



Striving for Excellence: Extending Child Welfare Performance Based Contracting to Residential, Independent and Transitional Living Programs in Illinois

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Striving for Excellence: Extending Child Welfare Performance-Based Contracting to Residential, Independent, and Transitional Living Programs in Illinois

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Introduction

Historical Context

Child welfare in Illinois was in chaos in the 1990's because the number of children in protective custody overwhelmed the system. Between 1988 and 1997, the number of Illinois children and youth in out-of-home placement rose from 15,500 to over 50,000. According to McDonald (2000 p.4), although the sharp rise of children in care was also a national trend, Illinois had more children per capita in foster homes or residential facilities than any other state in the nation. At the height of the increase, Illinois had 17.1 children per 1,000 in care, while the national average was 6.9 children per 1,000. The median length of time entering children stayed in care had lengthened from eight months in 1986 to 56 months by 1996. The influx of children into the system resulted in the average Illinois caseworker managing over 60 children on their caseload in 1997 (McDonald, 2000 p.5).

Illinois Department of Children and Family Services (DCFS) officials attributed the rise in the number of children in care to many factors, including the lack of financial incentive for agencies to move children swiftly to permanency (McEwen, 2006). Much of the Illinois child welfare system was privatized by 1997, which meant that any change in policy, performance expectations, and financial structure posed unique challenges. Although providers were not found to intentionally keep children in care to ensure a predictable revenue stream, most agreed that the fiscal structure did little to make permanency a private-agency priority (Shaver, 2006). DCFS Director Jess McDonald testified before Congress in 2000 about the perverse incentive to keep children in care:

No small part of the problem was inherent in Illinois' basic contracting structure. Contracts based upon a fee-for-child payment can undermine permanency because once the child welfare issues have been resolved and the child is dis-

charged, an agency faces losing revenue unless the child is replaced with a new referral. This dynamic leads to the predictable practice of focusing the work on maintaining kids in care rather than aggressively pursuing permanency (McDonald, 2000 p.9).

1997 Implementation of Foster Care Case Management Performance-based Contracting

The passage of the federal Adoption and Safe Families Act of 1997 (ASFA) provided necessary incentive for systemic reform. The Illinois General Assembly enacted the ASFA mandated changes in 1997, including additional requirements for the Department to restructure its relationship with private foster care case-management agencies with which it had contracts. Illinois has a long-standing tradition of employing private providers for child welfare services, particularly in Cook County. Following a gubernatorial directive previously entered by executive order mandating its existence, the Department established by administrative rule the Child Welfare Advisory Committee (CWAC) in 1995. The purpose of CWAC is to advise the Department on programmatic and budgetary matters related to the provision or purchase of child welfare services (CWAC, 1995). In 1997, a Foster Care Infrastructure Work Group was implemented under the auspices of CWAC. This workgroup, comprised of non-profit foster care provider agencies with Purchase of Service (POS) contracts with the Department, was responsible for crafting, proposing, and implementing strategies for improving system performance (McEwen, 2006).

The Department, in consultation with CWAC and the Foster Care Infrastructure Work Group, adopted two primary strategies for systemic reform: (a) a front-end redesign to reduce the number of children entering and re-entering out-of-home placement, and (b) the use of performance-based contracting to increase the rate at which children exited care through achieving perma-

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nency. The goal of the second strategy was not only to increase the number of private agencies performing foster care case management functions on behalf of state wards, but also to hold them accountable for achieving permanency outcomes. This created a paradigm shift wherein the prior practice of compensating agencies for children in out-of-home care, regardless of the time frame set forth in the ward's case plan, was now considered a liability for the private agency if permanency goals were not attained.

The target population for this initiative in 1997 was children in the care of relatives residing in Cook County. This was expanded statewide in July 1998 to children in all traditional foster care placements. Services contracted for and performed by the private sector agencies included day-to-day case management, family preservation and support services, family foster care, kinship care, adoption, and respite care. Institutional care, group care, and independent living programs were specifically excluded (Westat & Chapin Hall, 2002).

The evolving performance contracting experience in Illinois was similar to that observed nationally by Kettner and Martin (1998). During the 1980's, contracts by governmental entities for human services were couched in terms of process. Detailed service definitions and scope-of-work statements were developed with state contract monitoring focused on ensuring provider compliance with these processes. By the early 1990's, contract standardization was extended to service outputs, wherein the contract provider was held accountable for providing specific units of service, such as a day in care. By the middle of the 1990's, with the passage of the *Government Performance & Results Act of 1993* (Public Law 103-62) and the shift of many state legislatures towards increased accountability for results, emphasis was placed on performance outcomes.

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 performance outcome set

for a predetermined number of cases expected to move out of the system and an equal number of cases expected as intake. Cases were assigned to each 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 for 24% of their beginning caseload (McDonald, 2000). Performance reviews were conducted twice per year during the first year of implementation. The intake of new cases was suspended for some agencies due to insufficient performance (McEwen, 2006).

The 24% benchmark represented a reduction in the average length of stay in foster care from 56 to 48 months, or approximately a 25% exit rate from care. In the early years of this decade, the required permanency rate was increased to 33% in cases where children were placed in relative-care, while the 24% target remained the same for traditional foster care placements. In 2004, the two were averaged thereby setting the performance goal for all cases at the current standard of 29% (McEwen, 2006).

