

**Session 5.02 Building and Sustaining University-Agency Research Partnerships:  
Lessons From the Trenches in Illinois**

**Panelists:**

Tamara Fuller  
Robert Goerge  
Erwin McEwen  
Dana Weiner

*Please note: The following is a direct transcription and has not been edited.*

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Erwin McEwen: We're here to talk about building and sustaining university agency partnerships and we've been working with these partnerships for a while in Illinois. I was at a presentation, we heard Director Sam who's talking today. I happened to be at a presentation where he was speaking about Brain Science and he made this statement. He said, "Innovations in child welfare is boarded by fear of failure." And that really struck me about how often times we don't do things in child welfare because we worry about them. And he compared it to people like Microsoft and technologies, where when we see the end product that comes out, what we don't know is that they may have had several different products that had failed or didn't worked that well. Or when we see these end products come out and then we'll see a series 2, 3, 4, 5 in very short order from the time they introduced the first one. And that's because they're willing to move to market with something that may not be fully and completely developed.

But we're dealing with human lives and so how do we overcome those potential for failure. So, how can we enhance the fact that our abilities and our efforts in the things that we plan will be successful, that these innovations will be successful. And, so we've done several things that we've worked with a system wide transformation to support the implementation of new practices. And so we've done things in the Illinois like Learning Collaboratives and supervisory cultures and other different themes that we've taken from and put into practice early on to try to help us make sure that these innovations take. We're depending on content experts, recognize it and often times you know we're not the content experts and all other content experts are not necessarily located within child welfare systems. And so how do we go out there and identify other experts and how do we move that content into our innovation efforts. And then using that data to inform what decisions we make, when we make those decisions and how we implement those decisions that we make and become really important. So, how do we start to use this information and use this data so that these innovations and these practice changes that we're undertaking are more likely to be successful and it helps us overcome our fear of failing when we put them out there.

And so today we've got a discussion and we're going to look at three things around Illinois: One we're going to look at the historical context. You know because sometimes if you think about as a robust in evaluation and research agenda that we have in Illinois and if you don't have that already going on in your state it could be a daunting task to roll that out in one single year. But to give you some idea of how we started and how we developed in Illinois, I think is a good exercise for us. And then we want to talk about

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the Child and Family Research Center, which is really a product of our BH consent decree. And so I said it in the meeting in Birmingham and it's 19 states operating under the consent decrees right now. And they all talked about this notion of the challenges of moving data and moving targets, I called it the numerator-denominator game. So, what you use as the numerator and what you use as the denominator and how it impacts what you're measuring what those outcomes are.

So, the Child and Family Research Center is an agreed upon what I think, mediator in our BH consent decree where, when we come up with questions on consent decree monitor and myself where we have disagreement around information data or how we look at things then we can bring that to the table and bring those questions to a body who has a dedicated mission of resolving and finding the answer for us.

And then we have Dr. Dana Weiner from Northwestern who is an embedded researcher and she is a researcher and her office is just outside of my office. So, she gets the full brunt of, "this is crap, how did these researchers come up with this" and she has the daunting task of making it make sense to the Child Welfare Community and to myself. She also has the daunting task of identifying when we need additional research or additional information where we're falling short of understanding the problems and practices that we're trying to take on at that time. So we've got Dr. Bob Goerge from Chapin Hall who is going to give us a historical context, Dr. Tami Fuller who is got to give us that perspective from the BH consent monitoring and Dr. Dana Weiner from the perspective of the embedded research.

So we'll start out with Dr. George.

Robert Goerge: This is definitely a retrospective view and this is not a prospective view, so although I was kind of there a little at the beginning, I'm definitely re-writing history a little bit here. And kind of looking at the events – the important events in DCFS university partnerships that I think and from – and my colleagues they've made a big difference in getting to where we are today. I'm going to start around 1981, which I guess is 30 years ago. And this is not the Tommy Thompson administration, this is the Jim Thompson administration in Illinois, who was a very progressive forward-looking Republican Governor who really did valued information and set up a lot of systems by which things started today. Gordon Johnson was a DCFS Director there, Harold Richman, who was the founder of Chapin Hall. They've formed a little partnership. Actually Jess McDonald, a future director of DCFS at this time was in the governor's office and who was – he was also part of this benevolent Kabbalah.

And the goal really was to start using their information better. At the time it was a challenge to count how many children were in Foster Care, to come up with an accurate count. Sometimes it varied by 500 kids this way – we only like have we only had 6,000 kids in care at that time, but it varied by 500 cases back and forth. So, it was a big challenge, although we had a great information system that the beginnings are still running today, the CYSIS system, the Mar's CYSIS system *[phonetic]* [00:07:14]. So we – what we did was we grabbed that information, we have funding from the Clark

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Foundation and we developed that data into a database that we still use today. And we used it to again, which would sound kind of funny way. We used it to help inform the decision makers that – decision making of case workers. We said that we brought a system dBASE II that fed this information back to workers on the first PCs that were available and I actually sat next to 10 workers for hours at a time and helped them to use a PC.

So, that was really – and out of this database we started being able to count foster children, look at their characteristics, look at their time and care and started doing a longitudinal research with this data. So, that was the real beginning. At that time Mark Testa, who is now with UNC, Fred Wulczyn at Chapin Hall and Max Dieber, Director of Chapin Hall, we're all part of this work that started 30 years ago.

The work – the data we developed really forms an important monitoring function in – formed an important managing function in Illinois that has been taken over by CFRC you'll hear about that later, but in 1980 we started to do a State of the Child Report, Wulczyn and Tester were co-authors of that volume. And at the time, I think we need data from actually paper reports that this DCFS has and some special tabulations that they did on the old mainframe. In 1985 we started using Microdata that we had developed an innovative database along with paper report data and in 2000 we used all Microdata. So, it was a progression in how we're able to use the electronic data relative to the paper reports in Illinois.

In 1989, as Family Preservation became – in the mid 80's Family Preservation became important part of Child Welfare and Illinois decided to do family preservation and evaluate it. It was a randomly controlled – random assignment to treatment and control groups did not find an effect. This finding was replicated in a national study where we didn't find an effect on placement prevention of Family Preservation. So, often Chapin Hall is blamed for killing Family Preservation, but I think it was probably more complicated than that.

The interesting thing about this and it speaks to this issue of random assignment RCT is very interested in doing now. The legislation for family preservation actually called for a random selection of cases that in the evaluation random selected cases and they do Family Preservation with those randomly selected cases. It did not call random assignment, did not call for experiment. But, the advisory group to the evaluation kind of slipped it in and the directors – the director at that time didn't notice it and so we were able to do this very large experiment. Now, we couldn't slip it in. Now we couldn't say oh, you know its random assignment not random selection; you know people know the difference. But it shows the level of sophistication back then and how far we've actually come into this field where we have half a dozen sessions here, that many random assignment and the new answers and challenges ethical and technical challenges for doing random assignment.

