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State: Illinois

Program Category: Health & Human Services; Children & Families

1. Program Name: Statewide Provider Database

2. Administering Agency: Illinois Department of Children & Family Services

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9. Brief Description: The IDCFS Statewide Provider Database (SPD) is a geocoded online search tool that allows caseworkers to identify regionally available, clinically appropriate services for children and families. All provider locations are geocoded and highly detailed information is included on each program and service. Geocoded provider data facilitates gap analysis that incorporates regional need for services and provider availability.

10. Program Duration: The SPD became operational for use by IDCFS staff and community collaborators in March of 2008.

11. Reason for Program Creation: The SPD was created to address several casework practice and administrative issues: (1) the time and expense of travel to distant service providers, as well as the lack of detailed information about eligibility and program requirements, were barriers to engagement in treatment for children & families; (2) caseworker turnover resulted in loss of institutional knowledge about local resources; (3) administrative data did not incorporate precise geographic information on the locations where services could be provided. The SPD was intended to provide quick and easy access to caseworkers based on the geographic locations and clinical needs of clients.

12. Specific Activities & Operations:

1. *Obtaining Access to SPD.* Agency staff automatically obtain access to SPD using their network IDs, and activate their access through the central agency IT helpdesk. Individuals outside of the DCFS network obtain access by contacting the Program Director. Generally speaking, outside collaborators with access to

SPD meet one of three conditions: (1) work at an agency that is listed in the SPD, providing updates of their own agency's information (2) provide a resource listing, catalogue, or directory to SPD staff for incorporation into the SPD or (3) enter into a formal collaboration with DCFS in which SPD staff train and implement within their agency in exchange for ongoing evaluation, data support, and other collaborative activities. Usernames and passwords enable the SPD to recognize which individuals are "case carrying" and thus can access case-specific clinical assessment data in addition to provider data as well as those individuals who can only access the provider data but cannot access clinical child information.

2. *Data Entry & Maintenance.* Data are entered and maintained by a team of trained, Masters-level data technicians employed by Northwestern University. Each week these staff interview new providers, update existing provider information, and provide consultation and training to system users. Data is entered at the rate of approximately 20-30 new providers each week. Data are updated on a six-month cycle in which providers whose records have not been updated in 6 months are contacted via phone or email and asked to verify key details related to eligibility and service provision. SPD staff also respond to inquiries from users to assist in using the SPD to identify appropriate services. SPD staff routinely provide on-site training to new user groups.
3. *Online Provider Searches.* Once users obtain access to the SPD tool, they can search it in one of four ways. First, users can specify needed services and by entering the address and characteristics of a client, obtain a list of providers, sorted by distance from the specified address, who offer the needed services for which the client is eligible. Second, users with child welfare cases on their caseload can enter the DCFS id of a youth, and the system will automatically locate the child's most recent address and most recent clinical assessment, and use these two data sources to search for recommended services in proximity to the child's current location. Third, users can enter the name of a specific community agency to learn more about the agency's programs. Fourth, users can enter a keyword and the system will search for records containing the word regardless of the geographic location of the providers (e.g. "camp", "equine therapy", "Parents as Teachers"). The initial search yields a preliminary list of provider locations and the services offered at each location. Users may then click on (1) the name of the agency to obtain more information about the agency operating the program of interest and other programs operated by the agency (2) the name of the program, for detailed information about eligibility, intake requirements, mode of treatment, staffing, and other elements (3) the address of the program, to display a map of the location with directions (via car or public transportation where available) from the client's location to the service provider's location. All of the above information can be converted to pdf file in order to be printed or emailed.
4. *Ad-Hoc Reporting & Maps.* The SPD system is used frequently to generate maps that illustrate the availability of resources in contrast to the need for services among DCFS clients and other constituents. DCFS administrative staff, program agency staff, or community initiative leadership may request maps with geographically displayed information about the distribution and characteristics of

providers and client populations in their area. These maps are tremendously helpful in planning for the appropriate distribution of resources and in formulating strategies to address gaps in resources.

14. Program Start-Up Costs: 500,000. Initial start up costs included a prototype database built for a pilot implementation (30K), software development costs (300K), salary support for individuals who collect and maintain the data, and salary support for individuals who develop and provide training in the use of the tool.

15. Annual Operational Costs: 425,000. This covers the cost of the Northwestern University contract that funds 2 full time and 3 part time data management/interviewing staff, as well as 1 part time GIS specialist. Software maintenance and additional support for weekly geocoding utilize small percentages of DCFS employed staff.

16. Program Funding: The program is funded through a DCFS contract to Northwestern University and supported through collaborations with user groups; collaborators assist in updating and maintaining information in SPD.

