

A Plan To Strengthen Systems And Reduce The Number Of African-American Children In Child Welfare

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Abstract

African American children are over-represented in the child welfare system. Given the social costs and devastating personal effects of family disruption, it is critical that we explore ways of reducing the number of children who are placed in foster care in general, and that of black children in particular. This article describes an innovative approach that combines business principles with cutting edge behavioral intervention research that significantly impacted the home removal of African American children in Illinois' McLean County. The project began with an assessment of the service environment and contextual factors in the target community, followed by a business plan to change child protective service practices in McLean County. The business plan called for improving the quality of existing service systems and introducing new services that were indicated by the behavioral change model that guided the intervention. Using an innovative data analysis technique, we found that two years after the intervention began, the number of African American children removed from their homes had decreased by more than half, from 24.1/1,000 to 11.1/1,000.

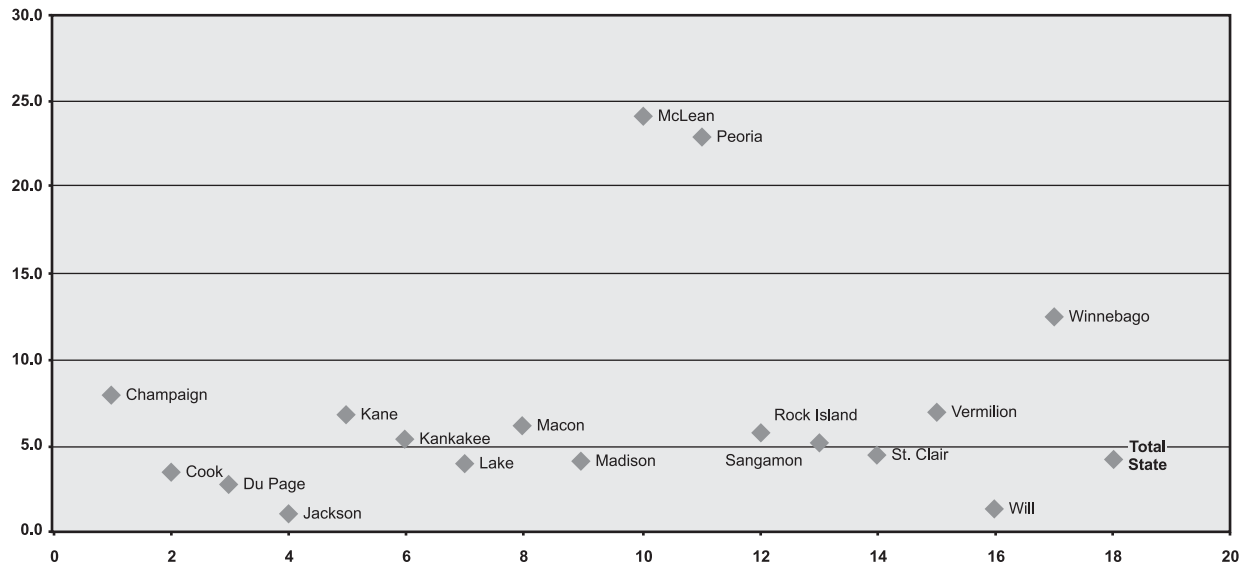
Introduction

The twin cities of Bloomington/Normal and Peoria, Illinois are located in McLean and Peoria counties, respectively, 135-160 miles South of Chicago. The two cities have a combined population base of 227,000 residents (Brinkhoff, 2005), approximately 25 percent of whom are African-American (Children and Family Research Center, 2003). Of the counties in this Central Illinois area (Fulton, Marshall, McLean, Peoria, Tazwell, and Wollford), McLean and Peoria are the only two with a substantial African-American population – 10.2% and 37.6% respectively, with all the rest having less than 1% (Children and Family Research Center, 2003).

In Spring 2000, representatives from the Nation of Islam community in Bloomington/Normal informed the Illinois Department of Children and Family Services (IDCFS) that there were injustices in the child welfare system, specifically in the removal of minority children from their homes. Subsequent analyses found that African-American children were being removed from their homes at dramatically higher rates than the state average. Black children were being removed at a rate of 24/1,000 in McLean County and 23/1,000 in Peoria County, while the overall rate of removal in Illinois was 4.3/1,000 (Children and Family Research Center, 2003), (See Figure 1).

