropriate for agency fiscal gain (4)</li> <li>▪ Lack of reliable data (3)</li> <li>▪ Poor matching of clients to providers (3)</li> <li>▪ Problems with other parts of the system of care, e.g. foster care case management (3)</li> <li>▪ Lack of proper planning for implementation (2)</li> <li>▪ Lack of engagement of frontline staff (2)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Budget cuts resulting from the downturn in the economy (13)</li> <li>▪ Loss of the leadership of Director McEwen due to a change in administration (8)</li> <li>▪ Funds for this project will be pulled prematurely by the Illinois General Assembly and other decision makers in the Governor’s Office before the project has the ability to demonstrate its efficacy and effectiveness (8)</li> <li>▪ Underutilization of residential beds is causing the waste of funds (7)</li> <li>▪ Providers are “gaming the system” to get around the no decline policy (4)</li> <li>▪ Resistance to change (2)</li> </ul>

**Figure 4: Potential pitfalls for the *Striving for Excellence* Project as identified by Project Steering Committee members during 2008-2009 evaluation semi-structured interviews**

During this reporting period several of the concerns identified by the Project Steering Committee in both Year 1 and Year 2 above have come to fruition due to internal and external variables beyond the control of this project. In particular:

***Economic and budgetary concerns pose a substantial risk to this project***

The national economic picture, and that of the State of Illinois, continues to worsen. Severe budgetary shortfalls impacting the Department were discussed in the last Semi-Annual report. Although some of these funds were restored in a subsequent legislative session, the political brinkmanship exhibited by both the General Assembly and Governor Blagojevich led to substantial unrest in the child welfare system. The Department was forced to provide lay off notices to staff, including residential monitors, in November, 2008. The lay offs were subsequently averted at the last minute, but the disruptions to the Illinois system of care were still substantial.

The Department notified its vendors and providers in late August, 2008 that budgetary priorities would be realigned and FY 2009 contracts (which were in effect as of July 1, 2008) would be amended or rescinded given the lack of funds. The Director held harmless the residential, ILO and TLP agencies participating in this project and kept their contracts intact. Although some of these funds were restored, cuts to substance abuse and mental health services continue to impact the entire child welfare system of care and have the potential to effect residential agency performance if case managers are not actively pursuing post-discharge placements in the community either due to their own increased case loads or the lack of supportive treatment services in less restrictive settings. Transitional Living and Independent Living providers have expressed concern about meeting employment outcomes when fewer jobs are available for youth given the economic downturn.

The twenty-five percent reduction in funds to the university partners during the last budget cycle are expected to continue in FY 2010 and may inhibit the full participation of the university researchers and experts who have been critical to the success of this project. The expansion of functionality in the Residential Treatment Outcomes System (RTOS) must be prioritized due to cuts to the university overseeing its development. The Child Welfare Data Summit planned for October, 2008 was cancelled because of budget cuts, although funding was restored in time to hold another in March, 2009. Another Data Summit is being planned for June, 2009 prior to the end of the fiscal year.

The Governor's proposed budget for FY 2010 was released in mid-March, 2009. Unlike other executive agencies which all experienced a proposed reduction in overall funds, the Governor's proposed budget included an increase in overall budgetary authority for Department of Children and Family Services. It is important to note however that the increase in budget is predicated upon a fund shift from the use of general revenue dollars to those in the Children's Service Fund (CFS) category which is comprised of federal and other funding sources. The Department

is expected to draw down federal funds, primarily from Medicaid to supplant current general revenue dollars. If the Department is not successful in accomplishing this goal, a substantial budgetary shortfall will result.

The Department identified two fiscal challenges facing both the public and private sectors in its FY 2010 Budget Briefing documents:

- 1) *First is the continuing challenge to license home of relative (HMR) foster parents. The full impact of the Federal Deficit Reduction Act (DRA) signed in 2006 continues to be a primary area of revenue loss. Namely, the ability to claim administrative costs associated with children in unlicensed HMR. The Department and private sector providers are approaching this challenge with focused attention in the coming year to address barriers to licensure in order to increase the percentage of homes licensed.*
  
- 2) *The second challenge this year involves the Medicaid expansion initiative of the Department to increase the availability of mental health services for clients while simultaneously maximizing the federal reimbursement received by the Department under the federal Medicaid program. Department contracts targeted for Medicaid expansion include: counseling, performance-based foster care, specialized foster care, adoption and case management administrative costs. The anticipated revenue increase from this work being implemented through a joint public and private sector effort is projected at \$17 million. (DCFS Budget Briefing, 2010).*

The Department is currently encountering some resistance from kinship care families who do not wish to be licensed. A work group led by Deputy Director Miller Anderson, Special Assistant to the Executive Director Twana Cosey and the Director of Research Partnerships Michele Rosenberg has been tasked with working with private providers to document the reasons for this phenomenon and develop strategies to overcome any artificial barriers standing in the way of licensing. This is particularly critical because of the expiration of the Department's kinship care waiver as of October 1, 2009. The Department has elected not to draw down funds to which it would be otherwise entitled under the P.L. 110-351 Guardianship Assistance Program (GAP) at the present time because of the loss of administrative costs. They intend to seek GAP funds upon expiration of the waiver when it is anticipated a substantial number of HMR homes will be licensed and eligible for Title IV-E funding.

The Child Care Association of Illinois established a Medicaid Workgroup to help private providers effectively implement programmatic changes required if they are to be certified to bill the Medicaid program for services rendered to children and youth. This workgroup has representatives from both the Department and the private sector and is facilitated by a private consultant with expertise in Medicaid. Concerns have been expressed by members of the Medicaid Workgroup that the calculation of the amount of Medicaid dollars which could be drawn down from the federal government was based on false assumptions and fails to take into consideration the operational barriers facing private providers. If these concerns prove to be valid, a substantial budget shortfall will result.

The potential budgetary shortfall, and the current national economic decline, could have a substantial impact on the ability of both public and private stakeholders to continue active participation in the implementation of this project. Face-to-face meetings are held at least monthly for all CWAC Subcommittees and Workgroups and travel costs for both Department and private agency stakeholders can be substantial. Although telephonic attendance is feasible, it has often been difficult to hear the proceedings and review the technical documents disseminated for review and comment.

***Under capacity bed utilization in residential treatment created a large annualized cost to the Department***

The change in the state's fiscal model for residential treatment as a result of this project has brought to light inefficiencies in the way the Department pays for unused capacity. Under the previous fiscal model providers were paid a per diem rate for each youth who was placed in their program. Payments could be made to programs for youth who were absent from the program due to the runs, psychiatric hospitalization or detention pursuant to a "bed hold" policy which was in place at the time. Under the prior model it was assumed that beds would not be filled one hundred percent of the time, therefore the costs of the "empty" beds was imbedded into a more complex, and less transparent, financing scheme.

The *Striving for Excellence* project changed the fiscal model to do away with the former bed hold policy and guarantee each provider payment for one hundred percent of their DCFS purchased bed capacity during a given fiscal year. Prior to the inception of this project, providers were operating at approximately ninety-two percent bed capacity, so this guaranteed rate amounted to a substantial increase in revenue. Additionally, the new model gave providers a stable revenue base which was not dependent upon client census.

Department projections on the number and type of beds needed for FY 2009 have not been as accurate as anticipated. The number of beds needed for pregnant and parenting youth and sexually problematic behavior youth were lower than projected at the start of the fiscal year. The ever increasing need for placements which serve severe youth is becoming more evident. Providers, while adhering to the no decline policy in their contracts, are also less likely to take more severe youth whose service needs are above those specified in their program plans detailing the type of children and youth they will treat. Consequently, beginning in July, 2008 when the performance based contracts in residential were in full force and effect, the costs of paying for one hundred percent of the beds in residential care while having a percentage of those beds empty at any given time became very evident. When annualized, the high cost of this unused capacity put the Department and its private providers in a politically untenable position. The Project Steering Committee became increasingly concerned during this reporting cycle that the General Assembly and the Governor's Office would prematurely terminate the guarantee of one hundred percent funding – which was a critical element of provider buy-in for this project – because of the perceived elevated cost.

The DCFS Implementation Team has been tracking the costs of unused capacity weekly. At the request of the Project Steering Committee, Roger Thompson of the DCFS Fiscal Office compared the costs spent under the prior model (i.e. the bed hold costs when the bed was left intentionally vacant in the expectation the youth would eventually return to this placement) and the current fiscal model. Mr. Thompson has reported the cost of unused capacity became obvious as a result of the introduction of performance based contracting. He indicates the Department is paying relatively less for unused capacity now than was paid under the prior fiscal model (Thompson, 2009). The residential providers believe that unused capacity costs may be impacted seasonally, therefore it is too soon to determine if this is a positive downward trend in costs until an entire year has passed.

### ***Concerns over potential changes in senior DCFS leadership***

As previously discussed, the Governor to whom the Director of DCFS directly reports was removed from office during this reporting period. This resulted in heightened concern on the part of the Project Steering Committee during the last six months because of legitimate fears that Director McEwen would no longer be leading the Illinois child welfare system. Director McEwen is perceived by all members of the Steering Committee, and the greater Illinois child welfare system as a

whole, as a champion for children and families. Half of the Steering Committee members cited the potential loss of his leadership as a potential pitfall which could derail this project. Although these concerns now appear to be unfounded at the time of the writing of this report, the Director, like most child welfare directors in this country, serves at the pleasure of the Governor and could be removed at any time.

Deputy Director Velma Williams resigned during this reporting period. Her position, which had been created by the prior Governor at the behest of members of the General Assembly, was eliminated. Four other critical Deputy Director positions which were vacant during the last reporting cycle have been filled including: Human Resources, Child Protection, Service Intervention, and Clinical Practice/Professional Development.

The new organizational chart reflecting these changes is attached as **Exhibit 9**.

### ***Child and Family Service Review (CFSR) site visit in August, 2009***

The Illinois CFSR second round site visit is scheduled for August, 2009. The Illinois child welfare system as a whole is currently focused on preparation efforts. This may divert attention from the *Striving for Excellence* project as competing priorities vie for the time and attention of senior DCFS leadership. Many of the private organizations involved in this project are also foster care case management providers and are engaged in the CFSR process as well.

### ***Concerns about the effectiveness of the Project Steering Committee and the loss of momentum and focus over time***

The strains experienced by the Illinois child welfare system as a result of current economic and budgetary constraints continue to impact attendance at Project Steering Committee meetings by Director McEwen and Executive Deputy Director Murray. Their attendance is deemed critical by the private providers who have repeatedly expressed their concerns that senior DCFS representatives present for Steering Committee meetings do not have the authority to speak on behalf of the Director. Although both Director McEwen and Executive Deputy Director Murray have made attempts to attend the meetings telephonically, this is not always feasible given their heavy schedules and unanticipated schedule changes due to gubernatorial or legislative demands.

Increased concerns were noted by Project Steering Committee members over their own effectiveness in providing guidance and oversight

for this project. During the recent semi-structured interviews of its members, ten of the eighteen members expressed concerns. Of those concerns mentioned by members during the 2008-2009 interviews, several were also cited during interviews conducted in 2007-2008. The Steering Committee appears to recognize the need to refocus its energy and recommit to providing the leadership necessary to successfully implement a reform effort of this size and scope, but given the myriad challenges facing its members during these difficult economic times, the potential loss of momentum due to lack of leadership is a factor which must be noted during this reporting cycle.

**Figure 5** below lists comments cited by Project Steering Committee members pertaining to the Committee’s effectiveness. Only those comments made by more than two members are listed in this figure. The number in parentheses following the comment indicates the total number of Steering Committee members citing it.