Gordon Johnson in the late 90's requested an A to Z review of the DCFS mission, legal basis cases and performance. We – that was the time when we brought in multiple

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universities to help us and we really the study we built a database across multiple sectors. We included welfare data into our database we included substance abuse data; we started including mental health data as part of this. So, we – it started really started being more concerned about well being issues at this time and not just permanency issues. And number of recommendations came out of that but it was the time when we started getting more university researchers involved in the work that was being done with DCFS.

In 1994 Jess McDonald named Mark Testa, Research Director. Now this can't be underestimated as an important, Mark at the time was a University of Chicago professor, but he was named Research Director and really helped make that important link between universities and DCFS. He was an advocate for Research Insight inside the department. Made it lot easier for us who are doing research outside of the department to get data to hear about what the issues were up. Because he was – he sat at the right hand of or left hand one of the two, Joe looks as he was a right hand. Jess McDonald and really heard the issues that were important when we had debts or some other big policy issues Marker immediately and would talked to researchers about how best to analyze those in a quick manner. That's when we started what we call a quick response project it should have written and done. But we had – what we did was we created the data so that we pick it out of the mainframe, we put it into SAAS and what we did was if there was an issue that came up we would do a quick analysis of that issue and try to deliver it to department within two weeks. And Mark was an important link between us and director in that situation.

The BH lawsuit, which you'll hear about later from Tami, necessitated monitoring the implementation of the consent decree. They created CFRC in 1996. The CFRC was also included researchers from other universities and it's when we began started sharing the administrative data across universities and we still do that. We create a data set at Chapin Hall and we send it periodically to CFRC and similarly we now collaborate on a number of different data issues. So, more recently we've worked in building tools; we worked with Dana around a geo mapping application that is in use now. We support – we've continued to support number of universities that supported evaluation of DCFS in an issue that – part of that is the Permanency Innovation Initiative that's occurring right now. We've done performance monitoring, we're involved in that, particularly the performance based contracting not just in Foster Care but now recently we've done that in residential care. And as I mentioned earlier where we collaborate with CFRC and discussion of how we acquired data. We've done a special additional sample of Ensco in Illinois where we increased the sample size in DCFS. Department paid for that additional data collection and we've done some analysis of that to-date. So, we're building on the collaborations we've developed earlier and as we go on from this point forward we look forward to having a director that will continue to – we have one now and a director in the future will continue to support the university research in Illinois. Thank you.

Tami Fuller: Hi, everyone. I'm Tammy Fuller I am the director of the Children and Family Research Center, which is at the University Of Illinois in Urbana-Champaign. And you heard a little bit from Bob about this Center and how we came to be. I'm going to spend my time talking a little bit about how to build a research center. I'm going to

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talk some about our center the Children and Family Research Center, but I'm going to talk a little bit more globally, because I thought that might be of more interest to a wider audience. Because, university agency collaborations I think it can take many different forms. And you all might not have a need for a whole entire center that does nothing but monitor your outcomes. So, I mean, we have – in Illinois we have the gamete. So we have the huge centers that work on many different projects, we have smaller centers like the Children and Family Research Center that have a sort of a more subscribed specific purpose.

And then other types of collaborations they are just one researcher and one administrator collaborating together on a project. So, I think the size, the shape the color of your collaboration that you might be interested in building isn't really so much – it doesn't really matter. I think what's more important is the process by which those collaborations are formed. And the process by which they are built, so I'm sort of using this building metaphor throughout my talk, which you'll see.

I think that laying a solid foundation is going to serve you really well down the road. It will help your building whether any sort of unforeseen events that come your way, if you build that strong foundation. So, you know we had earthquakes and hurricanes and unexpected leadership changes in Illinois in the past few days. So, if you have a strong foundation you can weather all those things. So that's I'm going to talk about that a little bit and about the center in particular.

Two, I think really excellent resources that I relied on a lot when I was forming my slides that I wanted to share with you, so you could go get them as well and do additional reading. One is a document that was written by the Institute for the Advancement of Social Work Research and it's called strengthening University Agency Research Partnerships to enhance child welfare outcomes, a tool kit for building research partnership. So, it's all laid out right there you. You can get it on the web, it's really, really helpful. And then interestingly enough Bob sent around an article to us while we were doing – we were getting ready for this presentation and a lot of the same points in his discussion were made that were made in the other document as well. So, I recommend both of those highly, I'm assuming that Bob if they email you you'll send them this article. Right?

Robert George: Absolutely, or you can buy the book.

Tami Fuller: Or you can by the book, but it's probably easier to email Bob. So, I recommend those for further reading. All right, so the first thing laying the foundation. So, I spoke about how important it is to have a strong foundation or wait a minute. Well, here we go, okay. It was like where is my picture. So, the purpose, I think first of all you have really think about the purpose of your collaboration is and with the Children and Family Research Center we did – we had a very – there was a very specific impetus for creating this research center. And as Bob mentioned, for us, it was – there was a class action lawsuit and a consent decree that followed that's known in Illinois as the B.H consent decree. And it specified that there would be the creation of a children and family

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research center that would be responsible for evaluating and issuing public reports on the performance of the child welfare service system operated by DCFS and its agents. The research center will be independent of DCFS and shall be within an entity independent of DCFS. So, there you had it that was our cold urns. And if you squint really, really hard in this picture, I think you can see Jess McDonald and may be Bob's in there somewhere in this cover rolls I'm not sure if that's him or not. But this was the center being constructed in 96, just kidding.

Okay. Laying the foundation, I think that there are a couple of key things that really need to be well thought out before you undertake any sort of collaborative endeavor like this. I think at the top of the list it's critical that both partners share and understanding of the mission and purpose of the partnership. And I think it's also really key to get this in writing. I mean I think you can these discussions and everyone thinks they understand what the shared purpose and what the shared mission of the collaboration is. And then sometimes you don't really have the same understanding when you come back to it a while later. So, we went through this process and there is actually a written cooperative agreement that was entered into by the Illinois Department of Children and Family Services and the University of Illinois and this happened around 1996 the same time the center was created. And it specified the purpose was to maintain a research program that is responsive to the department's mission and responsibilities under statutes and court orders and contributes to scientific knowledge, so there was sort of a dual purpose classified.