In response to the Nation of Islam's complaint, the IDCFS Division of Quality Assurance conducted a comprehensive review of the McLean field office in the fall of 2000. The purpose of this review was to evaluate the quality of casework practice related to protective service interventions with a focus on the assurance of child safety and the appropriate use of assuming custody. The review revealed numerous problems related to casework practice in the McLean County field office. Further, since the IDCFS field supervisor and clinical service manager in the McLean County field office also served as field supervisor and clinical service manager of the Peoria County field office, and because of the proximity of the two city areas, the community alleged similar problems in the Peoria County field office. In response to its review, and facing considerable public distrust in the black community, IDCFS hired the Community Mental Health Council, Inc. (CMHC), a comprehensive mental health center located in Chicago with a track record of taking evidence-based practices into service, to design and implement an appropriate intervention (Bell, 2002).

Scattergram 1: African-American Children/1,000 Removed from their Families in Illinois' Counties with African-American Populations over 1,500 in 2000



The model used in Bloomington contained two primary elements. First, there was a comprehensive assessment of the child protection system in McLean County in order to determine the nature of the problem and appropriate places for intervention. Secondly, drawing on previous work in large service systems (Bell, Gamm, Vallas, & Jackson, 2001) and public health models of health behavior change (Bell, Flay, & Paikoff, 2002), CMHC used a set of “field principles” — theoretical constructs that were adapted for use in “real world settings”— to guide the development of a business plan to correct the problem (see Table 1).

The plan proposed that CMHC, in collaboration with Urban Services, a local social service agency dedicated to improving social fabric by supporting communities to improve their social cohesion (trust and shared values among neighbors) and social control (the degree to which neighbors monitor neighbors and enforce acceptable behavior), provide technical assistance to IDCFS to help correct deficiencies and build on strengths found within the IDCFS and McLean and Peoria counties.

CMHC's Assessment

In early 2001, CMHC’s Executive Administrative Team began a comprehensive assessment of the child protective services in McLean and Peoria counties. The assessment included windshield surveys (the process of driving through the community and noting community strengths, e.g. a youth recreational club, and deficits, e.g., a crack house) across the city and interviews with DCFS consumers, key informants

from the State’s Attorney’s Office, DCFS employees, elected officials, community activists, case workers, and other social service agency workers. Completed in late 2001, the assessment revealed IDCFS was quite active in taking custody of children felt to be in danger in McLean and Peoria County. There were three private (purchase of service – POS) agencies in McLean County that received children taken into custody. Investigations were neither comprehensive nor complete, and African-Americans had become extremely distrustful of IDCFS procedures. Parents and alleged perpetrators reported they were not being informed of their rights or the results of the investigation consistently. Additionally, when children were taken into state custody, children and their parents were not being prepared for placement. The McLean Office was making placement decisions before collecting all required information, and without considering all possible alternatives to placement. When investigations raised concerns about domestic violence, African-American children were quickly taken into custody despite the dearth of domestic violence treatment services needed to rehabilitate the family. Similar actions were taken in cases involving alcohol and substance abuse, again with few treatment services available to address the issue. In addition, inconsistent application of policies governing investigations and case management further compounded the problem. Lastly, the assessment found that the documentation in investigative and service case files did not always provide evidence that investigators and caseworkers were receiving regular supervision. Further, services to intact families needed substantial improvement. Both the McLean County

and the Peoria County field offices experienced a significant amount of turnover of child welfare service workers and supervisors. Moreover, since there was only one field supervisor and one clinical services manager for both offices, the constant demand to train new staff negatively impacted the way cases were handled at both sites. In February 2002, a local newspaper reported that IDCFS Director, Jess McDonald noted, "recent assessments of the McLean County office revealed children had been taken wrongly from their homes, sometimes because of class differences and incomplete investigations" (Silverman, 2002). We ascertained that IDCFS and the McLean County field office needed to reach out to the community, especially the African-American community, to discuss efforts to improve the quality of services, and possible joint projects.

In March 2002, CMHC, with Urban Services and IDCFS, presented the McLean and Peoria County

communities with a plan to improve the child protective service system within the area. The plan was based on the behavior change field principles derived from the Triadic Theory of Influence (TTI), which incorporates sociological theories of social control and social bonding, peer clustering, cultural identity, psychological theories of attitude change and behavioral prediction, personality development, and social learning (Flay & Petraitus, 1994) (see Table 1). TTI was the theoretical model for a federally funded study to examine the prevention of violence, drug use, and early sexual debut in a community on Chicago's west side (Flay, Graumlich, Segawa, Burns, Holiday & Aban Aya Investigators, 2004). These principles had been used in an intervention with the Chicago Public Schools (Bell, et al, 2001) and obtained good results in a National Institute of Health-funded HIV prevention project in Durban, South Africa (Paruk, Petersen, Bhana, Bell & McKay, 2002; Bhana, Petersen, Mason, Mahintsho, Bell & McKay, 2004).

