

Conditions of Children in or at Risk of Foster Care in Illinois

2015 MONITORING REPORT
OF THE *B.H.* CONSENT DECREE



**CHILDREN AND FAMILY
| RESEARCH | CENTER**

UNIVERSITY OF ILLINOIS SCHOOL OF SOCIAL WORK



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A REPORT BY THE



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The Children and Family Research Center is an independent research organization created jointly by the University of Illinois at Urbana-Champaign and the Illinois Department of Children and Family Services to provide independent evaluation of outcomes for children who are the responsibility of the Department. Funding for this work is provided by the Department of Children and Family Services. The views expressed herein should not be construed as representing the policy of the University of Illinois or the Department of Children and Family Services.

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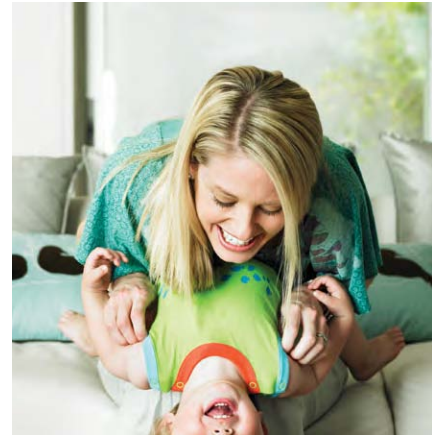
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EXECUTIVE SUMMARY

Since its inception in 1996, the Children and Family Research Center has produced an annual report that monitors the performance of the Illinois child welfare system in achieving its stated goals of child safety, permanency, and well-being. This *2015 Monitoring Report of the B.H. Consent Decree* uses child welfare administrative data through September 30, 2015 to describe the conditions of children in or at risk of foster care in Illinois. Following an introductory chapter, results of the analyses are presented in three chapters that capture the experience of a child as he or she travels through the child protection and child welfare systems.

- **Child Safety** examines maltreatment recurrence during the 12-month period following a child's substantiated maltreatment report. Rates of maltreatment recurrence are examined for three groups of children: all children with substantiated reports during the year, children with substantiated reports who were served in intact family cases, and children with substantiated reports who did not receive post-investigation services.
- **Children in Substitute Care: Safety, Continuity, and Stability** examines the experiences of children from the time they enter substitute care until the time they exit the child welfare system. This chapter includes four sections: 1) Safety in Substitute Care, 2) Continuity with Family and Community, 3) Placement Stability, and 4) Length of Time in Substitute Care.

- **Legal Permanence: Reunification, Adoption and Guardianship** examines exits from substitute care to reunification, adoption, or guardianship within 12, 24, and 36 months of entry. For those children who achieve permanence, the stability of their permanent living arrangement at one year (reunification only), two years, five years, and ten years after exiting the child welfare system is also described. This chapter also examines the population of children that remain in care longer than three years, as well as those that exit substitute care without achieving a legally permanent family (exits of this type include running away from their placement, incarceration, and aging out of the substitute care system).

In addition to the summary data presented in the chapters, the technical appendices contain definitions and detailed outcome data for each of the indicators included in the report.

Each of the chapters begins with a summary of the indicators used to measure the Illinois child welfare system's progress in achieving positive outcomes for children and families, as well as a metric that we have developed that measures the amount of change that has occurred on that indicator between the most recent two years of data that are available. The metric used is the "percent change" and is calculated by subtracting the older value of the indicator from the newer value of the indicator (to find the relative

difference) then multiplying by 100. If the result is positive, it is a percentage increase and if negative, it is a percentage decrease. In this report, changes of 5% or more were noted as significant. Changes of this magnitude are pictured with an upward or downward arrow, while changes of less than 5% are denoted with an equal sign. The following sections highlight the changes in indicators during FY2015. For additional details, please refer to the full chapters and appendices.

Changes in Child Safety at a Glance

Maltreatment Recurrence Among Children with Substantiated Reports

- ↑ Of all children with a substantiated report, the percentage that had another substantiated report within 12 months increased from 11.3% of children with an initial substantiated report in 2013 to 12.0% of children with an initial substantiated report in 2014 (+6% increase).

Maltreatment Recurrence Among Children Served in Intact Family Cases

- ↑ Of all children with a substantiated report served at home in intact family cases, the percentage that had another substantiated report within 12 months increased from 11.4% of children with an initial substantiated report in 2013 to 13.5% of children with an initial substantiated report in 2014 (+18% increase).

Maltreatment Recurrence Among Substantiated Children Who Do Not Receive Services

- = Of all children with substantiated reports who did not receive services, the percentage that had another substantiated report within 12 months remained stable and was 11.2% of children with an initial substantiated report in 2014.

Changes in the Conditions of Children in Substitute Care at a Glance

Child Safety in Substitute Care

- ↑ Of all children placed in substitute care during the year, the percentage that had a substantiated report during placement increased from 2.2% in 2014 to 2.6% in 2015 (+18% change).

Restrictiveness of Initial Placement Settings

- ↑ Of all children entering substitute care, the percentage initially placed into a kinship foster home increased from 54.0% in 2014 to 56.8% in 2015 (+5% change).
- = Of all children entering substitute care, the percentage initially placed into a traditional foster home remained stable and was 25.4% in 2015.
- ↓ Of all children entering substitute care, the percentage initially placed into a specialized foster home decreased from 2.7% in 2014 to 2.5% in 2015 (-7% change).
- ↓ Of all children entering substitute care, the percentage initially placed into an emergency shelter decreased from 7.9% in 2014 to 5.8% in 2015 (-27% change).
- = Of all children entering substitute care, the percentage initially placed into an institution or group home remained stable and was 8.6% in 2015.

Restrictiveness of End of Year Placement Settings

- = Of all children in substitute care at the end of the year, the percentage placed in a kinship foster home remained stable and was 41.5% in 2015.
- = Of all children in substitute care at the end of the year, the percentage placed in a traditional foster home remained stable and was 26.4% in 2015.

↓ Of all children in substitute care at the end of the year, the percentage placed in a specialized foster home decreased from 16.1% in 2014 to 15.1% in 2015 (-6% change).

= Of all children in substitute care at the end of the year, the percentage placed in an institution or group home remained stable and was 9.4% in 2015.

↓ Of all children in substitute care at the end of the year, the percentage placed in independent living decreased from 7.3% in 2014 to 6.9% in 2015 (-5% change).

Placement with Siblings

Of all children entering substitute care, the percentage that was initially placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

= remained stable for children initially placed in traditional foster homes and was 59.5% in 2015.

= remained stable for children initially placed in kinship foster homes and was 80.8% in 2015.

For children with 3 or more siblings in care:

↑ increased for children initially placed in traditional foster homes from 5.5% in 2014 to 8.2% in 2015 (+49% change).

↓ decreased for children initially placed in kinship foster homes from 57.7% in 2014 to 51.3% in 2015 (-11% change).

Of all children living in substitute care at the end of the year, the percentage that was placed in the same foster home as all their siblings in care:

For children with one or two siblings in care:

= remained stable for children in traditional foster homes and was 55.0% in 2015.

= remained stable for children in kinship foster homes and was 72.1% in 2015.

For children with 3 or more siblings in care:

↓ decreased for children in traditional foster homes from 11.2% in 2014 to 8.9% in 2015 (-21% change).

↑ increased for children in kinship foster homes from 34.0% in 2014 to 36.9% in 2015 (+9% change).

Placement Close to Home

↑ Of all children entering substitute care, the median distance from their home of origin to their initial placement increased from 11 miles in 2014 to 13.3 miles in 2015 (+21% change).

↑ Of all children in substitute care at the end of the year, the median distance from their home of origin to their placement at the end of the year increased from 10.7 miles in 2014 to 11.4 miles in 2015 (+7% change).

Stability in Substitute Care

= Of all children entering substitute care and staying at least one year, the percentage that had two or fewer placements during their first year in care remained stable and was 79.3% of children who entered care in 2014.

Children Who Run Away From Substitute Care

↑ Of all children entering substitute care between the ages of 12 and 17 years, the percentage that ran away from a placement within one year of entry increased from 19.3% in 2014 to 21.7% in 2015 (+12% change).

Length of Stay in Substitute Care

= Of all children entering substitute care, the median length of stay in substitute care remained stable and was 31 months for children who entered care in 2012.

Changes in Permanence at a Glance

Children Achieving Reunification

- =** Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 12 months remained stable and was 20.6% of children who entered care in 2014.
- =** Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 24 months remained stable and was 34.4% of children who entered care in 2013.
- =** Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 36 months remained stable and was 38.2% of those who entered care in 2012.
- =** Of all children who were reunified during the year, the percentage with their family at one year post-reunification remained stable and was 85.3% of children who were reunified in 2014.
- =** Of all children who were reunified during the year, the percentage living with their family at two years post-reunification remained stable and was 79.5% of children who were reunified in 2013.
- =** Of all children who were reunified during the year, the percentage living with their family at five years post-reunification remained stable and was 77.8% of children who were reunified in 2010.
- =** Of all children who were reunified during the year, the percentage living with their family at ten years post-reunification remained stable and was 73.1% of children who were reunified in 2005.



Children Achieving Adoption

- ↑** Of all children who entered substitute care during the year, the percentage that was adopted within 24 months increased from 3.2% of those who entered care in 2012 to 3.6% of those who entered care in 2013 (+12.5% change).
- ↑** Of all children who entered substitute care during the year, the percentage that was adopted within 36 months increased from 11.1% of those who entered care in 2011 to 11.8% of those who entered care in 2012 (+6.3% change).
- =** Of all children who were adopted during the year, the percentage living with their family at two years post-adoption remained stable and was 98.8% of children who were adopted in 2013.
- =** Of all children who were adopted during the year, the percentage living with their family at five years post-adoption remained stable and was 96.2% of children who were adopted in 2010.
- =** Of all children who were adopted during the year, the percentage living with their family at ten years post-adoption remained stable and was 89.3% of children who were adopted in 2005.

Children Achieving Guardianship

- ↑** Of all children who entered substitute care during the year, the percentage that attained guardianship within 24 months increased from 0.7% of those who entered care in 2012 to 0.9% of those who entered care in 2013 (+28.6% change).
- ↑** Of all children who entered substitute care during the year, the percentage that attained guardianship within 36 months increased from 2.4% of those who entered care in 2011 to 3.2% of those who entered care in 2013 (+33.3% change).
- =** Of all children who attained guardianship during the year, the percentage living with their family at two years post-guardianship

remained stable and was 96.0% of children who attained guardianship in 2013.

-  Of all children who attained guardianship during the year, the percentage living with their family at five years post-guardianship remained stable and was 87.1% of children who attained guardianship in 2010.
-  Of all children who attained guardianship during the year, the percentage living with their family at ten years post-guardianship decreased from 83.1% of those who attained guardianship in 2004 to 78% of those who attained guardianship in 2005 (-6.1% change).



INTRODUCTION

The Evolution of Child Welfare Monitoring in Illinois

Since its inception in 1996, the Children and Family Research Center (CFRC, the Center; see Box I.1) has been responsible for the annual report that monitors the performance of the Illinois child welfare system in achieving its stated goals of child safety, permanency, and well-being. The *Monitoring Report of the B.H. Consent Decree* (the *B.H.* report) is the culmination of the Center's efforts to provide clear and comprehensive data to a variety of stakeholders who are concerned with the outcomes of abused and neglected children in Illinois. This report is not an evaluation of the Illinois Department of Children and Family Services (DCFS, the Department), the juvenile courts, private providers and community-based partners, or other human systems responsible for child protection and welfare. Rather, it is a monitoring report that examines specific performance indicators and identifies trends on selected outcomes of interest to the federal court, the Department, members of the *B.H.* class, and their attorneys. It is our hope that this report will be used as a catalyst for dialogue between child welfare stakeholders at the state and local levels about the meanings behind these reported numbers and the strategies needed for quality improvement.

The Origin and Purpose of Child Welfare Outcome Monitoring in Illinois

The foundation of this report can be traced directly to the *B.H.* Consent Decree, which was approved by United States District Judge John Grady on December 20, 1991, and required extensive reforms of the Illinois Department of Children and Family Services over the subsequent two and a half years.¹ According to the Decree:

“It is the purpose of this Decree to assure that DCFS provides children with at least minimally adequate care. Defendant agrees that, for the purposes of this Decree, DCFS's responsibility to provide such care for plaintiffs includes an obligation to create and maintain a system which assures children are treated in conformity with the following standards of care:

- a. Children shall be free from foreseeable and preventable physical harm.

¹ *B.H. et al. v. Suter*, No. 88-cv-5599 (N.D. Ill., 1991). It should be noted that the name of the Defendant changes over time to reflect the name of the DCFS Director appointed at the time of the entry of a specific order. Susan Suter was the appointed Director at the time of the entry of the original Consent Decree in this case.

The Children and Family Research Center

BOX 1.1

The Children and Family Research Center is an independent research organization dedicated to supporting and conducting “research with a purpose” to improve outcomes for children who are either currently involved in the child welfare system or at high risk for future involvement. The Center was created in 1996 through a cooperative agreement between the University of Illinois at Urbana-Champaign School of Social Work and the Illinois Department of Children and Family Services. The original mission of the Center was to conduct research that was responsive to the needs and responsibilities of the Department and contribute to scientific knowledge about child safety, permanency, and child and family well-being. In the two decades since its creation, the Center has emerged as a national leader in conducting research that informs child welfare policy and improves child welfare practice. Center activities are organized around four core areas: 1) outcome monitoring and needs assessment; 2) program evaluation and data analysis; 3) training and technical assistance to advance best practice; and 4) knowledge dissemination.

Outcome Monitoring and Needs Assessment

The Center was created, in part, to monitor the performance of the Illinois child welfare system pursuant to the *B.H.* Consent Decree. Each year since 1997, the Center has compiled a comprehensive report that describes over 40 child welfare indicators related to child safety and permanence. Analyses for the *B.H.* report utilize a large, longitudinal database that contains DCFS administrative data on every Illinois child protective investigation and every child welfare case (both in-home and substitute care) dating back to the 1980s. The *B.H.* report is widely distributed to child welfare administrators, researchers, and policy makers throughout Illinois and the nation.

Program Evaluation and Data Analysis

One of the key elements of the success of the child welfare reforms in Illinois and other states has been

the ability of child welfare administrators to rely on scientifically rigorous research that demonstrates the effectiveness of the program innovations being implemented. The Children and Family Research Center engages in rigorously-designed experimental and quasi-experimental evaluations of innovative child welfare demonstration projects which have national implication and scope. For instance, CFRC served as the evaluator for three of the Illinois Department of Children and Family Services Title IV-E waiver demonstrations projects and in 2013, CFRC began a new partnership with the State of Wisconsin Department of Children and Families (DCF) as the evaluator of its Title IV-E Waiver Demonstration Project. The Wisconsin waiver evaluation, which runs through 2019, will test the effectiveness of a post-reunification support program, known as the P.S. Program, by comparing the rates of maltreatment recurrence and re-entry into substitute care of children who receive P.S. Program services compared to those who did not. In addition to the outcome evaluation, a process evaluation will document the implementation process using the National Implementation Research Network (NIRN) framework, and a cost analysis will compare the costs and savings associated with the program.

In 2009, the Children and Family Research Center, in partnership with DCFS, applied for and received funding from the National Quality Improvement Center on Differential Response (QIC-DR) to implement and evaluate a Differential Response (DR) program in Illinois. This comprehensive, 4-year evaluation consisted of a randomized controlled trial that compared outcomes for families randomly assigned to either a traditional child protective services investigation (control group) or non-investigative child protective services response known as a family assessment (treatment group). The evaluation also documented the implementation process so that other states considering Differential Response can learn from the Illinois experience. Finally, a cost evaluation compared the short-term and long-term costs associated with the two CPS responses.

Most recently, CFRC was selected to evaluate the Oregon Differential Response Initiative. CFRC has worked collaboratively with staff from the Oregon Department of Human Services to develop methodologies for their process, outcome, and cost evaluations. Mixed-methods data collection strategies will be utilized to gather data from CPS caseworkers, supervisors, administrators, screeners, coaches, service providers, community partners, and parents involved in the child protection system to answer a comprehensive list of research questions related to the effectiveness of the implementation strategies used and the impact of DR on child and family outcomes.

Training and Technical Assistance to Advance Best Practice

For almost 20 years, CFRC's Foster Care Utilization Review Program (FCURP) has worked with DCFS to prepare for, conduct, and respond to the federal Child and Family Services Review (CFSR). The CFSR is the means by which the federal government ensures state compliance with federal mandates. Using a continuous quality improvement process, FCURP has played a vital role in building and maintaining a viable public-private framework for supporting ongoing efforts to enhance child welfare outcomes in Illinois. FCURP supports DCFS and its private sector partners by 1) monitoring and reporting Illinois' progress toward meeting the safety, permanency, and well-being outcomes outlined in the Federal Child and Family Services Review; 2) providing training and education to help child welfare practitioners translate federal regulations and state policies into quality practice; and 3) providing technical assistance regarding the enhancement of child welfare organizational systems to promote system reform and efficiency of operations.

The Children and Family Research Center also provides technical assistance and data consultation to child welfare agencies and other non-profit organizations throughout Illinois and the Midwest on a variety of topics. Recent examples of assistance include:

- Data consultation to the Office of the Cook County Public Guardian
- Data analysis and consultation on serious maltreatment allegations among young children for the Illinois Children's Justice Task Force

- Assistance with survey development provided to Strengthening Families Illinois

Knowledge Dissemination

Dissemination of the Center's research findings is widespread to multiple audiences within Illinois and throughout the country. Using a variety of information sharing strategies, the Center's researchers strive to put knowledge into the hands of both policy makers and practitioners, including:

- The Children and Family Research Center web site, through which interested parties can access and download all research and technical reports, research briefs on specific topics, and presentations given at state and national conferences.
- The CFRC Data Center, which provides summarized tables of DCFS performance data on child safety, stability, continuity, and family permanence. Each of the indicators reported on in the *B.H.* report (with the exception of the well-being indicators) can be examined by child demographics (age, race, and gender) and geographic area (Illinois total, DCFS region, DCFS service area, County, and Chicago Community Area). Outcome data for each indicator are displayed over a seven-year period, so that changes in performance can be tracked over time. In addition to the outcome indicator data, CFRC's Data Center also provides interested individuals with information on the number of child reports, family reports, and substantiation rates for the entire state and each county (see Box I.2 for additional information about CFRC's Data Center).
- Data Summits and Forums on topics of interest to DCFS and the child welfare community. Previous summits have focused on the nexus between juvenile justice and child welfare, effective early childhood and child abuse prevention programs, and the use of risk adjustment in performance outcomes for children's residential centers.
- Publication of research findings in peer-reviewed academic journals and presentations at state and national professional conferences.

- b. Children shall receive at least minimally adequate food, shelter, and clothing.
- c. Children shall receive at least minimally adequate health care.
- d. Children shall receive mental health care adequate to address their serious mental health needs.
- e. Children shall be free from unreasonable and unnecessary intrusions by DCFS upon their emotional and psychological well-being.
- f. Children shall receive at least minimally adequate training, education, and services to enable them to secure their physical safety, freedom from emotional harm, and minimally adequate food, clothing, shelter, health and mental health care.
- d. Provides for the prompt identification of the medical, mental health and developmental needs of children;
- e. Provides timely access to adequate medical, mental health and developmental services.
- f. Provides that while in DCFS custody, children receive a public education of a kind and quality comparable to other children not in DCFS custody.
- g. Provides that while in DCFS custody, children receive such services and training as necessary to permit them to function in the least restrictive and most homelike setting possible; and
- h. Provides that children receive adequate services to assist in the transition to adulthood.”

In order to meet this standard of care, it shall be necessary for DCFS to create and maintain a system which:

- a. Provides that children will be timely and stably placed in safe and appropriate living arrangements;
- b. Provides that reasonable efforts, as determined based on individual circumstances (including consideration of whether no efforts would be reasonable) shall be made to prevent removal of children from their homes and to reunite children with their parents, where appropriate and consistent with the best interests of the child;
- c. Provides that if children are not to be reunited with their parents, DCFS shall promptly identify and take the steps within its power to achieve permanency for the child in the least restrictive setting possible;

Under the terms of the *B.H. Consent Decree*, implementation of the required reforms was anticipated to occur by July 1, 1994. However, it became clear to the Court and to both parties that this ambitious goal would not be achieved in the two and a half years specified in the agreement. Consultation with a panel of child welfare and organizational reform experts led to the recommendation, among other things, to shift the focus of the monitoring from technical compliance (process) to the desired outcomes the parties hoped to achieve.² Both the plaintiffs and the defendants were in favor of a more results-oriented monitoring process, and together decided on three outcome categories: permanency, well-being, and safety.³ The two sides jointly moved to modify the decree in July 1996,⁴ outlining a series of new strategies based on measurable outcomes:

“The parties have agreed on outcome goals for the operation of the child welfare system covering the three areas of child safety, child and family well-being, and permanency of family relations.

² Mezey, S.G. (1998). Systemic reform litigation and child welfare policy: The case of Illinois. *Law & Policy*, 20, 203-230.

³ Puckett, K.L. (2008). *Dynamics of organizational change under external duress: A case study of DCFS's responses to the 1991 Consent Decree mandating permanency outcomes for wards of the state*. Unpublished doctoral dissertation, University of Chicago.

⁴ *B.H. et al. v. McDonald* (1996). Joint Memorandum in Support of Agreed Supplemental Order, No 88-cv- 5599 (N.D. Ill., 1996).

a) The outcome goals agreed upon by the parties include the following:

- i) Protection: Promptly and accurately determine whether the family care of children reported to DCFS is at or above a threshold of safety and child and family well-being, and if it exceeds that threshold, do not coercively interfere with the family.
- ii) Preservation: When the family care of the child falls short of the threshold, and when consistent with the safety of the child, raise the level of care to that threshold in a timely manner.
- iii) Substitute care: If the family care of the child cannot be raised to that threshold within a reasonable time or without undue risk to the child, place the child in a substitute care setting that meets the child's physical, emotional, and developmental needs.
- iv) Reunification: When the child is placed in substitute care, promptly enable the family to meet the child needs for safety and care and promptly return the child to the family when consistent with the safety of the child.
- v) Permanency: If the family is unable to resume care of the child within a reasonable time, promptly arrange for an alternative, permanent living situation that meets the child's physical, emotional, and developmental needs.”⁵

In addition to specifying the outcomes of interest, the Joint Memorandum outlined the creation of a Children and Family Research Center “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 shall be independent of DCFS and shall be within an entity independent of DCFS.”⁶ The independence of CFRC was an essential component of the settlement which was consistent with a growing national trend first identified by Senator Orrin Hatch as a means by which the autonomy of research universities would ensure that governmental programs could be held accountable for ensuring that authorized work is actually being done and whether programs were successful in addressing the perceived needs of the clients the program served.⁷ CFRC was also tasked, in consultation with the Department and counsel for the plaintiff class, with the development of outcome indicators to provide quantitative measures of progress toward meeting the goals set forth in the consent decree: “The Research Center will develop technologies and methods for collecting data to accurately report and analyze these outcome indicators. The Research Center may revise these outcome indicators after consultation with the Department and counsel for the plaintiff class to the extent necessary to improve the Center’s ability to measure progress toward meeting the outcome goals.”⁸

The Joint Memorandum also specified the process through which the results of the outcomes monitoring would be disseminated: “The Research Center shall also provide to the parties and file with this Court an annual report summarizing the progress toward achieving the outcome goals and analyzing reasons for the success or failure in making such progress. The Center’s analysis of the reasons for the success or failure of DCFS to make reasonable progress toward the outcome goals shall include an analysis of the performance of DCFS (including both DCFS operations and the operations of private agencies), and any other relevant issues, including, where and to the extent appropriate, changes in or the general conditions of the children and families or any other aspects of the child welfare system external to DCFS that affect the capacity of the Department to achieve its goals, and changes in the conditions and status of children and plaintiffs’ counsel as the outcome indicators and data collection methods are developed...”⁹

⁵ Ibid, p. 2-4.

⁶ Joint Memorandum, p. 2.

⁷ Hatch, O. (1982). Evaluations of government programs. *Evaluation and Program Planning*, 5, 189-191.

⁸ Joint Memorandum, p. 4.

⁹ Joint Memorandum, p. 4.

The Evolution of Outcome Monitoring in Illinois

The *B.H.* parties agreed to give discretion to the Center in developing the specific indicators used to measure safety, permanency, and well-being. They also recognized the importance of exploring the systemic and contextual factors that influence outcomes, as well as the need for outcome indicators to change over time as data technology grows more sophisticated and additional performance issues emerge. The first “Outcomes Report” was filed with the Court in 1998 and included information on outcomes for children in the custody of the Department through fiscal year 1997. The indicators in the first monitoring report were simple, and included safety indicators of 1) maltreatment recurrence among intact family cases at 30, 180, and 300 days, and 2) maltreatment reports on children in substitute care (overall rate and rates by living arrangement, region, child age, child race, and perpetrator). The indicators for permanence in the first report included: 1) rate of children who entered substitute care from intact cases; 2) percentage of children returned home from substitute care within 6, 12, 18, and 24 months; 3) percentage of reunified children who re-enter foster care; 4) percentage of children adopted from substitute care and median length of time to adoption; 5) adoption disruptions; and 6) percentage of children moved to legal guardianship from substitute care. In the years since 1998, additional indicators have been added that examine placement stability, running away from placement, the use of least restrictive placement settings, placement with siblings, and placement close to home. In the 2000s, an indicator was added that examined the percentage of children in placements outside the State of Illinois. This indicator was dropped in 2010 because the number of children placed outside the State had been negligible for several years and it no longer provided useful information. Indicators of safety, stability, and permanence will continue to evolve as the child welfare landscape in Illinois changes over time.

More radical evolution has occurred in the measurement of child well-being indicators. The earliest

B.H. monitoring reports contained no information about child well-being at all, because the child welfare administrative data systems did not contain information on child physical and mental health, development, and education. In 2001, the Department was court-ordered to fund a comprehensive study that examined the well-being of children in substitute care. Three rounds of data were collected for the *Illinois Child Well-Being Studies*, conducted by the Children and Family Research Center in 2001, 2003, and 2005. This comprehensive study collected interview data from caseworkers, caregivers, and the children themselves, in addition to data collection from school records and child welfare case files. Information was collected on a variety of well-being domains, including development, mental health, physical health, and education. The results of the Illinois Child Well-Being Studies were included in the *B.H.* monitoring reports published in 2005 – 2009.

In 2009, data collection began on a new study called the *Illinois Survey of Child and Adolescent Well-Being* (ISCAW). ISCAW was a component of the second cohort of the National Survey of Child and Adolescent Well-Being (NSCAW), a longitudinal probability study of well-being and service delivery of children involved with the child welfare system. The sample for ISCAW included 818 children sampled to be representative of the entire population of Illinois children involved in substantiated investigations. Two waves of data were collected on the children in the ISCAW sample – baseline data were collected approximately 4 months following the substantiated investigation and follow-up data were collected approximately 18 months later. During both waves of data collection, data were collected from several informants on a variety of well-being domains. Caregivers (biological parents or foster parents) completed measures of child health, development, social skills, and behavior. School-aged children completed measures of depression, anxiety, relationships with peers and adults, substance use, sexual activity, extra-curricular activities, and future expectations. Teachers completed measures of academic progress and behavior in school. The results of the ISCAW data collection were reported in the *B.H.* monitoring reports published in 2010 – 2014.

Following the conclusion of ISCAW, there has been no systematic data collection effort in Illinois focused on the well-being of all children in substitute care, and the *B.H.* monitoring reports this year and last year do not contain any information on the Department's performance in this area. However, in October 2015, Judge Jorge Alonso ordered the Department to “restore funding for the Illinois Survey of Child and Adolescent Well-being that uses standardized instruments and assessment scales modeled after the National Survey of Child and Adolescent Well-being to monitor and evaluate changes in the safety, permanence, and well-being of children for a representative sample of DCFS-involved children and their caregivers.”¹⁰ This order followed the recommendation of a panel of child welfare experts that was convened after the *B.H.* plaintiff attorneys filed an emergency motion to enforce the Consent Decree in February 2015 (for more information on the recent court activity involving the *B.H.* Consent Decree, see Box I.2). A steering committee, chaired by CFRC senior researcher Theodore Cross, has been formed to design and implement the new well-being study, and data collection will begin in FY2017.

The Current Monitoring Report of the *B.H.* Consent Decree

The continual evolution of child welfare monitoring in Illinois is manifested in this year's *B.H.* report.¹¹ The report is organized into three chapters which attempt to capture the experience of a child as he or she travels through the child protection and child welfare systems. **Child Safety** is the first chapter. A child's first contact with the child welfare system is typically through a Child Protective Services (CPS) investigation. Investigators make several decisions related to child safety, including whether the child is in immediate danger of a moderate to severe nature, whether there is credible evidence that maltreatment has occurred, whether to remove the child from the home and take the child into protective custody, and whether the family's needs indicate that they would benefit from ongoing child welfare services. Regardless of whether additional child welfare services are provided, the child welfare system has a responsibility to keep

children from additional maltreatment once they have been investigated. The first chapter of the report examines the Department's performance in fulfilling this obligation by examining indicators related to maltreatment recurrence that occurs within 12 months of an indicated child maltreatment investigation.

The second chapter, **Children in Substitute Care: Safety, Continuity, and Stability**, examines the experiences of children from the time they enter substitute care until the time they exit the child welfare system. Once removed from their homes, the public child welfare system and its private agency partners have a responsibility to provide children with living arrangements that ensure that they are safe from additional harm, maintain connections with their family members (including other siblings in care) and community, and provide stability. In addition, substitute care should be a temporary solution and children should live in substitute care settings for the shortest period necessary to ameliorate the issues which brought the children into care. This chapter examines how well the Illinois Department of Children and Family Services performs in providing substitute care living arrangements that meet these standards. It is organized into four sections: 1) Safety in Substitute Care, 2) Continuity with Family and Community, 3) Placement Stability, and 4) Length of Time in Substitute Care.

The third chapter examines **Legal Permanence: Reunification, Adoption, and Guardianship** with in-depth analyses of each of these three exit types. The chapter examines the likelihood that a child will exit substitute care to reunification, adoption, or guardianship within 12, 24, and 36 months of entry. For those children who achieve permanence, the stability of their permanent living arrangement at one year (reunification only), two years, five years, and ten years after exiting the child welfare system is also assessed. This chapter also examines the population of children that remain in care longer than three years, as well as those who exit substitute care without achieving a legally permanent family (e.g., running away from their placement, incarceration, aging out of the substitute care system).