And again, the other sort of piece of this that was included in the cooperative agreement was they specified our mission and there was really three prongs there; the first was to monitor outcomes; the second was to build a research agenda and I'm going to talk a little bit more about that in a minute, because I think that was really critical. And the third was to basically to build child welfare research capacity by collaborating with other research institutions within the state, supplying funding to students, little seed grant that would develop, trying to build that capacity, build the younger – the next generation of child welfare researchers throughout the state.

Okay, so once you've got your foundation laid and it's really firm then you can start adding your structural supports. I think they are going to keep your building from toppling over. And I think that these – I think I'm not going to deliver these points right here. Both of these are listed in the resources that I mentioned earlier. I only want to say that I think each of these is important. So, it's really important to have leadership at both the university and the agency that value unbiased information. It's really important to have those relationships be built up over time on trust and respect. That's not to say that there is not going to be rocky parts in the relationship, but I think it can you know if you've got that firm foundation of trust and respect it can weather it. The data flow is critical you can't really do it without it and so Bob talked a little bit how we've learned to sort of share amongst ourselves in Illinois. And then infrastructure and a research agenda I think are both critical.

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I'm going to talk – because I think – I really do think the research agenda is a critical part, so I'm going to talk a little bit about that. Because I think it's really one of the things that Illinois did right at the beginning, was they really engaged in a very collaborative agenda setting process that was specific to the local needs in Illinois. Now there is you know a federal research agenda, but I think you know every jurisdiction is different you have different needs that change over time that are specific to your locality. So, I think it's important to occasionally go through this process. We've all been to meetings that have no agenda whatsoever. And typically they are terrible, if there is no agenda the loudest voices are the only ones that get heard. There is nothing really productive comes with these meetings. So I think it's really critical to have some sort of agenda.

There are actually if you want to learn, I'm going to talk a little bit about the agenda setting process in Illinois, but there is also another resource that I didn't list but they are an article that was published in the Child Welfare Journal in 2003 that talked about the approach that was used to build this statewide research agenda. And so, I have it up here if you want to write down the citation. But it goes into really fine detail about the process that was undertaken. It was an 18 month process just to set this research agenda, which is pretty lengthy and it's a pretty big investment of time. The key I think was that there was about six months worth of outreach to various different groups throughout the whole state of Illinois so that as many different voices could be heard in this agenda setting process as possible.

Just to give you a sample of the groups that were included in this process were local and statewide advocacy groups, various citizens' advisory panels, the public guardian's office, the BH consent decree plaintiff of attorneys, the CFRC Advisory Board, DCFS staff at all levels, so the deputy directors, managers, supervisors, frontline and staff, all were included in the process, the private providers in Illinois and the foster parents too. All of these initial discussions yielded a 150 different research questions and agenda items that people that were important. That was a lot> So, then there was several rounds of sort of collaborative discussion where those were classified into groups prioritized and sort of reduced down to a more manageable level. A lot of them were somewhat redundant. In each round we got feedback from the stakeholders about is this really what you wanted to, is this really the top priority. So it was very sort of back and forth, back and forth. And at the end we came up with a pretty comprehensive research agenda that set the stage for the research that would take place in Illinois for the next five years. So, it really outlined the whole priorities and the actual research agenda, I mean this happened in you know around 2000-2001. So it's out of date now, but you can see what it was at the time if you want to look at that article.

So, this sounds like a lot of work and it was a lot of work, 18 months just for setting a research agenda. It is and it's a lot of work, a lot of talking and a lot of listening and a lot of engaging. But in the end there has to be something in it for you and by you I mean the agency side. And there is, I think the investment it pays off at the end, so, what do you get? You get an independent view point, you get someone who is going to tell it to you like it is, whether you like it or not. So, this, every year we come out with BH

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monitoring report that uses that integrated database to take a look at child welfare outcomes, how Illinois is performing. And we tell it like it is and anyone in the world can have access to this report, it's we give it to the ECOU attorneys, we give it to the department and – but anyone can access it; anyone can see how Illinois is doing by looking this up on the web. So, you get the truth.

You also get institutional capacity to respond really quickly, sometimes request will come down the pike either from – internally from the department perhaps an issue a red flag was raised in one of the BH reports about a specific issue that's troubling to either that ECU attorneys or the departments attorneys. For instance, placement stability was sort of an issue a couple of years back and they said we really want to know more about what's going, can you do a more in depth look. And so we did, we did an in-depth case review we it relatively quickly because the department can't wait two years or three years to get the results of this. So you have to be able to sort of get up and go really quickly.

Another really good example of that I think is sometime the request comes from other places like the legislature a couple of years back around 2006 they said “hey, we want you to do a study of all these post adopted families, we want to see what their needs are, and by the way, we want you to do it in six months, we wanted before we leave you know session this year.” So we did. We did a whole – we did a survey of about 350 parents, went through the IRB process, analyzed the data and wrote the report in six months and got it in their hands. But it's only because we have sort of relationship already established.

And then the other thing you get is sort of useful and practical stuff that you can use. We take all the indicators that we use in our BH monitoring report and we put them on our website and in sort of an interactive way. So, anyone not just people of the department, but anyone can go in and look at anyone of the indicators and look at it by the whole state, they can look at by region, the DCFS has administrative regions. You can look at it by county; you can break it down by child gender, sex, gender, race and age. And people can use this whenever they want and it's updated sort of continuously. All right and so that's what you get. I'm going to turn it over to Dana.

Dana Weiner: It's always good, there should be some theme music that comes on within sort of like the Mission Impossible theme or something. Okay, so what does this mean that I'm an embedded researcher as director McEwen said I have an office right outside of his office where I sit most days. And I function as part of the administrative teams such that *[indiscernible]* [00:30:26] and I were talking last time and she was saying “I know you are from Northwestern, but I just think of you as being part of our team.” And, so what I try to do as part of the team is a number of thing one, to model the use and application of data and decision making. So what that means that when I sit, I attend all of the leadership team meeting and when I sit in those meetings and I hear the kinds of questions that regularly come up. For example, noticing trends things like while we think there have been higher numbers of young children hospitalized in the last couple of quarters. And things that people might say that they have a sense of anecdotally, I'm able to say well we actually have data on that. So let's see if we can get some answers. It

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kind of quickens the turnaround time on some of those questions that both Bob and Tami were talking about, but it also when I use the word model I really meant like by doing that over and over again what I've noticed over the last four years, I think that I've been sitting in those meetings, is that people really have adopted this way of thinking about things that's less anecdotal or whimsical or political and a little bit more empirical, which is I think what I – what I think both of us hoped would happen.

The other thing this is kind of overlapping is that I'm able to quickly identify opportunities for data analysis when we're talking about doing some new thing. And I'm going to show you, I have lots of examples probably too many. But I'm going to show you some examples of – cases in which we use the – like quick data responses to facilitate our planning. The other thing that I helped you is to document trends and explore sources of variation overtime and place and we're doing that more and more with the GIS software that we're having some of the tools that we're using to quantify where kids are who are served by our system and where these services are that they need in the community.