Private providers are expected to manage caseloads by balancing their intake of cases with those exiting care. If performance standards are not met, agency caseloads increase without any additional funds being provided. Agencies must absorb the costs of any uncompensated care. High-performing agencies do not experience a reduction in funds and may receive a bonus above the standard payment (Westat & Chapin Hall, 2002). Agency performance is now reviewed on an annual basis. Agencies are ranked from lowest to highest in permanency placement rates through the use of aggregate permanency performance data managed by the University of Chicago Chapin Hall Center for Children. A reconciliation process exists where agencies can challenge the accuracy of the numbers presented (Westat & Chapin Hall, 2002).

Those agencies ranked highest are more likely to receive their guaranteed intake of new cases, thereby sustaining a steady revenue stream. It is

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possible that an agency that meets but does not exceed its desired permanency rate will not be given new clients in favor of an agency that has exceeded expectations (McEwen, 2006). This paradigm shift in contracting resulted in the State retaining better-performing agencies and eliminating those who failed to meet performance goals. The number of private foster care case-management agencies declined from 40 in 1998 to 33 by 2003 due both to the reduction in the number of children in care and the decision of less efficient providers to discontinue services (Blackstone, 2004).

DCFS established its Office of Quality Assurance in 1997 at the same time its performance-based contracting initiative was implemented. This office conducted comprehensive reviews of direct-service operations. It evaluated and reported upon established performance outcomes. Agency Performance Teams were established in Cook County to monitor and evaluate private-agency performance (DCFS, 1997). These teams were expanded as performance-based contracting was implemented statewide in 1998. As part of its overall quality improvement efforts, Illinois sought and obtained accreditation through the Council on Accreditation of Services for Families and Children (Illinois CFSR, 2003). The Department was reaccredited in 2004.

Results of Foster Care Case-Management Reform

Performance-based contracting, with its emphasis on permanency, is credited with reducing the number of children in out-of-home placement from 51,331 at its inception in 1997 to 15,788 on November 30, 2007 (DCFS, 2007b). Adoptions were doubled in the first year alone, from 2,229 in state fiscal year 1997 to 4,293 in 1998 and 7,315 in 1999 (McDonald, 2000; Shaver, 2006). Simultaneously, DCFS aggressively pursued the use of subsidized guardianship as an alternative path to permanency. Through the use of the Illinois Title IV-E waiver, which allows more flexibility for kinship care and the establishment of performance-based contracts for kinship care providers, over 5,100 children were placed permanently with relatives by the end of state fiscal year 2000

(McDonald, 2000; Shaver, 2006).

Revenue saved through case reduction was reinvested in the system to improve services by reducing worker caseload size (Blackstone, 2004). Within the first three years, there was a 40 percent reduction in the number of children in care. The difference between the administrative payment level and the actual provider caseload formed the basis of the fiscal incentive or potential fiscal penalty and maintained revenue neutrality (Westat & Chapin Hall, 2002). The Department used the savings generated by declining caseloads in relative care to reinvest in lowering the contracted private-agency (POS) case-worker caseload. At the inception of performance-based contracting in July 1997, private-agency caseloads in Cook County were funded at 25 children per worker. By the end of state fiscal year 2000, the average caseload was lowered to 18 children per worker (McDonald, 2000). Illinois received a Harvard Innovations in American Government Award in 2000 in recognition of its achievements (McEwen, 2006).

Lessons Learned from Implementation of Foster Care Case Management Performance-based Contracting

Notwithstanding the documented gains in moving thousands of children to permanency reflected in the Illinois administrative data, there was no formal evaluation or empirical research done on the implementation of performance-based contracting in the Illinois child welfare system in the late 1990's. What were the critical factors which led to Illinois' success? In 2000, at his appearance before the Government Management, Information, and Technology Sub-Committee of the House Committee on Government Reform in 2000, Director McDonald singled out three necessary elements which laid the foundation for Illinois' accomplishments: (a) changes in Illinois law in 1997 to comport with the goals and performance expectations of ASFA, (b) a strong partnership with the juvenile court under the creative leadership of the presiding judge of the Cook County Child Protective Division. and (c) the establishment of a real partnership with the private providers which allowed both the public and pri-

vate sectors to reach consensus on outcomes and the importance of achieving results (McDonald, 2000).

Prior to accepting gubernatorial appointment as the current Director of DCFS, Erwin McEwen served as its Deputy Director of Monitoring and Quality Assurance. In his unpublished 2006 report on the use of performance-based contracting as a strategy for improving child welfare, he describes how critical it is for private providers to “buy-in” to the success of this initiative:

Unless private providers believed in these policies and the practices for implementing them, it would be impossible for the policies to succeed. In short, it was essential that private providers believe in the changes (McEwen, 2006).

Director McEwen (2006) cites three actions and conditions which contributed to the engagement of the provider community:

Input into decision making: The use of the Foster Care Infrastructure Workgroup under the auspices of the Child Welfare Advisory Committee (CWAC) provided the appropriate forum for meaningful dialogue between the public and private sectors.

Reliable and verifiable data: Providers needed assurance that the data used to measure their performance were accurate and came from an unbiased source. DCFS entered into an agreement with Chapin Hall Center for Children to house and manage the Integrated Database on Child and Family Programs in Illinois, which contains consolidated data from more than 30 statewide and city programs, serving more than four million children, and it allows researchers to track individuals or populations as they pass from one program to the next.

Commitment to reinvest in the system: The state’s firm commitment to reinvest any savings back into the child protection system led to improvements in the quality of services delivered to children and families. Some agencies invested in increased staffing, which led to higher permanency rates and reduced caseloads for case managers. Other agencies added specific program

enhancements targeting foster home recruitment, emergency shelters, and clinical behavioral services.