2007-2008 (Year 1)	2008-2009 (Year 2)
<ul style="list-style-type: none"> <li>▪ Important for Director McEwen to be present for each Steering Committee meeting or designate a person who has the authority to bind the Department for decision making purposes (5)</li> <li>▪ Improve internal DCFS communication and clarify who can speak for the Director when he is not present (4)</li> <li>▪ Formal minutes need to be taken and disseminated so we can hold ourselves accountable for tasks assigned (4)</li> <li>▪ We have no clear definition of success or shared vision (3)</li> <li>▪ It is unclear who is managing the process overall (2)</li> <li>▪ Confusion exists over who decides which CWAC Subcommittee or Workgroup should be tasked with what for this project what the review process is to review their work (2)</li> <li>▪ Clarify tasks to be assigned to respective workgroups prior to the implementation phase (2)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refocus the PSC efforts on ILO/TLP to finalize outcomes and operationalize performance based contracting for this aspect of the project (8)</li> <li>▪ Increase attendance at monthly meetings, especially that of Director McEwen (6)</li> <li>▪ Formal minutes need to be taken and disseminated so we can hold ourselves accountable for tasks assigned (6)</li> <li>▪ Tighten up reporting and communication requirements between the Co-Chairs of the Steering Committee and committee members (4)</li> <li>▪ Increase diversity on the Project Steering Committee by adding representatives from smaller agencies, youth representatives, and frontline staff members (3)</li> <li>▪ Focus on fiscal issues in light of the economic downturn (2)</li> <li>▪ Help agencies struggling with implementation (2)</li> </ul>

**Figure 5: Identified concerns about the effectiveness of the *Striving for Excellence* Project Steering Committee as reported in the 2008-2009 evaluation semi-structured interviews of this Committee**

As of the writing of this report, the concerns noted by the Steering Committee at the time of their semi-structured interviews have not changed, although there has been substantial progress made in the ILO TLP program which is reported in detail below. Director McEwen attended the March 26, 2009 meeting but was unable to attend any others in person or telephonically during this reporting period. No formal minutes have been taken to date of the meetings held. Director McEwen did appoint Roger Thompson of the DCFS Fiscal Office in Springfield to the Project Steering Committee which has helped the group to focus on the impact of the project's fiscal structure in times of budgetary constraints.

***Data reliability and fidelity***

As previously reported in prior Semi-Annual reports, the Residential Data Test Workgroup identified significant data issues when developing its risk adjustment strategy. It was necessary to refine contractual definitions and synchronize them with the codes in the CYCIS database. Although much work has been done over the past year to clarify and refine definitions in residential care and to ensure proper coding of these definitions in the databases used for this project, significant work remains to clean up ILO TLP data before undertaking a task as complex as risk adjustment.

For example, the ILO TLP Data Management Workgroup discovered that ILO TLP providers varied greatly in their practice of reporting absences from their programs. Some providers strictly adhere to rule and report missing youth as soon as they become aware of the absence. Others delay their reporting for days because they assume the youth may be with family or friends. Still others have informal internal practices which permit youth to be absent from the program for various reasons and they will not report the youth's absence unless it is believed some harm may have come to the youth. The variance in practice is widespread which has made it difficult to rely upon the "906" data to establish a measure of placement stability.

The ILO TLP Data Management Workgroup is working at the present time on a more clearly defining when absences from the program must be reported. The FY 2010 contracts will include specific language and clear consequences for failure to report absences. The Statewide Provider Forum being held on May 29, 2009 will be used as a means of



educating providers about reporting expectations to ensure consistency across programs.

Similarly, the new fiscal structure in residential care provides for the purchase of one hundred percent of bed capacity for slots held open for DCFS clients by the provider agencies. Prior to performance based contracting, agencies were fiscally penalized for failing to file a “906” report with the Department which indicated an “opening” caused by a child’s/youth’s absence due to running away, psychiatric hospitalization, or juvenile/adult corrections detention. With the advent of this fiscal structure, this penalty no longer exists so concerns have arisen about how to ensure fidelity in reporting absences.

The DCFS Residential Performance Monitoring Unit (RPMU) began fidelity reviews in January, 2009 to check the reliability of 906 reporting by provider agencies. Monitors routinely make “milieu checks” when visiting facilities where they observe youth and staff engage with one another. A new protocol was devised whereby the monitors verify the current census observed on the milieu against CYCIS records, client records maintained by the agencies and the 906 reports to determine if the provider agencies are duly reporting any absences. In the months of January and February there were no problems noted as a result of these fidelity reviews. The Residential Data Test Workgroup has been routinely examining agency performance data on Treatment Opportunity Days Rate contained in RTOS. They have requested that the RPMU look more closely at agencies with extremely high TODR percentages to determine if there are any reporting anomalies as another means of verifying reporting fidelity.

#### **4. Implementation Facilitators**

Several factors have contributed to the success of the significant work which has been done to date in Illinois, including:

***The continued willingness of Project Steering Committee and CWAC Subcommittee and Workgroup members to devote substantial time and resources to this project despite economic challenges.***

As noted in prior Semi-Annual Reports filed on behalf of this project and in the table of meetings set forth in Section II.A.6. below, the Project Steering Committee and the relevant CWAC Subcommittees and Workgroups continue to meet frequently. This does not include the countless hours spent in researching best practices, preparing for meetings, scheduling, traveling to and from meetings and completing tasks assigned as a result of each meeting.

The relatively lower gasoline costs have provided some relief during this reporting cycle, however the economic decline and concomitant budget cuts as discussed above have presented significant challenges as agency travel costs increase and revenue to cover them substantially decreases. Nevertheless, the project stakeholders remain committed to facilitating the collaborative process and donating the necessary time to review project implementation and overcome barriers encountered.

CWAC Subcommittee and Workgroup meetings continue to be well attended. The new ILO TLP Data Management Workgroup averages ten to fifteen members per meeting, many traveling from downstate to Chicago where the majority of meetings are held. Both this Workgroup and the Residential Data Test Workgroup make conscientious efforts to hold their meetings in various locations to improve attendance from downstate providers. Face to face meetings by these two entities are usually held at the DCFS Joliet Field Office where parking is free and the location is readily accessible from two major interstate highways. The Older Adolescents Subcommittee averages twenty to thirty members per meeting. Steering Committee Member CEO Mary Hollie of Lawrence Hall Youth Services continues to provide large conference room space in downtown Chicago for meetings.

It should be noted that for most members of the Project Steering Committee, who also chair CWAC Subcommittees and Workgroups, participation in this project averages as many as 15 to 20 hours per month in actual meeting time, exclusive of travel, preparation time and tasks resulting from the meetings attended.

***The coordination of efforts internally by DCFS under the guidance of the PBC Implementation Team***

The DCFS PBC Implementation Team was formed to coordinate internal Department PBC/QA efforts across divisions and units. This team is chaired by Deputy Director Kara Teeple and is comprised of senior DCFS representatives from each division impacted by this project, including: Budget and Fiscal (including contracts, budget, and Medicaid specialists), Policy, Operations, Placement and Permanency, Monitoring, and Quality Assurance. Communications and Legal are included on an “as needed” basis. The Implementation Team meets every Thursday for at least one hour. The fiscal staff, located in Springfield, Illinois and Judge Kearney attend the meeting telephonically. A formal agenda is disseminated via e-mail prior to the meeting.

The coordination of efforts between both the fiscal staff and the programmatic staff has been critical helped to uncover and analyze the cost of unused capacity in residential care during this reporting period. Currently the Implementation Team is reviewing contracted capacity needs for the FY 2010 contracts. This review requires careful coordination between the DCFS Fiscal Office and the Placement and Permanency division of the Department.

***The continued involvement of university partners in providing technical assistance and expertise to the Project Steering Committee as well as the CWAC Subcommittees and Workgroups.***

Despite substantial budget cuts to university research efforts during FY 2009, support for this initiative continues to be very strong among university based researchers without whose assistance a project of this statistical sophistication could not continue. Dr. Alan Morris of the University of Illinois at Chicago (UIC) continues to co-chair the Residential Data Test Workgroup with Brice Bloom-Ellis of DCFS. Dr. Neil Jordan of Northwestern University and Dr. Andy Zinn of Chapin Hall also serve as members and continue to refine the residential risk adjustment model. Dr. Zinn along with Dr. Morris and Deann Muehlbauer of UIC are also serving as members of the new ILO TLP Data Management Workgroup. Dr. Zinn's work has been critical in helping this group more clearly define the performance outcomes to be included in the FY 2010 contracts. Deann Muehlbauer developed the template for the ILO TLP outcomes enhancement plans now required as a result of a contract amendment in the FY 2009 contracts.

As a result of the success of the first Illinois Child Welfare Data Summit held as part of this project, Director McEwen created an Office of Strategic Research Partnerships under the auspices of the Director's Office. This office is staffed by Michelle Rosenberg and Jennifer Richardson of the Children and Family Research Center of the University of Illinois at Champaign-Urbana and is designed to enhance collaboration in furthering child welfare research. Judge Kearney facilitated the Third Illinois Child Welfare Data Summit on March 10, 2009. This Summit brought together a diverse group of child welfare researchers, judges, court staff, juvenile justice and child welfare professionals to discuss the status of research pertaining to youth who are adjudicated both delinquent and dependent. A fourth Data Summit which will look at the needs of children in the child welfare system under the age of five is in the planning stages for June, 2009.

Dr. Neil Jordan applied for an R34 grant through the National Institute of Mental Health. The proposed study's purpose was to identify the organizational culture and climate characteristics of residential treatment providers associated with successful performance on contracting outcomes. By identifying and isolating organizational characteristics associated with successful child outcomes, it is anticipated that organizational interventions can and will be developed, tested and implemented to help all residential providers improve their practice. The grant proposal passed initial screening and was reviewed by a panel of experts. Although it did not score high enough on this independent review to merit funding at the present time, the Federal Project Officer assigned to the review panel encouraged Dr. Jordan to submit an RO1 proposal on the same topic given the review panel's expressed interest in the topic. RO1 funded projects are funded at a higher level and for longer periods of time. A research team comprised of Dr. Jordan of Northwestern University, Dr. Scott Leon of Loyola University of Chicago, Dr. Richard Epstein of Vanderbilt University, and Dr. Christopher Larrison and Judge Kathleen A. Kearney of the University of Illinois at Urbana-Champaign are preparing the RO1 proposal for submission by June 5, 2009 to NIMH. If funded, this research will add to the knowledge gained from the *Striving for Excellence* project.

***Continued refinement and examination of the residential risk adjustment strategy has the potential to improve the model and provide greater understanding of programmatic variance***

The Residential Data Test Workgroup continues in its efforts to refine the risk adjustment model through the addition of clinical data. The Workgroup explored the use of other sources of reliable clinical data elements for inclusion in risk adjustment model and examined the Ohio Scales as a possible instrument which could be used to obtain the data necessary. Fidelity to the CAYIT CANS has steadily increased over time, so recent work of the Workgroup includes determining which of the CANS variables have the most significance on the residential performance outcomes and running the regression models to determine if these variables should be included in the risk adjustment model used to set the FY 2010 agency performance benchmarks.