17. No Legislation or Executive Order was required to implement the program.

18. Technological Requirements: SPD was developed using Eclipse, Java, Ruby on Rails, MY SQL, and other Open Source software running on Lenox Operating System. The system is now hosted at DCFS and runs on Microsoft 2003 operating system. Users are able to access the system from any computer with internet access, providing they have a username and password for log in. Technical support is provided by the DCFS OITS helpdesk.

19. Program Origins: SPD originated in Illinois as a pilot project paid for by a MacArthur Foundation grant to the Cook County Juvenile Court Clinic in 2002-2004. The pilot only covered providers in the Cook County area surrounding the City of Chicago. In 2004 the Department of Children & Family Services included the SPD in its Performance Improvement Plan and contracted with Northwestern University to have it expanded to include the entire State of Illinois. The innovator is Dana Weiner, Ph.D., 710 N. Lake Shore Drive #1223, Chicago, IL 60611, 312-503-1061, dsaw80@northwestern.edu.

20. Existence in other states: We have presented the tool extensively at conferences and speaking engagements around the country. Based on this experience, to our knowledge there is no similar online provider database that has the capacity to incorporate assessment data to guide service provider referrals.

21. Full implementation: While the program is fully operational within DCFS and at many collaborating agencies, a full statewide implementation would involve collaboration by all Human Service agencies in the state of Illinois including the Department of Human Services. There are several other long-term plans that would represent full implementation:

1. *Provider data maintenance.* Future plans include modifying the SPD so that when representatives of provider agencies log in, they will be asked to verify key details of their service delivery before they can utilize the search function of the system. This will require an additional data entry interface that provides access to a limited set of fields for verification, and then sends provider-initiated updates to SPD data staff for confirmation prior to acceptance into the system.
2. *Quality Management using assessment data submitted by caseworkers and/or providers.* Currently, providers of many outpatient services enter assessment data on individual cases without submitting information on which of the services they provide were delivered to the individual client whose assessment is being entered. Providing this information (on receipt of services) and linking it to assessment data in the system will allow us to monitor the resolution of clinical issues by providers, and ultimately inform our ability to rate the quality of providers listed in the system.
3. *Public access to SPD.* The current access model for SPD allows for clinical and case management staff to access the system on behalf of consumers, providing information that can overcome barriers to access. However, several consumer groups have expressed interest in providing an open-access area of the system that will allow parents and other community members to identify service provider locations independently.
4. *Live feeds of updated data from other Human Service agencies.* Currently all data is entered manually into SPD by staff. However, other Human Service agencies maintain databases of less detailed information on service providers that could be electronically imported into SPD. These records could then be enriched by SPD staff using routine provider interviews. While the necessary legal barriers (memorandum of understanding & data sharing agreements) have been surmounted, there are still technological barriers to building bridges between multiple human service agencies.

22. Evaluation of program's effectiveness in addressing defined problems: The SPD program has been effective in increasing access to provider information by new casework staff, and in centralizing provider information so that it can be analyzed and mapped to understand overall resource trends. This has resulted in policy and planning decisions made empirically informed by data. For example, in an effort to avoid school disruption by placing youth in custody of child welfare far from their original homes and school districts, we've used maps of need and availability to make the case for development of group home resources in the geographic area in which they are needed. Other examples include (a) the placement of psychiatric clinics in close proximity to those youth in need of psychiatric services (b) the planning of new differential response teams in areas with high rates of families meeting criteria for participation as well as others. We have yet to evaluate whether the increased access to information has resulted in (1) more efficient service delivery and (2) increased access to and engagement in services by clients but plan to research these questions in the coming years.

23. Program growth: Over the last 6 years, the SPD has grown to include over 15,000 services offered at 2700 programs operated by 1320 agencies across the state of Illinois. The initial system included only a few hundred agencies within Cook County; now there are programs in every county in the State. Growth is also reflected in the growing number of users of SPD, which is now approximately 5000 (as indicated by the number of system usernames that have been distributed). With this growth has come a transition of responsibility for the integrity of the data. When providers log in to use the system, they check their own agency's information and notify us of any inaccuracies. Other users who may be familiar with large networks of service providers in their communities also notify us of changes, additions, or program closings. In this way, we maintain an ongoing dialogue with the community of users in an effort to share the responsibility for delivering accurate information to those seeking community based services.

24. Anticipated limitations in other states. The major barriers to adopting a Provider Database in other states would be (1) the time that it takes to collect comprehensive provider information for a specified region and (2) the integration of this information with assessment data that can inform both gap analysis and service matching. Resources are needed to build the platform, but the Illinois model for the technology could be replicated in other states using a University partnership and/or a team of staff to maintain the data.