Neither a formative nor summative evaluation was ever done on the collaboration between the public and private sectors in developing the Illinois performance-based contracting and quality assurance system. Although the Department sought provider input, the process was limited to the participants in the Foster Care Infrastructure Workgroup. There were no opportunities for providers and other stakeholders in the child welfare system, most notably the judiciary, to participate in the assessment, planning, or implementation processes. A recent study of nonprofit agencies transitioning to a performance-based, managed care contract with Michigan’s public child welfare agency recognized the impact of the juvenile court on successful agency performance. Although the sample size for this study was extremely small (nine nonprofit agencies), it suggests that the judiciary must be made aware of any new fiscal arrangements and be prepared to accommodate them in order for child welfare services providers to be successful under a performance-based contracting system (McBeath & Meezan, 2006).

Current Challenges of the Child Welfare System in Illinois

Poor CFSR Round I Performance

Despite its apparent success in moving children to permanency, the Illinois child welfare system did not fare well in its 2003 Child and Family Services Review (CFSR). Illinois failed to achieve substantial conformity on any of the seven child welfare outcome measures. One of the weakest areas of performance occurred in 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. Additionally, 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).

In light of the first round CFSR results, increased prevalence of placement instability and the complexity of needs required for harder-to-serve youth, the Illinois Performance Improvement Plan team, led by then Deputy Director McEwen, determined that changes to existing performance-based contracts were necessary. Because the initial goal of “downsizing the system” and moving large numbers of children out of the system had been largely accomplished, the decision was made to place increased emphasis on “best practices” by redirecting funds from services and functions no longer necessary due to the decline in the number of children in care towards reducing the private agency targeted caseload ratio to 15:1 (Illinois DCFS, 2004).

Although the achievement of permanency remains a critical performance indicator and is weighted heavily, new performance indicators were added in 2005 to contracts which address placement stability; documented contacts between parents and children, parents and case workers, foster parents and case workers, and children and case workers; documentation of the occurrence of quarterly Child and Family Team meetings; determination of whether placement changes from traditional or relative care to either specialized foster care or institutional/group home care were planned or unplanned; and educational engagement of the child (McEwen, 2005). Monitoring protocols were developed and performance targets were aligned with Performance Improvement Plan benchmarks.

Service Needs of Children and Youth Are More Complex

The 2006 study by the Chapin Hall Center for Children at the University of Chicago on placement stability in Illinois was conducted to assess the nature, prevalence, and predictors of placement instability. The researchers administered web-based surveys to over 1,200 public and private agency case managers and analyzed administrative data to look at historical trends in the rate of placement instability (Zinn et al. 2006). The number of placement changes within the first year

of entry to care has been gradually increasing since the early 1990’s. Furthermore, researchers found that the placement-change rate in Illinois is relatively high when compared to other states and has been steadily increasing (Zinn et al., 2006).

The causes of placement instability are varied. Case managers reported children were moved to facilitate placement with siblings, relatives, or in pre-adoptive homes. Foster parents’ inability or unwillingness to continue providing services, particularly for children with emotional or behavioral problems, was cited by workers as contributing to over 75% of children’s most recent moves. A statistical analysis of administrative data supports Chapin Hall’s survey findings that behavior problems, prior institutionalization, and runaway incidents increased the likelihood of subsequent placement instability (Zinn et al., 2006).

DCFS administrators report that children and families involved in the child welfare system today present a more diverse and difficult array of service needs than previous populations with a rising need for mental health placements designed to treat clients who have more severe problems (McEwen, 2006). The successful implementation of the Illinois front-end system redesign is bringing fewer children into substitute care, but those who do enter care are more likely to be older and have more complex needs.

In 2004, Chapin Hall conducted one of the most extensive studies ever done on foster youth in residential care. “Residential care” is defined in this study and in this article as “institutional and group care settings.” Chapin Hall researchers found the Illinois 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. A smaller number of residential service providers are now serving more troubled children and youth than residential programs in the mid-1990s. Fewer beds are available for children with more severe mental health diagnoses. Children who are discharged from residential care into a less restrictive setting are less likely to remain there; 51% of youth dis-

charged 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).

The days in care for youth requiring treatment for severe conditions has increased over 21% in the last four years, while the days in care for youth receiving treatment for mild or moderate conditions decreased by 29% during that same period (DCFS, 2007a). In its fiscal year 2008 legislative budget request the Department reported that additional residential resources are needed to address children and youth who arrive with behavioral health challenges and concomitant medical complications, or who suffer from chronic mental illness requiring the likely transition to the adult mental health system upon reaching majoring. Pregnant and parenting teens and those children diagnosed with both mental illness and a developmental disability also require increased resources to cover their specialized care needs (DCFS, 2007a).

The proportion of older children in the Illinois child welfare system rose steadily from 13% in 1995 to 40% in 2005. A growing number of children leave foster care because they require more intense residential treatment services or age out through independent living or emancipation (McEwen, 2006). Unlike many states, Illinois allows foster youth to remain in care until age 21. In a recent study of 19-year-olds, including those remaining in the care of the Department and those recently emancipated, Chapin Hall found Illinois that youth making the transition from foster care to adulthood were experiencing significant difficulty across a number of domains of functioning (Courtney & Dworsky, 2006). When compared to a representative national sample of their same age peers from the National Longitudinal Study of Adolescent Health, where 9.4% of 19-year-olds had neither a high school diploma nor a GED, 39.6% of Illinois foster youth did not. Illinois foster youth were less likely to be employed or enrolled in post-secondary education. Only 38.6% were enrolled in college or a vocational training program compared to 56.4% from the national sample (Courtney & Dworsky, 2006).

Youth who remained in care past age 18 were more than twice as likely to be enrolled in a post-secondary educational program as those youth discharged prior to or at age 18 (Courtney, Dworsky & Pollack, 2007).