And then this last one is probably the reason that I got there to begin with, which was to provide technical assistance with the development or implementation of new tools. And I'll talk a little bit about what some of those tools are, but really I initially came within the director's office to help implement one of the tools that he saw a future for within Illinois DCFS. So, what makes this work? This is kind of echoing some of the things that Tami said, without these three things this would never work. You absolutely have to have administrative leadership that seeks empirical guidance that prefers to make decisions based on data rather than some of the other factors that influence decision making.

There are also contractual agreements that are in place and that have been in place for years now in Illinois that support ongoing data driven outcomes management, basically meaning all of us, university partners are able to get access to the data and we're not having to come up with new memorandum of understanding or new contract every time we want to do a project together, because those contracts already exists. So as long as what we're doing is within the scope of what we've already agreed upon which most times it is we're able to use the data that we have at our disposal either through live feeds of the data or regular dumps of the data, we're able to full from it and put it to this use.

And then the last thing and this is something we talked about and planning this session was I think what's unique about these arrangements is that we don't really have research agenda that are independent of what the department need. So, it's not as though we're coming to it as outside researchers think hmm, I really like to study what happens with adolescent girls placed in – I'm not coming to it really with my own notions of pursuing my interests, I'm coming to it to listen for and respond to the emerging questions that are coming up on the management of this large agency. And I think that's alignment and synergy that create that really, really helps these opportunities grow into productive research.

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So I'm always kind of trying to map things out in grids to make them clear and I'm not going to go through every cell of this, but I was kind of outlining, these are the kinds of things that North Western University does in conjunction with DCFS. So these are the kinds of things that are covered in the existing contract that this one university has with the state agency. So, along the side I listed the functions, decision support, outcome monitoring, and quality improvement across the top. Those are kind of levels, so there is the case level stuff that has to do with the family and the youth that we look at a case decision making and services that are needed there is the program level stuff that has to do with monitoring the effectiveness of programs and I'll show you an example of that. And then there is a system level stuff that has to do with looking at gap analysis and do we have the appropriate services that we need for the population that we're serving. Again we may be size available that will be on the website. And I have too many regard that every detail of them. Okay, so these were some of the examples that I am going to talk about. The first couple have to do with analysis to support applications for funding new initiatives or those initiatives themselves. And one of those is the permanency innovations initiative that we work with Matt McGuire on. We also have, we just recently submitted an application for an initiative to expand the evidence based treatment for trauma that's available in Illinois and we provide the data to support that application.

Then we do some things that are ongoing monitoring program effectiveness, I'll show you some examples of that. And then, and this is really where a lot of my enthusiasm lies, the development of new tools for decision making that are actually live, technological two of that are informed by the research but in used by people in various levels of our agency.

So this first example has to do with determining what the appropriate target population was for the permanency innovations initiative. So we applied for this funding to and the goal of this project was to address the needs and the barriers of kids who spend very long lengths of time and care. And what we had to do in our planning year was to identify those use at greatest risk for long term foster care and really make sure that the kids that we were aiming to target with our interventions were those, who were at greatest risk of getting stuck in the system.

So we did a number of different things and they are all facilitated by the fact that I was sitting within the department but, working with other researchers, who all of them are on, Bob and Tammy's teams actually to do a couple of different things. One was to develop a predictive model to inform practice that case opening. So and we didn't end up actually using all of this for the work we're doing for P2, but its been an extremely valuable presses for us in understanding the larger roadmap that we need to follow to address the needs of all of our youth and care.

So, one we developed this predictive model that would, basically statistically helped us figure out what were the characteristics that we could detect on day one at case opening that would indicate a youth having elevated risk of being stuck in care three years later. The second thing we did was once we had identified all of the kids who had been in care

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for two years or more and we're unlikely to exit. We did a latent class analysis to understand what subgroups, what were the variations within that population.

And what we came up with which I'll show you in the next slide was if any of you are familiar with latent class analysis, it's basically a cluster analysis. So what it does is, it looks for the kinds of patterns in the data that a lot of us look for when we're just looking at information, where we try to say well these look like the older kids or these look like the kids with mental health problems. And we're just doing it with our own clinical mindset. But, what latent class analysis does is it tries to detect underlying patterns in the data to show us statistically, what are the underlying clusters.

So we came up with a six cluster solution that had about 71% precision in the most recent quarter with that just means is that 71% at the time it was correct in signing kids to these clusters. And we replicated it again and again with different historical cohorts of kids. It was based on data from a little over 2,600 kids who are ages 12 to 17 that had been in care already for two or more years.

And so this is what it looks like and there is a lot to say about this that I won't talk to all of that now, but basically what we found is that there were four clusters of kids that had the kind of risk factors that we had seen in the research and that we had seen in our other analyses that we had done. Namely there were kids who had pure mental health problems, there were kids who had mental health problems and they had some behavioral problems.

But then there were also kids who didn't have those risk factors, but they had been in care a very, very long time. And that causes us to question well, we know a lot has changed in our system we vastly reduced the numbers of kids in care, did these kids come in when the threshold was different for the level of, either volatility or disruption in that family or where these kids who had kind of stabilized in foster families at this and has been in those families for a long time. But we needed to do some work to turn those foster families into permanent homes.

And then there was also a group of kids in this – in this group that had been in care of two years or more they didn't have the risk factors and had been in care just over two years. And we thought that those that group look like kids who were likely to exit. But what this did was gave us a lot more information about what to do, because each of these subgroups kind of had a set of implications, practice implications for how we should intervene with them to address the risk.

Okay and this is an example hence and I know I'm just cruising through the stuff that all represents like a very large chunk of work, so feel free to ask questions about that when we're done, if you have them. This was in preparation for some of the work we've done to try to understand where are the providers of evidence based treatment for trauma in our system and where are the kids with complex trauma needs.

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So kids in need of treatment for trauma and where are the providers? So you could see the utility of this, if what you're doing is trying to plan out where you should be bolstering up your capacity to delivery evidence based practices, a picture is really worth of thousand where that you don't really, there is not even a lot of explanation that you have to give. You can see over in PRA you have a cluster of kids with complex trauma and there is no, there are no local providers and you can see the same there on the right and in the southern region.

So this was submitted also as part of the application for that other initiative. Okay shifting to that ongoing, outcomes monitoring, so we have a program in Illinois called system of care, it's a foster care stabilization program that uses a wrap around model of providing services and North Western has been evaluating this program in an ongoing way for since its inception.