At the time of the writing of this report, the Data Test Workgroup requested additional data breaking down Treatment Opportunities Day Rate (TODR) at the agency and contract level by interruption type, i.e. psychiatric hospitalization, detention and runs. Debate continues in the provider community as to whether or not psychiatric

hospitalization should count against a residential agency's TODR. The Workgroup plans to look more closely in the upcoming months at those agencies whose TODR is decreased due to high use of psychiatric hospitalization and determine if there are factors which may be influencing this. It has been hypothesized that agencies with high usage rates may do so because they have ready access to a psychiatric facility either because they share a campus with one or are corporately affiliated with one.

Further adjustments to the residential risk adjustment model may also include refining the geographic location of the provider agencies. This factor is in the current model wherein agencies are classified as being in one of five geographic location categories: Chicago City, Chicago Exurb, Chicago Suburb, Downstate Rural and Downstate Town. In assessing the Treatment Opportunity Days Rate (TODR) outcomes the Data Test Workgroup recognized the Chicago City providers were not performing as well as those located elsewhere. In an attempt to refine the risk adjustment model further and to determine the root causes of this performance variance, Dr. Jordan and his colleagues from Northwestern looked at the correlation between population density and poverty level (based upon 2000 census data) and determined that both factors have a significant statistical relationship to TODR performance. This finding must be viewed with caution however because the census data upon which it is based is dated. The Data Test Workgroup will continue to examine this issue and looks forward to the new 2010 census for additional data upon which adjustments to this factor may be based.

***The use and availability of multiple communication strategies to disseminate information about this project statewide.***

CCAI Executive Director Marge Berglind's weekly *Monday Report* continues to update all CCAI member agencies of the project's status and how to provide feedback to the Project Steering Committee. The three previous Statewide Provider Forums hosted by CCAI proved to be very valuable opportunities for face-to-face communication between attendees and project leaders. The Fourth Statewide Provider Forum is now scheduled for May 29, 2009 at Governor's State University. It will again be hosted by CCAI. The Project Steering Committee has yet to finalize the agenda for this meeting, but it is anticipated that a substantial portion of the day long meeting will be devoted to explaining the new ILO TLP contract performance measures which should be finalized by that time. Additionally, if the residential risk adjustment model is changed to include CANS clinical data elements or refines further geographic location factor in the

present model, time will be devoted to educate the participants on the updated model.

CCAI is also hosting a special training on May 12, 2009 on the changes in the Medicaid program which impact child welfare programs. A national expert in compliance and revenue development in behavioral health services will provide guidance on ways to limit major risks in billing, documenting compliance, and provision of defined covered services. The target audience for this training includes Chief Executive Officers, clinical directors, Chief Financial Officers and quality assurance/improvement directors. The CCAI sponsored Medicaid Workgroup intends to provide a series of trainings and tools to help private agencies take necessary steps to succeed in the current fiscal environment which is heavily reliant upon the ability to bill Medicaid.

The Residential Data Test Workgroup's electronic "base camp" continues to be used to post minutes, reports, relevant research, and meeting notices. This tool is also useful both between and during meetings where documents can be posted and reviewed by members who attend the meetings telephonically. Residential service providers continue to disseminate information about the project on their informal list serve which also provides information to non-CCAI members thereby increasing the project's outreach. The list serve was moved from its prior location during this reporting period and is now being hosted by a provider using a Google group server. Providers use the list serve as a means of seeking input from one another on the impact of PBC/QA and related reforms.

The residential service providers continue to meet monthly in an informal setting at the Babyfold in Normal, Illinois. These meetings have also been listed in the table in Section II.A.6. below.

### ***Increasing emphasis on the identification and sharing of best practices***

A stated goal of the *Striving for Excellence* project has always been the identification and sharing of best practices. As the comfort level in the performance outcome measures has increased throughout the fiscal year, the Project Steering Committee has stressed the need to look at those agency practices which lead to success and to share those practices with agencies which may be struggling. The Residential Performance Monitoring Workgroup has established a sub workgroup to address best practices which will be responsible for this work.

Additionally, preliminary discussions by the Residential Data Test Workgroup have also centered around identifying those residential agencies which are performing well on increasing their Treatment Opportunity Days Rate. It is their intent to ask these agencies to share practices and protocols implemented over the course of this project with the participants attending the upcoming CCAI Statewide Provider Forum on May 29, 2009. CCAI's Medicaid training on May 12, 2009 will also address issues of "compliance versus quality" and what providers need to know about federal compliance requirements when quality assurance resources may be limited.

The informal Residential Providers Group monthly meeting at the Babyfold is also used as a means to disseminate information about "what is working and what is not" to help improve practice. Providers willingly share techniques with one another to engage youth which make them less likely to run or engage in delinquent acts likely to cause them to be detained. Some of the strategies shared during the March 2009 meeting included: soundproofing a basement room to set up a recording studio to allow clients for record their own CDs, participating in a midnight basketball league, increasing staff-to-client ratios to allow for more one-on-one staff time with clients thereby building stronger therapeutic relationships, and working more closely with local law enforcement officers to build collaborative working relationships in the best interest of the youth in the program.

***Discharge and Transition Protocol fosters better communication between providers according to child welfare system stakeholders***

The revised Discharge and Transition Protocol is having the intended effect of fostering better communication and defining expectations and roles according to child welfare stakeholders. Although the system is still experiencing "growing pains" as a result of the deployment of the Protocol, it has been reported that it has increased networking between agencies. The statewide Discharge and Transition Protocol Advisory Council meets monthly to oversee this process and continuously update the protocol based upon feedback received. The Advisory Council is chaired by Deann Muehlbauer of UIC and like all groups involved in this project is comprised of both public and private sector members. The most recent version of the Discharge and Transition Protocol is attached to this report as **Exhibit 4a**.

***The ability to solve problems collaboratively and rapidly deploy systemic changes to enhance project implementation***

The Project Steering Committee has continuously demonstrated its ability to identify problems as they surface and work collaboratively to rapidly solve them so that project implementation is not hampered. The development and implementation of the Centralized Matching Team (CMT) during previous reporting cycles is an example of this. In the current reporting period attention has been given by both the public and private sectors to the fiscal aspects of this project. Each entity worked diligently to understand the root causes of the underused capacity issue in residential care. The Department recognized it must improve its ability to better project the need for specific types of residential beds and to further streamline the admissions process to prevent youth from languishing in shelter or foster care while awaiting placement in residential programs. Private providers recognized their need to take responsibility for referrals and expediting client interviews in order to make decisions about acceptance in a timely manner. Although it would have been easier to blame one side or the other for the empty beds, neither the Department nor the private providers allowed this to occur. They worked collaboratively to unravel a very complex situation and stave off a potentially explosive political firestorm which could derail this project. This is consistent with a culture of continuous program improvement which has been created in the Illinois child welfare system.

## **5. Coordination/Collaboration**

### ***Project Partners and Entities***

There has been no change in project partners since the last reporting cycle. The principle partners remain the Illinois Department of Children and Family Services, the Child Care Association of Illinois, and the Children and Family Research Center of the University of Illinois at Urbana-Champaign.

The existing Child Welfare Advisory Committee (CWAC) structure, as set forth above in Section I.A., which is equally comprised of members from both the public and private sectors, continues to be the vehicle used to implement and refine this project. The Project Steering Committee is responsible for coordination of Subcommittee and Workgroup meetings. As reported by Judge Kearney following her structured interviews of the Project Steering Committee members in December 2008 and January 2009 all members continue to believe the use of this existing structure was appropriate and necessary in order to facilitate system change of this magnitude. All members also indicated this collaborative structure should be used in the future for other large scale system reform efforts. New task groups, such as the ILO/TLP Data Management Workgroup and the Best Practices Workgroup have been



formed during this reporting period to resolve specific issues which have surfaced through project implementation.

With its long-standing representation of private child welfare agencies CCAI continues to provide leadership for this project. Chief Executive Office Marge Berglind has made concerted efforts to update private providers about the status of this project by personally attending residential provider meetings, seeking input on pending legislation, and advancing advocacy efforts. CCAI updates its members through the use of a computerized electronic mail system, the dissemination of a weekly report detailing issues of concern to child welfare professionals, and facilitating meetings for stakeholders in the child welfare system. This function has taken on heightened importance during this reporting period given the economic downturn, and the conversion of foster care and residential providers to becoming Medicaid certified providers.

### *Challenges to Collaborative Activities*

This is a statewide demonstration project expanding performance based contracting to three distinct child welfare services: residential and group home services, independent living services, and transitional living services. The providers of these services are located throughout the state. They vary in size from six-bed group homes to large residential campuses. The size and scope of this initiative, by its very nature, has hindered collaborative efforts. Strong efforts were made to ensure that all providers, regardless of their size or geographic location, were given the opportunity to provide input in the development and design phases of the project. These efforts continue during the current implementation phase although they are somewhat hampered by economic and budgetary constraints.

Initially, many of the scheduled CWAC Subcommittee and Workgroup meetings were scheduled at the same time in different locations, making it impossible for interested parties to attend both meetings. The Steering Committee resolved this issue by urging Subcommittee and Workgroup Chairs (who are also members of the Steering Committee) to avoid scheduling overlaps. Although the majority of all project meetings have been held in Cook County, workgroups have made concerted efforts to hold some of their meetings in various locations around the state to encourage attendance by provider and local DCFS staff members who would be unable to attend meetings in Chicago.

Teleconference numbers have been provided for most meetings, but phone attendees continue to report difficulty in hearing the discussions and being able to respond and provide comments. Many smaller agencies

have reported increased travel costs have inhibited their ability to attend project meetings making teleconference their only means of actively participating.

Some concerns have been expressed privately by agencies during this reporting period that they may no longer be able to afford to pay dues to the Child Care Association of Illinois for membership due to budgetary constraints. CCAI activities and services are paid for through membership dues. If providers can no longer afford to pay dues it could impact CCAI's ability to provide the services which have enhanced the collaborative efforts of this project.

The Project Steering Committee semi-structured interviews for 2008-2009 indicate project leadership views collaboration as a positive by product of this project, although there is recognition of the need for increased diversity in the subcommittees and workgroups tasked with project planning and implementation. **Figure 6** below lists comments cited by the Project Steering Committee pertaining to the collaborative process used for this project. Only those comments made by more than two members are listed in this table for both Year 1 and Year 2. The number in parentheses following the comment indicates the total number of Project Steering Committee members citing it.

2007-2008 (Year 1)	2008-2009 (Year 2)
<ul style="list-style-type: none"> <li>○</li> <li>▪ The process was highly collaborative (6)</li> <li>▪ The right people were at the table to do this work (6)</li> <li>▪ Stakeholders are missing from the table including (3):               <ul style="list-style-type: none"> <li>• DHS</li> <li>• County probation</li> <li>• Schools</li> <li>• Courts</li> <li>• Community mental health agencies</li> <li>• Smaller agencies</li> <li>• Downstate providers</li> </ul> </li> <li>▪ A high level of trust already existed and this project took advantage of it (2)</li> <li>▪ The use of the existing Residential Monitoring and Data Test Workgroups was very helpful (2)</li> </ul>	<ul style="list-style-type: none"> <li>▪ The collaborative process is positive overall (18)</li> <li>▪ Increase diversity on CWAC, its subcommittees and workgroups to ensure adequate voice is given to (6):               <ul style="list-style-type: none"> <li>• Minority owned agencies</li> <li>• Geographically diverse agencies, especially downstate providers</li> <li>• Smaller agencies</li> <li>• Youth and consumers</li> <li>• Faith based providers</li> <li>• Other child serving entities such as the schools, county probation and community mental health providers</li> </ul> </li> <li>▪ Collaboration between the public and private sectors is part of our culture and expected (5)</li> </ul>

<ul style="list-style-type: none"> <li>■ There needs to be a more defined communication strategy beyond the existing CWAC structure (2)</li> <li>○</li> </ul>	<ul style="list-style-type: none"> <li>■ We have a proven track record of working well together to implement reform (4)</li> <li>■ The existing CWAC structure provides a forum of open dialogue and honest discussion (4)</li> <li>■ The CWAC structure creates a learning environment (2)</li> <li>■ Private agencies do not all speak with one voice and their different voices must be heard and considered (2)</li> </ul>
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**Figure 6: Comments of the *Striving for Excellence* Project Steering Committee pertaining to collaborative process**

### 6. Service Outputs

The Illinois project model was designed to obtain significant and meaningful input from the private sector throughout the life of the project. As described in Section I.A. above, the model requires the Project Steering Committee, CWAC Subcommittees and Workgroups to develop, implement and monitor the performance measures, fiscal incentives and risk adjustment strategies employed in the performance based contracts. Each meeting listed below was held for a minimum of two hours in duration, with whole or half day sessions held by several workgroups as project development needs required.