System Redesign Efforts

Child and Youth Investment Teams (CAYIT)

In addition to recent changes to foster care case management contracts brought about through the Illinois Performance Improvement Plan, and in recognition of the challenges of serving an older and more complex population in its child welfare system, Illinois has undertaken several recent reform efforts designed to improve performance. The Department established Child and Youth Investment Teams (CAYIT) in 2006. The CAYITs are regionally based, multidisciplinary teams responsible for assessing a child or youth's service needs and identifying the placement and resources required to meet those needs (Samuels, 2006). A CAYIT staffing approval is required prior to placing a child or youth in residential care, Independent Living Program (ILP) or Transitional Living Program (TLP). Youth over the age of 12 are expected to participate in the CAYIT staffing assessment unless it is deemed clinically inappropriate (Samuels, 2006).

Illinois requires that all children in out-of-home care are assessed through the use of the Child and Adolescence Needs and Strengths (CANS) assessment tool. The CANS evaluates child and youth functioning including trauma experiences, trauma stress symptoms, child strengths, life-domain functioning, acculturation, behavioral and emotional needs, and risk behaviors (McEwen, 2007). The CANS is scored and reviewed at the CAYIT staffing and is used to support service planning, quality improvement activities, and outcomes monitoring. An action plan is developed and monitored resulting from the decisions made in the CAYIT staffing (Samuels, 2007). The CAYIT process was developed to guide informed decision making and to streamline access to needed clinical services. Nevertheless, a backlog of children and youth awaiting admission to residential treatment had

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grown to 390 children and youth as of April, 2007, due to the lack of available treatment beds (E. McEwen, personal communication, August 24, 2007). In state fiscal year 2007 approximately 7,000 children and youth will have gone through the CAYIT assessment process (DCFS, 2007a).

Independent and Transitional Living Programs

A complete system redesign of the Independent and Transitional Living Programs was undertaken in state fiscal year 2006. A three-tier system was put into place for the Transitional Living Program (TLP) based upon the youth's age, educational status, treatment needs, and anticipated length of stay. TLP Tier 1 is designed for youth ages 17 to 19 at the time of entry who have obtained a high school diploma or GED and present without unmanaged diagnoses or significant treatment issues. TLP Tier 2 also admits youth ages 17 to 19 at entry who do not have a high school diploma or GED, and whose treatment needs are manageable in a non-residential, community-based setting. The program goal of TLP Tiers 1 and 2 is to transition the youth to the Independent Living Program or emancipation. TLP Tier 3 is for young adults aged 19 or older at the time of entry who have not obtained a high school diploma or GED, with a program goal of emancipation from care. The Independent Living Program (ILO) is for designated youth aged 19.5 or older who are capable of maintaining themselves in their own apartment to prepare themselves for emancipation from DCFS custody. Admission requirements to ILO include stability in placement for one year prior to admission, a steady work history, and attainment of a high school diploma or GED.

Program plans for each level of care were developed by a collaborative process through the establishment of an ILO/TLP Workgroup made up of representatives from both the public and private sectors. Provider rates were standardized by tier level. Performance expectations were developed and incorporated into contracts for state fiscal year 2007, but no fiscal incentives or penalties were tied to them.

Residential Performance Monitoring Unit

Illinois established a Residential Performance Monitoring Unit (RPMU) in 2005 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 it is charged with the identification of weaknesses in the overall system of care. A contract with Northwestern University was developed to provide and train the monitors. This contract was discontinued in 2007 following the Department's decision to bring the monitors "in house" as DCFS employees during state fiscal year 2007-2008. The redesign of the RPMU is intended to significantly lower the ratio of youth to monitors from 50:1 to 35:1 thereby allowing the monitors to provide increased technical assistance to lower-performing agencies and improving the Department's overall quality-assurance capacity (N. Brown, personal communication, July 27, 2007). The improved monitor-to-youth ratio will also assist in the implementation of new quality-assurance protocols developed as part of the expansion of performance-based contracting to residential programs.

Performance Dashboard

An interest in readily available, "user-friendly," and reliable information pertaining to private-agency performance grew with the recent system reforms. Within the existing Child Welfare Advisory Committee (CWAC) structure, the Data Test Workgroup, comprised of academic experts from Northwestern University and the University of Illinois at Chicago, DCFS quality-assurance staff, and private-agency representatives began work in 2005 to develop a residential performance "dashboard." The dashboard has not yet been finalized, but is intended to provide a means to identify provider effectiveness and allow for a meaningful, data-driven basis for comparison among like providers. Combined with the CAYIT admission process to residential care, and the Residential Treatment Outcomes System (RTOS), the performance dashboard will also enhance the CAYIT's knowledge of provider capacity, which should result in improved placement

decisions.

Expansion of Performance-Based Contracting to Residential, Independent, and Transitional Living Programs

In assessing the challenges Illinois faces in improving its child welfare system, both public and private child welfare stakeholders determined in 2006 that the expansion of performance-based contracting and its related quality-assurance initiatives into the provision of residential, independent, and transitional living services is a worthwhile strategy for improving outcomes for children and youth. As of November 30, 2007, there were 1,895 Illinois children and youth residing in institutional or group care; ILO and TLP programs serve 1,911 youth (DCFS, 2007b). Drawing upon lessons learned in the development and implementation of its foster care case management contracts, a core principle of the expanded Illinois model 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 a higher quality of care, increased stability in placement, smoother and more 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 the implementation of the National Youth in Transition Database (NYTD), which is expected to have significant impact on the ILO/TLP aspect of this project.