When I say in an ongoing way, what I mean is we don't produce a – we do actually produce report every year, but in addition to the report that we produce, we produced monthly and quarterly reports that are constantly being fed by into that system, meaning given to the administrators of the system, but also giving to the agencies that provide the services.

So what they actually receive report cards where they can see and everybody is not identified on the report card, but each agency knows what their code is, so they know who they are. And they are ranked and they are scored and graded. And so they can see how well they're doing in delivering those services compared to other agencies.

We found that to be an incredibly powerful tool that pushing data back into the system whether it would be for effectiveness of services or in other examples compliance with new policies and procedures that if you keep pushing data out there and showing people that other people are doing it, even better than here. Its extremely compelling for people to see kind of where they stay on – in the data.

And then also again raises the level of everyone's understanding to something that's based on data and more empirical. With the SOC program we've been able to demonstrate that the ray of placement of change is drastically reduced by participation in SOC services in that. That reduction is maintained and the stability is enhanced over time. So that not only does SOC serve the immediate purpose of stabilizing the placement, but that family is who receive SOC services seem to be able to be more stable homes for kids going forward.

Okay, so now let me get to these tools, a large part of what I've done in the original reason that I came to work within DCFS was because I had worked on a system called the statewide provider database that's a geographically catalogue system of providers that you can search online based on your location and it yields a list sorted by distance from your – from the families location of the providers that have the needed services.

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And the director felt that this tool that in order for this tool to be fully implemented he needed someone on the inside working with in new organization to make sure that it was – it was operating the way it needed to be that we were changing in response to the feedback that we were getting and that people were really understood how could be useful to them.

So I'll show you a little bit about that, there are some other tools many other things that I worked on as far as this technology piece goes. One is CANS assessment in Illinois and that tool has gone from being tool used for assessment in research to one that is actually used in real time decision making. And I'll show you how its being integrated into SECUWA system and then there are few others. So, as I just mentioned the CANS tools we've been using the CANS at DCFS in one program or another, now we use it in all of the case we practice for over a decade.

But for a long time, it was a tool that was used to create these reports I described to kind of monitor the system. But what's happened is its gone from that kind of tool to with a little help from the technology, a tool that workers can actually use to see progress in a case.

So they enter the CANS online they are able to see up to five prior assessments for that same use lined up together, I'll just show you in a minute. And thus able to make decisions based on in actual empirical understanding of how the youth is doing.

This implementation of the CANS was accompanied by the learning collaboratives as the director mentioned, reporting functionality that has been developed in accordance with what people said they needed to do their work, and ultimately its being linked with our SECUWA system. And in this way it's gone from being an assessment tool, a research tool to a practice enhancement tool.

So this is an example of what that compare report look likes, this is what just two CANS lined up, but workers are able to choose up to five CANS from prior assessment time periods and look at progression, look at a change in ratings in various categories.

We're also able to do that for the parents that we're working with, so we call this as a slightly different appearance we call the parent readiness for reunification work she, because the idea with this is that not only can you line up and look at progress, but the last one is left blanked, because this is meant to be used with the worker and a parent sitting down in single, here is where you've come, what else do we need to, what should we – what you think the level of a problem is now and what do we need to be working on.

With all of the – I mean this is a whole separate conversation in and of itself how to use assessments with families and actually facilitate that conversation about how they are doing with them as opposed to kind of about them. But this tool is one of the things we develop to enable that.

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Now this is a picture, this actually hasn't quite hit the press yet, this is a picture what it will look like when the CANS and SECUWA and the reason I include this in the presentation is because, this really takes this use of an assessment tool to the next level. What this screen does is, it lists for the worker everything that's been identified as a problem and it enables them to cluster those like to check off certain of them and create a service plan goal out of certain problems.

So to say well there is this, these two items from the CANS, the sexual abuse and social functioning, there was this safety threat and this IA recommendation I'm going to take all those things and package them together as one objective that we're going to address with this particular intervention.

That really is taking this whole assessment process to the next level, because you can't do that without critical thinking that's not the kind of anything where you can just check about. You really have to think what's the solution or what's the intervention needed to address these problems and or to build upon these trends.

Okay so placement decision making this is something that we spend a great deal of time on wrestling with both in practice and empirically to try to figure out what are the best of approaches to making decision about placement types. And for the last several years we've used something called an algorithm which is basically just a set of if then statements based on these assessment tools, let's say, well if you have two or more threes in these category and you have one or twos in this category then you are appropriate for a group owned level placement.

And that algorithm was based on best practice thinking at the time, but what's happened is we've accumulated over 35,000 of these assessments. So we've gotten to a tipping point we're now, we don't we can use our clinical judgment approach, we tested and validated over time and we know that it does predict good outcomes in certain levels of care.

But we also have the option of using these 10s of 1000s assessments to say well how do kids actually do if they have these characteristics and you put them in a group home versus in a specialized foster care placement. And with that yields it was these trajectory models. Now I'm not going to talk you through the ins and outs this is a complex statistical process that took about a year to develop

But what it ended up with was a tool in excel that like you put in the ratings and what it spits out is well for this use, this is what they would look like in residential, in specialized foster care, each line represents a different placement and what it would look like for a use at this point at the placement change time. And just were the sake of telling a long story short, this is what a different used trajectory would look like.

So it looks different, its not meant to be like something you take and run within, say well this is what kids look like in this placement. It's a live tool, so depending on what the child across from you, looks like - these lines vary dramatically.

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Okay, now I'm going to talk a little bit about geo-mapping and then this is the last example I'm going to discuss. Geo-mapping for gap analysis so we've done quite a bit of work to try to understand whether proximity to community services and we know about the proximity, because we have the statewide provider database, whether proximity makes a difference on stability in placement or on clinical outcomes.

And our initial work suggested that indeed especially for use in more rural areas proximity to research is does seems to be related to stable placements that kids who have access to resources are less likely disrupt, so the time until disruption will be longer.

So what we're trying to do now and this is written into our pip, so we have in our performance improvement plan this goal to utilize these same approaches to inform our contracting behavior. So that when we put out new counseling contracts we do it according to our understanding of where there is low access to services, where there are kids who are not close to a lot of services.

But that is a lot easier said than done, so the first step we're doing is to try to establish a threshold to figure out well how much is enough proximity to services, because at some point it doesn't make a difference, you don't need to be close to a 100 service providers, but where is on that access score line is cut off.

So number one we're working on that and then once we have the threshold, we – our plan is to then apply it to a certain sub-population sort to say for instances with psychiatric care or Spanish language services, which are areas that we continually struggle to make sure that all kids have access to enough. How can we redistribute the existing contracts in order to achieve more even proximity across the Board.