¹⁰ Testa, M.F., Naylor, M.W., Vincent, P., & White, M. (2015). *Report of the Expert Panel: B.H. vs. Sheldon Consent Decree*.

¹¹ There is typically a one year lag time between the most recent administrative data used for the *B.H.* monitoring report and the publication date. For instance, this year's report, published in 2016, monitors outcomes through the end of FY2015.

B.H. Consent Decree Implementation Plan

BOX 1.2

In February 2015, the plaintiffs' attorneys for the *B.H. Consent Decree* filed an emergency motion with the Court in order to require DCFS to comply with the terms of the Consent Decree, alleging that DCFS was in "gross violation of numerous, critically important provisions of the Decree."¹² More specifically, the plaintiffs' attorneys claimed that "severe shortages of necessary services and placements for children have risen to crisis proportions" and that children were being placed in "dangerously inadequate residential treatment facilities," "warehoused in temporary shelters, psychiatric hospitals and correctional facilities for extended periods of time," and "waiting months and even years to receive the essential mental health services and specialized placements that DCFS itself has determined they need." In the motion, the plaintiffs asked that DCFS take specific actions to address these problems, including the retention of child welfare experts to make additional recommendations and the use of independent clinicians to monitor the adequacy of services and conditions at residential treatment facilities.

On April 10, 2015, Judge Jorge L. Alonso appointed a panel of four experts to make recommendations to assist the Court in determining how to improve the placements and services provided to children in the *B.H. Consent Decree* plaintiff class.¹³ After reviewing data and interviewing stakeholders, the expert panel made several recommendations for reforms to improve the safety, permanence, and social-emotional well-being of children in the care and custody of the Department:

1. Initiate a children's system of care demonstration program that permits child welfare agencies and DCFS sub-regions to waive selected policy and funding restrictions on a trial basis in order to reduce the use of residential treatment and help children and youth succeed in living in the least restrictive, most family-like setting.
2. Engage in a staged immersion process of retraining and coaching front-line staff in a cohesive model of practice that provides children and their families

with access to a comprehensive array of services, including intensive home-based services, designed to enable children to live with their families or to achieve timely permanence with adoptive parents or legal guardians.

3. Fund a set of permanency planning initiatives to improve permanency outcomes for adolescents who enter state custody at age 12 or older either by transitioning youth to permanent homes or preparing them for reconnecting with their birth families.
4. Retain an organizational consultant to aid the Department in rebooting a number of stalled initiatives that are intended to address the needs of children and youth with psychological, behavioral, or emotional challenges.
5. Restore funding to the Illinois Survey of Child and Adolescent Well-Being that uses standardized instruments and assessment scales modeled after the National Survey of Child and Adolescent Well-Being to monitor and evaluate changes in the safety, permanence, and well-being of children for a representative sample of DCFS-involved children and their caregivers.

The Court approved these recommendations, either in part or in whole, on October 20, 2015.¹⁴ It also extended the role of the expert panel to provide assistance to the Department in the development of an implementation plan for reform and assess the Department's progress in making the required reforms. The Department was ordered to develop an enforceable implementation plan that identifies the tasks, responsibilities, and timeframes necessary to accomplish the objectives of the Consent Decree as addressed in the expert panel's findings and recommendations. The Department submitted its *B.H. Implementation Plan* to the Court on February 23, 2016.¹⁵ The plan, which has not yet been approved by the Court, outlines the Department's strategies to address each of the expert panel recommendations.

¹² B.H. et al. vs. Tate. (February 23, 2015). *Plaintiffs' Emergency Order to Enforce Consent Decree*, No. 88-cv-5599 (N.D. Ill 2015), p.1.

¹³ Testa, M.F., Naylor, M.W., Vincent, P., & White, M. (2015). *Report of the Expert Panel: B.H. vs. Sheldon Consent Decree*.

¹⁴ B.H., et al. vs. Sheldon. (October 20, 2015). *Order*, No. 88-cv-5599 (N.D. Ill 2015).

¹⁵ B.H., et al. vs. Sheldon. (2016). *DCFS B.H. Implementation Plan*. No. 88-cv-5599 (N.D. Ill 2015).

Each chapter contains numerous figures or tables that allow the reader to easily visualize Illinois' performance on the indicator over time. Readers interested in examining the results of the analyses more closely will find additional information in the technical Appendices to this report. Appendix A contains detailed **Indicator Definitions** for each of the indicators presented in the report. Appendix B contains the **Outcome Data** for each indicator over the past seven years for the State as a whole, along with breakdowns by child age, race, gender, and geographical region. Appendix C contains **Outcome Data by Sub-Region** for a selected number of indicators. The data provided in Appendices B and C are also available online via the CFRC Data Center (see Box I.3 for more information).

Each chapter also contains several features designed to aid the interpretation of the changes in child welfare system performance over time:

- Each chapter contains a summary of the indicators used to track the Department's progress in achieving positive outcomes for children and families, and the amount of change that has occurred on that indicator between the most recent two years that data are available. These summaries, titled **Changes at a Glance**, are presented near the beginning of each chapter and list each of the outcome indicators in that chapter and an icon that denotes whether the indicator has significantly increased, decreased, or remained stable during the most recent monitoring period. To create these summaries, two decisions were made: 1) What time period is of *most* interest to policy-makers and other child welfare stakeholders? 2) How large must a change be to be a "significant" change?
- Improvements in administrative data now allow us to track outcomes over long periods of time—some data can be traced back decades. Many of the figures in the chapters present outcome data over a 20-year period to show long-term trends. However, when trying to determine which child welfare outcomes

may be starting to improve or decline, a more recent time frame is informative. Therefore, the summaries focus on the amount of change that has occurred during the *most recent 12 month period* for which data are available on a particular indicator. Significant changes (defined below) in either direction may indicate the beginning of a new trend or may be random fluctuation, but either way it is worth attention.

- To measure the change in each indicator, we calculated the "percent change" in the following manner: the older value of the indicator was subtracted from the more recent value of the indicator (to find the relative difference), divided by the older value, and then multiplied by 100 to determine the percentage change. To illustrate this process, if the percentage of children who achieve reunification within 12 months was 16% in 2010 and 24% in 2011, the percentage change would be:

$$\frac{\text{new value} - \text{old value}}{\text{old value}} \times 100$$

OR

$$\frac{24 - 16}{16} \times 100 = 50\%$$

If the result is positive, it is a percentage increase; if negative, it is a percentage decrease. In this fictional example, the change from 2010 to 2011 represents a 50% increase in the percentage of children reunified within 12 months.

- Looking at the percentage difference (a-b/a) rather than the actual difference (a-b) allows us to compare indicators of different "sizes" using a common metric, so that differences in indicators with very small values (such as the percentage of children maltreated in substitute care) are given the same attention as those of larger magnitude.

The CFRC Data Center

BOX 1.3

The Children and Family Research Center maintains a Data Center (cfrc.illinois.edu/datacenter.php) that is publically available and provides interested child welfare stakeholders with up-to-date information on the Illinois child welfare system. The CFRC Data Center allows users to examine many of the outcome indicators included in the *B.H.* report and to customize the information that they are interested in examining. Outcome indicators can be viewed at the state, region, sub-region, local area network (LAN), or county level, and can be further broken down by child race, age, and gender. The goal of the Data Center is to put child welfare data in the hands of the people who need it, including non-profit program managers and caseworkers, advocates, policy-makers, legislative staff, and community grant-writers who need current data to support their work. Information in the Data Center is organized into three main parts: **Outcome Indicator Tables**, which display the *B.H.* monitoring report indicators

in table format; **Outcome Charts**, which present the same information in graphical format for a subset of indicators; and **Population Data**, which provide county-specific information about the numbers of children and families involved in the child welfare system in Illinois.

To demonstrate how to navigate the **Outcome Indicator Tables** section of the Data Center, imagine a child welfare supervisor in the Peoria sub-region is interested in looking at placement stability outcomes in her sub-region in order to devise a local quality improvement plan. She can visit the Data Center's Outcome Indicator Tables and click on the indicator which looks at the percentage of children entering substitute care that had two or fewer placements within a year of removal. Initially, she is presented with data for the entire state population, and she can then select any subset she wishes to focus on (the Peoria sub-region or McLean County, etc.).



[Back to Indicator List](#) | [Directions](#)

Of all children¹ entering substitute care and staying for at least one year, what percentage had two or fewer placements within their first year of removal?²

[Illinois](#) [Region](#) [Sub-Region](#) [LAN](#) [County](#) [Chicago Community](#)

[Cook North](#) [Cook Central](#) [Cook South](#) [Aurora](#) [Rockford](#) [Champaign](#) [Peoria](#) [Springfield](#) [East St Louis](#) [Marion](#)

Once she has selected the geographical subset of interest, the supervisor can then examine tables with outcomes organized by race, age group,

or gender—with results presented for the past seven years. Each table can also be saved in Word or Excel.

[Cook North](#) [Cook Central](#) [Cook South](#) [Aurora](#) [Rockford](#) [Champaign](#) [Peoria](#) [Springfield](#) [East St Louis](#) [Marion](#)

All Children Race Age Group Gender			
Peoria	Children Entering and Staying One Year	Two or Fewer Placements	
		N	%
FY			
2007	599	490	81.8%
2008	598	482	80.6%
2009	518	421	81.3%
2010	567	479	84.5%
2011	622	519	83.4%
2012	501	429	85.6%
2013	518	435	84.0%

Save table as...

[Excel](#) [Word](#)

All Children Race Age Group Gender			
Peoria	Children Entering and Staying One Year	Two or Fewer Placements	
		N	%

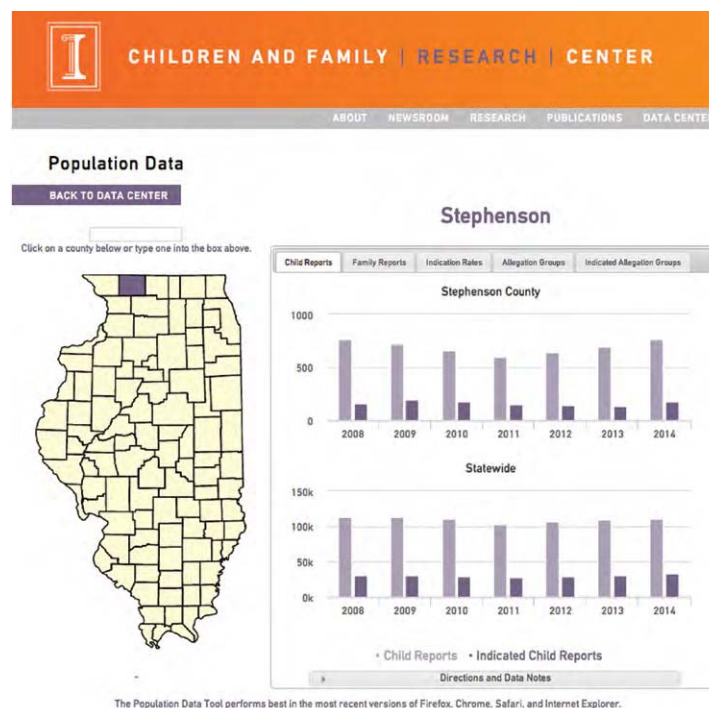
The **Outcome Charts** section of the Data Center debuted in 2015, and it is the most interactive and customizable tool available on the site. It features a subset of the *B/H* indicators and population indicators. Data can be displayed as line or bar

graphs, and can be viewed for the state as a whole or specific DCFS regions or sub-regions. Data can be examined by child race, age, or gender. A sampling of the types of charts you can generate is pictured below.



The **Population Data** section of the Data Center provides data on the number of children and families involved in the child welfare system in Illinois, including the number and percentage of families investigated and indicated for maltreatment, and

the percentage of indicated reports by allegation type (neglect, abuse, sexual abuse, and risk of harm). Each of these metrics can be viewed at the county level through an interactive state map. For example, Stephenson County is shown below.



- Determining what counts as a “significant” amount of change in one year is subjective. In the current report, increases or decreases of 5% or more were noted as significant. Changes of this magnitude are pictured with an upward or downward arrow, while changes of less than 5% are pictured with an equal sign and described with the term “remained stable.” Please note that the phrase “remained stable” does not mean that the indicator did not change at all, only that the percent change was less than 5% in either direction. In addition, though the word “significant” is used to describe the percentage changes, this does not mean that tests of statistical significance were completed; it merely suggests that the amount of change is noteworthy.
- Chapters also contain “heat maps” to visually depict sub-regional performance. To create the heat map, the findings pertaining to the relevant indicator are compared to one another and ranked. The sub-regions and years in the top 25th percentile—those with the **best performance** in the selected indicator—are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile—those with the **worst performance** on this indicator—are shown in the darkest shade. Those that performed in the middle—between the 26th and 74th percentiles are shown in the medium shade. Each heat map provides a simple way to compare sub-regional performance over time and across the state. It is important to note that these “rankings” are relative only to performance among the ten sub-regions over the seven year time span depicted; they do not relate to any national or state benchmarks. Readers are cautioned that even though it may appear that a given sub-region may be performing well when compared to other sub-regions in the state, this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.

Careful thought goes into the selection of the indicators that are used to monitor system performance in the *B.H.* reports, and we strive to keep the indicators as consistent as possible from year to year so that any changes in the numbers or percentages reported in the chapters and appendices signify actual changes in performance. However, occasionally it is necessary to make changes to how certain indicators are measured, either because the administrative data used in the analysis has changed or because the child welfare system has changed. Based on such necessities, please note the following modifications that have been made to indicators in the current report, which may result in slight changes to current and previously reported numbers and percentages:

- In March 2013, the Illinois Supreme Court issued a ruling in the case of *Julie Q. v. Department of Children and Family Services* (2013 IL 113783), holding that the Department exceeded its statutory authority by adding an allegation of neglect to its allegation system that included the term “environment injurious” to a child’s health and welfare; more specifically, when it added Allegation #60—Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare—to its allegation system in October 2001. Although the Illinois legislature reinserted language into the Abuse and Neglect Child Reporting Act (ANCRA) in July 2012 that included the “environment injurious” definition of neglect, the *Julie Q.* ruling still impacts the data in a number of ways. First, individuals who were indicated for Allegation #60 prior to July 13, 2012, were to be removed from the State Central Register and SACWIS, and the indicated findings were changed to unfounded. This lowers the number of indicated reports that appear in the administrative data, primarily during 2002–2012. This, in turn, affects all indicators in the *B.H.* report that include the number of children with indicated maltreatment reports, including Indicators 1.A, 1.B, 1.C, and 2.A. To remain as consistent as possible with previous reports, we use a version

of the administrative data that includes indicated reports of Allegation #60. Please see Appendix D for more information on how the *Julie Q.* ruling affects the indicators.

- Several indicators in the report examine the influence of placement type on child welfare outcomes. In past reports, placements types were categorized as kinship foster homes, traditional foster homes, specialized foster homes, group homes, institutions, and independent living. Due to the recent interest in emergency shelter placements, the *B.H.* plaintiff and defendant attorneys asked the CFRC if we could separate emergency shelter placements from other types of institutional placements. Therefore, several indicators in Chapter 2 now have a separate category for emergency shelter placements.

Future Efforts to Monitor Child Welfare Outcomes in Illinois

There is no question that the Illinois child welfare system looks quite different than the system described in the *B.H.* lawsuit, when basic needs of children were not being met. In FY1998, there were over 50,000 children in substitute care. Once in care, children languished with a median length of stay in excess of 44 months. Through the use of innovative reforms such as subsidized guardianship, performance based contracting, and structured safety assessment, Illinois safely and effectively reduced the number of children in care from 51,596 in FY1997 to 14,758 at the end of FY2015,¹⁶ and the median length of stay for children in substitute care is now 31 months.

Despite the impressive results of the past, there are mounting concerns about the Department's performance in several areas. Concerns relating to the safety of substitute care placements have been noted by both the *B.H.* plaintiff and defendant attorneys after several years of declining performance on indicators contained in this monitoring report. The Children and Family

Research Center has conducted additional analyses related to maltreatment in substitute care; the results of these analyses are included in this report. The results in previous *B.H.* monitoring reports have also hinted at a shortage of appropriate placements to meet the needs of children removed from their homes and placed into substitute care. It was thought that the shortage of appropriate placements may be related to the Department's declining performance on several indicators over the most recent years, including the percentage of children placed close to home, the percentage of children placed with all of their siblings in care, and the percentage of children initially placed in congregate care settings. The newest data, presented in this report, suggests that there are signs of progress, which is encouraging.

Our hope is that the *B.H.* report both serves its intended purpose of informing the *B.H.* parties on the performance of the Illinois Department of Children and Family Services, and that also it provides other child welfare stakeholders within the State with information that is useful and encourages further discussion on how to improve outcomes for children and families. We welcome feedback on the report, as well as suggestions for additional areas of study.¹⁷

¹⁶ The number of children in care at the end of FY2015 was taken from the DCFS FY2017 Budget Briefing, available online at: http://www.illinois.gov/dcf/aboutus/newsandreports/Documents/FY16_BudgetBriefing.pdf.

¹⁷ Contact information for the Children and Family Research Center can be found on the Acknowledgements page.



CHAPTER 1

Child Safety

1

Child safety is the paramount concern of the child protection and welfare systems. According to the most recent federal child welfare monitoring report, “Public child welfare agencies work to ensure that children who have been found to be victims of abuse or neglect are protected from further harm. Whether the child is placed in out-of-home care or maintained in the home, the child welfare agency’s first concern must be to ensure the safety of the child” (p. 5).¹ Once a child becomes involved in a substantiated report of child abuse or neglect, the child welfare system assumes partial responsibility for the safety and protection of the child from additional abuse or neglect.

Measuring Child Safety

In some ways, child safety is the most straightforward of all child welfare outcomes—safety is the *absence* of child maltreatment. Even so, there are many different ways to measure child safety, which can lead to inconsistencies in results and confusion when comparing or interpreting them. With that in mind, it is important to clearly describe the way child safety is measured in this chapter (see Appendix A for detailed definitions of the indicators used in this report).

Maltreatment recurrence is the most common indicator used to assess child safety within the context of public child welfare. Typically, a recurrence is defined as a substantiated² maltreatment report following a prior substantiated report that involves the same child or family. Other measures, called re-referrals or re-reports, take a broader view and include *all* subsequent reports following an initial report, regardless of whether the subsequent report was substantiated. Although recognizing the importance of all future contacts with child welfare, the current chapter uses the more common indicator of maltreatment recurrence, which measures only additional substantiated maltreatment reports.

Indicators of maltreatment recurrence also vary in the length of time over which recurrence is measured. Studies of safety assessment focusing on the immediate safety of children during the investigation typically use short recurrence follow-up periods, such as *60 days*. The federal recurrence measure used in the Child and Family Services Review examines maltreatment recurrence within the *12 months* following an initial substantiated report. Some recurrence studies track families for *several years* to observe if they are re-reported following an initial report.³ A large amount of research

¹ U.S. Department of Health and Human Services, Administration on Children and Families, Children’s Bureau. (2015). *Child Welfare Outcomes 2010 – 2013: Report to Congress*. Washington, DC: Child Welfare Information Gateway.

² In Illinois, maltreatment reports are indicated or unfounded, rather than substantiated or unsubstantiated. Within this report, the terms indicated and substantiated are used interchangeably.

³ For example, Drake, B., Jonson-Reid, M., Way, I., & Chung, S. (2003). Substantiation and recidivism. *Child Maltreatment*, 8, 248–260. Bae, H., Solomon, P.L., Gelles, R.J., & White, T. (2010). Effect of child protective services system factors on child maltreatment. *Child Welfare*, 89, 33–56.

Changes in Child Safety at a Glance

Maltreatment Recurrence Among Children with Substantiated Reports

↑ Of all children with a substantiated report, the percentage that had another substantiated report within 12 months increased from 11.3% of children with an initial substantiated report in 2013 to 12.0% of children with an initial substantiated report in 2014 (+6% increase).

Maltreatment Recurrence Among Children Served in Intact Family Cases

↑ Of all children with a substantiated report served at home in intact family cases, the percentage that had another substantiated report within 12 months increased from 11.4% of children with an initial substantiated report in 2013 to 13.5% of children with an initial substantiated report in 2014 (+18% increase).

Maltreatment Recurrence Among Children Who Do Not Receive Services

= Of all children with substantiated reports who did not receive services, the percentage that had another substantiated report within 12 months remained stable and was 11.2% of children with an initial substantiated report in 2014.

now confirms that once a family is reported to child protective services (CPS), their risk of a subsequent report is greatest within the first few months of the first report and decreases over time (see Box 1.1 for an analysis of the risk of maltreatment recurrence over time).⁴ The current report uses a *12-month* recurrence period for the safety indicators, which allows us to capture the period of greatest risk for maltreatment recurrence among families with an initial report.⁵

The final consideration when selecting indicators of child safety is the population to be monitored. In Illinois, the mandate for ensuring child safety extends to all children investigated by the Department, regardless of whether post-investigation services are offered. Not all families—even those in which maltreatment is substantiated—receive

post-investigation services. Figure 1.2 shows the service dispositions of children with substantiated reports each year from 2009 to 2015. The majority of the children with substantiated reports did not receive any post-investigation services. The percentage of children that did not receive services after a substantiated maltreatment report increased from 65% in 2009 to 72% in 2013, and then declined to 69-70% in the past two years. After declining for several consecutive years from 23% in 2009 to 15% in 2013, the percentage of children with substantiated maltreatment reports served at home in what are known as “intact family cases” increased to 19% in 2014, then dropped to 17% in 2015.⁶ About 12-13% of children with substantiated maltreatment are served in substitute care – a percentage that has remained steady across the past seven years.⁷

⁴Fluke, J.D., Shusterman, G.R., Hollinshead, D.M., & Yuan, Y.T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment*, 13, 76-88. Lipien, L., & Forthofer, M.S. (2004). An event history analysis of recurrent child maltreatment in Florida. *Child Abuse & Neglect*, 28, 947-966. Zhang, S., Fuller, T., & Nieto, M. (2013). Didn't we just see you? Time to recurrence among frequently encountered families in CPS. *Children and Youth Services Review*, 35, 883-889.

⁵Because a one-year observation period is used to track maltreatment recurrence, the figures and appendix tables for this chapter appear to end in 2014 rather than 2015. This is misleading because, although the initial report occurred during 2013, the 12-month observation period extends through June 30, 2015.

⁶This percentage includes those children with substantiated reports that occurred while the child was already being served in an intact family case as well as children served in an intact family case within 60 days of the substantiated report.

⁷This percentage includes those children with substantiated reports that occurred while the child was in substitute care as well as children placed in substitute care within 60 days of a substantiated report.

Maltreatment Recurrence in Illinois: Examining the Risk of Recurrence Over Time

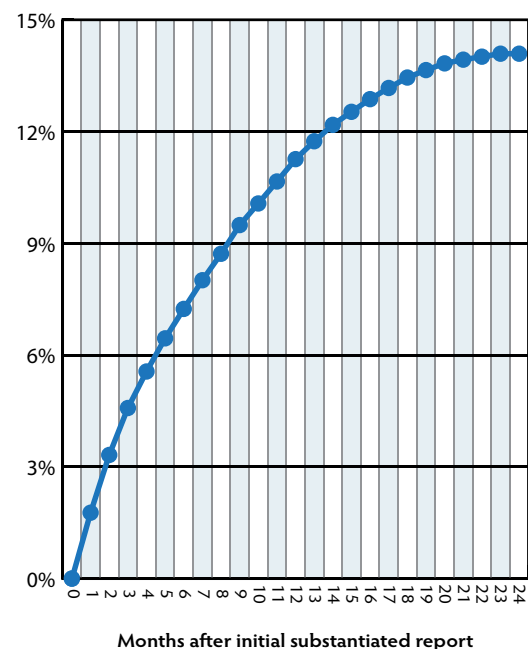
Maltreatment recurrence is one of the most critical indicators of the performance of the child welfare system, and is usually defined as a second substantiated report of maltreatment that follows an initial substantiated report. The method used to measure maltreatment recurrence deserves careful consideration in order to provide the most useful information to administrators and policy-makers who are interested in tracking performance and improving practice. One measurement issue that must be considered is how long to observe families after the initial report of maltreatment to see if they experience another report. Researchers who study maltreatment recurrence have used observation periods as short as a few months, while others track families for up to several years. The wide variety of observation periods raises a question about the most appropriate length of time to observe a child or family when measuring maltreatment recurrence. The observation period should be long enough to capture the majority of instances of the event of interest, but not so long that it strains system resources.

Previous research on this topic suggests that the risk of maltreatment recurrence is greatest within the first few months following the initial maltreatment report and decreases over time. One study used data from eight states in a longitudinal study of maltreatment reporting and found that 2.77% of substantiated re-reports occurred within 5 months of the initial report, another 2% occurred between 6 and 11 months of the initial report, and another 2% occurred between 12 and 23 months after the initial report.⁸ Another study using data from Florida found that the risk of recurrence was greatest in the first four months after the initial report.⁹ In order to learn more about this issue in Illinois, the CFRC analyzed the risk of maltreatment recurrence over a two-year period for a cohort of children with initial substantiated reports in FY2013.

Figure 1.1 shows the risk of maltreatment recurrence as a function of the number of months that have passed since the initial substantiated maltreatment report. A little over 7% of the children with

substantiated reports in FY2013 had a second substantiated report within 6 months of their first report; this percentage increased to slightly over 11% by 12 months. After one year, the rate of increase slows down quite a bit; between 18 months and 24 months following the initial report, the risk changes very little.

Figure 1.1
Percentage of Children with a Maltreatment Recurrence within 24 Months

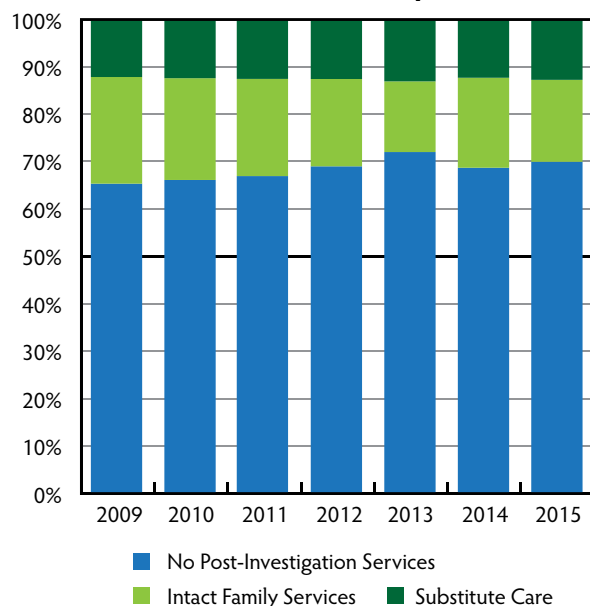


The results of the analysis suggests that the 12-month observation period used in the *B.H.* report is adequate to observe the majority of recurrence incidents that occur and also allows for timely assessment and adjustment of policy and practice based on the change of recurrence rate in the past year.

⁸ Fluke, J.D., Shusterman, G.R., Hollinshead, D.M., & Yuan, Y.T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment, 13*, 76-88.

⁹ Lipien, L., & Forthofer, M.S. (2004). An event history analysis of recurrent child maltreatment in Florida. *Child Abuse & Neglect, 28*, 947-966.

Figure 1.2
Service Dispositions Among Children with Substantiated Reports

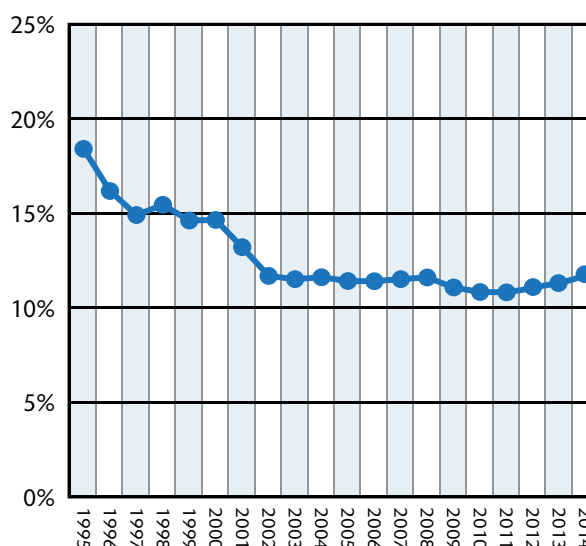


The relationship between post-investigation service provision and risk of maltreatment recurrence is complex. Many studies have found that families who receive child welfare services are at higher risk of maltreatment recurrence than those who are not provided with services; this may seem counter-intuitive, since services are provided to reduce family risk factors and decrease future maltreatment. The relationship between child welfare service provision and increased recurrence has been attributed to both increased surveillance by caseworkers and to the fact that families who receive services typically have more risk factors than families not recommended for services.¹⁰ Monitoring overall maltreatment recurrence rates without regard to service disposition ignores the fact that children served in one setting may be more or less safe than those served in another. In this chapter, separate indicators therefore examine maltreatment recurrence among 1) all children with substantiated reports; 2) substantiated children served in intact family cases; and 3) substantiated children with no post-investigation service cases (see Appendix B, Indicators 1.A, 1.B, and 1.C, respectively). Maltreatment that occurs while children are in substitute care is analyzed in Chapter 2.

Maltreatment Recurrence Among Children with Substantiated Reports

Figure 1.3 displays the 12-month maltreatment recurrence rate for all children with a substantiated maltreatment report over the past 20 years (see Appendix B, Indicator 1.A). Recurrence rates were highest in 1995 and then began a steady decline until 2002, when the rate leveled at around 11.5% for the next 6 years. The recurrence rate decreased slightly around 2009 and remained around 11% until 2012. In the past two years, the recurrence rate has increased from 11% to 12%.