The development of an outcomes measurement and management plan requires focused and dedicated leadership on behalf of both the public and private sectors. Teamwork and the engagement of front-line field staff are essential in the development and implementation of an outcomes measurement framework. Project managers should consider organizational culture, team mission, resources, physical environment, outside influences, and team composition when developing the outcome measures and the system under which they will be monitored (Fisher, 2005).
Project Leadership and Planning Process

A Striving for Excellence Project Steering Committee was appointed by Director McEwen in January, 2007, to provide project oversight and policy guidance. This committee meets monthly to review the status of development and implementation. The existing Child Welfare Advisory Committee (CWAC) structure as shown in Figure 1, which has served Illinois well in creating a forum for public and private agency dialogue in the past, was enlisted to use its Subcommittees and Workgroups to design and develop proposed performance-outcome measures, fiscal incentives, and risk-adjustment strategies for residential and ILO/TLP programs. The Project Steering Committee coordinates the efforts of the CWAC Subcommittees relative to this initiative to avoid duplication of efforts and to ensure adequate vetting of issues by Workgroups with specific programmatic, fiscal, and data collection expertise.

Three existing CWAC Subcommittees are currently working on this project. The High End Subcommittee is providing oversight for the development of performance measures for residential treatment programs. The Data Test Workgroup, which reports to the Residential Monitoring Workgroup of the High End Subcommittee, has been tasked with determining the specific outcome measures and data sources, and with the development of a risk adjustment model.

The Older Adolescents Subcommittee formed the ILO/TLP Workgroup to facilitate the 2006 programmatic reforms. 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 Data Test Workgroup is also providing technical assistance to the ILO/TLP Workgroup on the availability and collection of data for proposed measures. The Finance and Administration Subcommittee has formed an expanded PBC/QA Fiscal Workgroup to review the financial aspects of this project and make recommendations to the Steering Committee. This expanded committee also includes representatives from the Data Test Workgroup to ensure programmatic as well as financial expertise in the development of the fiscal structure.

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As of November 30, 2007, these Subcommittees and Workgroups have held over 75 meetings of at least two hours duration, with many half-day and full-day sessions, to work on this project during the first year of contract development. They performed the following tasks:

- Analyzed the existing service delivery models in residential and ILO/TLP programs;
- Reviewed available data and research pertaining to these programs;
- Identified evidence informed practices;
- Determined the status of available data sets, gaps in existing data, and future needs for data collection;
- Engaged national and local experts to provide technical assistance;
- Discussed and debated suggested performance indicators and the reliability of data used to measure them;
- Reached preliminary consensus on the pro-

posed performance indicators and presented them to the broader child welfare community in the first Statewide Provider Forum;

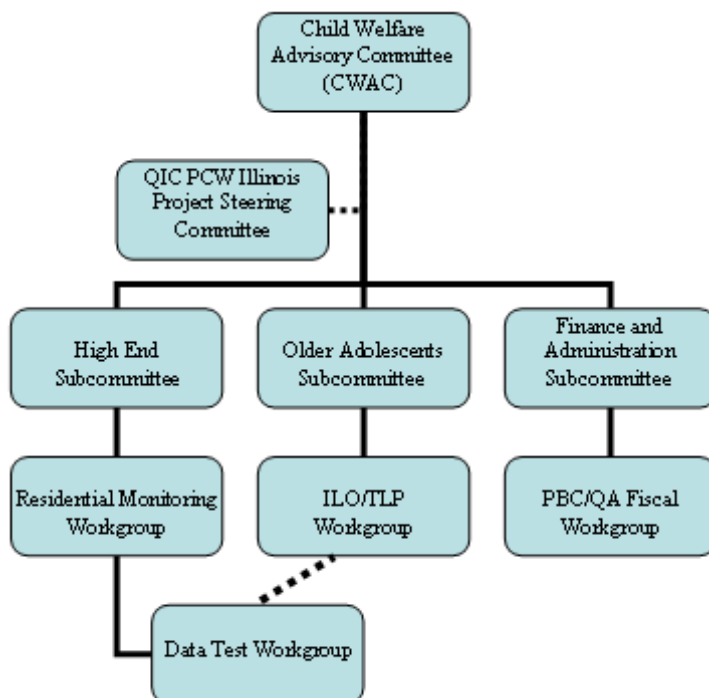
- Refined the proposed measures based upon feedback obtained from providers;
- Developed proposed fiscal incentives for implementation during state fiscal year 2008-2009 and presented them to providers during the second Statewide Provider Forum; and
- Developed a preliminary risk-adjustment model for testing during the 2008-2009 contract period.

Child Welfare Data Summit

Unlike many states where the public agency manages and operates child welfare data systems, Illinois DCFS contracts with a variety of university-based data resources to track decisions, services, and outcomes of wards in residential care, including:

Residential Referral System: developed by the

Figure 1: Striving for Excellence Organizational Structure for Planning and Project Development



University of Illinois Chicago Department of Psychiatry to support the Central Residential Referral Committee (CRRC) responsible for reviewing all wards recommended for residential care.

Residential Treatment Outcomes System (RTOS): developed by Northwestern University Mental Health Services to track treatment progress of wards in residential care; includes data from measures of behavior problems and life skills (CFARS, CANS, Ansell-Casey, Vineland, and the Child Sexual Behavior Inventory); RTOS also includes Unusual Incident Reports (UIRs).

Psychiatric Hospital Project: developed and supported by the University of Illinois Chicago Department of Psychiatry for data management

of hospitalized wards and to facilitate discharge planning.

Screening Assessment and Support Services (SASS) Database: developed by Northwestern University Mental Health Services and Policy Program to track SASS services; includes preadmission screenings that result in hospital referrals or deflections to outpatient mental health services.