Table 1: Seven Community Field Principles And Their Methods Of Operationalization

Field Principle	Operationalization
"Rebuilding the village"	Build community collaborations to support troubled families.
"Providing access to health care"	Transport evidence-based assessment and treatment to the community.
"Increasing connectedness"	Create systems to connect troubled African-American families and community support systems. Coach IDCFS field office staff on how to be culturally sensitive toward the African-American community.
"Increasing social skills"	Organizational/staff development.
"Increasing self-esteem"	Attach stakeholders to positive, proactive community and organizational systems to create a sense of power, a sense of models, and a sense of uniqueness.
"Reestablishing the adult protective shield"	Actualize quality assurance systems to monitor IDCFS practices.
"Minimizing trauma"	Take a systems approach to the problem and ensure that each stakeholder has support.

This model formed the basis for all actions taken to address the problems in the McLean and Peoria counties child welfare office.

Actions Taken By the IDCFS

Based on their own assessment and CMHC's participation, to improve the quality of their services, the IDCFS McLean and Peoria County field offices undertook four major corrective actions.

Nonwhite Staff Recruitment

In an effort to "increase connectedness" between field office staff and the communities they served, CMHC suggested and helped to increase the number of Nonwhite staff in the field offices in McLean and Peoria County. By the end of the intervention, there was a modest increase in the number of Nonwhite staff in both McLean and Peoria.

Best Practice and Statewide Automated Child Welfare Information System (SACWIS)

To improve their "social skills," the McLean and Peoria County field offices participated in the implementation of Phase I of Best Practice and Statewide Automated Child Welfare Information System (SACWIS). This phase included the Intake and Investigations divisions. The purpose of SACWIS was to ensure a level of consistency throughout the state when using Best Practice standards.

Family Solutions and CERAP Training

To "increase social skills and self-esteem," the Family Solutions program began in McLean and Peoria County in December of 2000. The goal of the program was to set up Best Practice standards for intact families to increase safety and reduce risk factors in families and improve family functioning. The program provides immediate intervention and service provision to stabilize family systems and reduce the number of children entering the foster care system. A review of the Family Solutions program found a need to improve supervision of workers and worker contact with the family. IDCFS also did a refresher training with McLean and Peoria County field offices and POS staff on how to use the Child Endangerment Risk Assessment Protocol (CERAP) when assessing children's safety (Fuller & Poertner, 2001).

Internal and External Quality Assurance Review and the Citizen's Quality Assurance Panel

At the request of the IDCFS Director, in September 2000 the IDCFS Division of Quality Assurance Review conducted a review of the McLean County field office that outlined areas for service improvement. Later during the intervention, the IDCFS Division of Quality Assurance Review did a similar review at the Peoria

County field office. In December 2002, after CMHC's intervention, a second external review was accomplished by the Council on Accreditation re-accreditation process. The McLean County office received positive responses from the reviewers. These efforts were designed to "reestablish the adult protective shield." This principle refers to efforts designed to reestablish social control, which is the degree to which adults in the community monitor behavior of children, adults and institutions to enforce acceptable behavior.

Based on a review of case work mismanagement that originally brought CMHC to Bloomington, CMHC staff designed a "decision tree" that would help guide decision-making practice of workers and supervisors and thus insure "best practice" procedures. The Site Administrator reviewed all critical decisions regarding taking protective custody.

In another effort to "reestablish the adult protective shield," CMHC proposed a Citizen Quality Assurance Panel to assure the continuation of quality services from the McLean County field office once CMHC's intervention was over. Although still in formation, the Citizen Quality Assurance Panel is a voluntary citizen review process that uses the National Association of Foster Care Guidelines (1999) for independent reviews of IDCFS practices. Once formed, the panel will review cases regarding safety decisions made during the investigation process. They can also be called on to review a decision when families request a special review of their open intact or permanency cases based on service delivery, lack of reasonable efforts made by the Department/POS agency, or other identified permanency issues. CMHC also suggested the establishment of a Leadership Roundtable consisting of components of the child protective services system that includes community representation. The purpose of the Leadership Roundtable is to rebuild trust within the organization, and to establish trust between the organization, consumers, and the community through community collaboration.

Actions Taken By CMHC

CMHC's initial assessment served as a second independent evaluation of IDCFS service practices and helped form the basis for strategic work plan development to correct identified problems. This plan consisted of four major corrective actions: 1) Analysis and Strengthening of Social Fabric, 2) Joint Treatment Planning Agreement and Multiple Family Groups, 3) Organizational Development, and 4) Quality Assurance.