Figure 1.3
12-Month Maltreatment Recurrence Among Children with Substantiated Reports

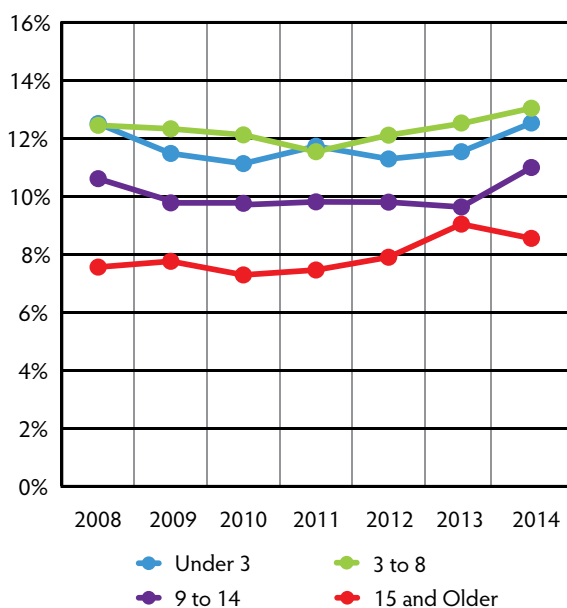


A fair amount of research has examined the child, family, and case characteristics that are related to maltreatment recurrence. This research suggests that child age is closely associated recurrence—younger children are much more likely to experience maltreatment recurrence than older children.¹¹ This is also true in Illinois: maltreatment recurrence rates are highest among children 0–8 years and decrease as child age increases (see Figure 1.4 and Appendix B, Indicator 1.A). In the past year, recurrence rates for all age

¹⁰ Fuller, T., & Nieto, M. (2014). Child welfare services and risk of child maltreatment re-reports: Do services ameliorate initial risk? *Children and Youth Services Review*, 47, 46–54.

¹¹ Bae, H., Solomon, P.L., & Gelles, R.J. (2009). Multiple child maltreatment recurrence relative to single recurrence and no recurrence. *Children and Youth Services Review*, 31, 617–624. Connell, C.M., Bergeron, N., Katz, K.H., Saunders, L., & Tebes, J.K. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse & Neglect*, 31, 573–588. Kahn, J.M., & Schwalbe, C. (2010). The timing to and risk factors associated with child welfare system recidivism at two decision-making points. *Children and Youth Services Review*, 32, 1035–1044. Fluke, J.D., Shusterman, G.R., Hollinshead, D.M., & Yuan, Y.T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment*, 13, 76–88.

Figure 1.4
12-Month Maltreatment
Recurrence by Age

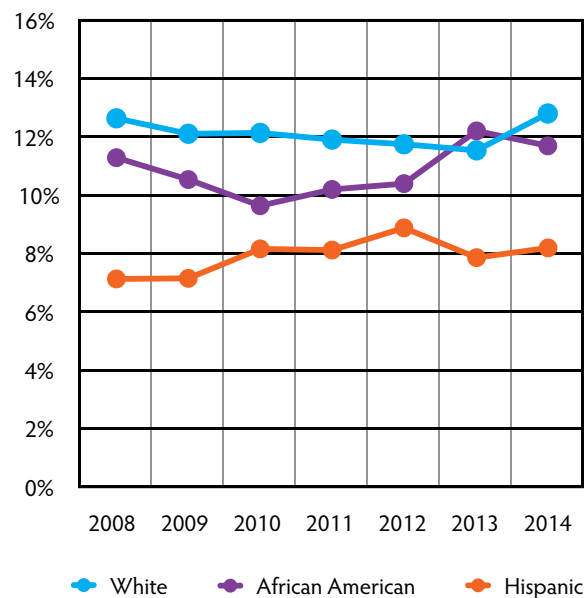


groups have increased except for adolescents 15 years and older, with the largest increase among children 9 to 14 years old – from 9.7% among children with an initial report in 2013 to 11.2% among children with an initial report in 2014.

Prior to 2012, White children had higher rates of maltreatment recurrence than both African American children and Hispanic children (see Figure 1.5 and Appendix B, Indicator 1.A). However, the increase in maltreatment recurrence among African American children in the past several years has diminished the difference between African American children and White children, and in the past two years there was little difference between the two groups.

Of the children with substantiated reports in FY2014, recurrence rates were highest in the Southern region (14.7%) and Central region (13.5%) and lower in the Cook region (9.8%) and Northern region (11.4%; see Appendix B, Indicator 1.A). These regional differences are largely consistent with those in previous *B.H.* reports. To gain a more complete picture

Figure 1.5
12-Month Maltreatment
Recurrence by Race



of these regional differences, Figure 1.6 displays a sub-regional “heat map” showing 12-month maltreatment recurrence rates among all children with a substantiated report (see Appendix C, Indicator 1.A for corresponding data). To create the heat map, recurrence rates in each sub-region of Illinois for each year in the 7-year period were compared to one another and ranked. The sub-regions and years in the top 25th percentile—those with the **best performance** on this indicator—are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile—those with the **worst performance** on this indicator—are shown in the darkest shade. Those that performed in the middle—between the 26th and 74th percentiles—are shown in the medium shade. The heat map provides a visually simple way to compare a large amount of information on sub-regional performance both over time and across the state. It is possible to quickly tell if a region or sub-region is doing well (relative to the other regions in the state over the past 7 years) by looking for the areas with the lightest shade. It is important to note that these “rankings” are relative only to the performance within the ten sub-regions over the 7-year

timespan and not to any national or state benchmarks. Thus, even though a given sub-region may be performing “well” compared to other sub-regions in the state (as indicated by a light shade on the heat map), this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.

Examination of Figure 1.6 reveals that the highest recurrence rates in the state are in the Marion and Springfield sub-regions, and that performance in these two sub-regions is consistently poor throughout the 7-year observation period. Conversely, the lowest recurrence rates are in the Cook sub-regions.

Figure 1.6
12-Month Maltreatment Recurrence
Sub-region Heat Map

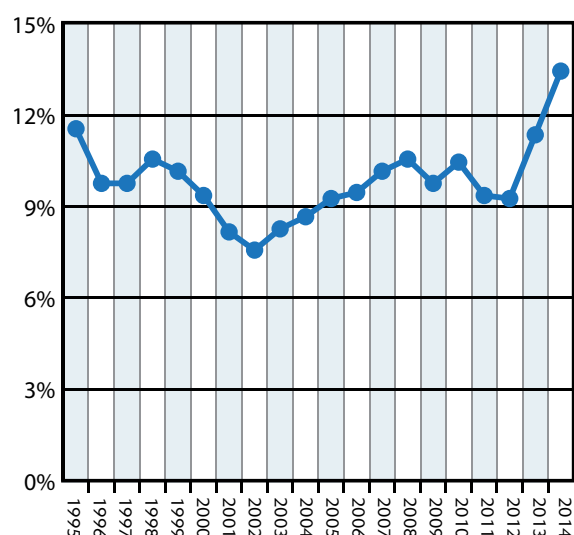
	2008	2009	2010	2011	2012	2013	2014
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Maltreatment Recurrence Among Children in Intact Family Cases

In some instances, the Department will indicate a child for maltreatment, but decide that it is in the best interest of the child and family to receive services at home rather than place the child into substitute care. Families in these cases, known as “intact family

cases,” are of special interest to the Department because their history of substantiated maltreatment places them at increased risk of repeat maltreatment compared to families with no history of maltreatment. Figure 1.7 displays the 12-month recurrence rates for children served in intact family cases (see Appendix B, Indicator 1.B) over the past 20 years. From 1995 through 2002 maltreatment recurrence declined from 11.6% to 7.6%. After that, the trend reversed, and the recurrence rate steadily increased to 10.6% in 2008. After several years of fluctuation, there was a notable increase in recurrence in the last two years, from 9.3% in 2012 to 13.5% in 2014, a 45% relative increase.

Figure 1.7
12-Month Maltreatment Recurrence
Among Children Served in Intact Families



Similar to the overall maltreatment recurrence rate, recurrence among children served in intact family cases is much more likely among younger children (see Figure 1.8). Children under 3 years old are more likely than every other age group to experience a recurrence – they are over three times more likely to experience recurrence than those 15 years and older (see Appendix B, Indicator 1.B). Recurrence rates among children of all age groups served in intact families have increased over the past 2 years.

Figure 1.8
12-Month Maltreatment Recurrence
Among Children Served in Intact
Families by Age

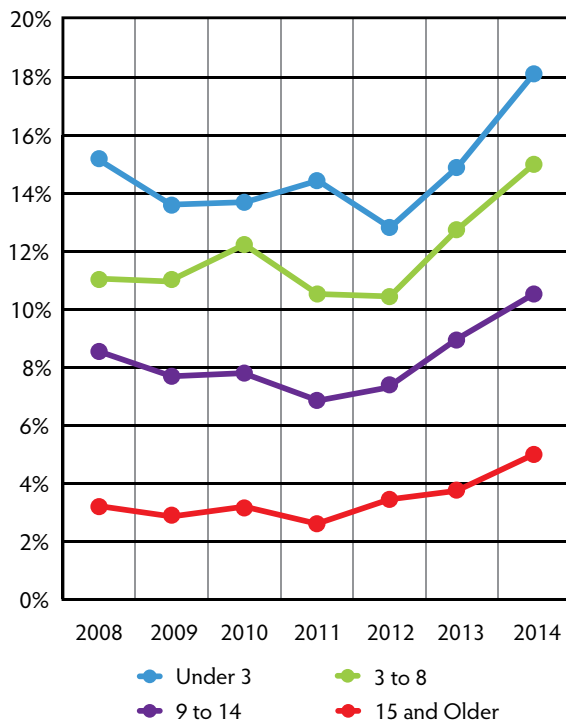


Figure 1.9
12-Month Maltreatment Recurrence
Among Children Served in Intact
Families by Race

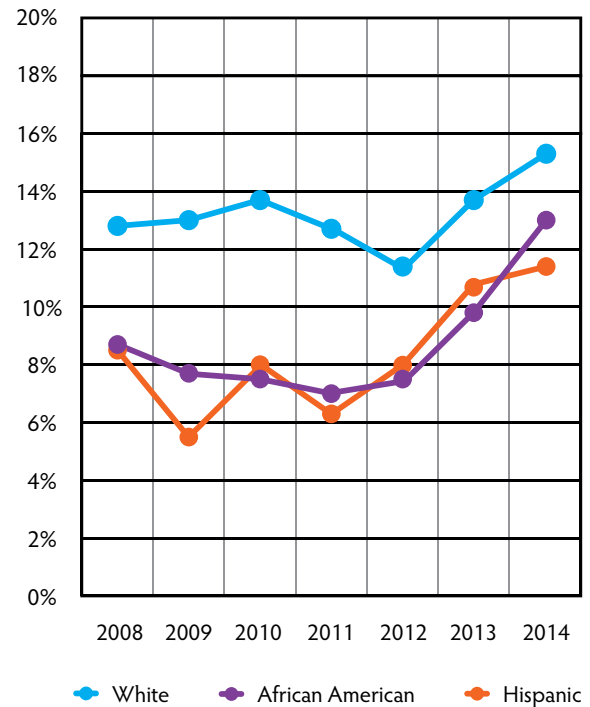


Figure 1.9 displays the 12-month maltreatment recurrence rates by race for children served in intact families. White children served in intact families are more likely to experience repeat maltreatment than African American and Hispanic children (for example, rates for children with an initial substantiated report in 2014 were 15.2% for White children, 13% for African American children, and 11.4% for Hispanic children), although the differences by race have narrowed in the last few years measured (see Appendix B, Indicator 1.B).

When recurrence in intact families is examined at the sub-regional level (see Figure 1.10 and Appendix C, Indicator 1.B), it is apparent that recurrence rates are higher in the Marion sub-region (darker shade) and lower in the Cook sub-regions (lighter shade). Maltreatment recurrence rates among intact families worsened noticeably in nearly all of the sub-regions in the most recent two consecutive years (see Appendix C, Indicator 1.B).

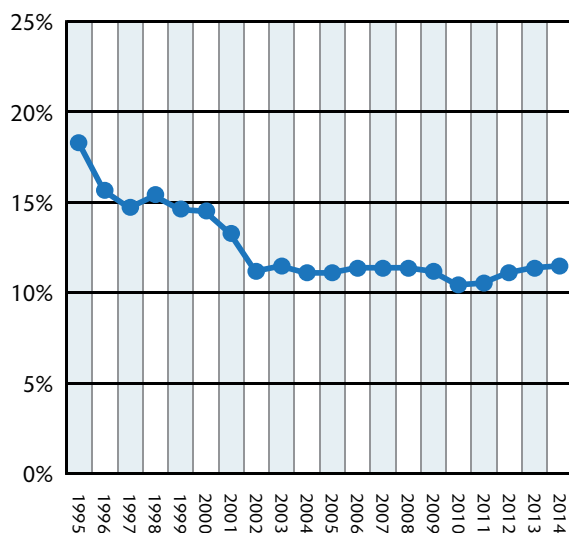
Figure 1.10
12-Month Maltreatment Recurrence
Among Children Served in Intact Families
Sub-region Heat Map

	2008	2009	2010	2011	2012	2013	2014
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Maltreatment Recurrence Among Substantiated Children Who Do Not Receive Services

Over two-thirds (70%) of the children that had substantiated reports of maltreatment in 2015 did not receive any post-investigation child welfare services (see Figure 1.2). Figure 1.11 displays the 12-month maltreatment recurrence rates for children with a substantiated report who did not receive services (either intact family or substitute care) following the investigation (i.e., the case was substantiated and closed; see Appendix B, Indicator 1.C). The trend is similar to that for overall maltreatment recurrence: the peak (18.4%) in 1995 was followed by a decrease until 2002, and then a relatively stable pattern from 2002 until present, with rates between 10% and 12%.

Figure 1.11
12-Month Maltreatment Recurrence
Among Substantiated Children Who
Do Not Receive Services

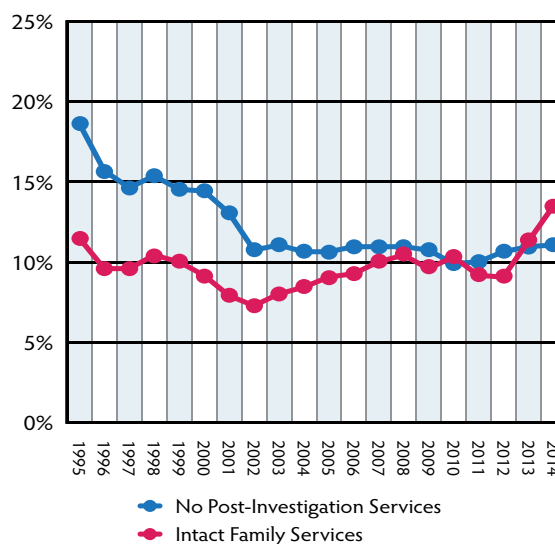


To assess whether the families with substantiated reports who did *not* receive post-investigation child welfare services were at increased risk for maltreatment recurrence, Figure 1.12 compares the 12-month maltreatment recurrence rates between substantiated children served in intact family cases

and substantiated children who received no post-investigation services. This should not be seen as a test of the impact of post-investigation child welfare services, however, because those who *did* receive child welfare services may have been at greater risk when they were first enrolled in services, tilting the odds against them compared to the non-equivalent group that did not receive child welfare services.

Until around 2006, children served in intact families were slightly to moderately safer (that is, less likely to experience maltreatment recurrence) than those not provided services. However, because recurrence rates among children provided with intact family services increased after 2002 while those among children not provided with services remained level, the recurrence rates among children in intact family cases have become similar or even greater than those among children not receiving post-investigation child welfare services.

Figure 1.12
Comparison of Maltreatment Recurrence
Among Children Served in Intact Family Cases
and Children Who Do Not Receive Services



Discussion and Conclusions: Child Safety

One of the most important goals of the public child welfare system is to ensure that all child maltreatment victims are safe from additional harm. In some cases, this is done by removing children from their homes and placing them into substitute care until they can safely return home. In the vast majority of cases, however, children remain in their homes at the conclusion of an investigation, even if they were found to be the victims of maltreatment. Some of these families receive formal child welfare services following the investigation, but most in Illinois do not.

Deciding which families should be provided with ongoing child welfare services is one of the most complex decisions child protective services (CPS) workers must make. In order to make this decision, they must consider multiple factors at once, such as the immediate safety threats in the household, the long-term risk factors, the protective capacities and supports of the parents, the availability of services in the community, and the parents' ability to utilize services. Informal and formal agency policies regarding which families should receive services also influence CPS worker decision-making.

In Illinois, widespread budget cuts among state agencies in 2012 resulted in a policy change regarding the eligibility criteria for intact family services. Effective August 15, 2012, intact family services were available only to those families involved in an indicated maltreatment investigation that met one or more of the following criteria at the time of the case opening:

- the child involved in the investigation was 6 years or younger;
- the parent was a former ward of the Department;
- the family had been investigated at least 6 times in the past;
- there was an indicated report involving any member of the household in the past 6 months, or

- an indicated paramour was involved with the family.¹²

As a result of this policy change, the number of children with an indicated maltreatment report who were provided with intact family services declined from over 17,000 in FY2012 to about 10,500 in FY2013 – a 40% decrease. In addition to restricting intact family services to those families thought to be at highest risk for maltreatment recurrence, the revised policy also shortened the length of time that families could receive services to no more than 7 months. This policy change was followed by an increase in the rate of maltreatment recurrence among children served in intact family cases, which may have been partially attributable to the fact that the families being served were at high risk of maltreatment recurrence.

The eligibility restrictions regarding intact family service provision were lifted several months later, and the number of children served in intact families increased in FY2013 and FY2014. Despite the policy revision, the maltreatment recurrence rate among children served in intact families has continued to rise and is now higher than it has been at any point in the past 20 years. The increase in recurrence is seen in all child age groups, races, and in all regions of the state. This is cause for serious concern.

There are several plausible explanations for the recent increase in recurrence rates among children served in intact families. The needs of Illinois families may have increased and they may be at higher risk of maltreatment recurrence. The risk may be higher even though a broader pool of families is being served than in 2013. Another possibility is that service availability may have changed. The State of Illinois is currently facing one of the biggest budget crises in recent history, which has undoubtedly had an impact on the availability of service providers in many parts of the state. Compared to previous years, there may be fewer service providers for intact family caseworkers to refer families to, which might limit the effectiveness of intact family services. Unfortunately, without additional

¹² Department of Children and Family Services (August 3, 2012). Action transmittal 2012.06.

information about the families being served and the services being provided, it is impossible to explore the factors that may be impacting the recent increase in recurrence rates.

As part of the *B.H. Implementation Plan*, DCFS has agreed to fund a new study, conducted by the Children and Family Research Center, of the well-being of children in or at risk of foster care in Illinois, with data collection to begin in FY2017. A steering committee with representation from DCFS, multiple service agencies, and university partners is currently planning study methods. The new study is likely to replicate many methods used in CFRC's previous well-being studies, the Illinois Study of Child Well-Being from 2005¹³ and the Illinois Survey of Child and Adolescent Well-Being from 2008-2009.¹⁴ In order to gather the information needed to understand the increases in recurrence among intact families, we strongly suggest that the sampling plan for the new well-being study include a sub-sample of families receiving intact family services from across the state. It would also be advisable to oversample families in the Southern region, where recurrence rates have historically been highest.

¹³ Bruhn, C., Helton, J., Cross, T.P., Shumow, L. & Testa, M. (2008). Well-being. In Rolock, N. & Testa, M. (Eds.) *Conditions of children in or at risk of foster care in Illinois 2007: An assessment of their safety, stability, continuity, permanence, and well-being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

¹⁴ Cross, T.P. & Helton, J.J. (2012). *The Well-Being of Illinois Children in Substantiated Investigations: Baseline Results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.



CHAPTER 2

Children in Substitute Care: Safety, Continuity, and Stability

Children should only be removed from their parents and placed in substitute care when it is necessary to ensure their safety and well-being. Once removed from their homes, the public child welfare system and its private agency partners have a responsibility to provide children with living arrangements that ensure that they are safe from additional harm, maintain connections with their family members (including other siblings in care) and community, and provide stability. In addition, substitute care should be a temporary solution and children should live in substitute care settings for the shortest period necessary to ameliorate the issues which brought them into care. This chapter examines how well the Illinois Department of Children and Family Services performs in providing substitute care living arrangements that meet these standards. It is organized into four sections: 1) Safety in Substitute Care, 2) Continuity with Family and Community, 3) Placement Stability, and 4) Length of Time in Substitute Care.

Measuring the Quality of Substitute Care

This chapter employs several indicators to measure the quality of the substitute care placements of Illinois children. These indicators are described in the following sections and technical definitions are provided in

Appendix A. The chapter examines both initial placements and placements at the end of the year for several indicators (placement restrictiveness, placement with siblings, and placement close to home). It is important to keep in mind that the children in these two samples are not the same: “initial placements” include children who entered care within a given fiscal year (counting each entry once and only once). Since children who enter and stay only a few months have the same weight as children who enter and stay for years, initial placement samples over-represent children who are in care for a short period of time. The “end of year placement” sample includes all children in care on the last day of the fiscal year (June 30). Children who are in care for several years are counted in several “end of year” samples, while children who enter after June 30th and exit before June 30th of the following year are not counted at all. Thus, end of year samples over-represent children who have been in care for a long time. The other indicators examined in this chapter (safety, placement stability, and length of time in care) do not differentiate between initial and end of year placements.

As in the other chapters of this report, performance on each indicator is examined by child gender, age, race, and geographic region, and noteworthy differences are presented in the chapter. In

Changes in the Conditions of Children in Substitute Care at a Glance

Safety in Substitute Care

- ↑ Of all children placed in substitute care during the year, the percentage that had a substantiated report during placement increased from 2.2% in 2014 to 2.6% in 2015 (+18% change).

Restrictiveness of Initial Placement Settings

- ↑ Of all children entering substitute care, the percentage initially placed into a kinship foster home increased from 54.0% in 2014 to 56.8% in 2015 (+5% change).
- = Of all children entering substitute care, the percentage initially placed into a traditional foster home remained stable and was 25.4% in 2015.
- ↓ Of all children entering substitute care, the percentage initially placed into a specialized foster home decreased from 2.7% in 2014 to 2.5% in 2015 (-7% change).
- ↓ Of all children entering substitute care, the percentage initially placed into an emergency shelter decreased from 7.9% in 2014 to 5.8% in 2015 (-27% change).
- = Of all children entering substitute care, the percentage initially placed into an institution or group home remained stable and was 8.6% in 2015.

Restrictiveness of End of Year Placement Settings

- = Of all children in substitute care at the end of the year, the percentage placed in a kinship foster home remained stable and was 41.5% in 2015.
- = Of all children in substitute care at the end of the year, the percentage placed in a traditional foster home remained stable and was 26.4% in 2015.
- ↓ Of all children in substitute care at the end of the year, the percentage placed in a specialized foster home decreased from 16.1% in 2014 to 15.1% in 2015 (-6% change).

- = Of all children in substitute care at the end of the year, the percentage placed in an institution or group home remained stable and was 9.4% in 2015.
- ↓ Of all children in substitute care at the end of the year, the percentage placed in independent living decreased from 7.3% in 2014 to 6.9% in 2015 (-5% change).

Placement with Siblings

Of all children entering substitute care, the percentage that was initially placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

- = Remained stable for children initially placed in traditional foster homes and was 59.5% in 2015.
- = Remained stable for children initially placed in kinship foster homes and was 80.8% in 2015.

For children with 3 or more siblings in care:

- ↑ Increased for children initially placed in traditional foster homes from 5.5% in 2014 to 8.2% in 2015 (+49% change).
- ↓ Decreased for children initially placed in kinship foster homes from 57.7% in 2014 to 51.3% in 2015 (-11% change).

Of all children living in substitute care at the end of the year, the percentage that was placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

- = Remained stable for children in traditional foster homes and was 55.0% in 2015.
- = Remained stable for children in kinship foster homes and was 72.1% in 2015.

For children with 3 or more siblings in care:

- ↓ Decreased for children in traditional foster homes from 11.2% in 2014 to 8.9% in 2015 (-21% change).
- ↑ Increased for children in kinship foster homes from 34.0% in 2014 to 36.9% in 2015 (+9% change).

Changes in the Conditions of Children in Substitute Care at a Glance CONT'D

Placement Close to Home

- ↑ Of all children entering substitute care, the median distance from their home of origin to their initial placement increased from 11 miles in 2014 to 13.3 miles in 2015 (+21% change).
- ↑ Of all children in substitute care at the end of the year, the median distance from their home of origin to their placement at the end of the year increased from 10.7 miles in 2014 to 11.4 miles in 2015 (+7% change).

Stability in Substitute Care

- = Of all children entering substitute care and staying at least one year, the percentage that had two or fewer placements during their first year in care remained stable and was 79.3% of children who entered care in 2014.

Children Who Run Away From Substitute Care

- ↑ Of all children entering substitute care between the ages of 12 and 17 years, the percentage that ran away from a placement within one year of entry increased from 19.3% in 2014 to 21.7% in 2015 (+12% change).

Length of Stay in Substitute Care

- = Of all children entering substitute care, the median length of stay in substitute care remained stable and was 31 months for children who entered care in 2012.

addition, placement setting has a significant impact on many aspects of a child's stay in substitute care, and is therefore examined in relation to several of the indicators in this chapter (see Box 2.1 for definitions of the placement types used in Illinois).

Safety in Substitute Care

Children in substitute care should be safe from maltreatment. This section examines the percentage of children in substitute care who had a substantiated report during their placement. Two things are important to keep in mind when interpreting the results based on this indicator. First, the indicator includes substantiated maltreatment from any perpetrator that occurs while children are in substitute care, unlike the federal outcome measure for maltreatment in foster care, which only includes maltreatment perpetrated

by a foster parent or facility staff member. Second, the indicator includes substantiated reports of sexual abuse that are reported during placement.¹ Figure 2.1 shows the percentage of children that experienced a substantiated maltreatment report while in a substitute care placement each fiscal year from 1996 through 2015. The rate of maltreatment in substitute care was over 2% in 1996 and 1997, and then declined to 1.6% in 1998 and remained relatively level until 2007. Since 2007, the rate of maltreatment in care has shown a clear upward trajectory, and the rate in FY2015 is at its highest level in the past 20 years. In order to examine this alarming trend in more detail, researchers from the Children and Family Research Center completed a study that examined the factors that predict whether or not a child is maltreated while in substitute care (see Box 2.2 for a description of the study methods and results).

¹ Monitoring reports prior to FY2014 excluded substantiated reports of sexual abuse from this indicator.

Placement Type Terminology

BOX 2.1

Children in substitute care live in a number of different settings. At the simplest level of distinction, substitute care placement types can be divided into two categories: foster homes and congregate care. The first category includes placements where a child lives with a foster parent in their home, and includes kinship foster homes, traditional foster homes, and specialized or treatment foster homes.

Kinship foster care involves placement of children with relatives in the relatives' homes. Relatives are the preferred placement for children who must be removed from their birth parents, as this kind of placement maintains the children's connections with their families. In Illinois, kinship care providers may be licensed or unlicensed.

Traditional foster care involves placement of children with non-relatives in the non-relatives' homes. These traditional foster parents have been trained, assessed, and licensed to provide shelter and care.

Specialized or treatment foster care involves placement of children with foster families who have been specially trained to care for children with certain medical or behavioral needs. Examples include medically fragile children, children with emotional or behavioral disorders, and HIV+ children. Treatment foster parents generally require more training to become licensed, provide more support for children than regular family foster care, and have lower limits on the number of children that can be cared for in their home.

While it is preferred that children in substitute care live in family settings, some children have physical or behavioral needs that require placement in congregate care—a non-family setting where a group of children receive specialized care and treatment.

Emergency shelters provide temporary living arrangements for children as a last resort if all other possible foster home placements cannot be arranged.² Placements in emergency shelters should not exceed 30 calendar days.

Many states, including Illinois, use the term **group home** to refer to a non-family, community-based residence that houses more children than are permitted to reside in a foster family home, but fewer than reside in a residential treatment center (in Illinois, the number of children in a group home is limited to 10 or fewer). Group homes are operated by professional staff who work in rotating shifts.

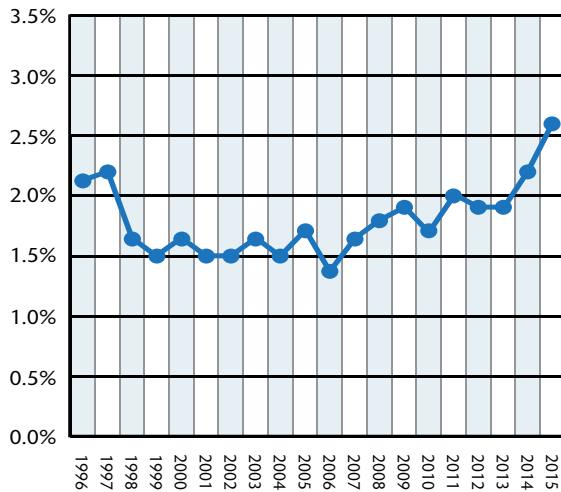
All other non-family settings are combined in the current chapter into a broad category called **"institutions."** This broad category includes a variety of congregate care placements such as residential treatment centers, detention centers, and hospitals and other health facilities. Since the number of children placed in group homes is relatively small, these children are sometimes combined with those in other congregate care settings in several of the analyses in this chapter. In these instances, the combined term "Institution/Group Home" is used.

Independent living placements are distinct from substitute care placements. According to DCFS policy guides, independent living services are defined as "casework and other supportive services that are provided to assist eligible youth living in an apartment in the community to prepare for transition to adulthood and self-sufficiency, and establish (or reestablish) legal relationships and/or permanent connections with committed adults."³

² Illinois Department of Children and Family Services. (October, 2014). *Procedures 301 Appendix G Temporary Placement to the DFCS State-wide Emergency Shelter System*. Springfield: Illinois Department of Children and Family Services.

³ Illinois Department of Children and Family Services. (June, 2015). *Procedures 301 Placement and Visitation Services*. Retrieved from http://www.illinois.gov/dcf/aboutus/notices/Documents/Procedures_301.pdf.

Figure 2.1
Children Maltreated in Substitute Care



Rates of maltreatment in care differ by child age: children 3 to 8 years are more likely and children 15 years and older are less likely to have a substantiated report of maltreatment while in care (see Figure 2.2 and Appendix B, Indicator 2.A). For example, in 2015, 3.6% of children 3 to 8 years were maltreated in care, compared to 1.3% of those 15 years and older. Rates of maltreatment in care have increased over the past three years for every age group.