During the course of the past year the project has been operating on two separate tracks: residential and ILO/TLP. Therefore, the primary focus of these meetings during this reporting period has differed depending on whether the Subcommittee or Workgroup was working on issues pertaining to residential or ILO TLP. The primary focus for meetings addressing residential care was to further refine the risk

adjustment strategy, monitor the performance indicators and analyze agency performance on TODR and SFDR. In ILO TLP related meetings, work focused on increasing the reliability and fidelity of data upon which performance outcomes could be built, clarifying definitional terms, and reaching consensus on performance outcomes and indicators.

The performance measures for residential care previously described in detail in the second Semi-Annual Report and used for the demonstration contract period from November, 2007 to June 30, 2008 remain essentially the same in the FY 2009 contracts. There are no current plans to change them for the FY 2010 contracts other than to readjust performance benchmarks if the risk adjustment model is changed or if agency case mixes have substantially changed during the current year, e.g. the severity level of clients accepted into the private agency has increased.

Data from the Department's CYCIS database has been used to determine both the Sustained Favorable Discharge Rate and Treatment Opportunity Days Rate. Client discharges from residential facilities are reported monthly to the Residential Monitoring Unit of DCFS. The Residential Treatment Outcomes System (RTOS), which has been under development over the past two years, is now fully operational. Reports on agency performance on TODR have been available throughout this reporting period. SFDR reports were to be made available on RTOS as of April 1, 2009. Delays were experienced because of the migration of the RTOS system from the private entity which developed it to the Department's own server.

As of the writing of this report SFDR is not yet available for viewing on RTOS. Private agencies now have the capability to monitor TODR outcomes at both the agency and client levels which allows them to conduct internal reconciliations between their data and that kept by the Department. The most recent aggregate level report on agency performance on TODR is attached as **Exhibit 10**.<sup>2</sup> An individual agency's TODR report is attached as **Exhibit 11**.<sup>3</sup> The RTOS system can also

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<sup>2</sup> It should be noted that agencies have access to their individual agency performance but as of the time of the writing of this report do not yet have access to view the performance of other residential treatment providers. Although the Data Test Workgroup had recommended to the Project Steering Committee that all providers be allowed to view the performance data of others, the Steering Committee requested additional feedback from the Residential Provider Group before endorsing the Data Test recommendation and making this data public. Therefore, although this report is being attached to this report as an exhibit in order to fully inform the Children's Bureau and the Quality Improvement Center on the Privatization of Child Welfare Services of the current status of this project, it should not be disseminated publicly until the Project Steering Committee and the Department of Children and Family Services approve.

<sup>3</sup>

<sup>3</sup> Although this agency has allowed its data to be shared for purposes of this report, it is not to be disseminated publicly until the approval is given by the Project Steering Committee as described in footnote 2 above.

provide detailed information at the client level, but a report at this level is not attached as an exhibit to preserve the confidentiality and privacy of the individual youth in care.

The Residential Data Test Workgroup is in the process of developing a reconciliation process to address any inconsistencies between the Department's RTOS data and information collected by residential providers that may impact TODR or SFDR and to take into consideration other factors impacting provider performance, such as youth who should be considered performance exempt. To date, Brice Bloom Ellis reports there have been no requests from private agencies to reconcile the data contained in the TODR reports on RTOS with individual provider agency data. Mr. Bloom-Ellis reports there have been questions asked about the difference between the DCFS Fiscal Office calculation of days absent from care and the RTOS reports. This issue was also addressed at length in two open conference calls held in the last week of February, 2009 to help providers clearly understand the RTOS reports and how they differ from those generated by the fiscal office.

As reported in the third Semi-Annual Report, the long term goals for the Independent Living and Transitional Living programs are to increase client self-sufficiency, stability and healthy living practices thereby improving readiness for successful emancipation and transition to a productive adulthood. The overarching goals were divided into six domains by the Older Adolescents Workgroup: education, employment, financial competence, placement stability, planned positive discharge, and engaged in healthy living practices and behaviors. Youth are expected to be enrolled in and attending school, earning credits and making progress towards diploma and/or certificate completion. Additionally, youth will be employed full or part time with individual bank accounts established and active.

Like youth in residential treatment facilities, placement stability has been monitored by the Department using the CYCIS database to determine if youth in the ILO/TLP programs are remaining in care and maximizing treatment opportunity days, or absent from care due to running away, detention or psychiatric hospitalization. ILO TLP agencies, like residential agencies, are required to file a "906" report if a youth is absent from the facility.

For youth in the Independent Living Program and the highest tier of Transitional Living, current performance indicators for placement stability include having no more than two moves in a twelve month period. Youth in these programs are expected to have a lease and utilities

in their own name six months prior to emancipation. A planned positive discharge to Independent Living or the Youth in College programs is the preferred outcome for TLP program youth. Successful emancipation in a planned and positive manner is the discharge outcome for ILO. To encourage engagement in healthy living practices, all youth in ILO and TLP programs are expected to remain arrest and detention free. Pregnant and parenting teens are expected to appropriately care for their children. Youth with substance abuse or mental health issues, are expected to engage in treatment services. The data reporting on these current measures has been sporadic. As previously noted the documentation and measurement of these indicators varies widely from provider to provider and is subject to interpretation. It is recognized a substantial amount of time must be devoted to educating providers and DCFS monitoring staff to consistently apply definitions and increase fidelity of reporting to improve the data over time.

The proposed performance measures for ILO/TLP have undergone significant revision since the inception of this project. Several proposed outcomes were discarded because data is not currently captured to measure them or it would be too cost prohibitive to develop data systems to capture them. The Project Steering Committee and the ILO/TLP Data Test Workgroup continue to struggle to determine relevant and reliable data sources upon which to build performance outcomes. Nevertheless, substantial progress has been made to do so during this reporting cycle.

As previously discussed, there were no performance benchmarks given to ILO TLP agencies for their FY 2009 contractual performance. Their contracts required them to improve placement stability and post-discharge self-sufficiency, but these terms were not clearly defined and the data sources to be used to measure them were not established. Members of the Project Steering Committee reported that ILO TLP providers were making comments in CWAC subcommittee meetings that “performance based contracting doesn’t exist for ILO TLP.” In order to clarify expectations for FY 2009, while recognizing that agency specific performance benchmarks adjusted for risk have not yet been established, it was decided by the Project Steering Committee that contract amendments would be prepared for existing FY 2009 contracts which require each agency to develop a specific “outcomes enhancement plan” and submit it to Deputy Director Miller Anderson no later than June 1, 2009 for his review and approval prior to the negotiation and execution of the FY 2010 contract.

A template for planning purposes was sent to each agency with the FY 2009 contract amendment to help them in developing their outcomes

enhancement plan. Each plan must be developed to directly or indirectly address the following performance measures:

*For Transitional Living Programs Only*

Transitional Living Placement Stability Rate (TLPSR) defined as the number of days youth are present at the program (i.e. not on runaway, in detention or psychiatrically hospitalized) divided by the total number of TLP bed days during the fiscal year. Agencies are to establish goals to improve their TLPSR, set quantitative objectives and describe the mechanisms they have in place for measuring progress on those objectives in their outcome enhancement plan.

*For Independent Living and Transitional Living Programs*

Discharge Potential Rate with Indicators of Self-Sufficiency (DPR/ISS) defined as the number of youth “discharged with potential” divided by the total number of youth served during the fiscal year. “Indicators of self-sufficiency” refers to youth achievement of educational/vocational, employment and financial stability goals. The discharge outcomes from TLP and ILO placements that are identified as “discharges with potential” are defined as follows:

TLP:

- a) discharge to a less restrictive formal living arrangement at any age, including:
  - i. supervised ILO
  - ii. home of relative/parent
  - iii. youth in college or job training programs
  - iv. armed services
- b) discharge to a self-selected ILO which leads to emancipation/discharge of guardianship at or subsequent to age 20.5 years

ILO:

- a) discharge to a less restrictive formal living arrangement at any age, including:
  - i. home of relative/parent
  - ii. youth in college or job training programs
  - iii. armed services
- b) discharge to a self-selected ILO which leads to emancipation/discharge of guardianship at or subsequent to age 20.5 years

Agencies which do not submit an outcomes enhancement plan pursuant to this FY 2009 contract amendment may not be offered a contract for services by the Department in FY 2010.

The ILO TLP Data Management Workgroup has continued to refine the performance measures for inclusion in the FY 2010 contracts. It is expected that the Transitional Living Placement Stability Rate (TLPSR) will be adjusted for risk using a model similar to the one designed for residential treatment services. The Workgroup is in the process of vetting and analyzing factors predictive of positive and negative outcomes on this performance measure for inclusion in the risk adjustment model. Like TODR in residential, it is likely there will be a fiscal penalty imposed for agencies falling below their risk adjusted performance benchmarks.

The Discharge Potential Rate with Indicators of Self-Sufficiency (DPR/ISS) was developed by the ILO TLP Data Management Workgroup after lengthy discussions where they recognized “that the data available to identify positive or negative discharges from ILO/TLP settings is less than perfect (Bloom-Ellis, 2009).” Similar to the Sustained Favorable Discharge Rate in residential treatment, this outcome measure will track the placement of youth (referred to colloquially in ILO/TLP as a “launch”) post-discharge. Because of current status of the data, it will be difficult to adjust for risk on this performance outcome. To compensate for this, the Workgroup has worked hard to identify “indicators of self-sufficiency” which award bonus points to agencies for each youth that achieves specific self-sufficiency milestones during the fiscal year. These milestones may include educational achievement such as attaining a high school diploma or GED, documented full or part time employment, and documented financial stability.

The indicators of self-sufficiency are still being debated in the ILO TLP Data Management Workgroup at the time of this report’s submission and have yet to be finalized and approved by the Project Steering Committee for inclusion in the FY 2010 contracts. Like SFDR in residential treatment, it is anticipated that a financial bonus will be awarded to ILO/TLP agencies which exceed performance benchmarks for DPR/ISS. It is the intent of the Project Steering Committee to review the recommendations of the Workgroup and present them to the providers at the Statewide Provider Forum on May 29, 2009 for feedback and comment. Following the Forum, the Project Steering Committee will make any additional changes resulting from the feedback received and finalize the FY 2010 contracts.