Analysis and Strengthening of Social Fabric

To learn how much “village rebuilding” was necessary in McLean County, CMHC research staff did a “windshield” survey of Bloomington/Normal to discover the strengths and weaknesses of the community. The results of this survey revealed that due to a recent influx of new McLean County residents, the area’s social fabric that supported troubled families needed strengthening (McKnight, 1997; Sampson, Raudenbush, & Earls, 1997). Accordingly, CMHC subcontracted with Urban Services to give residents a Community Resource Center for research and self-help activities to strengthen McLean and Peoria families. This initiative was the first step taken to increase the strength of the community’s social fabric. The next step taken to “weave social fabric” was for Urban Services to initiate a Family Advocate Program within IDCFS in McLean County (see below).

Joint Treatment Planning Agreement and Multiple Family Groups

CMHC’s assessment found evidence of fragmented treatment services delivered by McLean County service providers, resulting in service duplication and inefficiency. CMHC suggested joint treatment planning as the best way to correct this problem. IDCFS’ contracted providers of service (POS) signed this agreement in early February 2002. CMHC and service providers jointly developed procedures to address the following areas: 1) communication and information exchange between providers, e.g., requirements for release of information, record requests, etc.; 2) attendance at scheduled child and family meetings; 3) interagency intake referral, and linkage processes; 4) service or treatment plan review and collaboration; and 5) coordinated outreach efforts to engage troubled families. Undertaking these efforts improved “access to health care,” which involves efforts to ensure that underserved populations are provided with coordinated, state of the art, modern physical and mental health care, which also includes wellness services. Based on several challenges identified in discussions with local providers, CMHC recommended revamping and enhancing the existing service system to construct an integrated child welfare system. Community Mental Health Council, Inc. developed task force groups with participation from the POS agencies and Urban Services, Inc. to work on resolving specific challenges to the service system. The task force groups addressed the following key areas: 1) Consumer/Confidence Satisfaction (service quality and accessibility); 2) Communication & Collaboration (interagency networking and housing needs); and 3) Joint Treatment (clinical; cultural diversity of

providers, prevention services, recidivism, reopening). The Integrated System of Care work group and the task force subgroups developed a proposal that was presented to IDCFS Director McDonald in December 2002 with goals, time frames, and budgetary information to address the system challenges. POS, specialty service agencies, and civic organizations comprised the Integrated System of Care work group.

To increase the McLean County community’s capacity to deliver evidence-based family interventions, University of Illinois at Chicago’s Institute of Juvenile Research staff provided multiple family group training to CMHC, Urban Services, McLean County IDCS, Peoria County IDCFS, and POS agency staff. Multiple family groups technology is an evidence-based tool showing effectiveness in promoting improvements in family functioning, reducing the length of time families remain in the IDCFS system and reducing negative behaviors in children (McKay, Harrison, Gonzales, Kim, & Quintana, 2002; Hoagwood, Burns, Kiser, Ringeisen, & Schoenwald, 2001). Multiple family groups work by influencing family process through education about improving communication and conflict resolution skills. The group format (each group is comprised of members of 7 to 9 families) also provides a forum for information and education on relevant topics such as: visitation and relationships with birth parents, coping with loss and separation, parenting another generation, understanding the child welfare system and permanency arrangements, the impact of substance abuse and domestic violence on the family, and obtaining services and resources.

Organizational Development

Because CMHC’s assessment revealed managerial issues that would interfere with exemplary IDCFS service delivery, a key component of the strategic work plan was the need for organizational development within the McLean County field office to “increase social skills.” Accordingly, CMHC’s senior vice-presidents conducted Management Training sessions with IDCFS McLean and Peoria County office management staff to promote leadership, staff core competency, and improved service delivery. Topics included: 1) leadership training with IDCFS and POS staff that focused on the development of management staff as effective change agents; 2) cultural sensitivity/diversity training to enhance staff’s ability effectively to work with and address cross-cultural and Nonwhite client issues; 3) office culture training to explore office climate and interpersonal dynamics related to facilitating an optimal work environment (Kondrat, Greene, & Winbush, 2002); 4) staff retention and recruitment methods and strategies; and 5) supervisor

training to implement the model based on *7 Habits of Highly Effective People* (Covey, 1989). To increase McLean/Peoria County IDCFS workers' "social skills," caseworkers were offered monthly grand rounds training. These rounds included an in-depth examination of a current case for best practice use.

Quality Assurance Activities

Until the Citizen's Quality Assurance Panel could provide an "adult protective shield" to assure the community that IDCFS practices were fair and just, a CMHC Quality Assurance Team conducted multiple, random case reviews as an external quality control measure. IDCFS also developed a comprehensive brochure that clearly outlined: 1) Clients' rights, 2) Services available to clients, 3) Consequences to families who fail to provide safety and well-being for their children, and 4) The role and responsibility of the proposed Family Advocate Program based on CMHC recommendations. In addition, CMHC developed a satisfaction survey to gather consumer feedback for ongoing system quality improvement and case resolution.