And so we create maps like this that tell us well and this was something that we did with those kids who were in that SOC program, but when we look at the providers which are greens and we look at the kids which are the reds and we say okay some of these kids have low access and some of these providers are hard to access, there is not a lot of kids around them and so it really simplifies the picture, because then you kind of say okay, well we're the low access providers and maybe should we decide that if we're going to contract with that provider. They have to provide some services near these kids who don't have any access right now.

Now with that well result then for us we think is a realignment on some these contracts and we tested it out just within the SOC providers in foster care stabilization program and it looks something, I mean when you looked at how you would reallocate things. You can come up with graphics like this which tells well these agencies would get a lot more; these agencies would get a lot less. So we're looking for ways continually to use this empirical information to guide our decision making, so that we're not flying blind in some of these areas.

Okay you turn again, director.

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Panelist: Thank you. With all of this research and all of this, what does it mean for the child welfare direct, what does it mean for the child welfare agency? So one of the thing is that it helps us to start to recognize that safety permanency and will be is not just one path for all kids. So sometimes we want to put together these approaches and we try to figure out ways to serve our kids. In Illinois we've gone from 53,000 to 15,000 in care over the last 10 years. What that means is that you may have been able to come out with these overarching strategies that would address large segments of your population.

But now with just 15,000 kids in care, you have to come out with strategies that are targeting smaller and subsets of populations of kids within that, you have to do data analysis to understand the challenges and the barriers and the strengths and the needs of each kid, I think a good example would be to talk about our independent living and transitional living services as we've looked at those kids a while back and when you looked at those kids, while we had is one set of providers for transitional living.

And it was defined in a lot of different ways, and those set of providers for independent living it was defined in a lot of different ways like in terms of whether it was a single site, where they house all the kids in one site or whether they're housed in the scatter sites apartments but independent living.

Well it was about for monitoring whether it was all sites of the regional so that the – but when we looked at the needs of the kids, what we saw was that you had some kids would completed high schools, some kids who hadn't completed high school, some kids who were still engaged in school and some kids who are disengaged in school, independent where those kids were at, how do you serve them.

So a kid between 17 and 19 years old what type of, who have the high school diploma GD what type of transitional living service do they need compared to the kid who is between 17 and 19 and doesn't have high school diploma or a kid who is between 19 and 21 and doesn't have a high school diploma those were the challenges.

So how do you start to define and come out with challenges. And then targeted intermission for specific problems, so that was one example when we start to look at the data say for P2 and so when we looked at that realignment of the sin is to serve the touch to not on specialized foster kids, well we're talking about there is that well we saw, when we looked at that we had a lot of kids who are specialized foster kid. Well kids who got label for specialized foster kid any wind of being served as specialized foster kid, didn't necessarily mean that they got the outcomes that we were looking for.

And so the thing that we saw is there may be the idea was for us to say that we should be attached in the specialized services to the kid and not having the move to kid to a specialized foster home. Because the moving a kid to the specialized foster home, we set up a barrier for that kid to step back down to lower levels of care at that the problems will address in those sort of movements.

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Adjustments of the expectations, so like when we look that are set of residential providers and we look that what expectations that we have within, well we didn't have an expectation for residential providers and group home providers to engage with bur families. We didn't have an expectation for them to step children down to bur parent.

And we didn't have an expectation for them to move kids to permanent seat. Our expectations was that we would expect them to step kids down to lower levels of care and that kids would sustain at those level lower levels of placement and bounce back up to higher levels of kids.

So we will look for them to step kids down to specialized care for lower levels of residential care and not looking for them to be finding permanent living arrangement for these kids and moving these kids to adoption or guardianship and that sort of things.

And then we also look at the responsibility of educating other systems, so as we're learning and our child welfare system is learning and we're getting all those data and information, how do we start to share with the judiciary. Because, we understand that a core ore is not a just suggesting, we have to do with those judges say, but how do we get them to understand what are the true challenges of the system and not just making decisions based on the facts of the case in that way.

Juvenile justice how we interfacing with juvenile justice, now what's the connection between child welfare and juvenile justice. Early childhood and kids in the early learning community who we know are more vulnerable for coming into foster kid due to mild treatment on the grid and so how do we partner with them.

And then even at the community level as we engaged in action teams and sort of things that are around local area network or LAN system that we start to look at in Illinois. And how do we get the right information, they didn't understand what are the challenges in their community. So that we can look at in one community and we have of the right set of providers and the right set of resources available for kids another community may not have those set of resources.

And so of a action team, local area network is going to be advocating for services they need to understand what are service gaps in their community. And so you kind of have this side footed goals on where you have the child welfare practice and what we do. And then we have monitor and analyze that child welfare practice and take a look at the data use it to get to the outcomes and effectiveness that we want to do.

And then looking at that again to get that data to help drive the decision makings to go back into child welfare practice, and that's a real hot theme, because if you go back to what I opened this discussion with the notion of the fear of failure board innovation in child welfare that's what you have there struggled, because you have people really afraid to move into different directions in their child welfare practices. So when you can create this type of research collaboration you can start to close the gap in those issues around change and then improvement child welfare practice.

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So in the Illinois what we are doing is we're generating practice based evidence, I really found what of, Leisher had to say was really speaking to this issue and I was really glad to hear that because, for long time I thought I was the only one who had a problem with randomized control studies and not having a problem with it. But having a problem with it is, its being identified as the rigorous the only way to see evidenced based practice will have something labeled as a evidence based practice in child welfare. And we struggled with that, I think we've got one of the largest randomized trial control studies going on in child welfare in Illinois in our deferment to response study, but we have since November the first 1,100 families in our control group and 1,100 families in our experimental group in less than a year's time.

But the idea of generating this evidenced based practice through using your own data using your own information to move that practice. In Illinois we practice data driven decision making. So that the decisions we're making are not based in our passion, because I can be a pretty passionate guy about these issues, not based in the politics, not based in our ideological preferences or positions, but really based in our data driven in the decision making.

And so when we look at this thing about evidenced based practice based on randomized control trials versus data driven practice in child welfare, so when you look at the scope the targeted intermission is for specific problems and that's a real challenge that's kind of like what Michelle was talking about where you say that we're going to do this control, but they can only have one problem.

And so we're going to test this evidence on situations where we have just this one problem and what we know in child welfare is never just one problem. Our environment is not a one problem environment it's a core morbidity environment that has multiple problems. So we were only and some of our things that we were only working on substance abuse, we would easily be able to address it and look at it, but when you're looking at substance abuse coupled with poverty, coupled with domestic violence, coupled with mental health issues, now you have a challenge around it.