The Project Steering Committee, CWAC Subcommittees and Workgroups and DCFS Implementation Team performed the following



tasks during the course of the meetings held from September 30, 2008 through April 15, 2008:

- Identified empirical factors which impact performance outcomes and for which data is available for ILO/TLP;
- Negotiated and prepared FY 2009 contract amendments for ILO/TLP requiring the preparation and DCFS approval of agency specific “outcome enhancement plans” to improve agency performance on placement stability rate and post-discharge self-sufficiency.
- Developed prospective performance outcomes for ILO/TLP for FY 2010 contracts, i.e.
  - Transitional Living Placement Stability Rate (TLPSR);
  - Discharge Potential Rate with Indicators of Self-Sufficiency (DPR/ISS)
- Monitored and analyzed FY 2009 residential treatment provider performance indicators, i.e.
  - Treatment Opportunity Days Rate (TODR),
  - Sustained Favorable Discharge Rate (SFDR);
- Continued to conduct regression analyses of identified CANS clinical variables as applied to the population sample;
- Tested the residential risk adjustment model incorporating the findings of the regression analysis including the CANS factors;
- Further examined the impact of geographic location on residential treatment provider performance and considered modifications to the risk adjustment model based on census data related to population density and poverty rate;
- Broke down TODR by interruption type, i.e. psychiatric hospitalization, detention and running away, to examine agency patterns and identify factors which may impact negative performance;
- Determined future projected residential bed needs and severity levels and began negotiations with provider agencies for contracted bed capacity for FY 2010;

- Continued analysis of performance outcome data for entry and exit cohorts to refine residential performance measures for the FY 2010 contracts;
- Collaboratively reviewed the FY 2009 residential fiscal model and compared it to prior pre-PBC fiscal models to determine the root causes of the underused bed capacity problem;
- Addressed provider feedback and concerns about the Centralized Matching Team (CMT) to further improve appropriate client matching and referrals to private agencies;
- Enhanced the Discharge and Transition Protocol to further encourage provider networking, appropriate step-downs, clarify agency roles and responsibilities and support youth post-discharge;
- Established a “Best Practices Workgroup” under the auspices of the existing CWAC Residential Performance Monitoring Workgroup to identify evidence informed practices of use to the field and develop a communication strategy to disseminate information about them.
- Debated the release of residential performance outcome data by providing open access on RTOS so providers could compare their performance with that of the agencies they consider their peers.

**Figure 7** reflects the meetings held during this reporting period pertaining to the *Striving for Excellence* project where the project was the principle agenda item. Dates marked with an “\*” are sub-working group meetings or conference calls held to address statistical risk adjustment models for both residential and ILO TLP. These meetings do not have equal representation of public and private members, but are held with Brice Bloom-Ellis of DCFS and university partners only. They are included here to reflect the necessary time commitment required of critical stakeholders for a project such as this.

<i>Committee/Workgroup</i>	<i>Purpose</i>	<i>Meeting Dates</i>
<i>P</i> <b>Project Steering Committee</b>	Provide overall project direction and	September 18, 2008 October 16, 2008

	guidance, assign tasks to and review products of the CWAC Subcommittees and Workgroups, make recommendations on PBC/QA implementation	November 20, 2008 January 15, 2009 February 19, 2009 March 19, 2009 April 16, 2009
<b>CWAC High End Subcommittee</b>	Review and approve, modify or reject the recommendations for PBC/QA developed by the Residential Monitoring Subcommittee	October 9, 2008 December 11, 2008 February 5, 2009 April 16, 2009
<b>Residential Monitoring Subcommittee</b>	Review and approve, modify or reject the recommendations for PBC/QA of the Data Test Workgroup	September 19, 2008 October 24, 2008 December 5, 2008 January 23, 2009 February 27, 2009 March 20, 2009
<b>Data Test Workgroup (Residential)</b>	Refine, implement and evaluate the effectiveness of performance measures and risk adjustment strategies for residential providers	September 8, 2008 September 19, 2008 October 21, 2008* October 24, 2008 November 7, 2008* November 14, 2008* November 18, 2008* December 2, 2008* December 5, 2008 January 23, 2009 February 10, 2009* February 13, 2009 February 24, 2009* February 27, 2009 March 9, 2009 March 18, 2009* March 20, 2009 April 7, 2009* April 15, 2009* April 21, 2009 April 30, 2009
<b>Discharge and</b>	Oversee	September 22, 2008

<b>Transition Protocol Advisory Council</b>	implementation of the Residential Discharge and Transition Protocol	October 6, 2009 November 3, 2008 December 1, 2008 January 5, 2009 February 2, 2009 March 2, 2009 April 6, 2009
<b>ILO/TLP Data Management Workgroup</b>	Develop, refine, implement and evaluate the effectiveness of performance measures and risk adjustment strategies for ILO/TLP providers	September 17, 2008 October 16, 2008 November 21, 2008 December 9, 2008* December 11, 2008 January 6, 2009 January 8, 2009 January 22, 2009 February 3, 2009 February 20, 2009 March 5, 2009 March 11, 2009 March 18, 2009 March 26, 2009 April 7, 2009* April 9, 2009
<b>Older Adolescent Subcommittee and ILO/TLP Workgroup<sup>4</sup></b>	Develop, refine and PBC/QA for Independent and Transitional Living providers	September 17, 2008 September 18, 2008 October 16, 2008 December 11, 2008 January 15, 2009 March 19, 2009
<b>Finance and Administration Subcommittee</b>	Develop, refine and implement the financial structure for the performance based contracts	September 16, 2008 December 2, 2008 February 2, 2009 March 20, 2009
<b>Residential Provider Group<sup>5</sup></b>	Provide input and inform the CWAC Subcommittees and	September 12, 2008 November 5, 2008 December 12, 2008

<sup>4</sup> The Older Adolescent Subcommittee and the ILO/TLP Workgroup have held joint meetings at this stage of project implementation.

<sup>5</sup> The Residential Provider Group is not a CWAC Subcommittee or Workgroup. It is an informal group comprised of residential providers which meets monthly to discuss issues of interest and concern for the provider community. The meetings are held at The Babyfold located in central Illinois and are regularly attended by approximately thirty providers both in person and telephonically. The performance based contracting initiative has been a central focus of this group's meetings during this and previously reported periods and they have provided valuable input to the CWAC Subcommittees and Workgroups, therefore their meetings are noted in this report.

	Workgroups on project impact from the greater child welfare residential provider community	January 9, 2009 March 13, 2009
<b>DCFS Internal Implementation Team</b>	Coordinate DCFS implementation efforts internally	September 4, 2008 September 11, 2008 September 18, 2008 September 25, 2008 October 2, 2008 October 9, 2008 October 16, 2008 October 23, 2008 October 30, 2008 November 6, 2008 November 13, 2008 November 24, 2008 December 3, 2008 December 11, 2008 December 18, 2008 December 30, 2008 January 8, 2009 January 15, 2009 January 22, 2009 January 29, 2009 February 5, 2009 February 11, 2009 February 20, 2009 February 24, 2009 March 12, 2009 March 26, 2009 April 9, 2009

**Figure 7: Collaborative Meetings Held Pertaining to the *Striving for Excellence* Project from September 1, 2008 through April 15, 2009**

Over 250 collaborative meetings have been held since the inception of this project in January 2007.

## 7. Lessons Learned from Intervention to Date

*Need for a sustained, clear and consistent communication strategy between the public and private sector*

Illinois learned from its past experience with the implementation of performance based contracting in foster care case management the necessity of providing meaningful opportunities for both the public and private agencies to engage in dialogue to develop a shared vision of success (McEwen, 2006). Despite the challenges inherent in a project of this size, complexity and magnitude, these opportunities have been provided through the use of the existing CWAC Subcommittee and Workgroup structure.

All members of the Project Steering Committee reported in stakeholder interviews conducted at the end of the first year of this project that this was a critical component of the success achieved to date because it fostered structured monthly communication opportunities between the public and private sectors. This was reaffirmed in the second round of Project Steering Committee interviews held during this reporting period. The current fiscal challenges being experienced in Illinois and other states across the nation underscore the need to institutionalize formal communication structures which will survive in times of economic downturn where attendance at face to face meetings in a large state may not be feasible for all stakeholders.

The established communication strategies have provided valuable information which the Project Steering Committee and Workgroups used to adapt and modify their work processes to ensure additional opportunities for stakeholders to be heard. Communication strategies include weekly updates by the Child Care Association of Illinois to all association members through its *Monday Report* newsletter disseminated electronically every Monday. The Data Test Workgroup uses an electronic “base camp” to post minutes, reports, relevant research, and meeting notices. Residential and ILO/TLP service providers have disseminated information about the project on their informal list serve which also provides information to non-CCAI members thereby increasing the project’s outreach. The residential list serve was moved from one server to another during this reporting cycle which impeded communication for a short period of time. The residential service providers meet separately every month where they are updated on this project during each meeting. Power point presentations given at the Illinois Child Welfare Data Summit and Statewide Provider Forums were posted in the Internet to facilitate public access.

***Need for sustained and committed leadership dedicated to project implementation***

There was considerable anxiety exhibited during this reporting cycle over the potential for DCFS leadership changes which could be

brought about because of the impeachment and subsequent removal of Governor Blagojevich. At the present time, this anxiety appears to be unfounded as Director McEwen remains in office.

The Project Steering Committee members noted the importance of the full engagement of Director McEwen in project activities and implementation during interviews conducted following Year 1 and Year 2. They stress his high level of commitment to this project and the level of trust invested in his leadership ability by both the public and private sectors. As the fiscal situation has worsened for the Department, it has become harder for the Director to attend Project Steering Committee meetings given the need for him to spend a majority of his time in Springfield to respond to legislative and gubernatorial requests for information on fiscal impacts.

On the private sector side, Arlene Happach who was an active member of CWAC and the Project Steering Committee moved out of state. She was replaced on the Steering Committee by Tom Finnegan, CEO of Kaleidoscope and current Co-Chair of CWAC. Mr. Finnegan is a former Deputy Director of DCFS and has expertise in child welfare financing. He was on the original Project Steering Committee in early 2007 when he was the Co-Chair of the Finance and Administrative Subcommittee. His return to active involvement on the Steering Committee has brought renewed energy to the project. Attendance at Project Steering Committee meetings by private sector representatives has increased steadily over the past three months of this reporting cycle

***Need to effectively and efficiently manage utilization of residential treatment services***

This project has highlighted the need to take a systemic and holistic approach to child welfare system reform. The use of performance based contracting in residential care would not have been possible without the changes made to streamline, automate and centralize the admissions process. The Centralized Matching Team (CMT) has decreased the time from referral to admission. Providers report the youth now being referred to them are more appropriate. It should be noted that Director McEwen, a strong proponent of the “no decline” policy, has publicly stated the Department’s own staff has now been forced because of performance based contracting and the no decline policy to take ownership of and responsibility for the matching process. He reports that the Department can no longer just refer a youth to any bed which is available, but has the obligation to refer youth to programs in which they can be successful.

The Department recognizes the need to improve its forecasting of need. This project highlighted gaps in information and data needed to more effectively project from one fiscal year to the next the types of beds needed, particularly for specialty populations such as pregnant and parenting teens and sexually problematic behavior youth.

The Discharge and Transition Protocol has proven to be a valuable tool to help streamline the discharge process and heighten the likelihood of sustained stability in step-down placements. Coupled with the new Statewide Provider Database, it is addressing problems and gaps in service assessment and provision. It also helped to identify other systems, such as community mental health, education, and foster care case management, which impact residential agency performance. Agencies are reporting increased awareness of the performance of other agencies, particularly those foster care or specialized foster care agencies to which youth could be stepped down. Although there is no formal process by which a residential agency can mandate placement in a particular step-down program, many agencies are reporting they are increasing their advocacy efforts in the CAYIT process and being more forceful in recommending post-discharge placements with those providers with which they have developed a good working relationship as a result of contacts now mandated by the Discharge and Transition Protocol.