Actions Take By Urban Services

When families begin to get into trouble, support systems that had previously buffered the family against stress begin to abandon those troubled families. As a result, without such support, families become less able to manage, and the results negatively affect parents and children. CMHC's model called for a "rebuilding the village" strategy that would increase family support in times of trouble. Borrowing from Florin, Mitchell, & Stevenson (1993), CMHC and Urban Services devised a plan for engaging key community stakeholders to help in these activities (Bell & McKay, 2004). Using the theoretical idea of "rebuilding the village" (Bell, et al, 2002), Urban Services developed a Family Advocates Program, the

purpose of which is to provide advocacy and case management services to children and their families who are involved in the child welfare system. In an effort to build "collective efficacy," defined by Sampson et al. (1997) as a combination of social cohesion (i.e. trust and shared values among neighbors) and social control (i.e. the degree to which neighbors monitor families and support acceptable behavior), a major goal of the Family Advocates was to establish connections between beleaguered families and institutions in the neighborhood. The program also ensured the delivery of culturally competent services through ongoing support and guidance to children and their families.

In addition to the Family Advocates Program, Urban Services provided activities designed to increase the density of the social fabric in McLean and Peoria Counties. They established partnerships with the faith-based and civil rights community (e.g., NAACP and Urban League) to help families' access to resources in the community. Urban Services also worked with civic leaders regarding community development issues. To address concerns the community had with the child welfare system in McLean and Peoria Counties, under the leadership of Urban Services, the three partners (IDCFS, CMHC and Urban Services) conducted several community forums during the two year intervention period. Finally, Urban Services established a Resource Library to give families information regarding IDCFS policies and procedures and other resources available in the community.

Outcomes

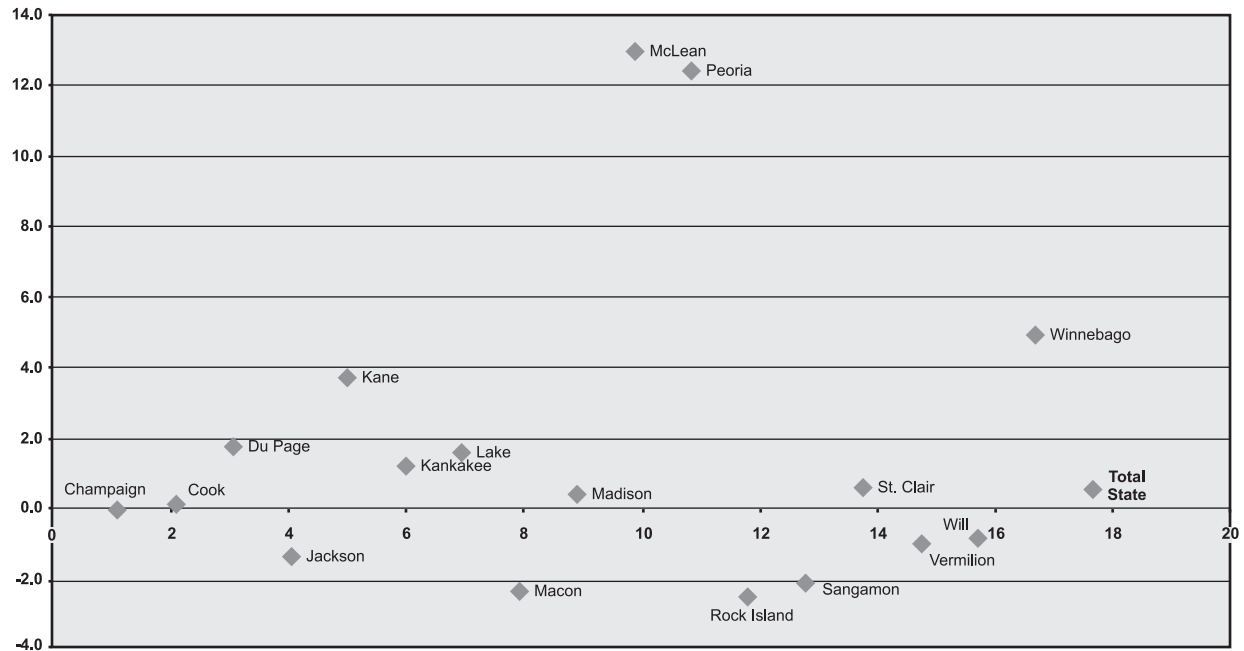
An analysis of state data indicate that the rate of children taken into protective custody declined in McLean and Peoria counties, but the decline was sharpest among African-American children (Children and Family Research Center, 2003) (See Table 2).