Figure 2.2
Children Maltreated in Substitute Care by Age

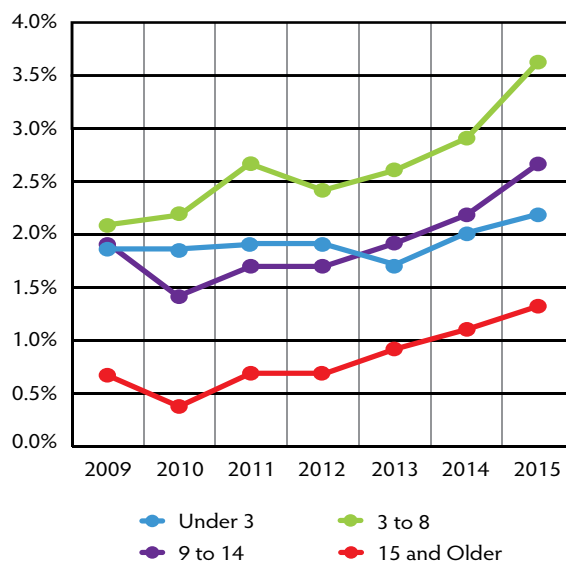
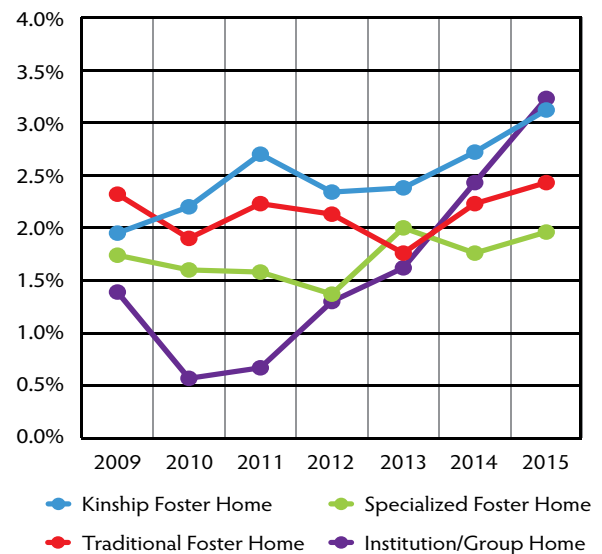


Figure 2.3 presents the rates of maltreatment in care by placement type. In most years, maltreatment was most likely to occur in kinship foster homes. Since 2011, the rate of maltreatment in institutions and group homes has increased substantially, from 0.7% in 2011 to 3.2% in 2015.

Figure 2.3
Children Maltreated in Substitute Care by Placement Type



Maltreatment rates in substitute care vary by region of the state, with the Cook region consistently having lower rates of maltreatment in care (see Appendix B, Indicator 2.A). There is even more variability in maltreatment rates at the sub-region level, as shown in the heat map in Figure 2.4 (see Appendix C, Indicator 2.A).⁴ To create the heat map, maltreatment rates in each sub-region in Illinois between 2009 and 2015 were compared to one another and ranked. The sub-regions and years in the top 25th percentile – those with the *best performance* on this indicator – are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile – those with the *worst performance* on this indicator – are shown in the darkest shade. Those that performed in the middle – between the 26th and 74th percentiles – are shown in the medium shade. The heat map therefore provides a visually simple way to compare a large amount of

⁴ The region of placement is determined by the region of the agency supervising the case.

What Factors Predict Maltreatment in Foster Care?

BOX 2.2

To provide a better understanding of which children were most at risk of maltreatment in substitute care, researchers at the CFRC conducted a multivariate regression analysis to examine numerous child, caseworker, and placement characteristics and their relationship to maltreatment in care in Illinois. The sample for the study was comprised of children ages 17 years and younger who started at least one placement during fiscal years 2011, 2012, and 2013. Using the child placement as the unit of analysis, the sample was divided into two groups: 1) all foster home placements (traditional foster home, specialized foster home, and kinship foster home) and 2) placements in institutions and group homes.

Sample and measures. The foster home sample included 13,876 children who had 35,872 foster home placements during the three-year observation period. Of this sample, 186 (0.52%) placements had to be dropped from the analyses due to missing information for one of the following variables: child gender, region, or provider ID. The final sample consisted of 35,686 foster home placements. There were 689 indicated reports in the foster home sample.

The *congregate care sample* included 4,059 children who had 10,884 placements in institutions or group homes. There were only 50 indicated reports in the congregate care sample during the three-year period. Since the number of indicated reports among congregate care placements was so small, the regression analyses were only conducted on the foster home placement sample.

Numerous variables were examined in the regression analysis, including: child gender, race, age, disability, case open reason (physical or emotional abuse, sexual abuse, neglect, child behavior problem, or other), placement type (traditional foster home, specialized foster home, licensed kinship foster home, unlicensed kinship foster home), total number of foster care spells (including current spell), months in care at start of

placement, number of indicated reports prior to placement, any indicated report prior to placement (yes/no), type of indicated maltreatment prior to placement (sexual abuse, physical abuse, emotional abuse, lack of supervision, environmental neglect, other neglect, risk of harm, substance exposure), number of other children in foster home, number of siblings in the foster home, caseworker gender, caseworker education (bachelor's, master's or higher, missing), and caseworker contact within 60 days prior to the indicated maltreatment or the end of the placement (yes/no).

Results. Several variables were significantly associated with whether or not a child experienced an indicated maltreatment report while in care:

- *Caseworker contact* with the child within 60 days was very strongly associated with the risk of maltreatment in care—children who did not have a face-to-face contact with their caseworker within 60 days were almost 6 times more likely to experience an indicated report than children who had a caseworker visit.
- Children that had an *indicated report* (of any type) prior to entering care were almost 4 times more likely to experience maltreatment in care compared to children that entered substitute care for reasons other than an indicated maltreatment report (such as behavior problems or dependency). In addition, the greater the *number of prior indicated reports* a child had, the higher their risk of maltreatment in care. These findings are very consistent with numerous previous studies that show future risk is related to prior risk.
- Children in *unlicensed kinship foster homes* were around 2 times more likely to be maltreated while in substitute care compared to children in traditional foster homes.
- The risk of maltreatment in substitute care decreased as the *number of months* spent in care increased, meaning that children are more likely to be maltreated soon after entering substitute care.

- Several child characteristics were related to an increased risk of maltreatment in care: younger children were more likely to be maltreated compared to older teens, girls were more likely to be maltreated than boys, and African American children were more likely to be maltreated than White children. Children with documented mental health needs were about 1.5 times more likely to experience maltreatment in care compared to children without mental health needs.
- The risk of maltreatment in care increased as the *number of siblings* in the same placement increased.
- Children with an African American caseworker were less likely to experience maltreatment than children who had a White caseworker.

Implications for practice. Of particular interest is the finding that children in foster home placements who had a face-to-face contact with a caseworker within the prior 60 days were much less likely to experience an indicated maltreatment report compared to children who did not have recent contact with their caseworker. Many have speculated about the importance of maintaining regular and frequent face-to-face visits with children in placement to achieve positive outcomes for children, and the current study suggests that regular caseworker contact with children in placement is related to increased child safety. Approximately 40% of the children in placements in the current sample did not receive a visit from their caseworker within the prior 60 days. This suggests additional training and supervision that stress the importance of regular casework visits may be warranted.

The current study also indicates that children in unlicensed kinship placements are at nearly 2 times higher risk of an indicated maltreatment report than those placed in traditional foster homes. This finding corroborates previous research conducted by CFRC that found children in unlicensed kinship placements to be at much higher risk of maltreatment compared to children in both licensed kinship placements and traditional foster home placements,⁵ and that those at highest risk were children in unlicensed foster homes

that never become licensed.⁶ These results raise additional questions about the reasons that unlicensed kinship placements are less safe compared to other types of foster homes; unfortunately, the administrative data currently available related to unlicensed kinship care providers is limited—even basic demographic information such as the age of the provider was unavailable for the large majority of these cases. This lack of information prohibits additional analysis of these unlicensed kinship foster homes, unless we collect the information from the providers through alternative data collection methods, such as surveys or interviews. A small, qualitative study of unlicensed foster care providers could provide valuable information to the Department about why some providers choose to remain unlicensed and the risk factors in the home that may be related to maltreatment.

The findings of the current study also suggest that younger children, children with mental health-related disabilities, and children with prior indicated reports are at higher risk of maltreatment in foster home placements, and that the risk of maltreatment is greatest when children first enter a placement and decreases over time. This information could be used by the Department to develop additional guidelines for caseworkers that stress the importance of consistent and frequent visits and monitoring, especially during the weeks immediately following a child's entry into substitute care.

⁵ Nieto, M.G., Fuller, T.L., & Testa, M. F. (2009). *The License Status of Kinship Foster Parents and the Safety of Children in Their Care*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

⁶ Nieto, M. & Fuller, T. (2015). *Foster Home License Status and Maltreatment in Care*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

information on sub-regional performance both over time and across the state. It is possible to quickly tell if a sub-region is doing well (relative to the other sub-regions in the state over the past 7 years) by looking for the areas in the lightest shade. It is important to note that these “rankings” are relative only to the performance within the ten sub-regions over the seven-year time span and not to any national or state benchmarks. Thus, even though a given sub-region may be performing “well” compared to other sub-regions in the state (as indicated by a light shade on the heat map), this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.

Figure 2.4 shows lower rates of maltreatment in care in the Cook North and Cook Central sub-regions (lighter shades) and higher rates of maltreatment in the Marion sub-region (darker shade). Rates of maltreatment in care worsened in almost every sub-region in the state in 2015, which is a cause for concern.

Figure 2.4
Children Maltreated in Substitute Care
Sub-region Heat Map

	2009	2010	2011	2012	2013	2014	2015
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Continuity with Family and Community Restrictiveness of Placement Settings

When it is in the best interest of a child to be placed in substitute care, it is both federal and state policy to place children in the least restrictive, most family-like setting possible. The Adoption Assistance and Child Welfare Act of 1980 required states “to place a child in the least restrictive and most family-like setting that will meet the needs of the child.”⁷ In 1996, Congress required states to include in their Title IV-E state plans a provision that indicated the state shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant child protection standards.

One advantage of the least restrictive family-like setting is that it increases bonding capital. Bonding capital refers to strong social ties that exist between people who share a key attribute such as family, friendship, church membership, residence, and so forth. At the individual level, bonding capital is measured as a person’s primary source of social support.⁸ One advantage of placement with kin is that it builds on a child’s existing bonding capital. However, research finds that children in traditional foster care eventually develop bonds with foster parents comparable to those who are placed with kin.⁹

Placement restrictiveness is examined in two different groups of children: 1) initial placements of children entering care in a given year and 2) children in care at the end of the year. The first indicator (initial placements) over-represents children who are in care a short period of time, but provides important information about initial placements, which can influence a child’s trajectory through substitute care. The second indicator (end of year placements) over-represents children who have been in care a long time, but provides a better sense of the overall population of children in care than initial placements. Figures for the two indicators are presented side by side so readers can compare the patterns for initial and end of year placements.

⁷ Adoption Assistance and Child Welfare Act of 1980, Pub. L. 96-272.

⁸ Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.

⁹ Testa, M., Bruhn, C.M. & Helton, J. (2010). Comparative safety, stability, and continuity of children’s placements in formal and informal substitute care. In M.B. Webb, et al., *Child Welfare and Child Well-being: New Perspectives from the National Survey of Child and Adolescent Well-being*, (pp. 159-191). New York: Oxford.

Initial placement types for children entering care during fiscal years 2009 through 2015 are shown in Figure 2.5.¹⁰ Most children entering care are initially placed in kinship foster homes, and that percentage has increased from 50.6% in 2009 to 56.8% in 2015 (see Appendix B, Indicator 2.B.1). The percentage of children initially placed in traditional foster homes has decreased, from 29.4% in 2009 to 25.4% in 2015 (see Appendix B, Indicator 2.B.2). The percentage of children initially placed in specialized foster homes is very small compared to other types of placements, and was 2.5% in 2015 (see Appendix B, Indicator 2.B.3). The percentage of children initially placed in emergency shelters increased from 2009 to 2012, but has since decreased, from 11.3% in 2012 to 5.8% in 2015 (see Appendix B, Indicator 2.B.4). We take a closer look at initial placements in emergency shelters in Box 2.3. The percentage of children with an initial placement in group homes or institutions has stayed fairly steady, and was 8.6% in 2015 (see Appendix B, Indicator 2.B.5). Very few children were initially placed in independent living programs.

Among children in substitute care at the end of the fiscal year (Figure 2.6), the percentage of children in kinship foster homes has increased from 35.9% in 2009 to 41.5% in 2015 (Appendix B, Indicator 2.C.1). The percentage of children in traditional foster homes at the end of the year has remained consistent for the last 6 years and was 26.4% in 2015 (see Appendix B, Indicator 2.C.2). The percentage of children in specialized foster homes at the end of year has decreased from 17.6% in 2009 to 15.1% in 2015 (see Appendix B, Indicator 2.C.3). The percentage of children placed in emergency shelters at the end of the year was very small compared to other types of placements, and was 0.6% in 2015. The percentage of children in group homes (1.3% in 2015) and institutions (8.1% in 2015) at the end of the year has remained consistent for the last 7 years (see Appendix B, Indicators 2.C.4 and 2.C.5). The percentage of youth in independent living at the end of the year has decreased from 8.3% in 2009 to 6.9% in 2015 (see Appendix B, Indicator 2.C.6).

Figure 2.5
Initial Placement Types

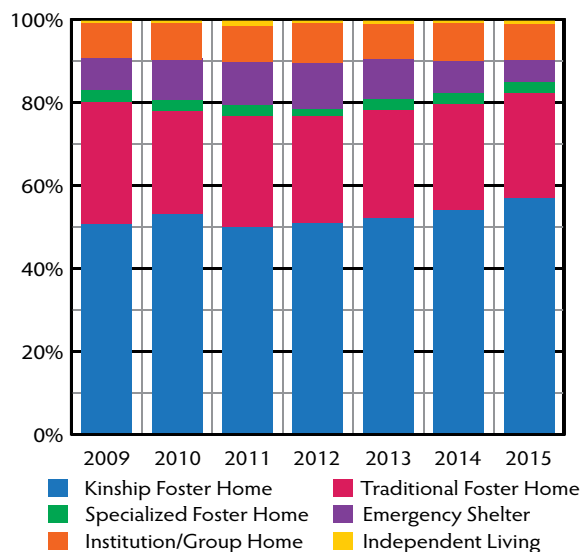
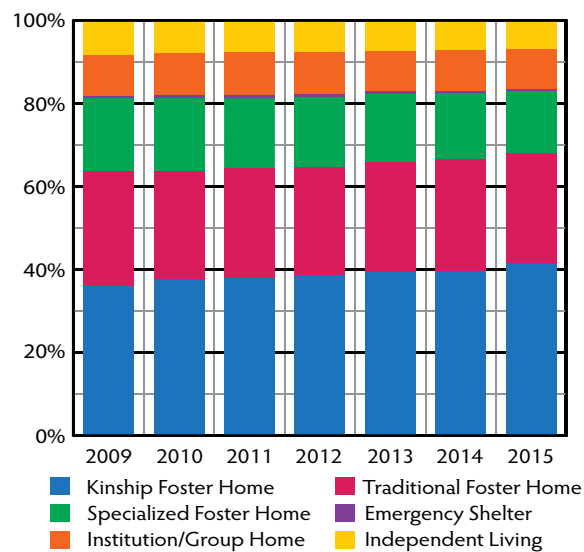


Figure 2.6
End of Year Placement Types



¹⁰ Only children who remain in substitute care for 7 days or longer are included in these analyses, i.e., children with very short stays (6 days or less) are excluded.

A Closer Look at Emergency Shelter Placements

BOX 2.3

Occasionally it is necessary to place children into an emergency shelter when they first enter substitute care, if a less restrictive suitable placement cannot be arranged. According to DCFS policy, placement in emergency shelters should last less than 30 days and children should be moved to less restrictive placements as soon as possible.¹¹ Use of emergency shelters was one area of concern in the emergency motion that was filed by the *B.H.* plaintiffs' attorneys in February 2015.¹² The CFRC used administrative data from the past seven years to take a closer look at the length of stay of children initially placed in emergency shelters and whether or not they were moved to a less restrictive placement setting after the initial emergency shelter placement.

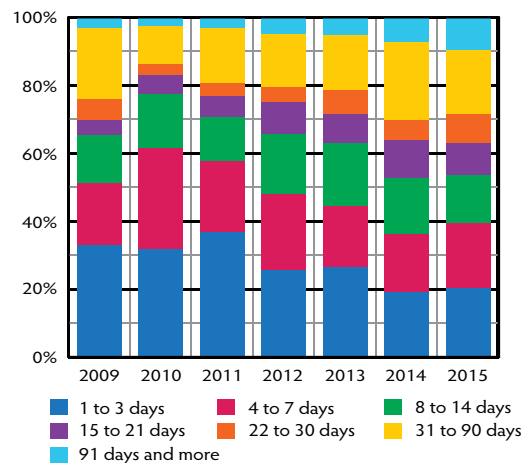
Between 300 and 560 children each year were initially placed into an emergency shelter as their first substitute care placement over the past seven years (see Appendix B, Indicator 2.B.4). The first analysis examined the number of days these children spent in their initial placements in emergency shelters (see Table 2.1 and Figure 2.7). Because of the wide range in the number of days that children stayed in emergency shelters, there is no single number that best describes the length of children's initial placements in emergency shelters. The mean and median both show an increase in the average length of stay in emergency shelters in the past two years.

Table 2.1
Number of Days Spent in Initial Placements in Emergency Shelters

YEAR	N	MINIMUM	MAXIMUM	MEAN (SD)	MEDIAN
2009	383	1	145	20 (27.9)	7
2010	480	1	180	15 (24.7)	6
2011	524	1	155	18 (27.0)	6
2012	559	1	229	21 (32.1)	8
2013	477	1	200	22 (31.8)	9
2014	394	1	236	29 (37.9)	14
2015	301	1	201	28 (37.0)	14

Figure 2.7 shows the frequency distribution for the number of days children spent in initial emergency shelter placements each year for the past seven years. Between 2009 and 2012, approximately half of the children initially placed into emergency shelters stayed there seven days or fewer. In 2014 and 2015, this percentage has dropped to below 40%. Conversely, the percentage of children that spend more than 90 days in their initial placements in emergency shelters has increased from 1% in 2009 to almost 10% in 2015.

Figure 2.7
Number of Days Spent in Initial Placements in Emergency Shelters

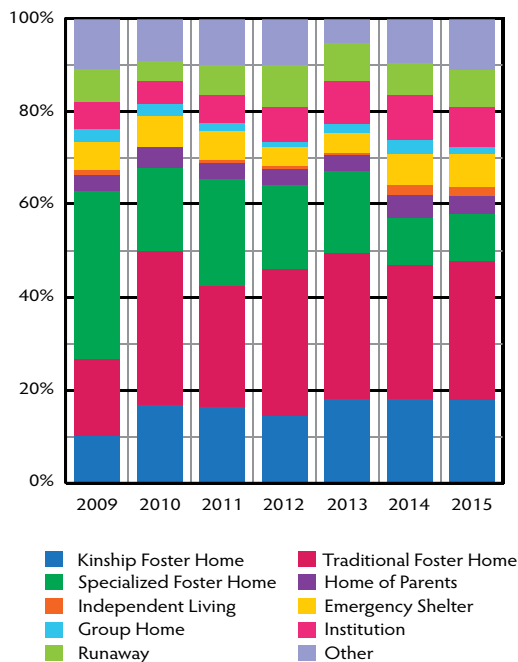


¹¹ Illinois Department of Children and Family Services. (October, 2014). *Procedures 301 Appendix G Temporary Placement to the DFCS Statewide Emergency Shelter System*. Springfield, IL: Illinois Department of Children and Family Services.

¹² *B.H. et al. vs. Tate*. (February 23, 2015). *Plaintiffs' Emergency Order to Enforce Consent Decree*, No. 88-cv-5599 (N.D. Ill 2015).

The next analysis examined whether or not children were moved to a less restrictive placement following their initial placement in an emergency shelter (see Figure 2.8). Less restrictive placements were defined as: kinship foster homes, traditional foster homes, specialized foster homes, home of parents, or independent living placements. Each year, between 60% and 70% of children initially placed in an emergency shelter were moved to a less restrictive placement and between 13% and 20% were moved to a congregate care setting (another emergency shelter, group home, or institution). A third group (9-10% of the children) moved to an "other" type of placement, such as a hospital/health facility. About 7-8% of children initially placed in an emergency shelter run away and their following placement was labelled "whereabouts unknown."

Figure 2.8
Placements After Initial Emergency Shelter Placements



The use of different placement types for both initial placements and later placements varies with child age, gender, race, and geographical region of the state. These relationships were explored in more detail by examining the initial and end of year placements during the most recent fiscal year for which complete data is available (FY2015). Most young children (8 years and younger) were initially placed in family-like settings such as kinship or traditional foster homes (see Figure 2.9). However, the proportion of children initially placed in foster homes decreased as child age increased; in 2015, 93.7% of children 0 to 2 years were placed in a foster home, compared to 49.1% of youth 15 years and older. The reverse was true for initial placement in an emergency shelter, institution, or group home: the proportion of children placed in these settings increased with child age, from 6.2% of children under 3 years to 42.5% of youth 15 years and older.

Similar to initial placements, a child's placement setting at the end of the year was strongly associated with his or her age (see Figure 2.10). Over half of children 8 years and younger were living in a kinship foster home at the end of the year, compared to less than 20% of youth 15 years and older. Similarly, the percentage of children living in traditional foster homes decreased as child age increased: 43.4% of 0 to 2 year old children were living in a traditional foster home at the end of FY2015 compared to 8.3% of youth 15 and older. In contrast, the proportion of children placed in specialized foster homes, or institutions/group homes at the end of year increased as child age increased. For instance, less than 2% of children 6 to 8 years old were living in group homes and institutions at the end of FY2015, compared to 18.1% of 12 to 14 year olds and 24.2% of youth 15 years and older. Over one-fourth of children age 15 and older were placed in independent living at the end of the year.

Initial placement types were not noticeably different for males and females (see Figure 2.11 and Appendix B, Indicators 2.B.1 – 2.B.5), although the percentage of males initially placed in group homes and institutions (10.4%) was higher than females (6.7%). The discrepancy was also present when end of year placements are examined: 12.4% of boys were living in an institution or group home at the end of FY2015 compared to 6.2% of girls (see Figure 2.12 and Appendix B, Indicators 2.C.1 – 2.C.6).

Figure 2.9
Initial Placement Types by Age—FY2015

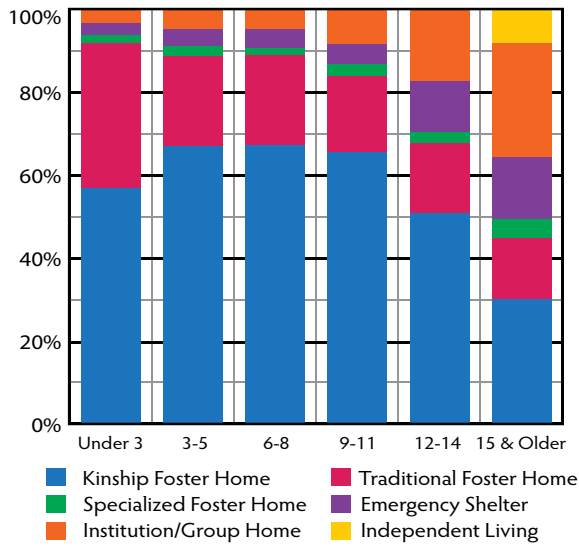


Figure 2.10
End of Year Placement Types by Age—FY2015

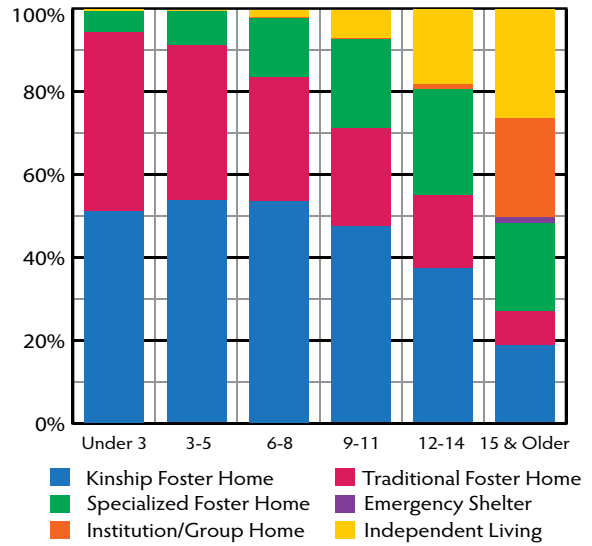


Figure 2.11
Initial Placement Types by Gender—FY2015

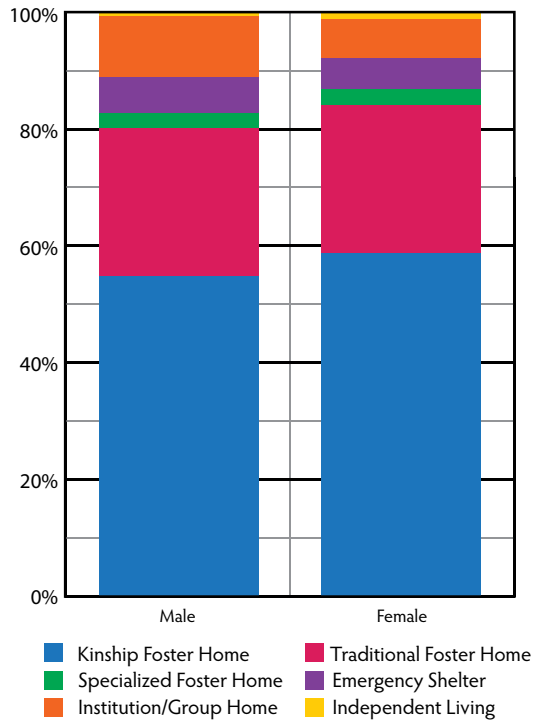
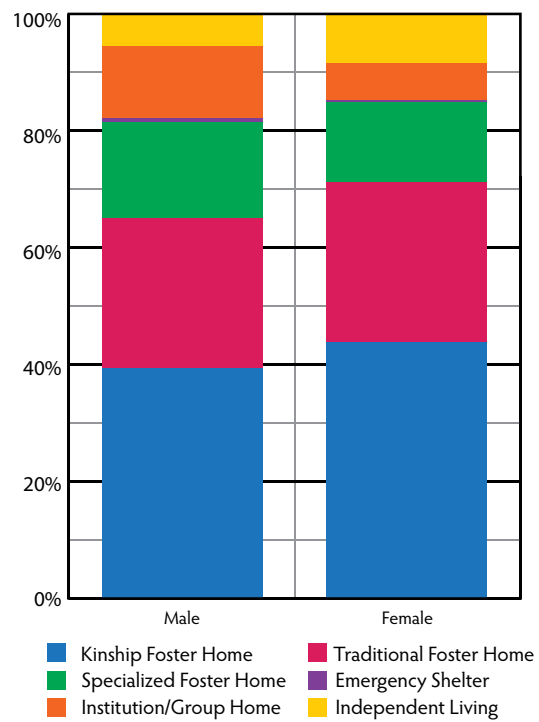


Figure 2.12
End of Year Placement Types by Gender—FY2015



Initial placement types varied by child race (see Figure 2.13 and Appendix B, Indicators 2.B.1 – 2.B.5). White children were less likely to be initially placed in a group home or institution (5.0%) than African American (11.8%) or Hispanic (10.0%) children in 2015. African American children were less likely to be initially placed in a kinship foster home (52.3%) than White (61.2%) or Hispanic (58.8%) children. When the end of year placements were compared by child race (Figure 2.14 and Appendix B, Indicators 2.C.1 – 2.C.6), African American children were less likely to be placed in kinship foster homes (37.4%) compared to both White and Hispanic children (46.1% and 46.5%, respectively) and more likely to be placed in specialized foster homes (17.2% versus 12.5% of White children) and independent living (9.1% versus 4.4% of White children).

When initial placement settings were examined regionally (see Figure 2.15 and Appendix B, Indicators 2.B.1 – 2.B.5), the Cook region had a much lower proportion of children initially placed in kinship foster homes in 2015 (46.1%) compared to other regions (Northern = 64.4%, Central = 58.8%, Southern = 62.7%) and a much higher proportion of initial placements in institutions/group homes (19.9%) compared to other regions (Northern = 4.4%, Central = 4.5%, and Southern = 1.5%). When children's placement settings at the end of the year were examined regionally (see Figure 2.16 and Appendix B, Indicators 2.C.1 – 2.C.6), the Cook region had the smallest percentage of children living in kinship foster homes at the end of 2015: 34.9% compared to 46.5% in the Northern region, 44.4% in the Central region, and 47.6% in the

Figure 2.13
Initial Placement Types by Race—FY2015

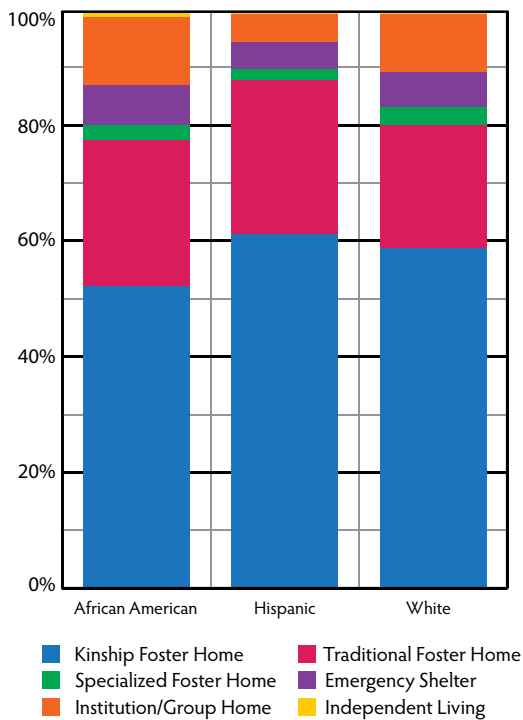
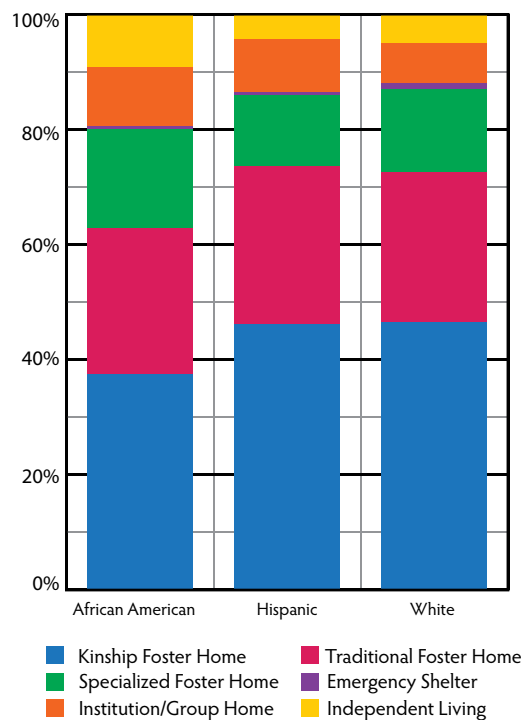


Figure 2.14
End of Year Placement Types by Race—FY2015



Southern region. Conversely, the Cook region had the highest percentage of children in independent living (11.0%) compared to other regions (Northern = 4.2%, Central = 4.4%, and Southern = 4.3%).