In these times of economic decline, when resources are scarce and the cost of residential care continues to rise, it is imperative that services purchased by the state on behalf of vulnerable children and youth be of the highest quality and in the words of Director McEwen, “provide the right service, at the right time, at the right place and for the right price.” The Department is in the process of finalizing its contracted capacity for FY 2010. Five contracts are experiencing deviations from their TODR performance benchmarks in excess of ten points as of March 31, 2009. The Department has announced it will include performance on contractual outcome measures as a factor it will take into consideration in determining whether or not to offer an agency a contract for FY 2010 and if so at what contracted capacity.

### ***Need to establish clear definitions and consistent data collection***

Although Illinois has a robust and reliable child welfare data system, with databases maintained by several university partners, definitional issues continue to arise. The decision to, in essence, separate the residential component of this project from the ILO/TLP component is a recognition that the two programs are at very different stages of program implementation. The main cause of this was the lack of clear and consistent data protocols and a means by which to automate and report on



the status of performance outcomes. In prior reports, coding issues in residential treatment services were detailed. During this reporting period because of the large amount of time dedicated to examination of the data available in the ILO TLP programs which could be used to support performance based contracting, issues arose over the recording and coding of reasons youth were absent from care.

The eight providers on the ILO TLP Data Management Workgroup all reported different interpretations of rules mandating when they would be required to report a youth “missing” from their programs and how they would code the absence. DCFS monitors serving on the Workgroup also differed in their interpretation. Some providers reported they immediately filed a “906” notifying the Department of a youth’s absence from their program as soon as the absence became known. Other providers reported they would delay reporting any absence because the youth was usually in a place know to the provider, albeit without permission, and would return to the program in a matter of days. Still other providers, particularly those who work with youth over the age of 18, indicated they are uncomfortable reporting an “adult” as missing when individuals who are not in the legal guardianship of DCFS are free to come and go as they please and are not required to seek permission to visit friends or family.

It is evident that until clear definitions and coding guidelines are established and consistency in recording is maintained by both the private agencies and the DCFS monitors, it will be difficult to ensure the integrity of the performance data in ILO TLP. Without reliable data upon which to measure performance outcomes, performance based contracting cannot be an effective tool to drive system improvement. While both the private providers and DCFS staff serving on the ILO TLP Data Management Workgroup believe they can overcome these data challenges, the need to educate the greater provider community and the DCFS monitors to consistently apply shared contractual standards to daily practice is daunting.

***Need for transparency in fiscal penalties and incentives.***

Transparency in the development of the fiscal structure for this project has been critical. The DCFS Implementation Team, established in May 2008, continues to spend the majority of its time addressing fiscal problems and concerns. Their “Frequently Asked Questions” document has been useful in helping residential providers understand the relationship between their performance on the two residential outcome measures and their potential fiscal penalties and rewards. With the deployment of the new RTOS reporting mechanisms, agencies now have the ability to closely monitor their performance and calculate their potential penalties for failure

to reach their benchmarks for Treatment Opportunity Days Rate and their potential reward for exceeding their benchmarked Sustained Favorable Discharge Rate.

There is still some question in the private sector about whether or not the Department will actually impose the contractual penalties at the end of FY 2009 upon agencies which did not attain their TODR performance benchmarks. As of the writing of this report, approximately half of the residential agencies are exceeding their TODR benchmarks and half of them are not meeting them. The Director has stated publicly that he intends to abide by the terms of the contract and impose the penalty.

### ***Criticality of internal coordination of efforts in the public agency***

The DCFS Implementation Team has taken the lead in coordinating efforts and overcoming internal bureaucratic barriers within the Illinois Department of Children and Family Services. The organizational structure of the Department is complex. There are six different divisions with direct impact on this project: Placement/Permanency, Clinical Practice/Professional Development, Service Intervention, Budget/Finance, Field Operations and Monitoring. Three other divisions have tangential involvement: Child Protection, Planning/Performance Management and Communications. The Implementation Team, led by Placement and Permanency Deputy Director Kara Teeple, identifies the division with oversight and authority to address problems which arise.

Using a collaborative model, the Team analyzes the problem and works with staff assigned to the division impacted to resolve the issue. This has been particularly helpful in assessing the issues raised as a result of the underused capacity in residential care. The complexity of the problem could not have been identified without the full engagement of the Fiscal Office, Field Operations, Monitoring and Placement/Permanency.

As the Department moves forward to assess FY 2010 contract capacity, the ability of the Team to work collaboratively to ensure the needs of children and youth entrusted to its care are appropriately treated is critical.

### ***Recognition this is “a work in progress”***

Anxiety continues to rise in both the Department and the provider community over the national and state economic picture. Although the Department fared well in the proposed Governor’s budget for FY 2010, it is vulnerable to significant budget shortfalls if it fails to achieve its necessary targets for HMR and Medicaid draw down. Other state

agencies, including the Department of Human Services are experiencing deep cuts which will impact local community services. The lack of community based system of care services will impact the effectiveness of step-down placements to less restrictive settings.

The Project Steering Committee has discussed the role they should play in alleviating this anxiety and increasing their educational outreach efforts to ensure everyone fully comprehends the performance expectations and individual agency benchmarks set. Concerns reported in the last two reporting periods continue to persist over the consistency of the message being delivered both internally and externally. The Project Steering Committee continuously strives to let all child welfare providers and stake holders know this “is a work in progress.” Change will not be driven by anecdotes, but by data. The CWAC Subcommittee structure provides all parties with a feedback loop which allows for in-depth analysis and discussion of all aspect of this project.

### **III. Outcome Evaluation**

#### ***Evaluation Overview***

This statewide demonstration project does not have a treatment control site. Because of the substantial investment the State has made in reliable databases, the project can use historical data for a pre- and post-intervention analysis of performance outcomes. The Residential Treatment Outcomes System (RTOS) is now generating performance reports at the agency, contract and child levels. Judge Kearney has been given unfettered access to RTOS to review outcome data reports.

The project evaluation plan includes multiple data collection methods relevant to the five federal research questions. Unlike the previous Illinois performance based contracting initiative for foster care case management every stage of the implementation process has been documented in descriptive evaluation notes from initial concept design through the development and implementation of the demonstration, FY 2009, and FY 2010 performance based contracts. Individual structured interviews of both the public and private members of the Project Steering Committee were conducted by Judge Kearney following the first year of planning between December 2007 and January 2008 to explore individual members’ perceptions of the collaboration and planning process during the first year of this grant. These interviews were repeated in December 2008

and January 2009 to document perceptions of critical stakeholders post-implementation and provide insight into the transition from the planning to implementation and monitoring phase of the project.

Given the contextual variables inherent in a project of this type, environmental scans are conducted every six months to determine if other socio-political factors may be influencing the evaluation results obtained. This was particularly important during this reporting cycle because of the impeachment and subsequent removal of Governor Blagojevich from office. The impact of the economic downturn on increased demand for the Department's and its provider agencies' services at a time when budget cuts and declines in fundraising are experienced is creating an environment where success may be compromised.

Additional perceptual data was obtained in 2008 through the administration of the cross-site instrument developed by the QIC PCW evaluation team entitled the "Staff Survey Regarding Training, Supervision and Evidence Informed Practice." The survey inquires about how frontline staff measure and promote client outcomes in their work, clinical supervision and its impact on practice, training, quality assurance and improvement activities. This survey was administered to five different classifications of workers employed by Illinois private child welfare agencies providing residential, ILO and TLP services for children and youth. Sixty-four private residential agencies with which the Department has contracts for FY 2009 for placement of children and youth were asked to participate in this survey.

Staffing estimates for residential, ILO and TLP agencies were obtained from DCFS based upon their contractual requirements to ensure adequate staffing ratios of frontline staff and supervisors to the number of children placed. Residential agencies are classified as *mild*, *moderate* or *severe* based upon the clinical severity of the children and youth they serve. Each of these classifications has a different staffing ratio required with the highest level of staffing required for the severe agencies. Each private agency determines the duration of the shift to be worked. Most agencies use five 8 hour shifts or four 10 hour shifts per week as the equivalent to 1 FTE (full time equivalent) for residential staff. Additionally, each agency must have extra staff to cover for personnel absent due to sick leave, vacations, court hearings, and personal leave.

Staffing estimates were calculated for each agency and surveys sent to agency executive directors with self-addressed stamped envelopes for the participants to return their surveys anonymously. For frontline residential staff, all first and second shift workers in agencies classified as *mild* were offered the opportunity to participate. This is because there are

fewer agencies serving children classified as mild and the mild agency staffing ratio is much higher, thereby fewer staff members are required for supervision of the children and youth. For frontline residential staff employed by agencies classified as *moderate* or *severe*, one half of the first and second shift workers were offered the opportunity to participate.

The Project Steering Committee is particularly interested in knowing what variances in practice exist, if any, between those agencies providing services to children and youth in Cook County versus those agencies providing services to children and youth in all other Illinois counties, referred to by Illinois child welfare stakeholders as “downstate” agencies. In order to ensure a representative sample from mild, moderate and severe agencies, as well as from agencies located geographically in both Cook County and downstate, and to enhance overall statistical power, it was determined that all residential frontline supervisors, would be surveyed.

Although the frontline staff and supervisor survey return rate was at 36.6% for the 2008 survey administration, when the Project Steering Committee was consulted about how to increase participation for the FY 2009 administration, they indicated the estimated staffing ratios used to determine the potential number of frontline staff members to be surveyed may have been calculated at too high a rate, therefore the return percentage rate may actually be much higher than 36.6%. Residential providers also reported being confused about their classification level and whether they should have administered the survey to all of their frontline staff or only half as directed for the moderate and severe agencies.

Taking these comments into consideration, the “Staff Survey on Training, Supervision and Evidence-Informed Practice” is in the process of being administered again to frontline staff and supervisors. For the 2009 administration, all frontline staff members have been asked to participate to increase statistical power. Twenty one hundred surveys were mailed to agency chief executive officers on March 20, 2009 with a due date of April 17, 2009 for the return.

The “Quality Improvement Survey” developed for cross-site purposes by the QIC PCW was administered in 2008 to the person in each residential, Independent Living and Transitional Living Program who has the most knowledge of and responsibility for quality assurance and/or quality improvement activities within that agency. There are 18 residential treatment agencies and 20 ILO/TLP programs in Cook County; 24 residential treatment agencies and 20 ILO/TLP programs are located outside of Cook County. In smaller agencies, i.e. those with less than a ten bed capacity, the person most knowledgeable of quality assurance and

improvement activities was usually the Chief Executive Officer, Chief Operating Officer, or Clinical Director. For larger facilities, the survey was filled out by a person fulfilling these duties on a full time basis, usually the Quality Assurance Manager or Director. For the 2009 administration this survey was sent by mail on March 20, 2009 to agency Chief Executive Officers at the same time as the staff survey with an expected return date of April 17, 2009.