Table 2. Rates Of Children Taken Into Custody Per 1,000

Race and Location	Rates per 1,000 in 2000	Rates per 1,000 in 2002	Change from 2000 to 2002
European-Americans in McLean County	3.6	1.7	1.9
European-Americans in Peoria	4.4	2.4	2.0
Latinos in McLean	0.8	0.0	0.8
Latinos in Peoria	8.2	5.7	2.5
African-Americans in McLean	24.1	11.1	13.0
African-Americans in Peoria	23.0	10.5	12.4

Figure 2 illustrates the reduction in removal rates/1,000 of African-American children in all Illinois' counties with populations of African-Americans exceeding 1,500 (Children and Family Research Center, 2003) (counties listed are home to over 95% of the African-American population in Illinois).

Scattergram 2: Change in 2002 and 2000 rates/1,000 in African-American Children Removed from their Parents in Illinois' Counties with 1,500+ African-Americans



To provide a more thorough statistical evaluation of these data, including a formal comparison of county-level foster care placement rates to the statewide rate, the authors borrowed a statistical method originally developed by the Institute of Medicine committee on Suicide Prevention and Intervention, which used a mixed-effects Poisson regression model to estimate county-level suicide rates (Goldsmith, Pellmar, & Kleinman, 2002). In the current model the adjusted rate for a county in the mixed-effects regression model is a Bayesian estimate of a multiplier of the state rate, adjusted for the population characteristics of the county. A Bayes estimate of 1.0 shows that the rate in the county is the same as the rate in the state, while an estimate of 0.5 shows that the rate in the county is one-half the state rate, and an estimate of 2.0 shows that the rate in the county is twice the state rate. An advantage of the empirical Bayes estimate is that one can also obtain an asymptotic confidence interval for the county-specific rate multiplier. If the county-specific confidence interval contains 1.0, then one can conclude that the rate is consistent with the state rate. If the lower confidence limit is greater than 1.0 then one can conclude that the county rate is significantly higher than the state rate.

Comparing county-level foster care placement rates to the statewide rate, the authors used a random-effects Poisson regression model, in which both the intercept of the model (overall rate) and the change between 2000 and 2002 were treated as random effects and therefore were allowed to vary from county to county. In this way, the authors could obtain a county-specific estimate of the change in the rate (as a multiple of the statewide change in the rate) and corresponding 95% confidence interval. Counties in which the lower confidence limit was greater than 1.0 therefore exhibited a greater reduction in foster care placement than the statewide average.

Table 3 displays African-American population size, number of foster care placements, and rates for each county in 2000 and 2002. The empirical Bayes rate multiplier for the change from 2000 to 2002 and its 95% confidence interval are also presented in Table 3. Of the 85 counties that had African-American residents in 2000 and 2002, five had rate changes that were significantly greater than the statewide rate. These counties were Bureau, Lee, McLean, Peoria, and Winnebago. Note that the empirical Bayes estimates performed well even in those cases where the African-American population was extremely small.