Figure 2.15
Initial Placement Types
by Region—FY2015

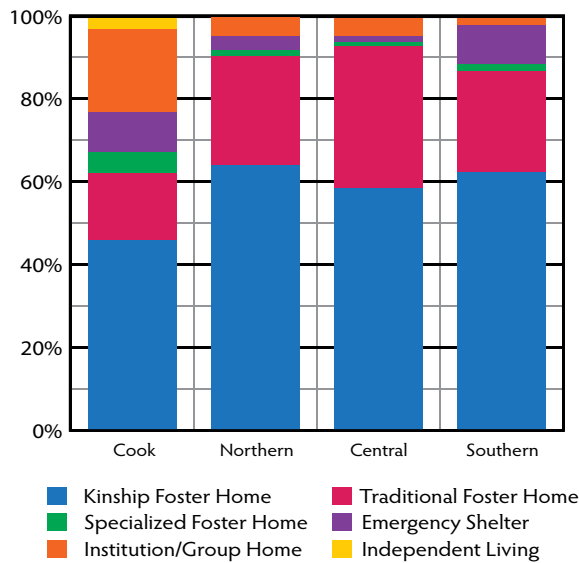
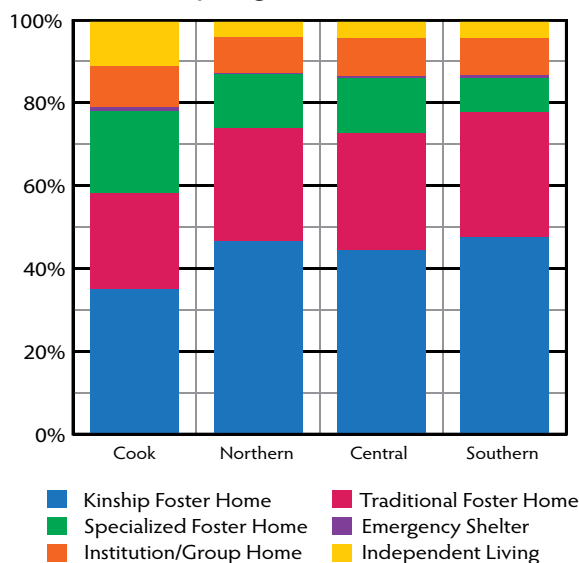


Figure 2.16
End of Year Placement Types
by Region—FY2015



Placement with Siblings

Siblings provide one another with emotional support, a sense of connection, and continuity as they are removed from what is familiar to them and placed into substitute care.¹³ Research has shown the benefits of maintaining sibling relationships for children in substitute care: children who are placed with siblings are less likely to experience placement disruptions,¹⁴ more likely to be reunified with their parents,¹⁵ and less at risk for internalizing problems such as depression.¹⁶ The benefit of being placed with siblings is stronger for the children who have resided in their foster homes for shorter periods of time.¹⁷

The importance of maintaining sibling connections among children in substitute care is reflected in several pieces of legislation at the national and state level. The 2008 Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-135) instructs states to make “reasonable efforts” to place siblings together. In Illinois, the importance of sibling relationships among children in DCFS care was reinforced when the “Preserving Sibling Relationships for Children in State Care and Adopted through DCFS” Public Act (P.A. 97-1076) was enacted in 2012. This Act amended the Children and Family Services Act and specified that when placing a child into a substitute care placement, “the Department shall place the child with the child’s sibling or siblings...unless the placement is not in each child’s best interest, or is otherwise not possible under the Department’s rules. If the child is not placed with a sibling under the Department’s rules, the Department shall consider placements that are likely to develop, preserve, nurture, and support sibling relationships, where doing so is in each child’s best interest.”¹⁸

Despite the strong preference for placing siblings together in substitute care, sometimes it may be better to place siblings apart, for example, to protect a vulnerable sibling from sibling abuse or bullying. However, sometimes siblings are separated simply because

¹³ McBeath, B., Kothari, B. H., Blakeslee, J., Lamson-Siu, E., Bank, L., Linares, L. O., & Schlonsky, A. (2014). Intervening to improve outcomes for siblings in foster care: Conceptual, substantive, and methodological dimensions of a prevention science framework. *Children and Youth Services Review*, 39, 1-10.

¹⁴ Leathers, S. J. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in long-term foster care. *Children and Youth Services Review*, 27, 793-819.

¹⁵ Albert, V. N., & King, W. C. (2008). Survival analyses of the dynamics of sibling experiences in foster care. *Families in Society*, 89, 533-541.

¹⁶ Hegar, R. L., & Rosenthal, J. A. (2009). Kinship care and sibling placement: Child behavior, family relationships, and school outcomes. *Children and Youth Services Review*, 31, 670-679.

¹⁷ Ibid.

¹⁸ The full text of P.A. 97-1076 is available online: <http://www.ilga.gov/legislation/97/HB/PDF/09700HB5592lv.pdf>

not enough foster families are willing to take sibling groups. It is more difficult to find foster families who have the resources (physical, emotional, and financial) to provide for a sibling group. Some members of sibling groups may have physical or emotional disabilities that require specialized foster care. Additionally, some foster parents prefer one gender or a specific age range of children.

The likelihood of a child being initially placed with all of his or her siblings is related to two factors: the size of the sibling group and the type of foster home (kinship or traditional foster home). As mentioned above, other types of placements, such as specialized foster homes or congregate care settings, are designed to serve children with special needs. DCFS usually does not place siblings together in those placements when kinship or traditional foster homes are available. Therefore, the following analyses focus on children placed in kinship or traditional foster homes. Of the 5,182 children who entered care in 2015, 4,259 (82%) were initially placed in kinship or traditional foster homes. Of these children, 46% had one or two siblings and 19% had three or more siblings who were also in care.

As might be expected, children with fewer siblings (1 or 2) were more likely to be initially placed with all their siblings than children with 3 or more siblings (see Figure 2.17 and Appendix B, Indicator 2.D). Additionally, children initially placed with kin are more likely to be placed with siblings than children initially placed in traditional foster homes. In 2015, 80.8% of children with 1 or 2 siblings were initially placed together in kinship foster homes compared to 59.5% of children who were initially placed in traditional foster homes. For children with 3 or more siblings, 51.3% were initially placed together in kinship foster homes, compared to only 8.2% of children initially placed in traditional foster homes in 2015.

When the percentage of children placed with all their siblings in care is examined at the end of each fiscal year, the overall pattern is the same: smaller sibling groups and placement with kin increase the likelihood of siblings living together (see Figure 2.18, and Appendix B, Indicator 2.E). However, in kinship homes a smaller proportion of children are placed with all of their siblings at the end of the year than in their initial placements. These results might suggest that children who have been in care for a longer time were less likely to be placed with their siblings compared to those in care for a shorter period of time.

Figure 2.17
Initial Placements with Siblings

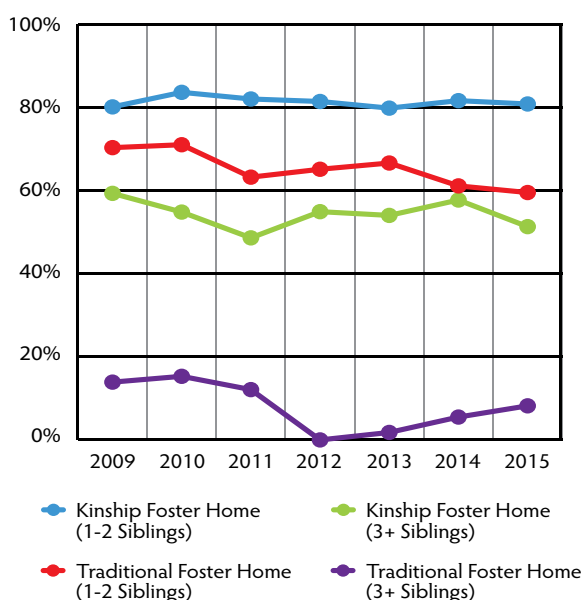
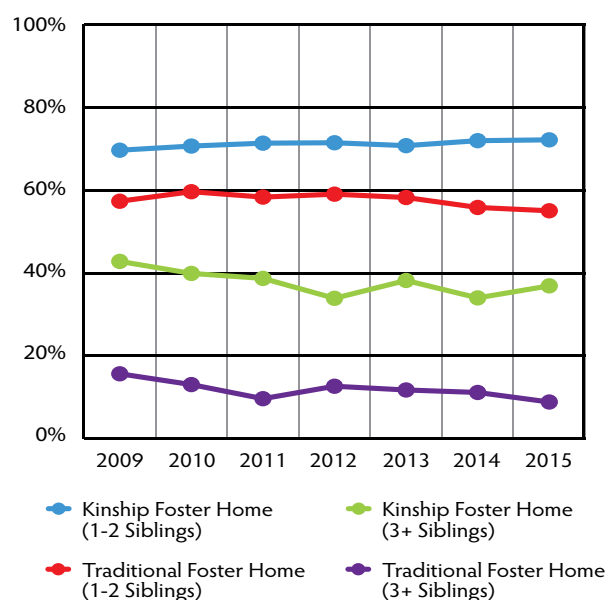


Figure 2.18
End of Year Placements with Siblings



Placement Close to Home

Another indicator of continuity is the distance between a child's home of origin and his or her placement in substitute care. Close proximity to home and family of origin helps maintain the social and cultural capital that children receive from their neighborhood and schools. It also facilitates the possibility and frequency of visitation, which is correlated with permanence for children in residential treatment.¹⁹ The Adoption Assistance and Child Welfare Act of 1980 requires states to place children in settings that are close to their parent's home, if they will benefit from this closer setting.²⁰

Figure 2.19 shows the median distance between children's initial placements in substitute care and their homes of origin over the past 20 years. Although there was a declining trend from 2006 to 2009, the median distance of initial placements from children's homes has increased over time. In 2015, the median distance was 13.3 miles which is the greatest distance in the past two decades, and almost twice as large as the median distance in 1998 (6.9 miles).

Figure 2.19
Median Distance from Home at
Initial Placement

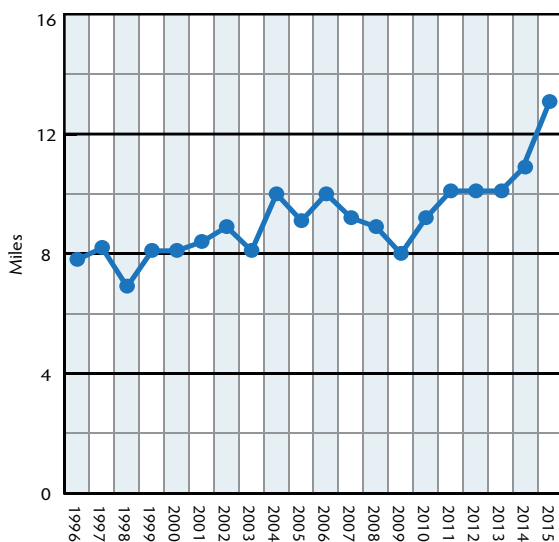
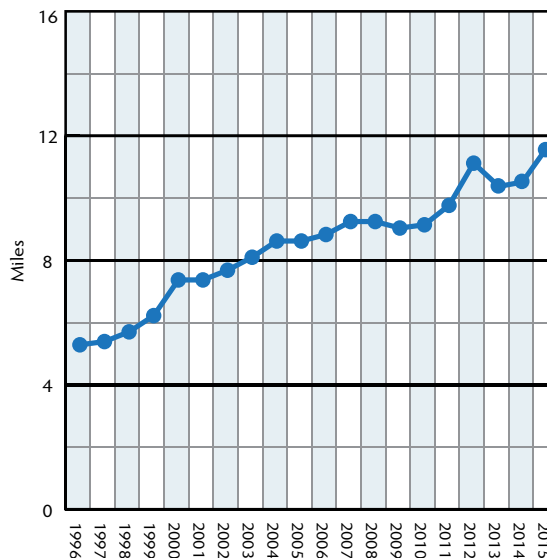


Figure 2.20 shows the median distance between children's homes and their placements at the end of the fiscal year over the past 20 years. The median distance from home has been steadily increasing over time, from 5.4 miles in 1996 to 11.4 miles in 2015.

Figure 2.20
Median Distance from Home
at End of Year



Distance from home at the end of the fiscal year varies by children's age and race (see Appendix B, Indicator 2.G). Figure 2.21 shows that older children were consistently placed farther away from their homes than younger children, and the median distance for children 15 and older has been on the rise since 2009. White children have consistently been placed farther from their homes than both African American and Hispanic children at the end of the year (see Figure 2.22).

¹⁹ Lee, L. J. (2011). Adult visitation and permanency for children following residential treatment. *Children and Youth Services Review*, 33, 1288-1297.

²⁰ Adoption Assistance and Child Welfare Act of 1980, Pub. L. 96-272.

Figure 2.21
Median Distance from Home at
End of Year by Age

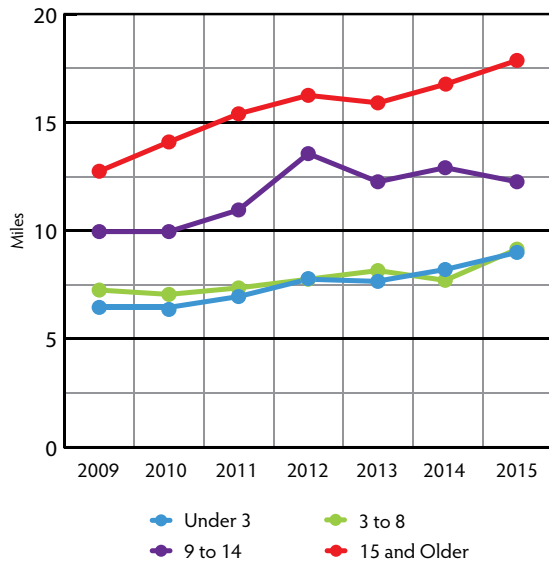
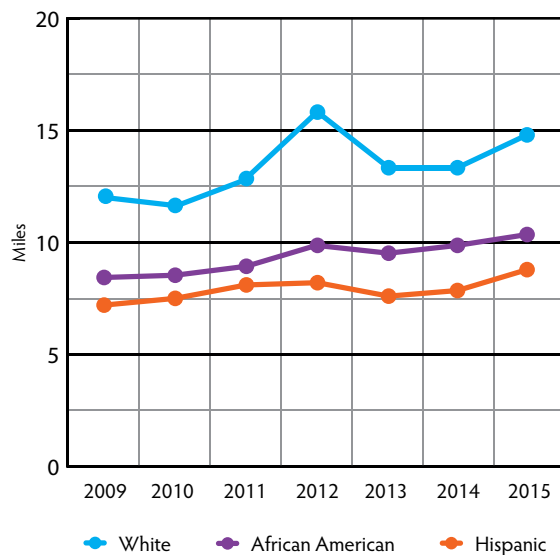
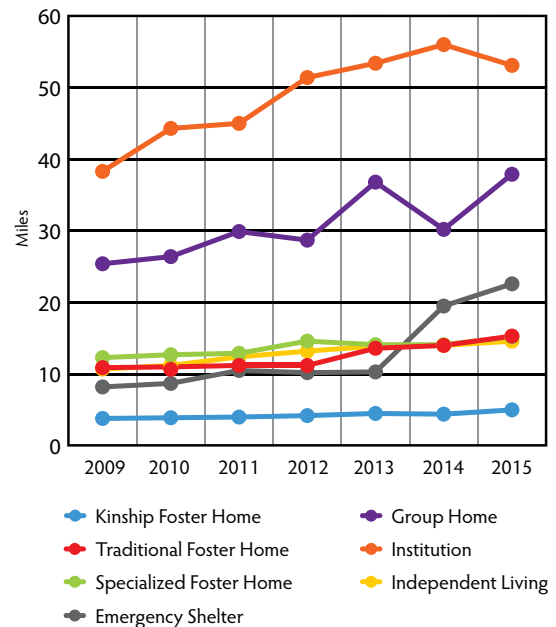


Figure 2.22
Median Distance from Home at
End of Year by Race



Distance from home was also related to a child's placement type (see Figure 2.23). Children placed in kinship foster homes were much closer to their home of origin (median miles = 5.0 in 2015) than children placed in other placement types (traditional foster home = 15.3 miles, specialized foster home = 15.2 miles, independent living = 14.6 miles, emergency shelter = 22.6 miles, group home = 37.9 miles, and institution = 53.1 miles). These median distances have been fairly steady over time, with the exception of congregate care settings. The distance from home for children living in emergency shelters has increased from 8.2 miles in 2009 to 22.6 miles in 2015, in group homes from 25.4 to 37.9 miles, and in institutions from 38.3 to 53.1 miles.

Figure 2.23
Median Distance from Home at
End of Year by Placement Type



The distances from children's homes to their placements at the end of the year show wide variation by sub-region (see Figure 2.24 and Appendix C, Indicator 2.G).²¹ Distances in the Cook sub-regions have remained relatively stable over the past seven years, while those in the Aurora sub-region worsened after

²¹ The region and sub-region are determined by where the case opened.

2011. Distances from home in the Springfield and Marion sub-regions are almost twice that of those in other sub-regions.

Figure 2.24
Median Distance from Home at
End of Year Sub-region Heat Map

	2009	2010	2011	2012	2013	2014	2015
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Placement Stability

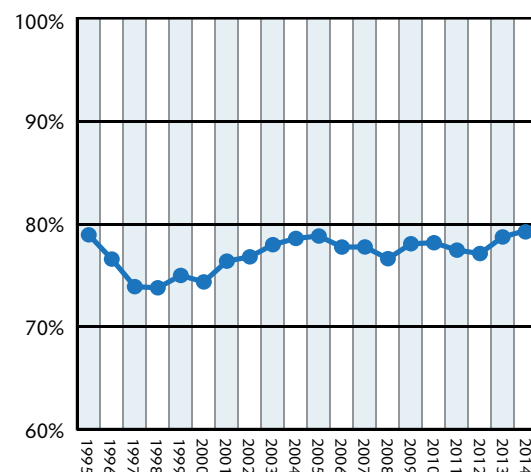
Placement stability is important for children in substitute care, and placement instability has numerous negative consequences for a child's well-being and likelihood of achieving permanence. For example, placement instability during the first year of care has been tied to later negative outcomes such as increased mental health costs²² and increased emergency department visits.²³ Two measures of placement stability are included in this monitoring report, both of which focus on placement stability within the first year of entering substitute care. The first measure defines stability as two or fewer placements during the first year in care among children

who entered care and stayed at least a year, and the second measure examines children (ages 12 to 17) who run away from substitute care during their first year in care.²⁴ The focus on stability in the first year is warranted by the fact that 70% of disruptions occur within the first six months of a placement.²⁵

Placement Stability During the First Year in Substitute Care

Using the definition provided above, the percentage of children who experience stability has remained around 77-79% for many years (see Figure 2.25).

Figure 2.25
Children with Stable Placements in
First Year in Care



Consistent with other research,²⁶ placement stability in Illinois was related to child age; as child age increased, the level of stability decreased (see Figure 2.26 and Appendix B, Indicator 2.H). Of the children who entered care in 2014, 86.9% of children under 3 years of age experienced placement stability during their first year in care, compared to 69.9% of the children 15 years and older.

²² Rubin, D.M., Alessandrini, E.A., Feudtner, C., Mandell, D.S., Localio, A.R., & Hadley, T. (2004). Placement stability and mental health costs for children in foster care. *Pediatrics*, 113, 1336-1341.

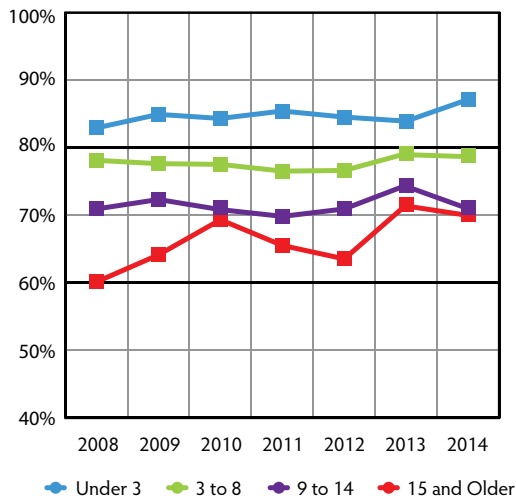
²³ Rubin, D.M., Alessandrini, E.A., Feudtner, C., Localio, A.R., & Hadley, T. (2004). Placement changes and emergency department visits in the first year of foster care. *Pediatrics*, 114, 354-360.

²⁴ See Appendix A for technical definitions of all the indicators included in this report.

²⁵ Jones, A. D., & Wells, S. J. (2008). *PATH/Wisconsin - Bremer Project: Preventing placement disruptions in foster care. Final report*. Saint Paul, MN: Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota. Retrieved from http://www.cehd.umn.edu/SSW/g-s/media/Final_report.pdf.

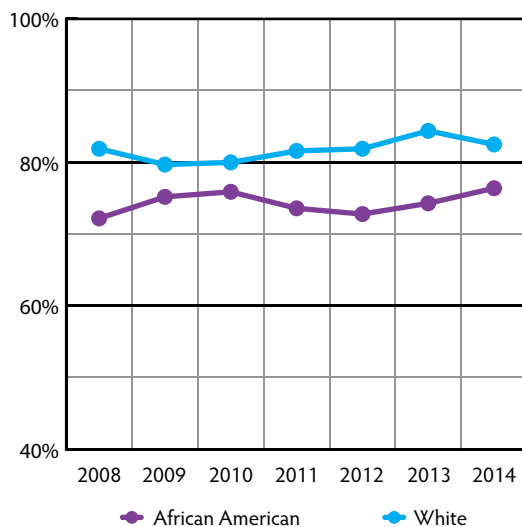
²⁶ Barth, R.P., Lloyd, E.C., Green, R.L., James, S., Leslie, L.K., & Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 15, 46-55.

Figure 2.26
Placement Stability by Age



White children were more likely to experience placement stability than African American children (see Figure 2.27 and Appendix B, Indicator 2.H). Of the children who entered care in 2014, 82.5% of White children had two or fewer placements during their first year in care compared to 76.4% of African American children. Hispanic children are not included here because of their small numbers, which make the percentages unstable across years.

Figure 2.27
Placement Stability by Race



The relationship between initial placement type and placement stability during the first year in care is examined in Figure 2.28. This analysis excludes initial placements in specialized foster homes, because very few children (i.e., less than 2%) are initially placed in this type of placement. It also excludes children initially placed in emergency shelters, because these children are expected to move to a different placement within 30 days. Children initially placed in traditional foster care experienced slightly lower rates of placement stability (between 77-79%) than those initially placed in kinship foster homes (83-85%). Children initially placed in group homes or institutions experienced the highest levels of stability – between 90% and 94% in the past 7 years.

Figure 2.28
Placement Stability by Initial Placement Type

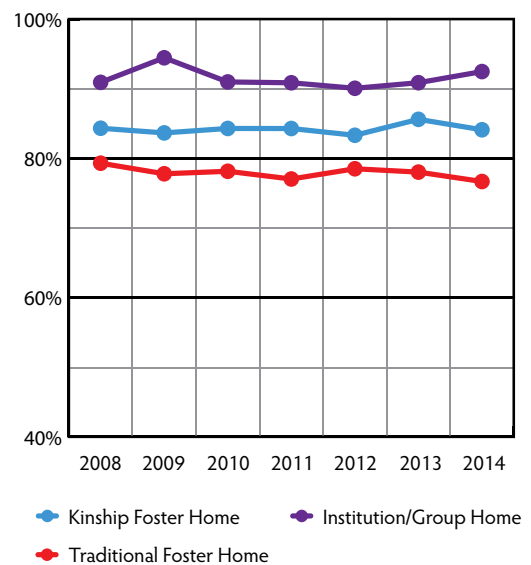


Figure 2.29 shows the sub-region heat map for placement stability during the first year of substitute care (see Appendix C, Indicator 2.H). As with the other heat maps throughout this report, the darkest-shaded boxes represent the sub-regions and years with the worst performance (the bottom 25%) and the lightest-shaded boxes represent the best performance (the top 25%). In general, placement stability has been lowest in the Cook sub-regions for the majority of the

seven-year period. However, a significant improvement occurred in the Cook North sub-region in the last two years, from one of the worst performances (72.8% of the children who entered care in 2013 experienced stability) to one of the best performances (81.2% of the children who entered care in 2014 experienced stability). Performance in two other sub-regions (Cook South and East St. Louis) also improved significantly over the same time period. These signs of improvement in these sub-regions are encouraging.

Figure 2.29
Placement Stability Sub-region Heat Map

	2008	2009	2010	2011	2012	2013	2014
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

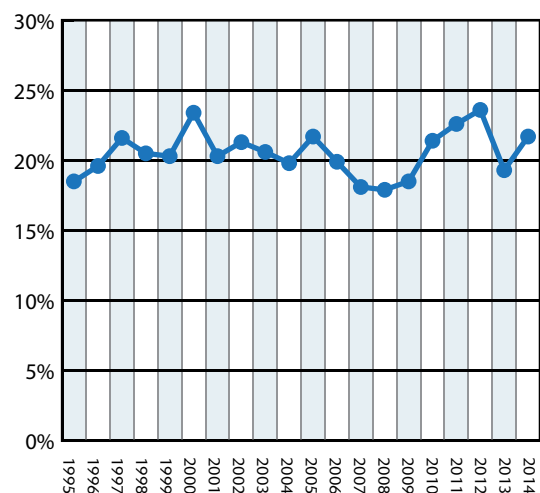
Children Who Run Away from Substitute Care

Children who run away from substitute care are different from typical runaways: “Unlike other runaways, youth who run away from foster care are generally not trying to escape from abuse or neglect.”²⁷ Instead, youth who run away from foster care are often running to something (usually family or friends), although some report that they dislike their placement. Running away puts children at risk for victimization, sexual exploitation, and substance use. It also limits their access to school and services, such as counseling, medication,

and substance abuse treatment. Children who run away are more likely to do so early in their placement, often in their first few months in care. Instability increases the likelihood of children running away from care. For example, children who have two placements are 70% more likely to run away than those who are in their first placement.²⁸

The measure of running away used in the current chapter is the percentage of children that run away within one year of entry into substitute care. Since running away occurs most frequently among older children, this indicator includes children who are 12-17 years old when they enter care. The percentage of children who run away from substitute care has been around 20% for the past 20 years (see Figure 2.30).

Figure 2.30
Children Who Run Away from Substitute Care



Similar to other research on children who run away from substitute care,²⁹ child age and race were related to the likelihood of running away from substitute care in Illinois, with older youth (see Figure 2.31) and African American youth (see Figure 2.32 and Appendix B, Indicator 2.I) being at higher risk. The percentage of African American youth that run away from care has increased over the past seven years, from 19.7% in 2008 to 28.2% in 2014.

²⁷ National Runaway Switchboard Executive Summary. (2010). Running away from foster care: Youths' knowledge and access of services. Retrieved on April 20, 2011 from http://www.nrscrisisline.org/media/whytheyrun/report_files/042111_Part%20C%20Exec%20Summary.pdf

²⁸ Courtney, M.E. & Zinn, A. (2009) Predictors of running away from out-of-home care. *Children and Youth Services Review*, 31, 1298-1306.

²⁹ Courtney, M.E. & Zinn, A. (2009) Predictors of running away from out-of-home care. *Children and Youth Services Review*, 31, 1298-1306.

Figure 2.31
Children Who Run Away from Substitute Care by Age

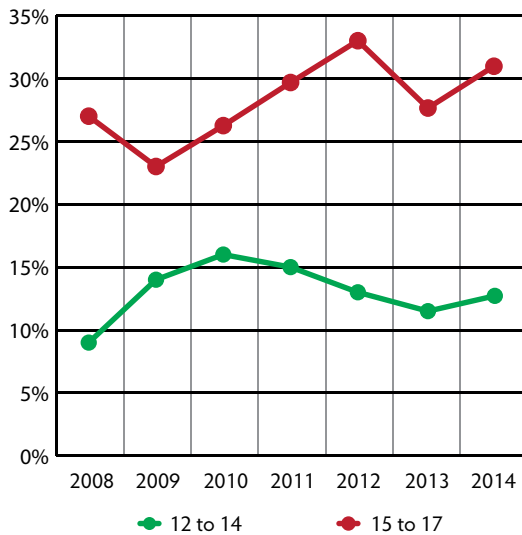
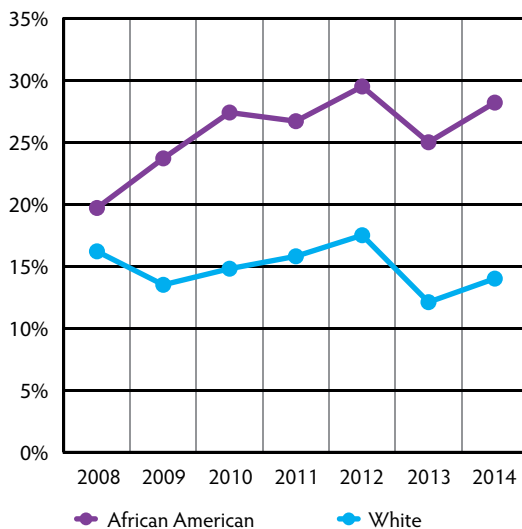


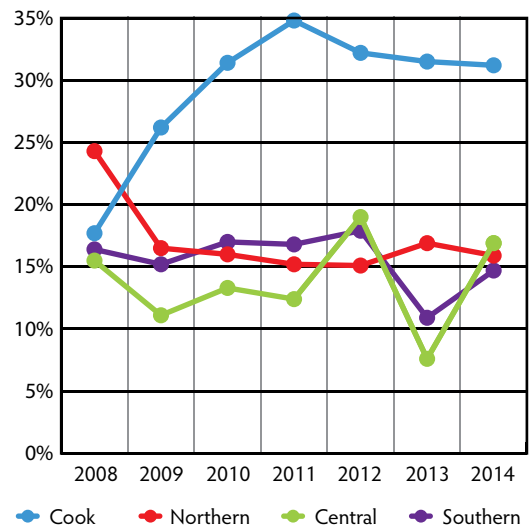
Figure 2.32
Children Who Run Away from Substitute Care by Race



Children in the Cook region have traditionally been more likely to run away than in other regions. The percentage of children living in the Cook region

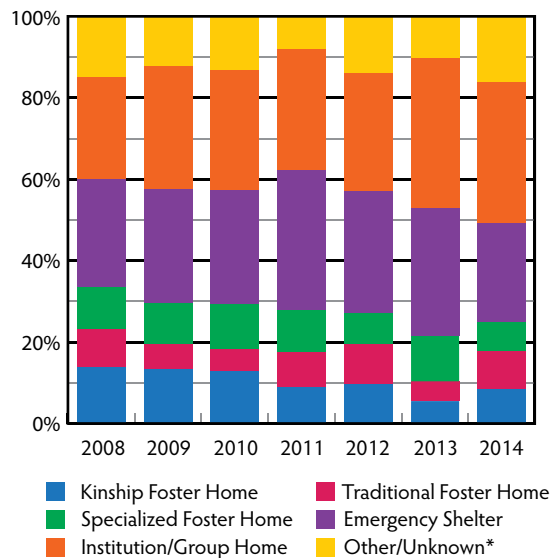
that ran away during their first year increased dramatically from 17.7% in 2008 to 34.8% among those who entered care in 2011, then slightly declined to 31.2% of those who entered care in 2014. Percentages of children living in other regions who run away are lower – approximately 11%-17% in most years (see Figure 2.33 and Appendix B, Indicator 2.I).