And then the voluntary clinical homogenous nature of what those evidenced based practice models were developed on different from our mandated child welfare population clients that we really struggle with. So that creates a huge challenge around that. And then the measures, the narrow measures don't capture all of the variations and resources that really have to be bought to the table.

I often times talk about our title 4E demonstration wave around subsidized guardianship. And if you look at that it can be say that it removed and moved a whole lot of children out of child welfare in Illinois. Well you would fail to look at the fact that at the same time we're having a performance based contracting demonstration project that move, turns the kids out as here.

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We failed to look at the fact that we had Child Endangerment Risk Assessment Protocol that was introduced at the same time that looked at how we made the decision about kids coming into care. And so you had at the same time as you would demonstrate in the title 4E subsidized guardianship wave, you just created an environment in which you were looking at how kids into the care and making a better objective decision and you also had a system in which to private agencies and the private providers would be in measured on how do they move kids out of care.

And sure enough the subsidized guardianship was a extra category for permanency added on top of adoption and reunification. By enlarge most of the kids are included to adoption. So that you really had to look at that whole context around what's there and what's really moving in child welfare. And it really makes it really difficult for us to just looked at just look at that one targeted focus issue that is often said in evidenced based practice. I was really excited about, because I don't have to say a lot with this slide have you said through Michelle's presentation this morning. I think she hit a all of those points and did a much eloquent job than I can do right here but I thought it was a good thing to see.

So with that this is my model in Illinois, this is where we always talk about is, keep the focus on protect and children by strengthening and supporting families. And so some time we want to put the focus on the research, well we want to put the focus on evidenced based practice or you want to put the focus on the program and if we do that, our focus is misguided. Our focus should always be about protecting children by strengthening and supporting families.

Because well we know and some of what the commissioner Sam Hughes was talking about is the notion that do we really get better outcomes when we separate these kids from those families whether they are aged now, whether they are going to adoption, whether they are going to other measures or do we get the better results that we start to take a look at address and the family issues and the parent issues in these cases. So always like to say keep the focus on protect the children by strengthening and supporting families.

So with that, can we open up the questions? Any questions, comments?

Speaker: I got something, but I'm from the court so I like to see if anyone from the HLC wants to go first if it's more relevant.

Speaker: So I know you like that "court order is not a suggestion," didn't you?  
[Laughter]

Speaker: So then we're going to be all off... And that was my main question was, all of this work was the court included and if not do you have any thoughts about that?

Speaker: Yeah, do you want to talk about that?

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Speaker: We have done a few projects with the court. And we actually got all the – all the different lawyers together in one room including the judge representatives and State's Attorneys, public defenders, guardian ad litem, DCFS attorneys and we – we spend about almost two years our rationale of this proportionality issues, disparity issues. And did that a lot to educate us about legal issues but also some of the issues around court practice and how that practice might be more data driven and it resulted in, I think the court being much more interested in data and actually a couple of judges being very active in getting more data about the kids that they are seeing and not only characteristics but also options and services and getting more new ones view of how to serve families and what – what they can suggest, which is always a big issue. So we've done a lot with the courts.

Speaker: What I was thinking in response to your question is that, we – I haven't looked at a lot of court data, but what we found when we were developing the predictive model that I mentioned, we are trying to hold in on which kids could you say coming in would be at higher risk of being stuck in care three years later. We were able to come up with a pretty precise model for a Cook County. When it came to kid and in Illinois if you are familiar with Illinois we have Cook County and then we have the rest of the state which is very different. What we found was that we couldn't come up with the predictive model for kids outside of Cook County with the data that we had. And one of the things that we determine in our interpretation and processing of what we did was that because we didn't have data on the judicial practices which we know vary a lot more outside of Cook County. We really need that data to build a predictive model for the kids in – for the kids in other parts of the state.

There are lots of things, I mean we spoke to the things we don't measure only one of which was some of those court practices another was kind of local and regional attitudes about child welfare and family care. There were just other things that we didn't have, but judicial practices was at the top of the list.

Speaker: We did that's encouraging and I heard you in Denver by the way.

Speaker: I want to add to that to the connection from historical perspective that permanency initiative and the partnership that was built between judge McDonald and judge Nancy Salyers who is the presiding judge of juvenile court of Cook County. And I think that's why you can see that consistency in the Cook County data 10 or 15 years later. But then Director Cynthia Cobbs, the Director of the Administrative Office at Illinois Courts in 2009 did a courts, 2008 did a court symposium for us. At the same time we were doing permanency initiative roundtables and other jurisdictions in the state and we developed action teams.

And as a result of the court developing some action teams at the same time, the judges kind of took over a lot of those action teams and because we were feeding data and information to those action teams that data and information would come into the judges as well. Who start to ask a lot of questions and it was really challenging that that the child and family research centers they have this court data information thing. And we've never made ours public, we kept it protected, even though we provided it to the judges

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and the reason why we did that because people can easily equate that with judicial performance with a specific judge's performance in certainty counties in Illinois. So that you put up the county information everybody knows as one judge and the county who made all of those decisions.

So while we do feed that information to the action teams we don't necessarily feed it by the county level like we could.

Speaker: Our agencies about to embark on the relationship and we may participate with them in fact and even financials for that. We built a database for that according to what they are probably too fit court – performance measures. So we have all that, and do share that and our judges to your point the good news is the judges are engaged, the bad news is the judges are engaged.

Speaker: Right, judicial activism.

Speaker: Right, so and we're very small, you know it's Delaware whole bit about identifiable information absolutely...

Erwin McEwen: Right.

Female Speaker: We have three judges in each of two of our three counties and you would know who was doing what, but so I was just interested in that, because I was looking for the -- for how to keep the judges engage but restraint you know so that they participate appropriately so that was just the experience that I was looking for, because this is going to be moved better. Very excited of this stuff.

Erwin McEwen: Now, the key link is the CIP, court improvement projects and dollars with the program improvement projects and dollars from the Child and Family Services review. That's how we came about with that court form that we went up had that you know so.

Robert George: I think that...

Female Speaker: That's what we're looking at doing this in CIP partner circle.

Erwin McEwen: So, I think there is a really good structure in existence right now and it kind of build upon edging issue of child welfare exactly the branch collaboration right now.

Female Speaker: Well, seeing your money I've two questions in money, one is Bob, and you guys pull all again together and you have all the partners, how is that funded, you said no, it's not just a matter of pure partnering in that, and then once you have to get that out how are you guys paying for all these research *[inaudible]* *[01:11:21]*. So what kind of budgets are these?

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Erwin McEwen: Combined, probably about \$7 million, \$8 million.

Female Speaker: Annually?

Erwin McEwen: Annually.

Robert George: Not, well monthly it's not...

Female Speaker: Oh, I know.

Robert George: If you're helping we don't mind.