Clinical Services in Psychopharmacology: maintained by the University of Illinois Chicago, Department of Psychiatry, to review all requests for psychotropic medication.

Children and Family Research Center: maintained by the University of Illinois Champaign-Urbana School of Social Work in conjunction with DCFS; tracks performance outcomes and indicators in the domains of child safety, stability of family life, continuity of social ties, and legal permanence.

Chapin Hall Center for Children at the University of Chicago: manages the Integrated Database on Child and Family Programs in Illinois, which contains consolidated data allowing researchers to track individuals or populations as they pass from one program area to the next.

Northern Illinois University Center for Child Welfare and Education: populates and tracks the DCFS Educational Passport database.

DCFS maintains residential tracking systems as well as budget and finance databases to track projected and actual costs. The Residential Care Rate-Setting Database contains the audited cost and utilization information for each residential program. The Department's Child and Youth Centered Information System (CYCIS) database contains placement history information and unusual incident reports. It is used for planning and evaluation purposes as well as provider payment.

Although these individual databases are rich with information on outcome and process measures, no opportunity previously existed for these university partners to jointly review their data with DCFS staff for planning purposes. State-level stakeholders noted in the CFSR that there is no formal interagency protocol for coordinating services and that interagency coordination is poor

because agencies are not sharing information (Illinois CFSR, 2003). To successfully expand performance-based contracting to other residential program areas it was necessary for all stakeholders to have a clear understanding of what data currently exists pertaining to the population being served. DCFS Director McEwen convened the first Illinois Child Welfare Data Summit in March 2007 to bring university partners and representatives of child welfare data repositories together to review existing data sets and discuss outcome measurement for the target populations. As a result of the Data Summit, the university partners agreed to provide their technical expertise to assist the Striving for Excellence Project Steering Committee and the CWAC Workgroups in their work. Faculty representatives have attended Workgroup meetings, updated the Steering Committee on the latest research impacting the target populations, and worked collaboratively with one another and the Data Test Workgroup to develop the risk adjustment model.

Statewide Provider Forums

The original project model called for the Child Care Association of Illinois (CCAI) to host and facilitate the first Statewide Forum for this project in mid-May 2007. Those invited to this Forum were to include all residential, independent living, and transitional living program providers in the State. Representatives of the Illinois Court Improvement Program (CIP), the juvenile court, the Office of the Public Guardian, agency attorneys, attorneys representing parents, and representatives of community-based partners were also to be invited. The purpose of the Forum was to present the proposed performance outcomes developed through the planning process and seek input from the greater child welfare community as a whole.

Following the Data Summit, once the CWAC Subcommittees and Workgroups began their work in earnest, the magnitude of the task before them became evident. The complexity of the issues presented and debated caused delays in finalizing the measures. The Project Steering Committee made the conscious choice not to address the financial implications and contractual risk-

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adjustment strategies until after the proposed performance measures had been presented to the providers and their feedback obtained. They further determined that it would be premature to invite external stakeholders, such as representatives from the juvenile courts, until the provider community had the opportunity to fully debate the proposed performance outcomes internally. Director McEwen has kept the Administrative Office of the Courts apprised of project goals, but to date the planning process has been limited to those entities directly involved in service provision only.

The first Statewide Provider Forum was convened in June 2007 with over 130 participants in attendance. The Project Steering Committee recognized the need to educate providers on the basics of performance-based contracting as over half of those in attendance were not foster care case-management providers and had no prior experience with the concept. A plenary session was held for this purpose at the start of the Provider Forum. Following the plenary, smaller focus groups were facilitated by Project Steering Committee members to obtain feedback from attendees on the proposed performance measures. The CWAC Subcommittees and Workgroups reconvened and reviewed provider comments and suggestions for improvement.

Following the Forum, input given by the attendees was used to further refine the measures. Adjustments were made based upon the recommendations given, including the decision to exempt from this project group homes for the severely and profoundly developmentally disabled, and for emergency shelters. The CWAC Subcommittees and Workgroups turned their attention to the mechanics of financial incentives and risk-adjustment strategies. The financial model proposed by the Department to advance its goals of reducing the length of stay in residential care, while increasing the capacity to serve youth awaiting residential placement, was presented to the Finance and Administration Subcommittee to link the proposed residential performance measures with the appropriate financial indicators.

The ILO/TLP system fiscal and programmatic redesign is in its first year of implementation; therefore, the decision was made to evaluate the current fiscal structure and monitor the added performance outcomes during the demonstration contract period rather than modify the current program plan.

A second Statewide Provider Forum was convened on August 31, 2007, to specifically address the proposed fiscal structure and risk-adjustment strategies proposed. Over 175 attendees participated and provided critical feedback and reaction. The Director proposed a “no decline” policy for residential contracts. This policy would prevent agencies from rejecting harder-to-serve youth in order to improve their performance outcomes. This practice, known colloquially as “cherry picking” or “creaming” clients, has been discussed by the Data Test Workgroup as an unintended consequence of residential performance-based contracting, a practice which should be discouraged. Providers strongly expressed concerns over the loss of their ability to control their treatment milieu if they are forced to take a child or youth who would disrupt their existing case mix. As a result of the open discussion at the second Statewide Provider Forum, a workgroup was established to address the problems identified by both sides.