Figure 2.33
Children Who Run Away from Substitute Care by Region



Placement setting also influences the likelihood that a child will run away from substitute care. Figure 2.34 shows the population of children that run away from substitute care each year and the percentage that run away from each placement type. Children are most likely to run from emergency shelters (between 24% and 34% in the past 7 years), and institutions or group homes (between 25% and 37% in the past 7 years) than foster home placement settings.

Figure 2.34
Children Who Run Away from
Substitute Care by Placement Type



* Note: Other Placement includes: Home of Parent, Hospital/Health Facility, Independent Living, Transitional Living, Unauthorized Placement, Other, and Unknown.

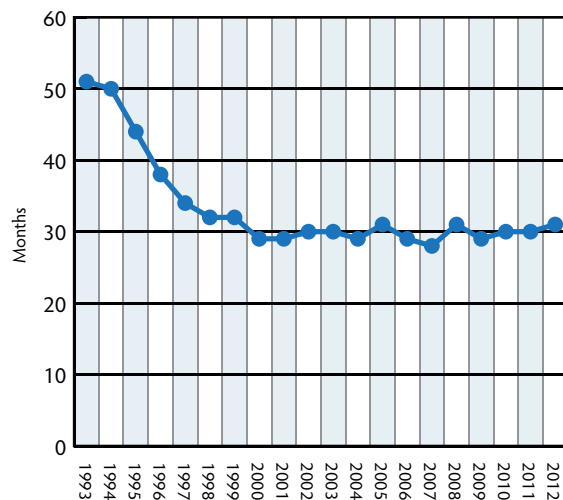
Length of Time in Substitute Care

There has been a long-held value that children should not languish in foster care. Children may need to have the state take custody to keep them safe, but they should not be raised in a substitute care setting for long periods of time. Once a child is placed in substitute care, the goal is to move them out of care as quickly as it is safe and reasonable to do so. The length of time a child spends in substitute care is affected by a variety of factors, including their permanency goal, the type of placement in which they live, and the type of maltreatment that brought them into care.

In this report, length of time in substitute care is measured by calculating the median length of stay for all children who enter substitute care in a given fiscal year, in other words, the number of months it takes for 50% of those children to exit substitute care. Note that because this measure only includes children who entered care within a given fiscal year and excludes children who entered care in previous year(s) and remained in care, it over-represents children who are

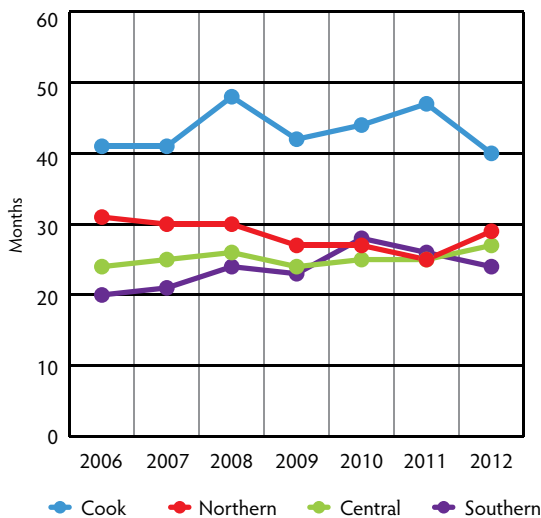
in care for a short period of time. The most recent year for which median length of stay in substitute care can be calculated is 2012, since there needs to be enough time for 50% of the children who enter in a given year to exit care. After peaking in 1993 at 51 months, the median length of stay for children in substitute care in Illinois decreased to 30 months in 2000, and there has been little change in either direction since then (Figure 2.35).

Figure 2.35
Median Length of Time in Substitute Care



There are notable regional differences in the median length of stay (see Figure 2.36): children in the Cook region spend substantially longer time in substitute care (41 - 48 months) than children who reside in other regions. The median length of stay for the most recent (2012) entry cohort was 40 months in the Cook region, 29 months in the Northern region, 27 months in the Central region, and 24 months in the Southern region (see Appendix B, Indicator 2.J).

Figure 2.36
Median Length of Time in Substitute Care
by Region



Discussion and Conclusions: Children in Substitute Care

Once the decision is made to remove children from their homes, the child welfare system has a responsibility to provide them with substitute care living arrangements that ensure they are safe from additional harm, maintain connections with their family members and siblings in care, and provide stability. The most recent data on substitute care placements in Illinois reveal encouraging news: a decreasing use of initial placements in emergency shelters since 2012. In 2012, 11.3% of the children who entered care were placed in an emergency shelter, and that percentage has been reduced to 5.8% of the children who entered care in 2015. The reduction is most clearly seen in the Cook region, the region that most frequently uses emergency shelter placements: 26% of the children who entered care in 2012 in this region were initially placed in emergency shelters, compared to just under 10% of those who entered care in 2015. Last year DCFS instituted a new directive to reduce the use of emergency shelters, especially for the children 6 years and younger, and it appears that efforts have been working. We will continue to monitor the use of emergency shelters to determine if the progress continues in FY2017.

The findings in this year's report also highlight several areas of concern. The first concern is the rate of maltreatment in substitute care, which has continued to increase over the past two years and has a new high level – 2.6% of the children in substitute care in 2015 had an indicated maltreatment report. Although the overall rate of substantiated maltreatment in substitute care is small, the worsening performance over the past several years is a cause for concern and additional analyses have been completed to better understand which children are at highest risk. CFRC utilized multivariate regression analysis to examine numerous child, caseworker, and placement characteristics and their relationship to maltreatment in care. Controlling for those variables, the results reveal that caseworker contact has the strongest effect on maltreatment in care. Children who did not have a face-to-face contact with their caseworker within 60 days were almost 6 times more likely to experience an indicated report than children who had a caseworker visit. Approximately 40% of the children in placements in the study sample did not receive a visit from their caseworker within the prior 60 days. This suggests additional supervision and monitoring of caseworker contacts may be warranted. Another risk factor for maltreatment in care was placement in an unlicensed kinship foster home. This finding corroborates previous research conducted by CFRC. A report in 2009 found that unlicensed kin foster homes were significantly less safe than either licensed kin foster homes or traditional foster homes,³⁰ and a recent update of that study confirmed that children living in unlicensed kinship placements that never become licensed are 2.5 times more likely to be maltreated in care than those who are living in kinship placements that are licensed or eventually become licensed.³¹ These findings raise important questions about the reasons that kin foster parents become licensed or fail to become licensed that could shed light on the higher rates of maltreatment among kin foster placements. DCFS staff have suspected that maltreatment in kinship care might, in part, be due to kin caregivers allowing unsupervised visits by biological parents. Permanency workers might report unsupervised visitation as maltreatment occurrences. Unfortunately, the administrative data related to unlicensed kin foster providers are quite scant – even basic demographic

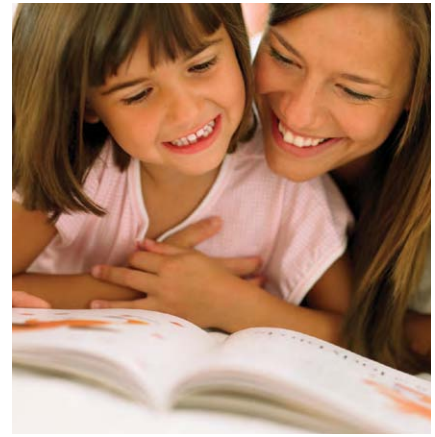
³⁰ Nieto, M., Fuller, T., & Testa, M. (2009). *License status of kinship foster parents and the safety of children in their care*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

³¹ Nieto, M., & Fuller, T. (2015). *Foster home license status and maltreatment in care*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

information on the providers is missing for a majority of these providers. A small, qualitative study of kin foster providers could provide valuable information to the Department as to why some providers choose to remain unlicensed and the risk factors in these homes that are related to maltreatment.

Running away from care was mentioned as an issue in the last *B.H.* monitoring report and has also been a concern mentioned in newspaper reports on youth in residential care.³² The same newspaper articles detailing abuse in residential treatment also describe a pattern of youth repeatedly running away from placements, sometimes engaging in criminal behavior or being sexually exploited during runaway episodes. The findings in this year's report indicate a large majority of runaway episodes occur from placements in emergency shelters, institutions or group homes. Therefore, a major focus should be made to improve the quality of the congregate care settings or to find suitable foster home placements for those youth that can safely be moved.

³² Chicago Tribune. (January 25, 2015). Harsh treatment. Retrieved from <http://www.chicagotribune.com>



CHAPTER 3

Legal Permanence: Reunification, Adoption, and Guardianship

All children deserve permanent homes. Although abuse and neglect sometimes make it necessary to place children temporarily in “substitute” homes, federal and state child welfare policies mandate that permanency planning should begin at the time of placement and that children should be placed in safe, nurturing, permanent homes within a reasonable time frame. In Illinois, there are three processes through which children can exit substitute care and attain a permanent home: reunification with parents, adoption, and guardianship.

Reunification with parents is the preferred method for achieving permanence for children in substitute care, and is the most common way that children exit care, accounting for 51% of care exits nationwide.¹ Reunification is possible if parents are able to rectify the issues that endangered their children, often with the help of child welfare and other services. In some cases, parents are not able to provide a safe, nurturing home for their children, even with the aid of services. In these instances, child welfare professionals must find alternative placements for children as quickly as

possible. A second permanency option is **adoption**, in which kin or non-kin adoptive parents legally commit to care for children. Adoptive parents have identical rights and responsibilities as biological parents; they may also receive financial support from the state. In FY2014, adoptions made up 21% of foster care exits nationally.² Many more children wait each year for adoption. **Guardianship** is a third permanency option in which caregivers, almost always kin, assume legal custody and permanent care of children and receive financial assistance from the state. This form of permanence allows caregivers to provide a permanent home for children while not requiring them to terminate the parental rights of the biological parent, who is typically a close relative of the guardian. Guardianship is less common than reunification and adoption, accounting for 9% of foster care exits nationally in FY2014.³

Measuring Legal Permanence

There are a number of different ways to measure the performance of the child welfare system in








¹ U.S. Department of Health and Human Services. (2015). *The AFCARS report: Preliminary FY2014 estimates*. Retrieved from <http://www.acf.hhs.gov/>

² Ibid.






³ Ibid.

Changes in Permanence at a Glance

Children Achieving Reunification






-  Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 12 months remained stable and was 20.6% of children who entered care in 2014.
-  Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 24 months remained stable and was 34.4% of children who entered care in 2013.
-  Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 36 months remained stable and was 38.2% of those who entered care in 2012.
-  Of all children who were reunified during the year, the percentage with their family at one year post-reunification remained stable and was 85.3% of children who were reunified in 2014.
-  Of all children who were reunified during the year, the percentage living with their family at two years post-reunification remained stable and was 79.5% of children who were reunified in 2013.
-  Of all children who were reunified during the year, the percentage living with their family at five years post-reunification remained stable and was 77.8% of children who were reunified in 2010.
-  Of all children who were reunified during the year, the percentage living with their family at ten years post-reunification remained stable and was 73.1% of children who were reunified in 2005.

Children Achieving Adoption

-  Of all children who entered substitute care during the year, the percentage that was adopted within 24 months increased from 3.2% of those who entered care in 2012 to 3.6% of those who entered care in 2013 (+12.5% change).
-  Of all children who entered substitute care during the year, the percentage that was adopted within 36 months increased from 11.1% of those who entered care in 2011 to 11.8% of those who entered care in 2012 (+6.3% change).
-  Of all children who were adopted during the year, the percentage living with their family at two years post-adoption remained stable and was 98.8% of children who were adopted in 2013.
-  Of all children who were adopted during the year, the percentage living with their family at five years post-adoption remained stable and was 96.2% of children who were adopted in 2010.
-  Of all children who were adopted during the year, the percentage living with their family at ten years post-adoption remained stable and was 89.3% of children who were adopted in 2005.

Changes in Permanence at a Glance

Children Achieving Guardianship

-  Of all children who entered substitute care during the year, the percentage that attained guardianship within 24 months increased from 0.7% of those who entered care in 2012 to 0.9% of those who entered care in 2013 (+28.6% change).
-  Of all children who entered substitute care during the year, the percentage that attained guardianship within 36 months increased from 2.4% of those who entered care in 2011 to 3.2% of those who entered care in 2013 (+33.3% change).
-  Of all children who attained guardianship during the year, the percentage living with their family at two years post-guardianship remained stable and was 96.0% of children who attained guardianship in 2013.
-  Of all children who attained guardianship during the year, the percentage living with their family at five years post-guardianship remained stable and was 87.1% of children who attained guardianship in 2010.
-  Of all children who attained guardianship during the year, the percentage living with their family at ten years post-guardianship decreased from 83.1% of those who attained guardianship in 2004 to 78% of those who attained guardianship in 2005 (-6.1% change).

achieving permanence for children in substitute care. Good indicators are thoughtfully tied to the system's critical performance goals, which in this case involve moving children from temporary placements in substitute care to permanent homes and doing so in a timely manner. Thus, permanency indicators should measure both the likelihood of achieving permanence as well as the timeliness in which it is achieved. In addition, the stability of the permanent placements should be monitored to ensure that the children who exit substitute care do not re-enter care.

The likelihood and timeliness of each type of permanence are measured as the percentage of children in each yearly entry cohort that exits substitute care within 12 months, 24 months, and 36 months.⁴ For each type of permanence, the percentage of children exiting within 36 months is further examined by child age, gender, race, and geographic region; notable

differences in subgroups are described in the chapter. The stability of each permanence type is measured by the percentage that remain intact (i.e., the children do not re-enter substitute care) within 1 year (reunification only), two years, five years, and ten years following the child's exit from substitute care.

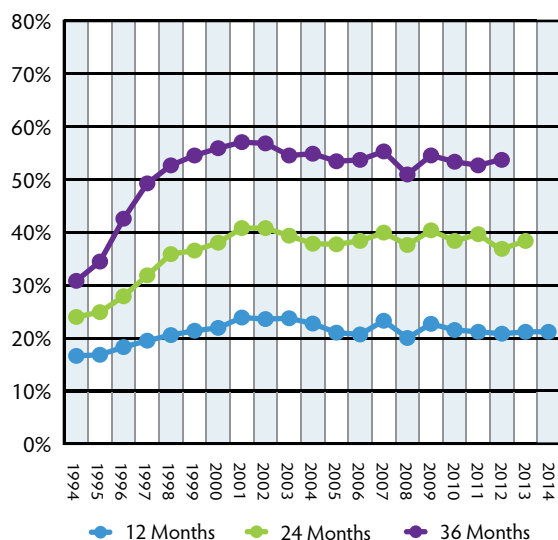
Child welfare systems strive to find permanent homes for all children in care, but this goal is not achieved for all children. Many children remain in care for much longer than 36 months and others exit substitute care without a legally permanent parent or guardian—they run away, they are incarcerated, and they emancipate or “age out” of the child welfare system. In an effort to monitor the permanency outcomes of all children in substitute care, this chapter also examines “other exits” from care and pays special attention to those children who remain in care longer than 36 months.

⁴Because adoptions and guardianships are seldom finalized within 12 months of a child's entry into care, the 12-month rate is only used for reunifications. Please also note that, because entry cohorts are used to examine permanency rates over time, the most recent entry cohort available to examine permanence within 36 months is the 2012 entry cohort.

Children Achieving Permanence

Figure 3.1 shows the overall permanency rate in Illinois – the percentage of children exiting substitute care to all three types of permanence combined – over a 20-year period. For comparison, the percentages of children exiting to permanence within 12 months, 24 months, and 36 months are shown. Permanency rates improved during the late 1990s as the result of numerous policy changes; this improvement is shown most clearly in the 36-month permanency rate. Since those improvements, permanency rates have remained stable.

Figure 3.1
Children Exiting to Permanence Within 12, 24, and 36 Months

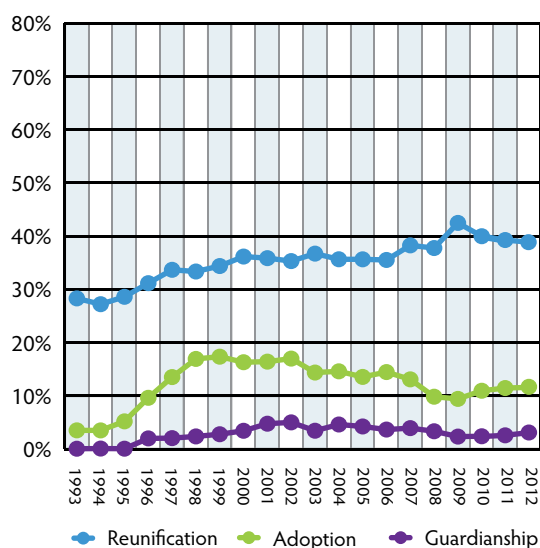


What exit type is most common for children achieving permanence? Figure 3.2 shows exits to permanence within 36 months for reunification, adoption, and guardianship (see also Appendix B, Indicators 3.A.3, 3.C.2, and 3.E.2). Reunification is the most common exit type: 38.2% of children entering care in 2012 were reunified within 36 months, 11.8% were adopted, and 3.2% exited care to guardianship.

Some of these rates have changed notably over time. Reunification rates reached their peak of 42.1%

for the 2009 entry cohort. They have declined since then, down to 38.2% for the 2012 entry cohort, a 9.3% relative decline. Adoption shows an opposite trend; the 2009 entry cohort was a recent low point for adoptions. For the 2012 entry cohort, the rate of 11.8% was a 6.3% relative increase from the previous year and a 26.9% relative increase over the 2009 cohort. For guardianship, the 3.2% of children exiting to this form of permanence in the 2012 cohort represent a 33.3% relative increase over the rate for the 2011 entry cohort.

Figure 3.2
Children Exiting to Reunification, Adoption, and Guardianship Within 36 Months



Children Achieving Reunification

Figure 3.3 examines the percentage of children exiting substitute care to reunification within 12, 24, and 36 months of their entry into care (see Appendix B, Indicators 3.A.1, 3.A.2, and 3.A.3). For the 2014 entry cohort, 20.6% of children exited care to reunification within 12 months. For the 2013 entry cohort, 34.4% of children exited care within 24 months, and for the 2012 entry cohort, 38.2% exited within 36 months.

Figure 3.3
Children Exiting to Reunification Within 12, 24, and 36 Months

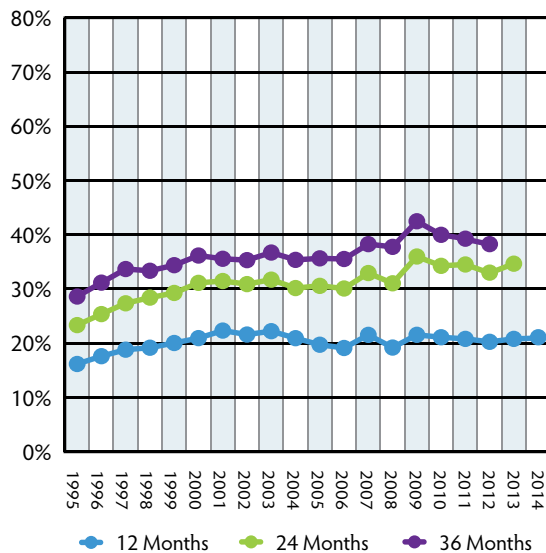
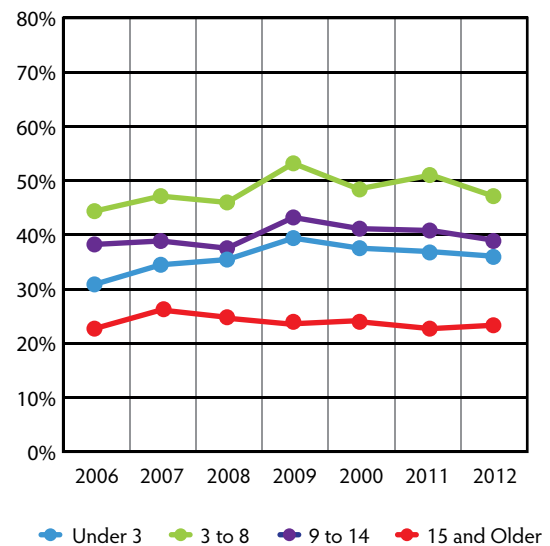


Figure 3.4
Children Exiting to Reunification Within 36 Months by Age

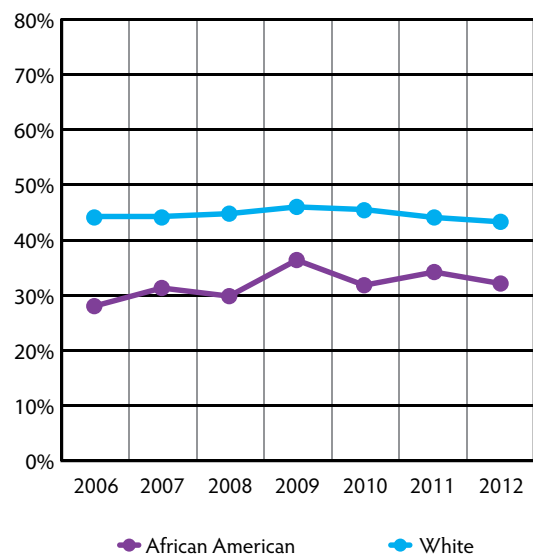


One factor that influences a child's likelihood of reunification is his or her age (see Figure 3.4 and Appendix B, Indicator 3.A.3). Children ages 3 to 8 years old were most likely to be reunified—47.3% of the children in this age group who entered care in 2012 were reunified within 36 months. Youth 15 years and older were least likely to be reunified—only 22.9% of the youth in this age group who entered care in 2012 were reunified in 3 years.⁵

Two age groups showed meaningful differences between the 2011 and 2012 entry cohorts. Youth age 15 and older showed a meaningful increase in reunification, from 21.4% to 22.9%, a relative increase of 7.0%. Children ages 3 to 8 years showed a meaningful decline, from 51.0% to 47.3%, a relative decline of 7.3%.

Race may also influence a child's likelihood of achieving reunification; in general, White children are more likely to be reunified than African American children (see Figure 3.5 and Appendix B, Indicator 3.A.3).⁶

Figure 3.5
Children Exiting to Reunification Within 36 Months by Race



⁵ Youth in Illinois can opt to stay in the child welfare system until age 21. Further, because of the Foster Youth Successful Transition to Adulthood Act, children who exit the system can voluntarily return before age 21 to receive services and support.

⁶ The percentages for Hispanic children are not included in the figures, because the small number of Hispanic children in care results in large fluctuations in percentages from year to year. Percentages are included in the appendix tables.

Figure 3.6 shows the sub-regional heat map of reunification exits within 36 months of entry into substitute care (see Appendix C, Indicator 3.A.3). To create the heat map, reunification rates in each sub-region of Illinois for the past seven years were compared to one another and ranked. The sub-regions and years in the top 25th percentile—those with the *best performance* on this indicator—are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile—those with the *worst performance* on this indicator—are shown in the darkest shade. Those that performed in the middle—between the 26th and 74th percentiles—are shown in the medium shade. The heat map provides a visually simple way to compare a large amount of information on sub-regional performance both over time and across the state. It is possible to tell if a region or sub-region is doing well (relative to the other sub-regions in the state over the past 7 years) by looking for the areas in the lightest shade. It is important to note that these “rankings” are relative only to the performance within the ten sub-regions over the seven-year timespan and not to any national or state benchmarks. Thus, even though a given sub-region may be performing “well” compared to other sub-regions in the state (as indicated by a lighter shade on the heat map), this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.

Sub-regional performance is consistently worst in the three Cook sub-regions, though Cook North’s performance has shown relative improvement in the past three years. The Marion sub-region demonstrates consistently high reunification rates across the observation period.

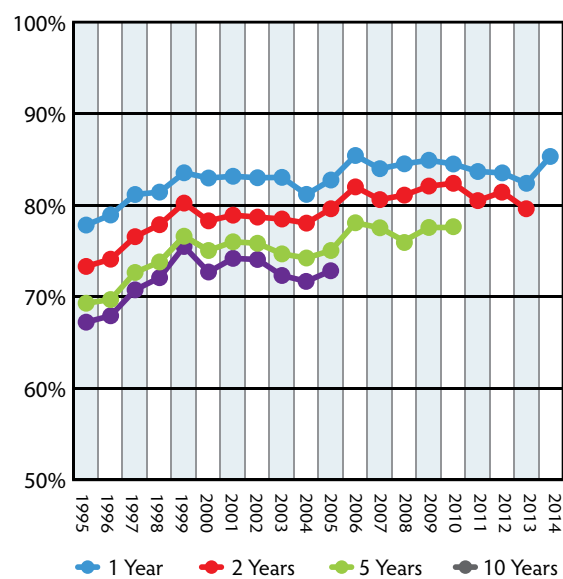
Stability of Reunification

Reunification is only truly permanent if children can remain safely in their homes and are not removed again. Figure 3.7 displays the percentage of children that remain stable in their homes (and do not re-enter care) within 1, 2, 5, and 10 years following reunification with their parents (see Appendix B, Indicators 3.B.1, 3.B.2,

Figure 3.6
Children Exiting to Reunification
Within 36 Months Sub-region Heat Map

	2006	2007	2008	2009	2010	2011	2012
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Figure 3.7
Stable Reunifications 1, 2, 5, and
10 Years After Finalization



3.B.3, and 3.B.4). As expected, the stability of reunifications declines over time. For example, consider children reunified in 2005, for whom we can now examine stability of reunification after 10 years. For that cohort, 82.7% remained at home after one year; 73.1% remained at home after 10 years. Rates of stability following reunification have been relatively level over the past decade.

Children Achieving Adoption

Adoption, in which a child's biological parents' rights are terminated and new adults assume this role, is another form of permanent exit from care. Adoption is generally considered a secondary option for permanence, only available after reasonable efforts to achieve reunification have failed or become impossible. As such, it is unlikely to occur within 12 months of entry into care, and Figure 3.8 therefore presents the percentages of children adopted within 24 and 36 months of entry into care (see Appendix B, Indicators 3.C.1 and 3.C.2). For both the 24- and 36-month rates, the most recent cohorts show small but meaningful increases in the adoption rates. The 24-month adoption rate was 3.6% for the 2013 entry cohort, a relative increase of 12.5% over the 2012 entry cohort's rate of 3.2%. The 36-month adoption rate was 11.8% for the 2012 entry cohort, a relative increase of 6.3% from the 2011 entry cohort's rate of 11.1%. This is a hopeful trend, as the 36-month adoption rate showed a slow decline from its peak in 1999 to 2009, but has steadily increased since then.

Age plays an important role in understanding which children are most likely to be adopted. Consistently, children under 3 years of age are more likely to exit care to adoption than older children. Figure 3.9 shows the 36-month rates of exit to adoption by age group (see Appendix B, Indicator 3.C.2) and highlights the gap between the adoption rate for children under 3 and all other age groups. Over 20% of the children under 3 when they entered care in 2012 were adopted within 36 months, compared to 9.5% of children 3 to 8 years old, 4.6% of children 9 to 14 years old, and 1.7% of youth 15 years and older.