A mixed method approach is being utilized to evaluate this project. The March 2009 evaluation matrix is attached to this report as **Exhibit 12**. Designed in consultation with the cross-site evaluation, it utilizes the following methods to obtain data for the five federal research questions:

Q1 Collaborative Planning Process	Q2 PBC/QA Necessary Components	Q3 Outcomes Better under New System	Q4 Contextual Variables	Q5 Program Features and Evolvement of Monitoring Over Time
<ul style="list-style-type: none"> <li>▪ Surveys (P)</li> <li>▪ Interviews (P)</li> <li>▪ Focus Groups (P)</li> <li>▪ Observation of Process and Notes (D)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Surveys (P)</li> <li>▪ Interviews (P)</li> <li>▪ QI (P)</li> <li>▪ QA(P)</li> <li>▪ Contract Monitoring (P)</li> <li>▪ Agency Assessments (D)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre- and Post-Administrative Data (O)</li> <li>▪ Focus Groups (P)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Scans of Environment Every 6 Months (D)</li> <li>▪ Focus Groups (P)</li> <li>▪ Agency Assessments (D)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Surveys (P)</li> <li>▪ Interviews (P)</li> <li>▪ QI (P)</li> <li>▪ QA (P)</li> <li>▪ Contract Monitoring (P)</li> </ul>

*O = Outcome P = Perceptual D= Descriptive*

**Figure 8: Evaluation Methods Employed for *Striving for Excellence* Project**

The evaluation plan for FY 2009 includes the addition of in-depth agency assessments of the three highest performing residential agencies and two lowest performing agencies on the contract performance measures. Dr. Dean Fixsen’s implementation assessment tool will be utilized to obtain descriptive data and determine if correlations can be

drawn between agency implementation drivers (such as training, hiring, coaching, etc.) and successful performance on the designated residential outcome measures. If Dr. Jordan is successful in obtaining NIMH funding, additional data may be obtained and shared pertaining to the effect of organizational climate on performance.

**A. Research Question 1: Does an inclusive and comprehensive planning process produce broad-scale buy-in to clearly defined performance based contract goals and ongoing quality assurance?**

Documentation of the Illinois project in evaluative notes as it has progressed from initial concept through the design and development of the proposed performance measures through initial implementation has been kept by Judge Kearney. She has attended all of the Project Steering Committee meetings and most of the meetings held by the Workgroups responsible for project development and oversight to observe and record the interaction between the public and private members as they revise and refine the contracts for FY 2009 and FY 2010. She also attends the DCFS Implementation Team meetings telephonically each week unless she is in Chicago whereby she attends these meetings in person.

The Wilder Collaboration Factors Inventory, based upon research examined by Mattessich, Murray-Close and Monsey (2001) has been administered in 2007 and 2008 at the Statewide Provider Forums. The 2007 administration established the baseline perception of residential, ILO and TLP providers and a limited number of DCFS staff prior to the demonstration contract terms being established, negotiated and measured. Overall, the findings reflected positively on the private sector providers' view of the collaborative process at this stage of project development. Discussions within the Steering Committee attribute these relatively high scores to the constructive working relationship which has been forged over time between the public and private sectors through the CWAC Committee process.

The highest scores on the 2007 baseline administration of the Wilder instrument indicate that those surveyed believe the time is right for this collaborative project, their organization will benefit from being involved in it, and that no single organization could accomplish such a project by itself. The lowest score, not surprisingly, centers on not having enough funds to do what needs to be accomplished. The other low score was in response to the statement "people involved in this collaboration always trust one another." The use of the word "always" on the instrument may have skewed this response.

The Wilder Collaboration Factors Inventory was administered for the second time at the Third Statewide Residential Provider Forum on April 25, 2008. It was also administered at two separate Provider Forums for ILO/TLP providers on May 7, 2008 in Normal, Illinois and May 8, 2008 in Chicago. Early analysis reflects similar results as those obtained in 2007.

The six domains identified by Mattessich, et al within the Wilder Collaborative Factors Inventory are: 1) collaborative structure, purpose, common mission and communication; 2) human and financial resources; 3) existence of a collaborative “attitude” evidenced by history of collaboration in a community, trust and respect among members; 4) environmental conditions in which the collaboration operates, such as the respect and hope of others in the community, timing and political/social climate; 5) characteristics of the collaborative members; and 6) communication issues. Psychometric analysis by Dr. Teri Garstka of Pal Tech indicates that although there are distinct differences and some similarities between the QIC PCW cross site data (which included the Illinois project data) and previous research, the items on the existing scale held together as the original scale developer intended (Garstka, 2009).

Analysis of the data reflect statistically significant declines between Year 1 and Year 2 of project implementation in the domains pertaining to process/structure, communication, purpose, resources and QIC PCW child welfare. The cause for this decline over the two periods of data collection will be examined further following the third administration of the Wilder instrument at the Statewide Provider Forum on May 29, 2009. The means were slightly higher in all six domains when only those respondents who identified themselves as members of the Child Welfare Advisory Committee or any of their Subcommittees/Workgroups, but the rate of decline between Year 1 and Year 2 was similar. A chart setting forth these comparisons is attached to this report as **Exhibit 14**.

**B. Research Question 2: What are the necessary components of performance based contracts and quality assurance system that promote the greatest improvements in outcomes for children and families?**

The Staff Survey Regarding Training, Supervision and Evidence-Informed Practice and the Quality Improvement Surveys were administered in 2008 to private frontline staff and supervisors as well as the person with most knowledge of and responsible for quality assurance and/or improvement in each private agency. As discussed above, the staffing estimates may have been calculated at too high a rate. Nevertheless there was a 36.6% return rate for the Frontline Staff Survey



and a 51.5% rate of return for the Quality Assurance Survey. The second administration of the survey is being conducted at the present time.

Preliminary analyses have been conducted in consultation with Pal Tech to create the baseline. As reported by Pal Tech in their semi-annual report, frontline staff and supervisors were generally aware of their agency performance outcomes, believed those outcomes to be the correct ones to measure performance and understood how well their team performed. They were less likely to believe that the data their agency collected was adequate to understand the work they did with clients and families (Cross Site Evaluation, September 2008). More in-depth analyses will be conducted with Pal Tech comparing the responses from Year 1 to those received in Year 2.

The 2009 evaluation plan includes in-depth agency assessments using Dr. Dean Fixsen's Implementation Assessment Tool wherein the quality assurance/quality improvement systems of the three highest performing agencies and the two lowest performing agencies will be examined in depth to determine if specific agency organizational factors and characteristics influence performance on TODR and SFDR.

**C. Research Question 3: When operating under a performance-based contract, are the child, family and system outcomes produced by private contractors better than those produced under the previous contracting system?**

Agency and contract level outcomes for residential agencies are available through the Residential Treatment Outcomes Systems (RTOS). **Exhibit 15** attached contains a table of agency historical performance for FY 2006 and FY 2007, agency performance in FY 2008 and for the first two quarters of FY 2009.

The Residential Data Test Workgroup plans to examine agency culture and practices which may be influencing these outcomes. They have recently broken out hospitalizations, detentions, and runs for each agency to determine which type of absence has the most impact on their Treatment Opportunity Days Rate (TODR). Further analysis is warranted to determine what agency practices, if any, may be impacting either improvement or decline in TODR. Although these findings are only preliminary and much work remains to be done to examine the drivers behind this data, it appears that residential agencies are making concerted efforts on improving use of psychiatric hospitalizations. It has been argued that this is a driver which may be more within their control, unlike runs or detention which may be more dependent on the behavior of the

youth. Some providers have expressed concerns that agencies may be avoiding psychiatrically hospitalizing youth who may need this intervention if it will negatively impact the residential agency through a fiscal penalty at the end of FY 2009.

As of March 31, 2009, forty four agency contracts have improved their overall TODR between FY 2008 performance and the first two quarters of FY 2009.<sup>6</sup> Thirty one contracts were experiencing lower TODR scores overall. One contract remained unchanged. When looking at psychiatric hospitalization only, forty four contracts have improved TODR; twenty eight contracts worsened their rate and four remained unchanged. For runs, thirty three contracts improved; thirty one worsened; and twelve demonstrated no change. For detention, thirty improved, 31 worsened and 14 demonstrated no change. This issue will be explored further by the Data Test Workgroup and will be included in the agency assessment protocol being used by Judge Kearney for the highest and lowest performing agencies following conclusion of FY 2009.

Eight of eleven planned focus groups have been completed with critical and representative stakeholders statewide. The results of these focus groups will be reported in detail during the next reporting cycle, but providers are actively seeking ways to engage youth and thereby increase their Treatment Opportunity Days Rate. Creative and innovate approaches are being tried at the agency level and shared with others in forums such as the Residential Provider Group.

#### **D. Research Question 4: Are there essential contextual variables that independently appear to promote contract and system performance?**

Data for this question is captured through environmental scans done every 6 months by Judge Kearney. The contextual variables for this reporting period are those discussed in Sections II.A.2. and 3.above and include the following:

- The arrest, impeachment and subsequent removal of Governor Rod Blagojevich from office and the elevation of Lt. Governor Pat Quinn elevated the anxiety of both the public and private agency partners participating in this project during the entire reporting period. The Director of the Illinois Department of Children and Family Services serves at the pleasure of the Governor. The socio-political environment in the State of Illinois has been turbulent as a

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<sup>6</sup> This data is reported at the contract level. Many of the agencies involved in this contract have more than one contract because they may serve different populations, e.g. one unit serving moderate residential clients and another serving a severe population. In this case, the agency will have two separate contracts.

result of the change in administration. The new governor's FY 2010 budget was delayed to allow his office time to prepare it which also helped to create a climate of uncertainty during this reporting period.

- Passage of HR 6893 “Fostering Connections to Success & Increasing Adoptions Act of 2008” by Congress supports Illinois child welfare programs including kinship caregiver supports previously being offered by a waiver expiring in 2009, assistance to foster youth up to the age of 21, and short term training of private non-profit child welfare workers. An implementation team within DCFS worked during this reporting period to examine the implications of this legislation. Although the Department has decided not to modify its IV-E state plan at this time to take advantage of the Guardianship Assistance Program (GAP) because of the loss of administrative costs currently covered by its existing kinship waiver, other aspects of the P.L. 110-351 will have a positive impact on this project. The federal funds recouped for older wards will supplant the current state general revenue funds which support this program.
- Use of the Centralized Matching Team to centralize, automate and streamline the residential referral and admission process has had a positive impact on decreasing the time from initial referral for residential services to admission. Providers report the transparency of the process used to refer clients, i.e. the use of the D-Net system and the “e-mail stream” has increased their trust in the integrity of the system.
- Refinement and implementation of the revised Discharge and Transition Protocol designed to clarify the roles and responsibilities of the residential agency and the post-discharge placement has fostered increased networking between residential providers and step-down placements. This contextual variable should be explored further in the agency assessments being conducted after the close of the FY 2009 fiscal year and in focus groups conducted during FY 2010. Data collection from the FY 2009 focus groups is still be collected at the time of this report, however the Discharge and Transition Protocol has been identified by those groups which have already been conducted as a critical variable.

- The conversion of providers into those capable of billing Medicaid for their services is having increasing impact during this reporting period. Many providers report the conversion is very costly for their agencies in terms of fiscal outlay for software and staff training. Coupled with the Department's increasing reliance on Medicaid as a funding stream for child welfare services and the need for providers to become Medicaid certified, this external variable will be monitored closely in the upcoming reporting cycle.
- A bill pertaining to performance based contracting passed both houses of the General Assembly during the last legislative session. Senate Bill 2505 mandated that DCFS include sufficient funds in future legislative budget requests to cover the true costs of residential care. Although the bill passed, it contained language regarding rule making authority which delayed and ultimately effected its enactment. According to the Illinois Child Care Association, the bill has been introduced in the current legislative session and has passed through several legislative committees. Although there appears to be broad support for the legislation, if it is deemed to have a fiscal impact the likelihood of passage is slim.