Demonstration Contracts

Demonstration contract addenda containing the new performance measures were added to existing residential and ILO/TLP contracts effective November 1, 2007. Providers agreed to cooperate in all data collection, evaluation, and training efforts in conjunction with this initiative. The demonstration contract period will be in effect from this date until June 30, 2008. Performance data on the identified outcome measures will be collected and analyzed during this period, but all provider agencies will be held harmless, i.e., there will be no fiscal incentives or penalties imposed related to performance until the contract period beginning July 1, 2008. The Project Steering Committee, the CWAC Subcommittees, and Workgroups meet monthly to evaluate performance data. A third Statewide Provider Forum will

be held in the late spring, 2008, to discuss preliminary results and obtain feedback on the impact and effect of the demonstration contract on practice and performance. Modifications, if any are necessary following the demonstration contract period, will be incorporated into state fiscal year 2008-2009 contracts.

Outcome Measures and Performance Goals

The primary driver of performance-based contracting for foster care case management was to reduce the number of children in care. Achieving permanency goals and outcomes were – and are – the focused priorities of these contracts. The overarching goals of the current expansion of performance-based contracting to other aspects of residential care are to incentivize shorter lengths of stay in institutional and group care while improving client stability and functioning, and allowing for expanded availability of residential care beds for children at earlier stages of their need, thereby increasing the likelihood of successful intervention. Performance data will be assessed based upon two new indicators pertaining to a sustained favorable discharge rate and the rate of treatment-opportunity days.

Each residential provider will have an established, predicted “sustained favorable discharge rate.” This rate will be determined by the number of youth who experience a positive or neutral discharge from residential care to a placement that remains stable for a period of 90, 180, or 270 days divided by the number of youth served. A “positive discharge” is defined as a “step down” placement to a less severe residential program classification within or outside the same agency, or to any other less restrictive non-temporary placement. A “neutral discharge” is defined as placement into a chronic residential program classification such as a long-term residential nursing home. The benchmark for each agency for this performance indicator will be established by applying a risk-adjustment model to each agency’s case mix and factoring in youth characteristics which are predictive of sustained favorable discharges.

For the second performance indicator, each residential agency will have an established predicted rate of “treatment opportunity days.” This rate is derived by dividing the total number of bed days in the residential stay by the number of days that youth were absent from the agency due to runaway, placement in detention or corrections facilities, or psychiatric hospitalization. The performance benchmark for the agency will be risk adjusted taking into account the characteristics of the youth served and the agency’s historic performance. Data from the Department’s CYCIS database will be used to determine both the sustained favorable discharge rate and the treatment opportunity day rate. Client discharges from residential facilities will be reported monthly to the Residential Monitoring Unit. A quarterly report will be provided by the Department to each agency detailing its progress. A process will be established to reconcile differences between DCFS and private-agency records.

For Independent Living and Transitional Living 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. For the Independent Living and Transitional Living Programs the performance indicators are divided into six domains: education, employment, financial competence, placement stability, planned positive discharge, and engagement in healthy living practices and behaviors. Youth are expected to be enrolled in and attending school, earning credits, and making progress towards diploma 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 will be monitored 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. For youth in the Independent Living Program and the highest tier of Transitional Living, 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 to appropriately care for their children. Youth with substance abuse issues will engage in substance-abuse treatment services.

The proposed outcome measures have undergone significant revision since the inception of this project. Several proposed outcomes were discarded because data are not currently captured to measure them. The Project Steering Committee and Data Test Workgroup have struggled to determine relevant and reliable data sources to assess client functionality. For example, the fidelity of the CAYIT process in the administration of the CANS instrument for use in determining a child or youth's clinical profile at the time of admission to a specific residential care spell is under question at the present time. Until there is consensus around the use of this instrument for this purpose, it has been determined that it will not be used for performance-outcome determination or risk-adjustment for the demonstration contract. Work will continue in the Data Test Workgroup during the demonstration contract period towards measuring individual clinical outcomes.

Initial Implementation Challenges

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 with psychiatric hospitalization capacity on site. The size and scope of this initiative, by its very nature, has hindered col-

laboration. Efforts have been made to ensure that all providers, regardless of their size or geographic location, are given the opportunity to provide input into the development and design phases of the project.

Communication strategies adopted by the Project Steering Committee include weekly updates by the Child Care Association of Illinois to all association members through its newsletter disseminated electronically every Monday. The Data Test Workgroup has established an electronic "base camp" to post minutes, reports, relevant research, and meeting notices. Residential 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 ILO/TLP Workgroup is establishing a similar list serve for its providers. The residential service providers meet separately every month and report updates on this project during each meeting. Power-point presentations given at the Illinois Child Welfare Data Summit and State-wide Provider Forums were posted in the Internet for public review.

Initially, many of the scheduled project 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 Chicago, all CWAC Subcommittees and 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 Cook County. Teleconference numbers have been provided for most meetings, but phone attendees have reported difficulty in hearing the discussions and being able to respond and provide comments.

Illinois learned from its past experience with the implementation of performance-based con-

tracting 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. The communication strategies employed 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. Flexibility has been a hallmark of project development as it became apparent the scope of this project far exceeded that contemplated in the original Illinois proposal for funding.

During the implementation of the demonstration contracts, problems with the existing CAYIT admission process became evident. Without the ability to appropriately match a youth to a residential program which will meet the youth's clinical needs, the "no decline" policy proposed by the Department could not be fairly and effectively operationalized. The Director has now centralized the CAYIT matching process to avoid disparate results occurring at the regional level. Referral documents will be submitted electronically thereby streamlining the process. Private agencies are updating their service provision profiles and program plans to clearly delineate the types of children and youth they are willing and capable of serving. The CAYIT workgroup, led by a private-agency representative, has designed a new matching protocol which is under review by all impacted parties.

Planned Evaluation Activities

This statewide demonstration project involves pre- and post- test analyses. 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 contract. Individual structured interviews of both the public and private members of the Striving for Excellence Project Steering Committee are being conducted at the end of the first year to explore individual members' perceptions of the collaboration and planning process. 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.