Table 3: Number of African-American Children Removed from Home by County

County	YR 2000			YR 2002			Rate Multiplier	Lower Limit	Upper Limit
	Population	# Removals	Rate	Population	# Removals	Rate			
Adams	728	9	12.4	756	4	5.3	1.58	0.48	5.26
Alexander	1,116	13	11.6	1,059	3	2.8	1.67	0.52	5.35
Bond	154	0	0	159	0	0	0.49	0.09	2.61
Boone	155	0	0	178	0	0	0.48	0.09	2.56
Bureau	62	8	12.9	79	0	0	8.11	2.22	29.61
Carroll	30	0	0	26	0	0	0.78	0.13	4.86
Champaign	6,525	52	8	6,762	54	8	0.72	0.34	1.53
Christian	53	1	18.9	65	1	15.4	1.54	0.31	7.78
Clinton	120	0	0	120	0	0	0.54	0.1	2.93
Coles	245	0	0	244	0	0	0.41	0.08	2.08
Cook	450,422	1,544	3.4	456,889	1,507	3.3	0.35	0.35	0.35
Crawford	53	0	0	51	0	0	0.69	0.12	4.06
Cumberland	7	0	0	9	0	0	0.92	0.14	6.22
DeKalb	818	4	4.9	898	18	20	0.81	0.25	2.58
De Witt	17	0	0	15	0	0	0.85	0.13	5.52
DuPage	9,020	24	2.7	10,116	9	0.9	0.72	0.25	2.11
Edgar	24	0	0	19	0	0	0.82	0.13	5.16
Edwards	1	0	0	1	0	0	0.99	0.14	6.96
Effingham	25	0	0	31	0	0	0.79	0.13	4.96
Fayette	11	0	0	10	0	0	0.9	0.14	5.93
Franklin	12	0	0	11	0	0	0.89	0.13	5.85
Fulton	49	0	0	54	2	37	1.33	0.26	6.89
Gallatin	3	0	0	2	0	0	0.97	0.14	6.73
Grundtv	24	0	0	29	0	0	0.8	0.13	5.02
Hamilton	24	0	0	32	0	0	0.8	0.13	4.98
Hancock	18	0	0	24	0	0	0.83	0.13	5.33
Hardin	8	0	0	10	0	0	0.91	0.14	6.12
Henderson	15	0	0	16	0	0	0.86	0.13	5.6
Henry	214	1	4.7	218	0	0	0.66	0.14	3.14
Iroquois	104	0	0	116	0	0	0.56	0.1	3.08
Jackson	2,184	2	0.9	2,237	5	2.2	0.29	0.08	1.05
Jefferson	853	10	11.7	857	10	11.7	1.43	0.45	4.55
Jersey	56	0	0	55	0	0	0.68	0.12	3.98
Jo Daviess	15	0	0	18	0	0	0.86	0.13	5.56
Johnson	17	0	0	17	0	0	0.85	0.13	5.49
Kane	9,047	60	6.6	9,342	27	2.9	1.96	0.79	4.84
Kankakee	6,001	32	5.3	6,041	25	4.1	0.82	0.28	2.37
Kendall	246	5	20.3	368	0	0	1.74	0.45	6.76
Knox	856	2	2.3	901	7	7.8	0.61	0.17	2.19
Lake	15,349	59	3.8	16,263	36	2.2	1.14	0.47	2.78
La Salle	360	3	8.3	410	2	4.9	1.06	0.27	4.13
Lawrence	26	0	0	21	0	0	0.81	0.13	5.06
Lee	158	10	63.3	164	5	30.5	5.52	1.68	18.11
Livingston	145	2	13.8	199	1	5	1.3	0.3	5.69
Logan	135	0	0	155	0	0	0.51	0.09	2.73
Macon	5,786	35	6	5,835	49	8.4	0.45	0.19	1.08
Macoupin	146	1	6.8	143	0	0	0.8	0.16	3.9
Madison	6,676	27	4	6,877	25	3.6	0.64	0.24	1.73
Marion	573	2	3.5	585	0	0	0.52	0.12	2.2
Marshall	29	0	0	39	0	0	0.77	0.12	4.74
Massac	221	0	0	214	0	0	0.43	0.08	2.21
McDonough	217	0	0	237	1	4.2	0.54	0.11	2.62
McHenry	570	0	0	715	0	0	0.26	0.06	1.26
McLean	3,072	74	24.1	3,417	38	11.1	4.14	1.57	10.91
Menard	15	1	66.7	21	2	95.2	3.31	0.62	17.54
Mercer	15	0	0	15	0	0	0.86	0.13	5.62
Monroe	9	0	0	8	0	0	0.91	0.14	6.1
Montgomery	50	0	0	52	0	0	0.7	0.12	4.11
Morgan	479	3	6.3	512	5	9.8	1.02	0.28	3.71
Moultrie	11	0	0	1	0	0	0.92	0.14	6.13
Ogle	87	5	57.5	116	0	0	3.56	0.89	14.23
Peoria	11,716	269	23	11,951	126	10.5	5.67	4.82	6.68
Perry	162	0	0	168	0	0	0.48	0.09	2.54
Piatt	21	0	0	21	0	0	0.83	0.13	5.25
Pope	41	0	0	39	0	0	0.73	0.12	4.41
Pulaski	808	4	5	787	5	6.4	0.81	0.23	2.87
Putnam	20	0	0	23	0	0	0.83	0.13	5.26
Randolph	338	3	8.9	344	0	0	0.95	0.23	3.89
Rock Island	3,797	22	5.8	3,756	31	8.3	0.56	0.2	1.58
Saline	465	0	0	476	1	2.1	0.37	0.08	1.69
Sangamon	6,828	35	5.1	7,171	52	7.3	0.42	0.14	1.22
Shelby	14	0	0	14	0	0	0.87	0.13	5.69
Stark	2	0	0	2	0	0	0.98	0.14	6.82
St. Clair	26,092	113	4.3	26,048	96	3.7	0.75	0.45	1.24
Stephenson	1,400	5	3.6	1,452	1	0.7	0.56	0.15	2.04
Tazewell	145	1	6.9	162	2	12.3	1.14	0.26	5.06
Union	22	1	45.5	21	0	0	1.57	0.27	9.19
Vermilion	2,850	20	7	2,887	23	8	0.79	0.28	2.28
Warren	74	0	0	71	0	0	0.63	0.11	3.6
White	7	1	142.9	7	0	0	1.93	0.3	12.45
Whiteside	232	6	25.9	262	0	0	2.28	0.61	8.52
Will	17,788	22	1.2	18,753	39	2.1	0.2	0.07	0.56
Williamson	453	4	8.8	487	3	6.2	1.16	0.32	4.25
Winnebago	10,935	136	12.4	11,419	86	7.5	2.38	1.28	4.41
Woodford	35	1	28.6	41	0	0	1.36	0.24	7.59
Overall	607,896	2,635	4.3	620,196	2,304	3.7			