**E. Research Question 5: Once implemented, how do program features and contract monitoring systems evolve over time to ensure continued success?**

See response in III.B. above.

**F. Other Site Specific Research Questions**

The issue of geographic differences in service delivery has arisen consistently during discussions held by the Project Steering Committee and in the CWAC Subcommittees and Workgroups. Providers from "downstate" (i.e. anywhere in Illinois that is not in Cook County) have discussed the challenges they face in not having services readily available to allow youth to step down from residential facilities. For agencies where a statistically valid sample was obtained which would not allow for the identification of specific individuals in order to maintain their anonymity, the local evaluator will have the capacity to report on survey results by agency and by geographic location.

Specific work pertaining to the impact of geography on performance is ongoing. This is being driven by the performance data

which reflects that agencies located in the city of Chicago attain lower Treatment Opportunity Days Rates (TODR) than residential agencies located in other less populated areas. Consideration is being given to modifying the residential risk adjustment strategy even further to take into consideration population density and poverty level. Preliminary regression analyses have demonstrated a strong correlation between these factors and performance on Treatment Opportunity Days Rate (TODR). This work is preliminary and not yet ready to be reported. If changes are made, it will be reported in the September, 2009 Semi-Annual Report.

## **IV. Sustainability**

The Child Welfare Advisory Committee structure has been in existence for over a decade and provides the appropriate forum to address public/private child welfare partnership issues of a systemic nature. The CWAC Subcommittees and Workgroups were working on performance improvement issues prior to this initiative for both the residential and ILO/TLP populations. The PBC/QA project is consistent with these efforts and will continue to be monitored by these Subcommittees after the life of this federal grant.

Director McEwen has indicated his intent to continue the evaluation of the ILO TLP aspect of this project after the QIC PCW funding ends.

## **V. Dissemination**

### **A. Publications**

Judge Kearney submitted an abstract to the Child Welfare League of America for their upcoming special issue of *Child Welfare* on residential treatment. If selected, the article will be entitled "Performance Based Contracting in Residential Care and Treatment: Driving Policy and Practice Change through Public-Private Partnership in Illinois." Director McEwen, Dr. Neil Jordan and Brice Bloom-Ellis have agreed to contribute. The project will be notified of selection or rejection in May, 2009. If selected, articles are due in July, 2009 and the special edition will be published in spring, 2010.

Preliminary discussions are also underway concerning the preparation of an article related to the residential risk adjustment strategy.

An article on this project has been published by the Center for Social Work Research at the University of Texas at Austin in its peer-reviewed journal (Kearney & McEwen, 2007). The article, entitled

*Striving for Excellence: Extending Child Welfare Performance Based Contracting for Residential, Independent and Transitional Living Programs in Illinois* describes the process used to plan, develop and implement this project.

The CCAI continues to report on the progress of this initiative in its *Monday Report* weekly which is disseminated to its members via e-mail and on the CCAI website. This vehicle has been used to update all CCAI member agencies on the status of this project.

## **B. Presentations and Dialogue**

This project has caught the interest of national organizations and has several presentations and meetings to report during this period including:

- 2008 Texas Child Care Administrators Annual Conference, Texas Alliance for Child and Family Services, October 14-16, 2008, Austin, Texas. Presentation by Marge Berglund on Performance Based Contracting in Illinois.
- 2008 Texas Child Care Administrators Annual Conference, Texas Alliance for Child and Family Services, October 14-16, 2008, Austin, Texas. Presentation by Director Erwin McEwen and Marge Berglund on Public/Private Partnerships and the Illinois Child Welfare Advisory Committee.
- American Association of Children's Residential Centers Annual Conference, October 29-November 1, 2008, San Diego, California. Presentation by Brice Bloom-Ellis and Dr. Alan Morris on "Moving the System Forward: Performance Based Contracting in Residential Treatment in Illinois"
- Integrating Services, Integrating Research for Co-Occurring Conditions Conference, Sponsored by the University of South Florida, National Institute on Drug Abuse (NIDA), and the National Institute of Mental Health (NIMH), Bethesda, Maryland, March 2-3, 2009. Presentation by Dr. Neil Jordan on "Development and Implementation of Risk-Adjusted, Performance-Based Contracting System for Children's Residential Treatment Programs"
- 17<sup>th</sup> National Conference on Child Abuse and Neglect, Atlanta, Georgia, April 1, 2009. Presentation on "Leveling the Playing Field: Using Risk Adjustment to Enhance Performance Based

Contracting in Residential Treatment” by Judge Kathleen A. Kearney, Brice Bloom-Ellis, Dr. Alan Morris and Dr. Neil Jordan.

- 17<sup>th</sup> National Conference on Child Abuse and Neglect, Atlanta, Georgia, April 1, 2009. Presentation on the status of the National QIC PCW Demonstration Projects by Director Erwin McEwen.
- 17<sup>th</sup> National Conference on Child Abuse and Neglect, Atlanta, Georgia, April 1, 2009. Presentation on “Building a Protective Timeline for Strengthening Families with Effective Public-Private Partnerships” by Director Erwin McEwen, Mary Hollie and Judge Kathleen A. Kearney
- 12<sup>th</sup> National Child Welfare Data and Technology Conference, Washington, DC, June 23-24, 2009 presentation on the status of the Illinois demonstration project by Judge Kathleen A. Kearney

An abstract is being prepared to present information related to this project at the National Institute of Mental Health’s 20<sup>th</sup> Conference on Mental Health Services Research: Increasing the Efficiency of Research and Mental Health Services Delivery being held July 20-21, 2009 in Washington, DC. The abstract is being submitted as a “think tank” presentation designed to stimulate thought on a challenging issue in mental health services research and/or service delivery. Dr. Neil Jordan is the lead on this project assisted by Judge Kearney, Dr. Christopher Larrison of the University of Illinois at Urbana-Champaign, Dr. Richard Epstein of Vanderbilt University and Dr. Scott Leon of Loyola University of Chicago. Abstracts are due April 15, 2009.

Several states have expressed an interest in learning more about this project. Inquiries have been made by representatives from the states of New York, Texas, Georgia and Wisconsin for information on the contract terms, performance outcomes, and financial incentives and disincentives.

## **VI. Conclusions and Recommendations**

### **A. Recommendations for policy makers and program makers**

#### ***Extension of the QIC-PCW and Illinois Demonstration Project***

The data which has been and will be collected and analyzed for this project has significant national implication. All states are struggling with meeting the needs of older adolescents with multiple service needs. The ever increasing fiscal demands placed on state and local child welfare systems mandates the effective use of the limited resources allocated to serve children and families. The Illinois project has now been bifurcated into two separate components. The residential project, while currently underway, will need at least 5 full years to determine its efficacy. The ILO/TLP component has not yet been fully implemented and is approximately one year behind residential. There will be very little relevant outcome data obtained by the time the current QIC PCW grant expires.

The QIC PCW Summits consistently demonstrate national interest in the findings of the demonstration site projects and the need for a national dissemination strategy which extends beyond the current life of the grant. In these times of economic downturn, the findings of these demonstration projects, and the work of the QIC PCW overall, are even more necessary to ensure the wise use of taxpayer funds to assistance vulnerable children and families.

### ***Institutionalization of a Collaborative Planning Process***

As previously reported in prior Semi-Annual reports and highlighted in the presentation by Mary Hollie and Miller Anderson at September, 2008 QIC PCW Summit in Lexington, Kentucky and the April, 2009 presentation by Director McEwen, Mary Hollie and Judge Kearney at the National Child Abuse and Neglect Conference in Atlanta, Georgia, the planning and implementation phase of this project has underscored the need to establish and institutionalize a mechanism through which leaders from both the public and private sector can engage with one another and seek shared solutions to child welfare policy and practice problems. A safe venue where critical thinking can be done through dialogue – which at times may be challenging and provocative – is an essential requirement for effective planning and realistic assessment of implementation barriers and potential solutions to overcome them. The existing CWAC Committee structure was the appropriate venue for a project of this complexity in Illinois.

The level of trust in the collaborative process reflected in the interviews of the Project Steering Committee is indicative of the success of the institutionalization of such a forum in Illinois which gives meaning to the public/private partnership prior to undertaking such an aggressive project as this. Although the difference is slight, the Wilder Collaboration Factors Inventory reflects that CWAC participation results in higher factor



means in all six domains than those who do not participate in CWAC. State and local child welfare systems who seek to use performance based contracts as a strategy to improve child welfare outcomes should consider establishing a structure similar to CWAC prior to undertaking efforts such as this one.

## **B. Recommendations concerning QIC activities**

The working relationship between the National QIC PCW and the Illinois site has been excellent. Dr. Crystal Collin-Camargo and Jennifer Hall, and members of the University of Kentucky staff have been extremely responsive to our needs. The Project Steering Committee benefited from the onsite project meetings and the questions posed by the Ms. Hall and members of the Pal Tech Evaluation Team. The joint project meetings have been helpful in allowing all sites to learn from one another. Although the scope and breadth of the Illinois demonstration site is very different from those of Missouri and Florida, the opportunity to share and receive information has been very helpful throughout the life of this project, especially during the April 2, 2009 meeting in Atlanta. We recommend that joint meetings be held at least two or preferably three times per year to allow for enhanced dialogue between all parties.

Dr. Teri Garstka of Pal Tech has facilitated monthly project evaluator calls during this reporting period which have assisted in resolving data collection and analysis issues. Dr. Garstka has been particularly helpful in assisting Illinois in site specific analysis of the survey instruments used for the cross-site evaluation. Her contributions to this project overall have been invaluable.

### **Figure List**

1. Illinois *Striving for Excellence* Theory of Change Model
2. Illinois Child Welfare Advisory Committee (CWAC) Structure
3. *Striving for Excellence* Project Organizational Structure, March 2009
4. Potential Pitfalls for *Striving for Excellence* Project as identified by Project Steering Committee members in 2008-2009 interviews
5. Identified concerns about the effectiveness of the *Striving for Excellence* Project Steering Committee by its members in 2008-2009 interviews
6. Comments of the *Striving for Excellence* Project Steering Committee on the collaborative process used for this project
7. Listing of collaborative meetings held pertaining to the *Striving for Excellence* project between September 1, 2008 and April 15, 2009
9. Evaluation methods employed to evaluate the effectiveness of the *Striving for Excellence* project

### **Exhibit List**

1. *Striving for Excellence* Illinois Project Logic Model, Updated as of March 31, 2009
2. Illinois Project Work Plan for Year 2 (April 1, 2009 through September 30, 2009)
3. *Striving for Excellence* Project Steering Committee Members as of April 1, 2009
- 4a. Discharge and Transition Protocol as of February 19, 2009
- 4b. Summary of Changes to Discharge and Transition Protocol as of February 19, 2009
5. Third Illinois Child Welfare Data Summit Agenda, March 10, 2009
6. Third Illinois Child Welfare Data Summit Evaluation Summary
7. DCFS Implementation Team Weekly Report for Week of April 6, 2009
8. Project Steering Committee Interview Report 2008-2009
9. Illinois Department of Children and Family Services Organizational Chart, 2009
10. Treatment Opportunity Days Rate, Residential Agency Aggregate, April 12, 2009

11. Treatment Opportunity Days Rate, Agency Level Example, April 12, 2009
12. *Striving for Excellence* Illinois Project Evaluation Matrix, March 2009
13. Abstract for CWLA *Child Welfare* special issue on residential care
14. Wilder Collaboration Scale, Comparison of Year 1 and Year 1 Domains
15. Illinois Residential Contract Performance as for March 31, 2009.

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