Erwin McEwen: I'm happy.

Female Speaker: It's \$7 million to \$8 million annually, where so do you mind when we're asking where do you get so annual...

Robert George: Taxpayer amount.

Female Speaker: I'm not going to give any math. You do a lot of the same stuff or where...

Erwin McEwen: It's accumulated over the years and so it's been in the budget and that's why that historical presentation that Bob gave is really important and another variant to rest and paying is that in our BH consent decree just recently the judge issued another ruling and because the information that has been used in that consent decree have gained so much from this research, the judge also protected that research specifically in that consent decree he raised the issue of because it was very vulnerable dollars in a very tight budget situation and the judge actually put it in the consent decree that that research data analysis and information should stay in place, because it is not there, you really just do on child welfare practice based on the passion of whoever is in leadership or whatever or the whoever is in political office ideology or...

Female Speaker: So, we do a lot of the same kind of work. We just said we have to go out, we have to do that. We have to go out and find them and then we do it and a lot of times partner with state and related folks or even state doesn't have a you know line in that model of work. So, we have a rich data system now, but we're struggling for how to sustain like it goes across probably it goes across multiple covers. It goes in our child support, TANF, food stamps or MA or child welfare corrections data, it's huge. It's really expensive term. It's really updated and we're just looking for how...

Erwin McEwen: But I think the goal is to start somewhere and that's why we didn't start at 6 million or 7 million and we've started back with Gordon Johnson and sitting down with Chapin Hall and a guy like Jess McDonald being in the Governor's office, so who is the child welfare director now, how they -- can they connect with a major research institution within the State of Wisconsin and get the support from the Governor's office.

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Female Speaker: But they are really not connected and money that there is gone. That's been taken out, so I was figuring how the money is protective and that's been saying, so.

Erwin McEwen: The BH consent decree is one that protect that.

Tamara Fuller: And I think that you can't underestimate the importance of the prioritization like seeing the research as fundamental to running the agency, which arises out of this whole philosophy of data driven practice that if you, you know you could easily see it in different way and say well, what is that the researchers like extras, it's like icing on the cake. You don't really need the researcher to pay room and board for these kids or you know to do the basics, but in our agency we feel like we do need the researcher to know who we should be paying to do it and how much we should be paying, you know so...

Female Speaker: Well, and I can think for it a challenge, so I do believe we have other than a couple and not for something your decision is going on, but in terms of document, kids staff and reporting all of them on batch, and it's still a question of misheard this one or having lost and try to follow that, you know this is how we try to learn from where are ways you guys are leveraged...

Robert George: I think it's also different that we're the state administered system, you're county administered, because in Wisconsin the practice issues are more local. Here there is leadership from this at the state level on practice issues, so they -- it is the big difference, you know policy issues yet clearly budget issues are state level in both places, but the practice issues are not driven top down, which we typically think bottom up is better and all that kind of stuff but not when you're protecting funding. It's not better; it's worse. So, would you -- could you rely on counties to support the analysis, no. I mean there...

Erwin McEwen: And also when you have...

Robert George: So, you know when you're trying to squeeze from both ends in a county administered system, then one of those ends will work you know eventually in the worst case there are both those ends. Here it's the centrality of the DCFS system in Illinois with a director and we're all again all unifying now to be a consent decree you know that place to go where everybody says we're supporting it here and the legislature and the governor and everybody else has the kind of fall in place there. It's a big difference there.

Erwin McEwen: And then you're talking about \$1.3 billion budget. And so, 6 million or 7 million may sound like a lot of money if you think about it by itself, but if you think about it in context of that budget and use the 6 million to make good decisions about how to spend the other 1.3 makes a whole lot assist if you look at in that what the context as opposed.

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Robert George: And that should probably be 50 million. They never stop. They never stop.

Tamara Fuller: But also I mean the Northwestern budget probably started once upon a time with a single contract to evaluate the ITS program and it was probably for like \$200,000.

Robert George: Right.

Tamara Fuller: And what happened was we probably saved the agency, you know three quarters of a million dollars with that \$200,000 project then we said we, if you want us to evaluate this other stuff, let's see what else we could, you know so it kind of grows that way definitely going to start as big as it is now.

Erwin McEwen: Taken how it started quite well.

Robert George: Well, and probably of the 30 years Department probably didn't put in any money to research until 15 years ago, zero. So, it was a largely foundation and federal government funded. We have lots of money from the federal government to do this work, because we were in a few states that had the data that could speak to you national issues, so New York, California, Illinois we had the data and not the SACWIS which is now everybody has SACWIS already has data now, but that wasn't the case 15 years ago, sorry in that 30 years.

Erwin McEwen: Yeah.

Male Speaker: So, speaking of which you mentioned California, New York my impression was that Illinois is not unique in having sort of strong partner relationship, how would you -- if you can speak to it, how would you compare your old model to the models in our states and what do you see as referring content of your project?

Robert George: Well again you know New York and California are county administered systems and it's much more diffused and by the New York and California are very different. New York is much more focus on data and information. California the researchers there are kind of on their own to get money from a little bit of state. Again it's -- they deal with the strong, I mean that's really strong counties and or you can kind of have it at the county level and the state related sort of researchers or at least child welfare I think is relatively weak.

It's not so much the case in New York, but so New York City where there is obviously resources and consent decree issues there is lot of money in New York City that goes to research also, but the state not that much, rest of the state, the balance of the State of New York. So, I think we have strong child welfare leadership as well as you know which includes the federal court in some cases, you're going to find more use of research in part because everybody demands more data around those context that goes back to you know the who has consent decree around the country of it managing those places that have

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consent decrees and have better information because there is a greater demand for us. So, if -- since directors can't say this, I recommend getting a consent decree.

Erwin McEwen: Well, I would say this is about consent decrees. Be careful who is suing, because you know to be quite honest with you I am very concerned about a number of systems that's being sued and seeing millions of dollars exit these systems to pay \$450 an hour lawyers under the guys that we are improving the system. So, you talk about states like Arkansas, Mississippi, you know Baltimore has one and you see millions of dollars exiting very poor systems under the guys that we are improving that system. And Illinois we just did a consent decree payment for seven years and we paid \$450,000 to the ACLU for monitoring that consent decree and also Stratton-Hardin [phonetic] [01:21:32] the law firm got zero they did it pro bono and that really makes the collaboration in the consent decree monitoring take on a real different nature because it's really about solution focused driven stuff and not about these flown targets in \$450 an hour lawyers.

Robert George: Take the organization that sues you. Cut that out and take. So that's why I want to say, you can say, so take the organization that sues you carefully.

Erwin McEwen: We're out of time. Thank God. I thank you all for coming and listening us this afternoon.