Finally, DCFS Internal Quality Assurance re-evaluated casework practices conducted in August 2002 as part of the continuous quality improvement process, and found significant improvement in both investigations and on-going casework.

Conclusions

By the third year of the intervention, child protective custodies in McLean and Peoria counties declined dramatically for all children, but most dramatically for African-American children, whose base rates had been several times higher than their European-American or Latino counterparts. A great deal of work remains to be done to maintain current improvements in the child protective system in McLean and Peoria Counties. Making the Citizen's Quality Assurance Review Panel an institutional reality is a struggle. Until recently, CMHC provided the "adult protective shield" by monitoring IDCFS services in the area. A random review should continue of IDCFS and POS staff interventions, including consumer survey feedback and ratings as part of the quality assurance process. To integrate treatment services, the Integrated System of Care, the Joint Treatment Planning contracts with POS agencies, and the use of Multiple Family Groups need to become institutionalized. Implementation of the proposed Leadership Roundtable is critical. This system will help to develop the social fabric that is required to support families in trouble. Organizational development needs to continue. This will ensure the ongoing use of a Nonwhite staff recruitment and retention plan. Lastly, middle managers and central office staff need to continue their leadership and management training.

We think this work is unique. It began as a business intervention that used NIMH-funded research to improve services by providing a useful model (based on sound theoretical principles) for changing complex community dynamics that were traumatic to children and their families. A major task of the business model was to obtain evidence that the intervention was effective, and with the help of modern biostatistics we accomplished that goal. In addition to demonstrating how to improve the supportive social fabric and child welfare services care provided to families in trouble, and remedying significant injustices experienced by African American families, we have outlined a process that achieves the goal of moving federally funded research into service intervention. This process entails:

- A careful assessment of the service environment and contextual factors contributing to the problem and gathering baseline data;
- Using a scientifically validated model that has potential for guiding problem solving, enlist professionals to develop a sound

business plan using the model for guidance (Bell, et al, 2002; Flay, et al, 2004; Bhana, et al, 2004);

- Actualize the business plan using existing service systems by a) improving their quality or b) introducing new services as illustrated by this model;
- Then, using appropriate statistical methodology, examine the outcomes after the intervention.

We think this process works and that it can help federal research institutes and service administrations get their "science to service."

By promulgating unhealthy behaviors, psychosocial trauma not only generates mental illness, but also physical illnesses. Felitti, et al. (1998) note that, compared with children who had experienced none, children who suffer four or more incidents of adverse childhood experiences (psychological, physical, and sexual abuse, violence against mother, living with household members who were substance abusers, mentally ill or suicidal, or who had been imprisoned) have:

- a 7.4-fold increase for alcoholism,
- a 10.3-fold increase for drug abuse,
- a 4.6-fold increase for depression,
- a 12.2-fold increase for suicide attempts,
- a 2.2-fold increase in smoking,
- a 3.2-fold increase for having ≥ 50 sexual intercourse partners,
- a 2.5-fold increase for having sexually transmitted disease,
- a 1.6-fold increase in severe obesity,
- a 2.2-fold increase for developing ischemic heart disease,
- a 1.9-fold increase for developing cancer,
- a 3.9-fold increase in chronic lung disease (bronchitis and emphysema)
- and a 2.4-fold increase in developing liver disease.

Considering African-Americans' disproportionate representation in foster care and correctional facilities (Office of the Surgeon General, 2002), which are inherently traumatic settings, it is the authors'

contention that part of the solution necessary to reduce African-American health disparities involves the minimization of psychosocial trauma visited upon African-Americans (Anderson, DeCarlo, Voisin, & Bell, 2003; Dove, Anderson, & Bell, 2005). Fortunately, risk factors are not predictive factors due to protective factors (Bell, 2006). This article highlights a process that minimizes psychosocial trauma in the African-

American community by moving federally funded scientific research about behavior change into a service intervention to reduce future biopsychosocial health disparities within the African-American community.

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