Figure 3.8
Children Exiting to Adoption
Within 24 and 36 Months

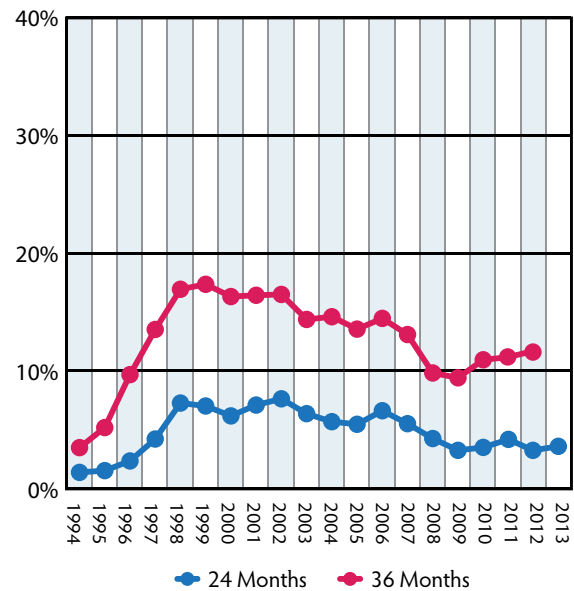
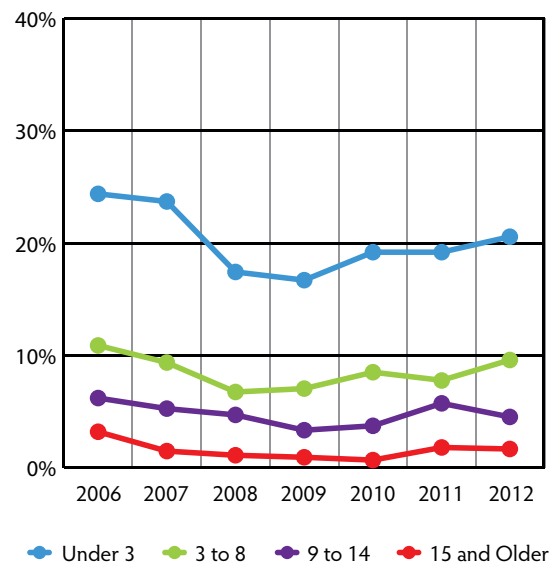
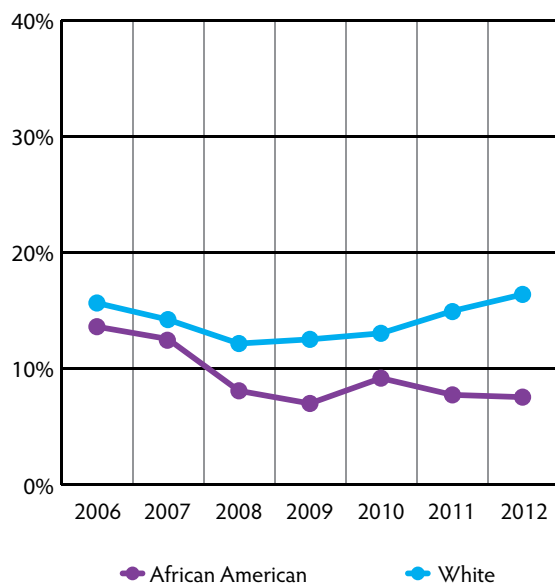


Figure 3.9
Children Exiting to Adoption
Within 36 Months by Age



Race is another important factor when understanding how likely children are to be adopted. White children are consistently more likely to exit care to adoption within 36 months than are African American children, as shown in Figure 3.10 (see also Appendix B, Indicator 3.C.2). This trend has become more exaggerated over time and, for children entering care in 2012, the trend was more pronounced than ever. For this cohort, 16.3% of White children exit care to adoption within 36 months compared to 7.5% of African American children.

Figure 3.10
Children Exiting to Adoption
Within 36 Months by Race



Adoption rates by sub-region are shown in the heat map in Figure 3.11. Lighter colors indicate higher rates of exit to adoption, while darker colors indicate lower rates. As noted above, all rates are relative to the past seven years' entry cohorts and do not represent rates that should be considered "good" or "bad" against a normative standard. The Champaign sub-region is in the top 25th percentile (compared to other sub-regions) over the entire observation period, and the Marion sub-region has performed in the top 25th percentile for the past two entry cohorts. Adoption rates in the Cook sub-regions are among the lowest in

the state for most of the observation period, although the rates in the Cook Central region have shown improvement in recent years.

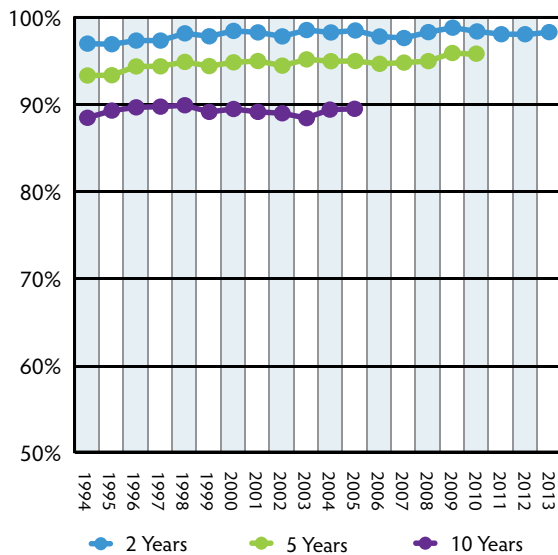
Figure 3.11
Children Exiting to Adoption Within 36 Months
Sub-region Heat Map

	2006	2007	2008	2009	2010	2011	2012
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Stability of Adoptions

Rates of post-adoption stability after 2, 5, and 10 years are presented in Figure 3.12 (see Appendix B, Indicators 3.D.1, 3.D.2, and 3.D.3). For children adopted in 2005, 89.3% remain in their adoptive homes after 10 years. Over 96% of the adoptions finalized in 2010 remained intact after 5 years, and 98.8% of adoptions finalized in 2013 remained intact after 2 years. These rates have been stable over the past several years. Box 3.1 presents more detailed information about the children who return to substitute care after their adoption is finalized.

Figure 3.12
Stable Adoptions at 2, 5, and 10 Years After Finalization

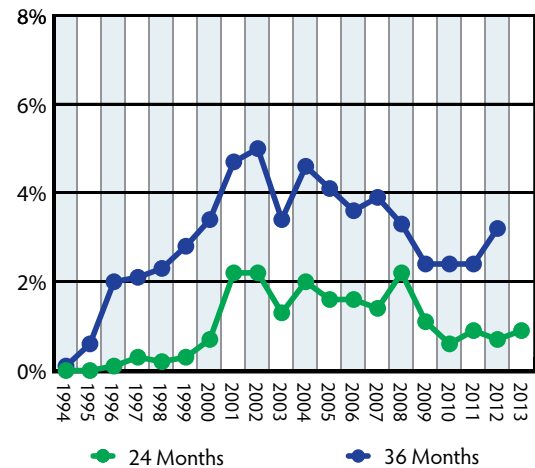


Children Achieving Guardianship

The final type of exit from care that this report explores in depth is guardianship, in which an adult other than the child's biological parent assumes guardianship of the child and receives support from the state to help pay for that child's care. Guardianship began in Illinois in September 1996 when the state received federal Title IV-E waiver authority to extend subsidies to guardians.

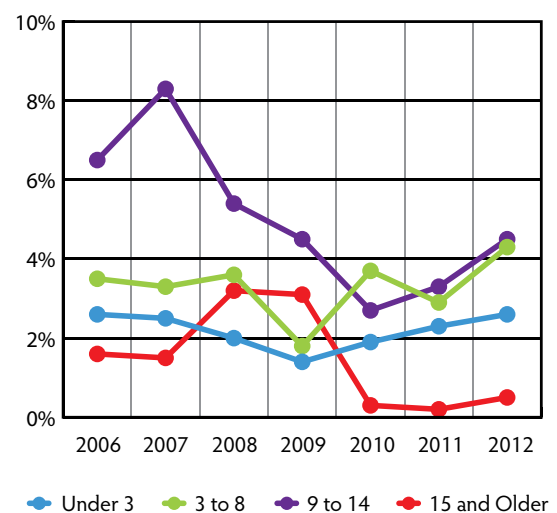
Just as with adoption, guardianships are generally considered as an option for permanence only after attempts at reunification have been exhausted; rates of guardianship after 24 and 36 months of entering care are shown in Figure 3.13 (see Appendix B, Indicator 3.E.1 and 3.E.2). The percentage of children exiting to guardianship within 36 months reached its peak of 5% among children in the 2002 entry cohort. The trend over the next several years was one of decline – 2.4% of children who entered care in 2009 – 2011 exited to guardianship within 36 months. The percentage of children in the 2012 entry cohort who exited within 36 months was higher (3.2%), although it is too soon to tell if this is the beginning of a positive trend.

Figure 3.13
Children Exiting to Guardianship Within 24 and 36 Months



In the past, children ages 9 to 14 years when they enter substitute care were more likely to exit care to guardianship compared to children of other ages (see Figure 3.14 and Appendix B, Indicator 3.E.2). However, the percentage of children in this age group that attained guardianship within 36 months significantly declined for several years, and the rate in this age group (4.5% of children in the 2012 entry cohort) is now similar to that of children ages 3 to 8 years (4.3%). The percentage of youth 15 years and older that exit to guardianship is very small.

Figure 3.14
Children Exiting to Guardianship Within 36 Months by Age



Children Who Experience Adoption Dissolution in Illinois

BOX 3.1

For children placed in substitute care that cannot reunify with their families, adoption can give them a permanent home in a loving family. But the permanence of this home depends on the adoption being maintained. Adoptions can be dissolved even after being legally finalized, an event called *adoption dissolution* (a similar term *adoption disruption* refers to a prospective adoption that is never finalized).⁷ Results presented in this chapter show that the vast majority of the adoptions from the child welfare system in Illinois are stable: For children adopted in 2009, 96.2% were still in their adoptive homes five years after being placed there, a rate that has been consistently high and has even increased in recent years. This is good news, but we have also identified 386 children in Illinois who experienced adoption dissolution between FY2006 and FY2010, which equate to 4.7% of those with finalized adoptions. While the probability of adoption dissolution

is small, the consequences are serious and we should be concerned about the children in the few finalized adoptions that fail. Dissolution can mean that youth return to the custody of the child welfare system. They may never find a permanent home and “age out” of the child welfare system, placing them at risk for a range of negative outcomes.⁸ To get a better understanding of adoption dissolution in Illinois, we analyzed administrative data on the children in adoptions that were finalized between FY2006 and FY2010.

Table 3.1 presents the demographic characteristics of children in adoptions that dissolved within five years of finalization, compared to those of children whose adoptions were maintained. A big difference was child age – children in adoptions that dissolved were older than those in adoptions that were maintained.

Table 3.1
Demographic Characteristics of Children in Stable Adoptions and Dissolutions

	CHILDREN IN STABLE ADOPTIONS (N=7856)	CHILDREN IN ADOPTION DISSOLUTIONS (N=386)
SEX		
Girls	49.5%	44.0%
Boys	50.5%	56.0%
AGE AT ADOPTION		
0 to 2	18.6%	7.5%
3 to 5	33.6%	19.9%
6 to 8	20.5%	18.7%
9 to 11	13.1%	26.7%
12 to 14	8.8%	22.0%
15 to 17	5.3%	5.2%
RACE-ETHNICITY		
African American	56.8%	62.7%
Hispanic	5.4%	3.1%
White	36.7%	33.7%
Other	1.1%	0.5%
REGION		
Cook	41.1%	44.0%
North	17.1%	17.4%
Central	30.1%	28.8%
South	11.8%	9.8%

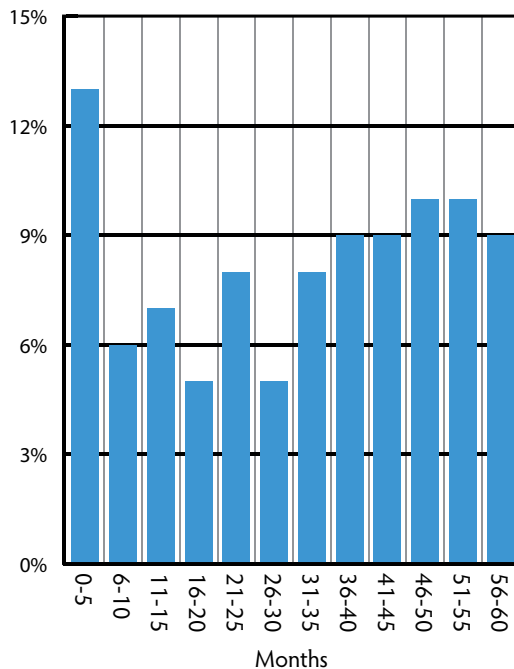
⁷ Child Welfare Information Gateway. (2012, June). Adoption disruption and dissolution. Retrieved from https://www.childwelfare.gov/pubPDFs/s_disrup.pdf

⁸ Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare*, 82, 727-746.

Over half of those with adoptions that later dissolved were adopted at age 9 or older, compared to just over a quarter of children and youth in stable adoptions. There was little difference on sex, race-ethnicity, and region.

Figure 3.15 shows the distribution of the time spent with the adoptive family prior to dissolution. The average length of time until dissolution was 34.1 months. Although the highest risk of dissolution was in the first five months, adoptions were dissolved at every time point across five years and higher percentages were dissolved after 36 months than from 6 to 35 months.

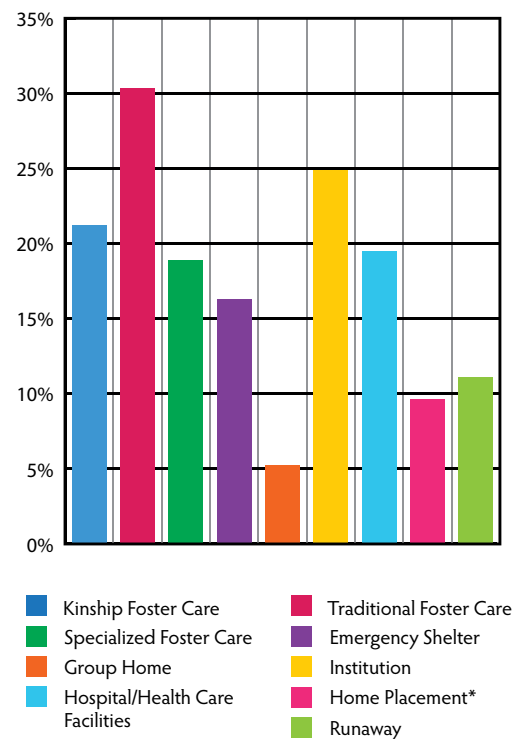
Figure 3.15
Number of Months to
Adoption Dissolution (N = 386)



For those children who experienced an adoption disruption and returned to substitute care, we examined the number and type of placements they experienced during the five-year post-adoption period. The median number of post-dissolution placements was 3, and a quarter of the children had more than 7 placements during this period. One youth whose adoption dissolved had 130 different placements because he was placed in institutions and group homes and ran

away as often as three times a month over the course of five years. Figure 3.16 shows the type of placements the children experienced following their adoption dissolution. The percentages add up to more than 100% because children typically have multiple placements following adoption dissolution. As Figure 3.16 indicates, many children experienced a home-based setting after adoption dissolution (traditional foster care, kinship care, specialized foster care, or a home placement with a biological parent or another adoptive parent). But many experienced more restrictive settings like institutions, group homes, and hospitals and health care facilities. And a meaningful percentage had experiences usually associated with a crisis: staying in emergency shelters and running away.

Figure 3.16
Placements After Adoption Dissolution



* Note: The category of Home Placement represents youth being placed in a home setting with either the biological parent or a new adoptive parent (and not in foster care or kinship care).

One important question is whether children are adopted again after dissolution. Figure 3.17 provides information on the children's last placement setting following the five year tracking period or at age 18, whichever came first. Only 3% of the children

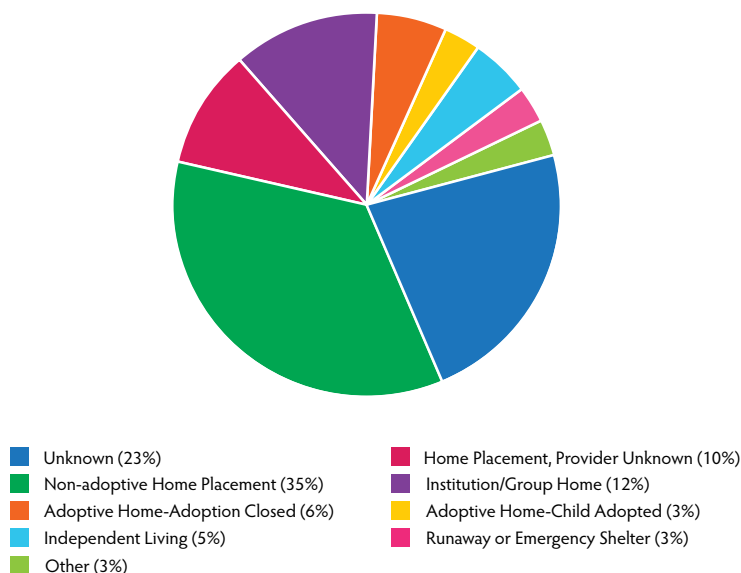
had another finalized adoption by the end of the 5-year observation period, although this percentage may actually be somewhat higher because there was limited information about the providers for many of the children in the dissolution sample. An additional 6% of the children were in an adoptive home at the end of the observation period, but the adoption had not yet been finalized. Many children were in a foster home setting at the end of the tracking period. One in five children were in institutions, independent living, emergency shelters, or had run away and their whereabouts were unknown.

Though the number of children who experience adoption dissolution is comparatively small, this new analysis suggests they experience considerable difficulty and need a great deal of support and assistance. Adoption dissolution is concentrated in adolescence, a difficult time in the lives of youth in substitute care. The problem of dissolution was often compounded by the stress of multiple placements following the dissolution. Many children spend time in institutions, hospitals

and group homes, and many were there at the end of the tracking period, so they may have had limited opportunity to live in a home-like setting. A number of children ran away or used emergency shelters, an indicator that they likely experienced crises in their placements. The majority of children who experience adoption dissolution neither return to an adoptive home nor are adopted.

Programs designed to provide specialized help for these children should be considered. Professionals working with youth who run away from substitute care, who have multiple placements, or who age out of the child welfare system should assess whether their clients have experienced adoption dissolution and what impact it had on them. Children in dissolved adoptions should be tracked more effectively in administrative data to assess their adoption experience and well-being and facilitate better research on their outcomes. Additional research with these children and their adoptive parents is needed in order to explore what factors underlie adoption dissolution.

Figure 3.17
Placement at the End of the Observation Period



Sub-regional comparisons in exits to guardianship are shown in Figure 3.18 (see Appendix C, Indicator 3.E.2). Cook North has shown a relative increase in performance, from the bottom 25% for the 2009 entry cohort to the top 25% for the 2012 entry cohort. Peoria maintained its position in the top 25% for the past three entry cohorts. The Springfield and East St. Louis sub-regions have consistently poor performance on this indicator relative to other sub-regions.

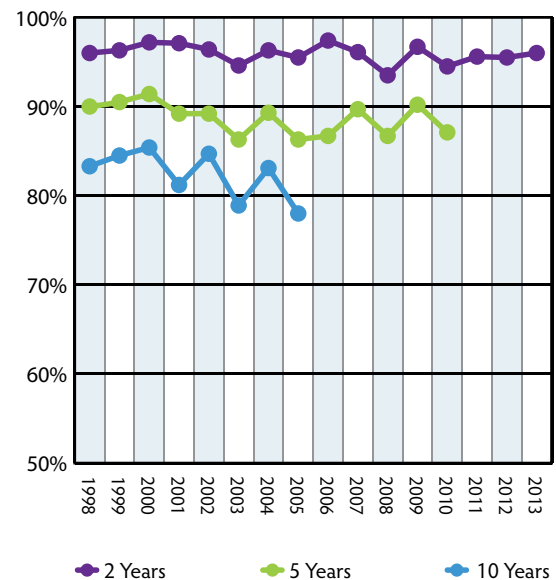
Figure 3.18
Children Exiting to Guardianship Within 36 Months Sub-region Heat Map

	2006	2007	2008	2009	2010	2011	2012
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Stability of Guardianship

The stability of guardianship after 2, 5, and 10 years is shown in Figure 3.19 (see Appendix B, Indicators 3.F.1, 3.F.2 and 3.F.3). There has been little change in the percentage of guardianships that remain stable after 2 or 5 years. However, the percentage of children who remain with their guardians 10 years after leaving substitute care has decreased in the past few years.

Figure 3.19
Stable Guardianships 2, 5, and 10 Years After Finalization



Children Who Do Not Achieve Legal Permanence

In the sections above, we explored three ways children exit care to legal permanence: reunification with their family of origin, adoption, and guardianship. More than half (53.2%) of the children in the 2012 entry cohort exited care within 36 months to one of these three permanency options. However, a significant portion of children remain in care longer than 36 months, and others exit substitute care without ever achieving legal permanence. Figure 3.20 shows the permanency outcomes for all children in each entry cohort over the past 7 years. The percentage of children that remain in care more than 36 months has averaged around 41% across this period. A small percentage of each entry cohort (between 2.5-3.5%) exit the system without ever achieving legal permanence; these “non-permanency exits” include aging out, incarceration, and running away. The Department has implemented two initiatives in the past five years to reduce the number of children that remain in long-term foster care; these initiatives are described in more detail in Box 3.2.

Illinois Permanency Initiatives

BOX 3.2

To increase permanency rates and decrease children's length of stay in substitute care, Illinois has implemented two major permanency initiatives in the past few years, both of which are designed to decrease the number of children in long-term foster care: The Permanency Innovations Initiative (PII) and the Illinois Birth Through Three Waiver (IB3).

The Permanency Innovations Initiative (PII) is a 5-year, Federally-funded initiative to develop, implement, and evaluate interventions to reduce the problem of long-term foster care. Illinois was one of six grantees selected for the initiative.⁹ The Illinois Trauma Focus Model for Reducing Long-Term Foster Care was developed and implemented by DCFS and university-based researchers, private agencies, and policy organizations. The program targets youth ages 11 to 16 who have been in foster homes for at least two years and "are experiencing mental health symptoms and/or have had at least one placement change" (p.1). Using TARGET (Trauma Affect Regulation: Guide for Education and Therapy), a strength-based approach, the intervention is designed to address the special needs of the youth, their biological parents, and their foster parents by providing education and therapy.¹⁰

To enhance PII sustainability, DCFS has also recently changed its System of Care (SOC) program (retitled Intensive Placement Stabilization or IPS) to include any youth in care with 2 or more moves in the previous year. This is expected to add over 1,600 youth to the population eligible for services. The target population for PII, nearly 700 youth experiencing the greatest barriers to placement stability and permanency, are included in that number. The change will also add new therapists and training.¹¹

The second initiative to address permanency is the Illinois Birth Through Three Waiver (IB3). This program, now in its third year, operates in Cook County and focuses on children who have had early exposure to

physical and psychological trauma. Two evidence-based interventions are used in IB3 "to improve attachment, reduce trauma symptoms, prevent foster care re-entry, improve child wellbeing, and increase permanency for children in out-of-home placement" (p.30). The first of these interventions is Child Parent Psychotherapy (CPP). CPP targets caregivers and their children ages 0–5 "who have experienced one or more traumatic events (for example, a serious accident, sexual abuse, exposure to domestic violence) and as a result are experiencing behavior, attachment, or other mental health problems. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a means for restoring the child's sense of safety, attachment, and appropriate affect" (p.31).¹² According to the IB3 semi-annual progress report from July 2015, since the beginning of the project, 1,066 children have been screened for trauma. Of these, 85 children had been referred for and participated in CPP. Another 56 children were on a wait list to be referred for CPP.¹³

The second IB3 intervention, the Nurturing Parenting Program (NPP), is "a curriculum-based psycho-educational and cognitive-behavioral group intervention that addresses beliefs that contribute to abusive parenting behaviors, as well as teaching parenting skills to support attachments, nurturing, and general parenting." Illinois' version of NPP, known as the Nurturing Program for Parents & Their Infants, Toddlers & Preschoolers (NPP-PV), is focused specifically on the biological parents of children ages 0–5. Another version is the NPP-Caregiver Version (NPP-CV) designed for the foster caregivers of children ages 0–5.¹⁴ The NPP-PV experienced tremendous growth during FY2105, while participation in the NPP-CV is lower than expected.¹⁵

Although both the PII and IB3 initiatives are being evaluated by third-party evaluators, findings on the effectiveness of the interventions are not yet available.

⁹ Social Innovation Research Center (December 6, 2014). Foster Care Innovation Initiative Charts a Different Path to Evidence <http://www.socialinnovationcenter.org/?p=769>

¹⁰ Illinois Department of Children and Family Services Trauma Focus Model for Reducing Long-Term Foster Care Permanency Innovations Initiative (PII) Grantee Profile: April 2014. http://www.acf.hhs.gov/sites/default/files/cb/il_grantee_profile.pdf

¹¹ Illinois PII Newsletter (Issue 2: September, 2015). PII Sustainability Update. http://www.acf.hhs.gov/sites/default/files/cb/il_pii_newsletter_9_2015.pdf

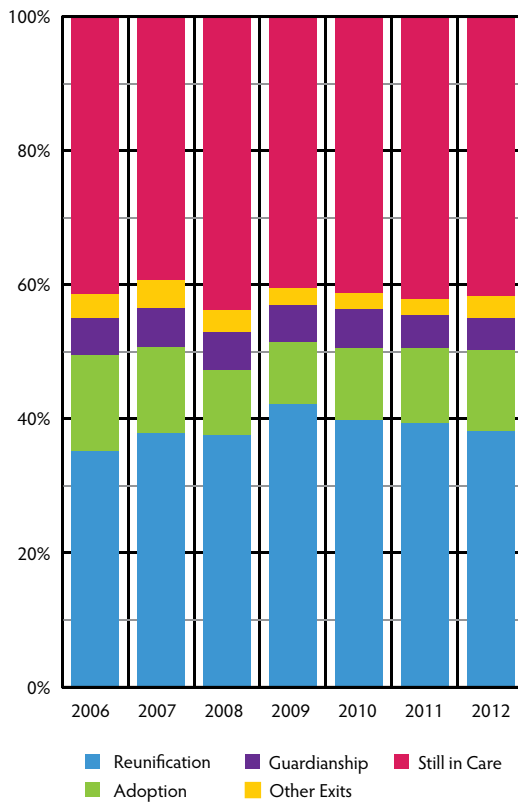
¹² James Bell Associates, Inc. (July 2014). Profiles of the Title IV-E Child Welfare Waiver Demonstration Projects Volume II: Demonstrations Active as of Federal Fiscal Year 2014. Children's Bureau Administration on Children, Youth and Families Administration for Children and Families U.S. Department of Health and Human Services. http://www.acf.hhs.gov/sites/default/files/cb/waiver_profiles_vol2.pdf

¹³ Illinois Department of Children and Family Services (July 31, 2015). Illinois Birth Through Three Waiver: Developmentally Informed Child and Family Interventions IB3 Semiannual Progress Report. http://nurturingparenting.com/images/cmsfiles/il_ib3_waiver_semiannual_report_31july15final3.pdf

¹⁴ James Bell Associates, Ibid.

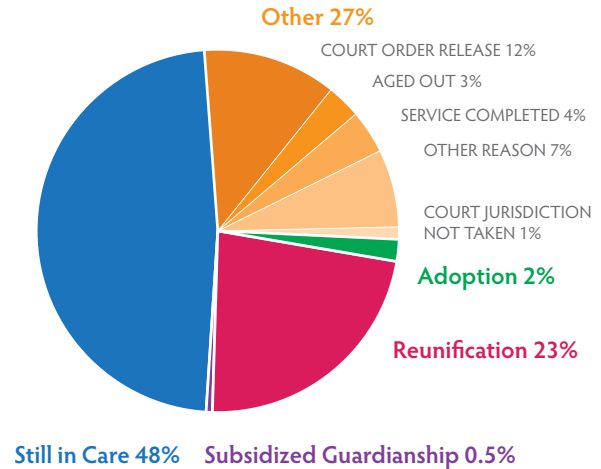
¹⁵ Illinois Department of Children and Family Services, ibid.

Figure 3.20
Exits from Substitute Care Within 36 Months



The vast majority of non-permanency exits occur among older youth. In fact, youth who entered care in 2012 when they are 15 years or older were more likely to exit care without permanence (27%) than they were to exit to reunification, adoption, and guardianship combined (25%; see Figure 3.21). Of the 27% of youth who exited without permanence, 12% had a court-ordered release from substitute care, 3% aged out of care, 4% completed services prior to the age of 18 but did not attain legal permanence, and 7% exited for other reasons.

Figure 3.21
Exits from Substitute Care Within 36 Months:
Youth Ages 15 Years and Older
(2012 Entry Cohort)



Discussion and Conclusions: Legal Permanence

State child welfare agencies are not meant to be caregivers for children, nor are they designed to be a long-term option for children who are unsafe with their families of origin. Once a child is removed from his or her home, the goal is to find a safe and permanent home in which he or she can develop normally and thrive. In Illinois, about half of the children who enter substitute care achieve family permanence in the form of reunification, adoption, or guardianship within three years; this rate has been consistent for the past decade. In this section, we discuss the results presented in this chapter and offer general conclusions about legal permanence for the Illinois children taken into substitute care.

The overall permanency rates after 12, 24, and 36 months in care remain at roughly the same levels over the past 10 years. About 20% of children exit to permanence within 12 months, 40% at 24 months, and a little over 50% at 36 months. For those children, reunification remains the most common exit type,

followed by adoption and then, for a small number of children, guardianship. Age and race continue to influence a child's likelihood of achieving permanence. Children who enter care when older and children who are African American are less likely to achieve permanence than younger, White children. The reasons for this trend deserve more attention as the trend has remained consistent for several years and mirrors national patterns.¹⁶

Looking at each exit type after 36 months of entry into care, we see a modest decline in reunification rates from a peak for the 2009 entry cohort to the 2012 entry cohort. This is mirrored by a modest increase in the 36-month adoption rate from the 2009 to 2012 entry cohorts. Guardianships continue to be an uncommon form of permanency exits. Only 3.2% of the children who entered substitute care in 2012 exited to guardianship by the end of 2015. The decline in the use of guardianship is puzzling, given that the Illinois Department of Children and Family Services was a pioneer in both practice and research on guardianship.¹⁷

¹⁶ U.S. Department of Health and Human Services. (2015). *The AFCARS report: Preliminary FY2014 estimates*. Retrieved from <http://www.acf.hhs.gov/>

¹⁷ Children and Family Research Center. (n.d.) A decade of family permanence in Illinois: 1997-2007. Urbana, IL: CFRC, University of Illinois at Urbana-Champaign.



APPENDIX A

Indicator Definitions

Appendix A provides definitions of the indicators used in the following chapters of this report:

Chapter 1 - Child Safety

Chapter 2 - Children in Substitute Care: Safety, Continuity, and Stability

Chapter 3 - Legal Permanence: Reunification, Adoption, and Guardianship

The data used to compute these indicators come from the September 30, 2015 data extract of the Illinois Department of Children and Family Services Integrated Database, which is maintained by Chapin Hall at the University of Chicago. The acronyms included in the indicator definitions come from the Integrated Database Codebook.¹

¹ Chapin Hall. (2003). *Illinois Department of Children and Family Services Integrated Database Codebook (Version 10)*. Chicago, IL: Chapin Hall at the University of Chicago.

Chapter 1: Child Safety

Indicator 1.A: Of all children with a substantiated report, what percentage had another substantiated report within 12 months?

Definition: All children with a substantiated report of maltreatment during the fiscal year, and the percentage of those children that had another substantiated report of maltreatment within 12 months of the initial report.