All participants in the first Statewide Provider Forum in June 2007 were administered a survey developed to assess collaboration by the QIC PCW national cross-site evaluation team in partnership with local site evaluators. The Wilder Collaboration Factors Inventory, based upon research examined by Mattessich, Murray-Close, and Monsey (2001), was used to establish a baseline of perceptual data from all residential, ILO, and TLP providers present for the first Forum on the collaborative planning process. Overall, the findings reflect 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 scales on the Wilder Collaboration Factors Inventory 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 scale, not surprisingly, centers on not having enough funds to do what needs to be accomplished. The other low scale 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 be skewing this response.

Additional perceptual data will be obtained through the administration of the cross-site instru-

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ment 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, supervision and its impact on practice, training, quality assurance, and improvement activities. This survey will be administered to five different classifications of workers employed by Illinois private child welfare agencies providing residential, ILO, and TLP services for children and youth under the jurisdiction of the Illinois child protective division of the circuit court. All private agencies with state fiscal year 2007-2008 contracts with DCFS for placement of children and youth in their facilities will be asked to participate in this survey. Currently, there are 44 different agencies treating children and youth placed in residential care, and 41 agencies caring for youth placed in ILO and TLP programs.

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 eight-hour shifts or four ten-hour shifts per week as the equivalent to one 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.

For frontline residential staff, all first and second shift workers in agencies classified as mild would be 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, which means that fewer staff members are required for supervision of the children and youth. For frontline residen-

tial staff employed by agencies classified as moderate or severe, one half of the first and second shift workers will be offered the opportunity to participate.

The Striving for Excellence 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. The projected number of surveys to be administered to frontline residential staff serving in agencies located in Cook County is 330: 61 in agencies classified as mild, 144 in moderate agencies, and 125 in severe agencies. For downstate agencies, 412 projected frontline staff will be surveyed: 11 in mild agencies, 142 in moderate agencies, and 259 in severe 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, i.e. 67 supervisors in Cook County and 102 supervisors in downstate agencies, would be surveyed.

The “Quality Improvement Survey” developed for cross-site purposes by the QIC PCW will be administered 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 20 residential treatment agencies and 24 ILO/TLP programs in Cook County; 24 residential treatment agencies and 17 ILO/TLP programs are located outside of Cook County. In smaller agencies, i.e., those with less than a ten-bed capacity, it is expected the person with the most knowledge of quality-assurance and improvement activities will be either the Chief Executive Officer, Chief Operating Officer, or Administrative Director. For larger facilities, a specific position may exist wherein a designated employee is responsible for

fulfilling these duties. The CEO of each agency will determine which individual will be given the opportunity to voluntarily participate in this survey.

The issue of geographic differences in service delivery has arisen consistently during project workgroup meetings. Providers located in central and southern Illinois have discussed the challenges they face in not having services readily available to allow youth to step down from residential facilities. In the ILO/TLP Workgroup, the disparate judicial practice noted throughout the state pertaining to judicial decisions to terminate jurisdiction for a youth who has reached the age of 18 who is not fully compliant with the terms and conditions of their ILO or TLP program has been of great concern. It has been reported anecdotally in several meetings that Cook County judges will retain the youth in care and work with him or her to remain in the program and successfully emancipate. Downstate providers report that judges in central and southern Illinois will terminate jurisdiction and supervision as soon as a youth is non-compliant with program rules, effectively removing them from the care of the state and leaving them homeless. This issue of judicial practice will be explored in structured judicial interviews.

Children in the legal and physical custody of the Illinois Department of Children and Family Services who are placed in residential care, ILO, or TLP placements are all under the jurisdiction of the Circuit Court of the county in which they were adjudicated dependent, even if the program in which they currently reside is in a different county. This research project targets the juvenile court judges who have jurisdiction over these children and are responsible for the entry of court orders on their behalf. According to CYSIS data, over 50% of children and youth currently in residential care and over 80% of youth in ILO/TLP programs are under the jurisdiction of the Cook County Circuit Court. The remaining judicial circuits with the largest number of children and youth placed in residential, ILO and TLP programs were selected to participate in judicial in-

terviews. Eight judges from Cook County will be interviewed. Two judges from the 6th Judicial Circuit (Champaign-Urbana), two judges from the 10th Judicial Circuit (Peoria), two judges from the 17th Circuit (Rockford), and two judges from the 20th Circuit (Belleville) will be interviewed. The selected judicial circuits are geographically diverse representing northern, central, and southern Illinois.

Conclusion

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. The existing CWAC Committee structure was the appropriate venue for a project of this size and complexity in Illinois. The level of trust in the collaborative process reflected in the baseline scores of the Wilder Collaboration Factors Inventory is indicative of the success of the institutionalization of such a forum prior to undertaking such an aggressive project as this one. State and local child welfare systems who seek to use performance-based contracting as a strategy to improve child welfare outcomes should consider establishing a structure similar to CWAC and its Subcommittees prior to undertaking such efforts.

The noblest search is the search for excellence. Illinois has led the nation in the use of child welfare performance-based contracting, and yet is not content with the status quo. The process of building consensus around outcome measurement and collaboration between diverse public and private organizations responsible for serving children and youth in institutional and group care is not easy work. Strong communication and conflict resolution skills are required of all stakeholders in this initiative. Despite the challenges, the Illinois Department of Children and Family Services, the private provider agencies, the research and uni-

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versity partners, the juvenile courts and other child welfare stakeholders and advocates are committed to improving the stability and well-being of the children and youth entrusted to our care. The children of Illinois deserve no less.

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