Indicator 1.B: Of all children served at home in intact family cases, what percentage had a substantiated report within 12 months?

Definition: All children who are served at home in an intact family case, and the percentage of those children who experienced a substantiated report of maltreatment within a year of their case open date. Intact family cases are defined as those in which all children in a family are at home at the time the family case opens and do not enter substitute care within 30 days after case opening.

Indicator 1.C: Of all children with a substantiated report who did not receive intact family or substitute care services, what percentage had another substantiated report within 12 months?

Definition: All children with a substantiated report of maltreatment during the fiscal year who were NOT part of either a family case or placed in substitute care at the time of the initial report or within 60 days of the initial report, and the percentage of those children that had another substantiated report of maltreatment within 12 months of the initial report.

Chapter 2: Children in Substitute Care: Safety, Continuity, and Stability

Indicator 2.A: Of all children placed in substitute care during the year, what percentage had a substantiated report during placement?

Definition: All children ever served in substitute care during the fiscal year, and the percentage that had a substantiated report of maltreatment during placement. This analysis excludes cases lasting less than seven days, placements lasting less than seven days, and reports made less than seven days into the placement.

Indicator 2.B.1: Of all children entering substitute care, what percentage is placed in kinship foster homes in their first placement?

Definition: All children entering substitute care during the fiscal year, and the percentage initially placed in kinship foster homes. The Kinship Foster Home category includes Delegated Relative Authority (DRA) and Home of Relative (HMR). Cases lasting less than seven days are excluded.

Indicator 2.B.2: Of all children entering substitute care, what percentage is placed in traditional foster homes in their first placement?

Definition: All children entering substitute care during the fiscal year, and the percentage initially placed in traditional foster homes. The Traditional Foster Home category includes Foster Home Boarding DCFS (FHB), Foster Home Indian (FHI), Foster Home Boarding Private Agency (FHP), and Foster Home Adoption (FHA). Cases lasting less than seven days are excluded.

Indicator 2.B.3: Of all children entering substitute care, what percentage is placed in specialized foster homes in their first placement?

Definition: All children entering substitute care during the fiscal year, and the percentage initially placed in specialized foster homes. The Specialized Foster Home category includes Foster Home Specialized (FHS) and Foster Home Treatment (FHT). Cases lasting less than seven days are excluded.

Indicator 2.B.4: Of all children entering substitute care, what percentage is placed in emergency shelters in their first placement?

Definition: All children entering substitute care during the fiscal year, and the percentage initially placed in emergency shelters. The Emergency Shelter category includes Youth Emergency Shelters (YES), Agency Foster Care/Shelter Care, Emergency Shelters Institutions, and Emergency Shelters Group Homes. Cases lasting less than seven days are excluded.

Indicator 2.B.5: Of all children entering substitute care, what percentage is placed in group homes or institutions in their first placement?

Definition: All children entering substitute care during the fiscal year, and the percentage initially placed in group homes or institutions. The Group Home or Institution category includes Group Home (GRH), Detention Facility/Jail (DET), Institution DCFS (ICF), Institution Department of Corrections (IDC), Institution Department of Mental Health (IMH), Institution Private Child Care Facility (IPA), Institution Rehabilitation Services (IRS), and Nursing Care Facility (NCF). Cases lasting less than seven days are excluded.

Indicator 2.C.1: Of all children in substitute care at the end of the year, what percentage is placed in kinship foster homes?

Definition: All children in substitute care at the end of the fiscal year, and the percentage placed in kinship foster homes. The Kinship Foster Home category includes Delegated Relative Authority (DRA) and Home of Relative (HMR).

Indicator 2.C.2: Of all children in substitute care at the end of the year, what percentage is placed in traditional foster homes?

Definition: All children in substitute care at the end of the fiscal year, and the percentage placed in traditional foster homes. The Traditional Foster Home category includes Foster Home Boarding (FHB), Foster Home Indian (FHI), Foster Home Boarding Private Agency (FHP), and Foster Home Adoption (FHA).

Indicator 2.C.3: Of all children in substitute care at the end of the year, what percentage is placed in specialized foster homes?

Definition: All children in substitute care at the end of the fiscal year, and the percentage placed in specialized foster homes. The Specialized Foster Home category includes Foster Home Specialized (FHS) and Foster Home Treatment (FHT).

Indicator 2.C.4: Of all children in substitute care at the end of the year, what percentage is placed in group homes?

Definition: All children in substitute care at the end of the fiscal year, and the percentage placed in group homes. The Group Home category includes Group Home (GRH).

Indicator 2.C.5: Of all children in substitute care at the end of the year, what percentage is placed in institutions?

Definition: All children in substitute care at the end of the fiscal year, and the percentage placed in institutions. The Institution category includes Detention Facility/Jail (DET), Institution DCFS (ICF), Institution Department of Corrections (IDC), Institution Department of Mental Health (IMH), Institution Private Child Care Facility (IPA), Institution Rehabilitation Services (IRS), and Nursing Care Facility (NCF).

Indicator 2.C.6: Of all children in substitute care at the end of the year, what percentage is placed in independent living?

Definition: All children in substitute care at the end of the fiscal year, and the percentage placed in an independent living arrangement. The Independent Living category includes Community Integrated Living Arrangement (CIL), Independent Living Only (ILO), and Transitional Living Program (TLP).

Indicator 2.D: Of all children entering substitute care, what percentage is placed with their siblings in their first placement?

Definition: All children entering substitute care during the fiscal year, and the percentage of children placed in the same home as all of their siblings in substitute care in their initial placement. Children with no siblings in substitute care are excluded from this analysis. Siblings who are not in substitute care are also excluded. Siblings are defined as children who belong to a common family based on the ID number of the family.

Indicator 2.E: Of all children in substitute care at the end of the year, what percentage is placed with their siblings?

Definition: All children in substitute care at the end of the fiscal year, and the percentage of children placed in the same home as all of their siblings in substitute care at the end of the fiscal year. Children with no siblings in substitute care are excluded from this analysis. Siblings who are not in substitute care are also excluded. Siblings are defined as children who belong to a common family based on the ID number of the family.

Indicator 2.F: Of all children entering substitute care, what is the median distance from their home of origin to their initial placement?

Definition: All children entering substitute care during the fiscal year, and the median distance (in miles) from the child's home of origin to the child's initial placement. Only children with valid address data are included. Region and sub-region categories are based on where the case opened.

Indicator 2.G: Of all children in substitute care at the end of the year, what is the median distance from their home of origin?

Definition: All children in substitute care at the end of the fiscal year, and the median distance (in miles) from the child's home of origin to the child's placement at the end of the fiscal year. Only children with valid address data are used in the calculation of the median. Region and sub-region categories are based on where the case opened.

Indicator 2.H: Of all children entering substitute care and staying for at least one year, what percentage had two or fewer placements within their first year?

Definition: All the children who stayed in substitute care for at least one year, and the percentage that had two or fewer placements within their first year in substitute care. The following placement types were excluded from the calculation of placement stability: runaway, detention, respite care (defined as a placement of less than 30 days where the child returns to the same placement), hospital stays, and placements coded as “whereabouts unknown.”

Indicator 2.I: Of all children ages 12 to 17 entering substitute care, what percentage ran away from a substitute care placement during their first year?

Definition: All children ages 12 to 17 entering substitute care, and the percentage that ran away from their substitute care placement within one year from the case opening date. Runaway includes Runaway, Abducted, and Whereabouts Unknown.

Indicator 2.J: Of all children entering substitute care for the first time during the fiscal year, what is the median length of stay in substitute care?

Definition: All children entering substitute care during the fiscal year, and the median number of months children stay in substitute care. The median represents the amount of time that it took half of children who entered substitute care in a given fiscal year to exit care, either through permanence (reunification, adoption, or guardianship) or emancipation. This indicator looks only at first spells and excludes spells lasting less than seven days.

Chapter 3: Legal Permanence: Reunification, Adoption, and Guardianship

Indicator 3.A.1: Of all children who entered substitute care during the year, what percentage was reunified with their parents within 12 months?

Definition: All children who entered substitute care during the fiscal year, and the percentage reunified within 12 months of date of entry into substitute care. Cases lasting less than seven days are excluded.

Indicator 3.A.2: Of all children who entered substitute care during the year, what percentage was reunified with their parents within 24 months?

Definition: All children who entered substitute care during the fiscal year, and the percentage reunified within 24 months of date of entry into substitute care. Cases lasting less than seven days are excluded.

Indicator 3.A.3: Of all children who entered substitute care during the year, what percentage was reunified with their parents within 36 months?

Definition: All children who entered substitute care during the fiscal year, and the percentage reunified within 36 months of date of entry into substitute care. Cases lasting less than seven days are excluded.

Indicator 3.B.1: Of all children who were reunified during the year, what percentage remained with their family at one year?

Definition: All children reunified with their family during the fiscal year, and the percentage that did not re-enter substitute care within one year of reunification. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.B.2: Of all children who were reunified during the year, what percentage remained with their family at two years?

Definition: All children reunified with their family during the fiscal year, and the percentage that did not re-enter substitute care within two years of reunification. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.B.3: Of all children who were reunified during the year, what percentage remained with their family at five years?

Definition: All children reunified with their family during the fiscal year, and the percentage that did not re-enter substitute care within five years of reunification. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.B.4: Of all children who were reunified during the year, what percentage remained with their family at ten years?

Definition: All children reunified with their family during the fiscal year, and the percentage that did not re-enter substitute care within ten years of reunification. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.C.1: Of all children who entered substitute care during the year, what percentage was adopted within 24 months?

Definition: All children who entered substitute care during the fiscal year, and the percentage adopted within 24 months of date of entry into substitute care. Cases lasting less than seven days are excluded.

Indicator 3.C.2: Of all children who entered substitute care during the year, what percentage was adopted within 36 months?

Definition: All children who entered substitute care during the fiscal year, and the percentage adopted within 36 months of date of entry into substitute care. Cases lasting less than seven days are excluded.

Indicator 3.D.1: Of all children who were adopted during the year, what percentage remained with their family at two years?

Definition: All children adopted during the fiscal year, and the percentage that did not re-enter substitute care within two years of adoption. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.D.2: Of all children who were adopted during the year, what percentage remained with their family at five years?

Definition: All children adopted during the fiscal year, and the percentage that did not re-enter substitute care within five years of adoption. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.D.3: Of all children who were adopted during the year, what percentage remained with their family at ten years?

Definition: All children adopted during the fiscal year, and the percentage that did not re-enter substitute care within ten years of adoption. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.E.1: Of all children who entered substitute care during the year, what percentage attained guardianship within 24 months?

Definition: All children who entered substitute care during the fiscal year, and the percentage that attained guardianship within 24 months of date of entry into substitute care. Cases lasting less than seven days are excluded.

Indicator 3.E.2: Of all children who entered substitute care during the year, what percentage attained guardianship within 36 months?

Definition: All children who entered substitute care during the fiscal year, and the percentage that attained guardianship within 36 months of date of entry into substitute care. Cases lasting less than seven days are excluded.

Indicator 3.F.1: Of all children who attained guardianship during the year, what percentage remained with their family at two years?

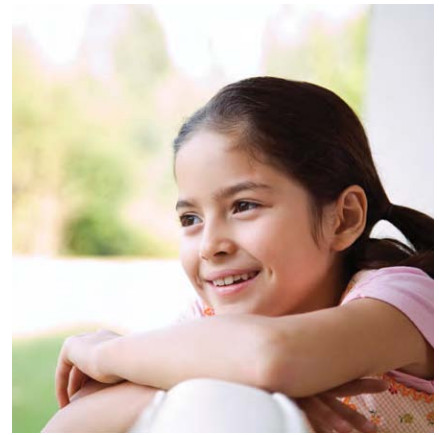
Definition: All children taken into guardianship during the fiscal year, and the percentage that did not re-enter substitute care within two years of guardianship. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.F.2: Of all children who attained guardianship during the year, what percentage remained with their family at five years?

Definition: All children taken into guardianship during the fiscal year, and the percentage that did not re-enter substitute care within five years of guardianship. Cases that re-entered substitute care and stayed less than seven days are excluded.

Indicator 3.F.3: Of all children who attained guardianship during the year, what percentage remained with their families at ten years?

Definition: All children taken into guardianship during the fiscal year, and the percentage that did not re-enter substitute care within ten years of guardianship. Cases that re-entered substitute care and stayed less than seven days are excluded.



APPENDIX B

Outcome Data by Region, Gender, Age, and Race

Appendix B provides data on each of the outcome indicators defined in Appendix A for the most recent seven state fiscal years. For each indicator, data is presented for the state as a whole, followed by break-downs by DCFS administrative region, child gender, age, and race.

The data used to compute these indicators come from the September 30, 2015 data extract of the Illinois Department of Children and Family Services Integrated Database, which is maintained by Chapin Hall at the University of Chicago. Indicator data is available online at <http://www.cfrc.illinois.edu/outcomeindicators.php>

Maltreatment Recurrence Within 12 Months

Indicator 1.A	Of all children with a substantiated report, what percentage had another substantiated report within 12 months?						
	2008	2009	2010	2011	2012	2013	2014
Children with substantiated reports	27,998	27,498	26,989	26,104	26,566	28,078	30,054
Children with another substantiated report within 12 months	3,259	3,050	2,930	2,836	2,909	3,161	3,593
Percent	11.6%	11.1%	10.9%	10.9%	11.0%	11.3%	12.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	672	8.6%	630	8.5%	654	8.9%	629	8.9%	727	9.4%	752	9.5%	876	9.8%
Northern	893	11.4%	781	9.9%	662	9.0%	642	9.1%	642	9.0%	710	9.2%	955	11.4%
Central	1,106	13.2%	1,085	12.9%	1,024	12.3%	1,010	12.6%	1,029	13.1%	1,075	12.8%	1,143	13.5%
Southern	588	14.6%	554	14.6%	590	14.7%	552	13.9%	504	13.6%	624	15.5%	618	14.7%

Male	1,606	11.9%	1,517	11.5%	1,472	11.2%	1,399	11.1%	1,435	11.0%	1,573	11.6%	1,853	12.6%
Female	1,630	11.5%	1,501	10.7%	1,434	10.5%	1,405	10.6%	1,445	10.9%	1,552	10.8%	1,709	11.3%

Under 3	1,037	12.5%	937	11.5%	892	11.1%	873	11.8%	829	11.3%	896	11.6%	981	12.3%
3 to 5	718	12.6%	726	13.0%	698	12.4%	652	11.8%	693	12.2%	755	12.8%	783	12.9%
6 to 8	588	12.3%	547	11.6%	538	11.9%	500	11.3%	543	11.9%	606	12.3%	721	13.1%
9 to 11	446	11.6%	392	10.6%	398	10.8%	371	10.3%	385	10.2%	376	9.8%	529	12.1%
12 to 14	306	9.5%	270	8.9%	246	8.5%	280	9.5%	293	9.4%	318	9.7%	349	10.0%
15 and Older	163	7.6%	175	7.7%	156	7.2%	158	7.5%	163	7.9%	206	8.9%	224	8.6%

African American	1,052	11.3%	951	10.5%	826	9.6%	838	10.2%	892	10.4%	1,126	12.2%	1,198	11.7%
White	1,941	12.7%	1,839	12.1%	1,848	12.1%	1,755	11.9%	1,724	11.8%	1,796	11.6%	2,081	12.9%
Hispanic	158	7.1%	147	7.2%	152	8.2%	150	8.2%	190	8.9%	160	7.8%	196	8.2%
Other Ethnicity	108	9.8%	113	9.1%	104	7.8%	93	7.1%	103	8.4%	79	5.9%	118	8.8%

Maltreatment Recurrence Among Children in Intact Family Cases

Indicator 1.B	Of all children served at home in intact family cases, what percentage had a substantiated report within 12 months?						
	2008	2009	2010	2011	2012	2013	2014
Children in intact family cases	15,620	15,851	14,531	16,568	17,401	10,546	13,765
Children with substantiated reports	1,649	1,558	1,519	1,559	1,620	1,207	1,853
Percent	10.6%	9.8%	10.5%	9.4%	9.3%	11.4%	13.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	448	7.1%	404	6.0%	384	6.3%	413	5.9%	455	6.5%	382	7.9%	558	10.2%
Northern	406	13.1%	322	10.0%	296	10.8%	319	9.4%	388	10.5%	208	12.4%	346	12.6%
Central	447	11.7%	509	13.7%	476	13.6%	516	13.7%	452	10.6%	393	14.2%	577	16.7%
Southern	348	14.8%	323	14.6%	363	16.4%	311	12.6%	325	13.0%	224	17.8%	372	17.9%

Male	868	10.8%	776	9.6%	749	10.2%	792	9.4%	797	8.9%	611	11.5%	932	13.3%
Female	778	10.3%	780	10.1%	770	10.8%	766	9.4%	823	9.7%	596	11.4%	921	13.7%

Under 3	613	15.3%	548	13.7%	517	13.8%	577	14.3%	533	12.9%	414	14.9%	610	18.1%
3 to 5	360	12.1%	384	12.6%	378	13.3%	358	11.2%	359	10.7%	290	13.2%	415	15.1%
6 to 8	288	9.9%	265	9.2%	271	11.0%	257	9.4%	290	9.9%	224	12.2%	366	14.8%
9 to 11	201	9.6%	180	8.4%	169	8.4%	171	6.8%	201	7.5%	135	9.4%	227	11.8%
12 to 14	129	6.9%	123	6.8%	129	7.5%	142	7.1%	161	7.4%	103	8.6%	157	9.3%
15 and Older	58	3.3%	58	2.9%	55	3.2%	54	2.6%	76	3.6%	41	3.8%	78	5.0%

African American	565	8.7%	518	7.8%	450	7.6%	457	7.0%	519	7.6%	461	9.9%	660	13.0%
White	908	12.9%	905	13.0%	923	13.8%	954	12.8%	904	11.4%	593	13.8%	932	15.2%
Hispanic	137	8.5%	88	5.5%	111	8.0%	118	6.2%	166	8.0%	129	10.8%	227	11.4%
Other Ethnicity	39	8.4%	47	7.3%	35	6.3%	30	4.3%	31	5.5%	24	6.4%	34	6.0%

Maltreatment Recurrence Among Children Receiving No Services

Indicator 1.C	Of all children with a substantiated report who did not receive intact family or substitute care services, what percentage had another substantiated report within 12 months?						
	2008	2009	2010	2011	2012	2013	2014
Children receiving no services	18,386	17,973	17,851	17,480	18,336	20,226	20,654
Children with substantiated reports	2,048	1,961	1,800	1,783	1,975	2,245	2,316
Percent	11.1%	10.9%	10.1%	10.2%	10.8%	11.1%	11.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	429	8.6%	381	8.1%	421	8.7%	406	8.5%	552	9.9%	552	9.4%	576	9.2%
Northern	561	10.0%	553	10.0%	428	8.1%	405	8.2%	419	8.3%	519	8.9%	646	10.5%
Central	751	13.7%	726	13.1%	678	12.5%	646	12.0%	697	13.2%	763	13.0%	734	12.9%
Southern	307	13.4%	301	13.8%	273	11.7%	326	13.6%	301	13.5%	411	15.4%	360	14.0%

Male	995	11.3%	969	11.2%	905	10.5%	885	10.5%	997	11.0%	1,109	11.4%	1,188	11.8%
Female	1,036	11.0%	968	10.6%	879	9.7%	873	9.9%	962	10.6%	1,112	10.8%	1,109	10.7%

Under 3	702	14.0%	681	13.9%	620	12.7%	597	12.9%	617	13.4%	699	13.9%	670	13.5%
3 to 5	442	11.8%	448	12.2%	395	10.6%	385	10.6%	447	11.4%	521	12.3%	493	11.9%
6 to 8	373	11.7%	310	10.1%	306	10.1%	300	10.1%	343	10.7%	414	11.4%	458	11.9%
9 to 11	258	10.0%	245	9.7%	224	8.9%	229	9.1%	264	9.7%	257	8.8%	326	10.5%
12 to 14	185	8.2%	188	8.7%	161	7.7%	175	8.1%	212	9.2%	221	8.7%	238	9.2%
15 and Older	86	5.5%	84	5.2%	90	5.7%	94	6.1%	88	5.7%	128	7.1%	122	6.4%

African American	687	12.0%	599	10.8%	484	8.9%	526	10.1%	603	10.7%	789	12.3%	766	11.3%
White	1,200	11.7%	1,180	11.6%	1,141	11.2%	1,111	11.2%	1,144	11.3%	1,291	11.6%	1,349	12.1%
Hispanic	95	5.9%	104	7.3%	112	8.3%	91	6.6%	147	8.9%	112	6.8%	121	6.9%
Other Ethnicity	66	8.3%	78	9.2%	63	6.8%	55	5.9%	81	8.6%	53	5.2%	80	8.1%

Maltreatment in Substitute Care

Indicator 2.A	Of all children placed in substitute care during the year, what percentage had a substantiated report during placement?						
	2009	2010	2011	2012	2013	2014	2015
Children ever in substitute care	21,945	21,766	21,410	21,454	20,893	20,835	21,040
Children with substantiated reports	407	375	430	405	402	467	551
Percent	1.9%	1.7%	2.0%	1.9%	1.9%	2.2%	2.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	110	1.2%	81	0.9%	91	1.1%	112	1.4%	113	1.4%	159	2.0%	177	2.2%
Northern	96	2.5%	81	2.1%	84	2.1%	83	2.0%	77	1.8%	107	2.5%	113	2.6%
Central	147	2.5%	134	2.2%	181	3.1%	116	2.0%	131	2.3%	126	2.2%	183	3.2%
Southern	54	2.0%	79	2.6%	74	2.3%	94	2.9%	81	2.6%	75	2.4%	78	2.5%

Male	192	1.7%	200	1.7%	234	2.1%	208	1.8%	191	1.7%	222	2.0%	280	2.6%
Female	214	2.1%	175	1.7%	196	1.9%	197	1.9%	211	2.1%	245	2.5%	271	2.7%

Under 3	154	1.8%	153	1.8%	162	1.9%	158	1.9%	135	1.7%	162	2.0%	176	2.2%
3 to 5	77	2.0%	90	2.4%	98	2.7%	88	2.4%	93	2.7%	86	2.5%	122	3.5%
6 to 8	69	2.3%	57	2.0%	75	2.7%	65	2.4%	64	2.5%	93	3.4%	98	3.6%
9 to 11	53	2.2%	36	1.5%	47	2.1%	44	2.0%	50	2.3%	53	2.4%	72	3.3%
12 to 14	43	1.7%	31	1.2%	35	1.4%	36	1.4%	42	1.7%	51	2.0%	58	2.2%
15 and Older	11	0.7%	8	0.4%	13	0.7%	14	0.7%	18	0.9%	22	1.1%	25	1.3%

African American	197	1.6%	186	1.6%	228	2.0%	195	1.8%	206	1.9%	213	2.0%	288	2.7%
White	182	2.3%	164	2.0%	176	2.1%	176	2.0%	176	2.1%	201	2.4%	212	2.5%
Hispanic	23	1.8%	23	1.8%	19	1.6%	29	2.4%	14	1.1%	43	3.3%	43	2.9%
Other Ethnicity	5	1.3%	2	0.5%	7	2.0%	5	1.3%	6	1.4%	10	2.3%	8	2.0%

Initial Placement: Kinship Foster Home

Indicator 2.B.1	Of all children entering substitute care, what percentage is placed in kinship foster homes in their first placement?						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,904	5,073	4,855	4,942	4,841	4,966	5,182
Children placed in kinship foster homes	2,483	2,697	2,431	2,516	2,529	2,683	2,942
Percent	50.6%	53.2%	50.1%	50.9%	52.2%	54.0%	56.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	411	31.9%	528	37.2%	412	32.3%	526	37.0%	545	39.5%	586	40.4%	726	46.1%
Northern	701	62.8%	635	62.4%	590	57.2%	661	57.9%	754	61.9%	690	63.0%	696	64.4%
Central	895	54.0%	994	58.7%	888	55.1%	791	54.2%	796	53.6%	934	59.2%	960	58.8%
Southern	476	56.4%	540	57.3%	541	57.8%	538	58.6%	434	57.3%	473	56.2%	560	62.7%

Male	1,197	48.5%	1,387	52.1%	1,238	49.3%	1,239	49.2%	1,255	50.3%	1,322	52.2%	1,446	54.9%
Female	1,284	52.8%	1,309	54.3%	1,193	50.9%	1,276	52.6%	1,274	54.3%	1,361	55.9%	1,496	58.7%

Under 3	1,017	52.5%	1,108	54.6%	1,018	54.1%	1,008	53.6%	1,007	53.6%	1,002	55.1%	1,153	56.6%
3 to 5	464	61.6%	516	63.9%	483	59.0%	532	61.5%	496	61.7%	516	64.7%	572	66.7%
6 to 8	364	61.3%	387	64.3%	346	60.4%	355	59.7%	378	64.8%	477	68.7%	427	67.1%
9 to 11	269	55.6%	270	59.3%	256	56.4%	259	57.2%	274	59.6%	305	59.6%	329	65.4%
12 to 14	212	37.7%	241	42.8%	177	35.3%	215	41.4%	228	41.8%	223	40.2%	287	50.5%
15 and Older	157	27.4%	175	28.4%	151	24.2%	147	23.4%	146	25.7%	160	27.1%	174	29.9%

African American	998	45.3%	1,101	50.1%	999	46.9%	995	46.6%	1,018	48.4%	1,050	47.4%	1,240	52.3%
White	1,297	56.3%	1,410	56.4%	1,286	54.2%	1,333	55.3%	1,281	56.7%	1,400	61.0%	1,382	61.2%
Hispanic	133	47.2%	129	48.7%	85	35.7%	137	50.7%	178	50.7%	177	51.2%	276	58.8%
Other Ethnicity	55	47.0%	57	52.8%	61	53.5%	51	41.5%	52	40.6%	56	50.9%	44	54.3%

Initial Placement: Traditional Foster Home

Indicator 2.B.2	Of all children entering substitute care, what percentage is placed in traditional foster homes in their first placement?						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,904	5,073	4,855	4,942	4,841	4,966	5,182
Children placed in traditional foster homes	1,442	1,261	1,301	1,275	1,263	1,263	1,317
Percent	29.4%	24.9%	26.8%	25.8%	26.1%	25.4%	25.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	219	17.0%	220	15.5%	180	14.1%	138	9.7%	176	12.8%	269	18.6%	257	16.3%
Northern	307	27.5%	275	27.0%	341	33.0%	365	32.0%	340	27.9%	282	25.7%	284	26.3%
Central	610	36.8%	553	32.6%	569	35.3%	558	38.2%	575	38.7%	528	33.4%	558	34.2%
Southern	306	36.3%	213	22.6%	211	22.5%	214	23.3%	172	22.7%	184	21.9%	218	24.4%

Male	713	28.9%	645	24.2%	647	25.8%	631	25.1%	644	25.8%	625	24.7%	667	25.3%
Female	729	30.0%	616	25.5%	654	27.9%	644	26.6%	619	26.4%	638	26.2%	650	25.5%

Under 3	697	36.0%	648	31.9%	637	33.8%	629	33.4%	655	34.8%	663	36.5%	718	35.2%
3 to 5	208	27.6%	196	24.3%	208	25.4%	212	24.5%	202	25.1%	194	24.3%	187	21.8%
6 to 8	165	27.8%	111	18.4%	142	24.8%	157	26.4%	141	24.2%	136	19.6%	138	21.7%
9 to 11	130	26.9%	87	19.1%	116	25.6%	88	19.4%	101	22.0%	100	19.5%	92	18.3%
12 to 14	124	22.0%	117	20.8%	106	21.2%	94	18.1%	80	14.7%	88	15.9%	97	17.1%
15 and Older	118	20.6%	102	16.5%	92	14.7%	95	15.1%	84	14.8%	82	13.9%	85	14.6%

African American	624	28.3%	525	23.9%	501	23.5%	489	22.9%	515	24.5%	591	26.7%	595	25.1%
White	726	31.5%	664	26.5%	703	29.6%	714	29.6%	628	27.8%	558	24.3%	601	26.6%
Hispanic	65	23.0%	56	21.1%	77	32.4%	47	17.4%	78	22.2%	83	24.0%	100	21.3%
Other Ethnicity	27	23.1%	16	14.8%	20	17.5%	25	20.3%	42	32.8%	31	28.2%	21	25.9%

Initial Placement: Specialized Foster Home

Indicator 2.B.3	Of all children entering substitute care, what percentage is placed in specialized foster homes in their first placement?						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,904	5,073	4,855	4,942	4,841	4,966	5,182
Children placed in specialized foster homes	145	127	119	86	120	134	127
Percent	3.0%	2.5%	2.5%	1.7%	2.5%	2.7%	2.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	53	4.1%	39	2.7%	46	3.6%	41	2.9%	66	4.8%	82	5.7%	79	5.0%
Northern	19	1.7%	21	2.1%	11	1.1%	11	1.0%	14	1.1%	15	1.4%	14	1.3%
Central	47	2.8%	47	2.8%	51	3.2%	18	1.2%	30	2.0%	23	1.5%	20	1.2%
Southern	26	3.1%	20	2.1%	11	1.2%	16	1.7%	10	1.3%	14	1.7%	14	1.6%

Male	77	3.1%	69	2.6%	62	2.5%	44	1.7%	62	2.5%	64	2.5%	62	2.4%
Female	68	2.8%	58	2.4%	57	2.4%	42	1.7%	58	2.5%	70	2.9%	65	2.6%

Under 3	41	2.1%	49	2.4%	32	1.7%	26	1.4%	39	2.1%	48	2.6%	39	1.9%
3 to 5	8	1.1%	3	0.4%	14	1.7%	7	0.8%	13	1.6%	18	2.3%	21	2.5%
6 to 8	14	2.4%	10	1.7%	9	1.6%	8	1.3%	11	1.9%	8	1.2%	10	1.6%
9 to 11	21	4.3%	11	2.4%	18	4.0%	11	2.4%	13	2.8%	11	2.1%	15	3.0%
12 to 14	33	5.9%	31	5.5%	25	5.0%	12	2.3%	22	4.0%	19	3.4%	15	2.6%
15 and Older	28	4.9%	23	3.7%	21	3.4%	22	3.5%	22	3.9%	30	5.1%	27	4.6%

African American	66	3.0%	50	2.3%	63	3.0%	41	1.9%	71	3.4%	73	3.3%	65	2.7%
White	69	3.0%	72	2.9%	49	2.1%	34	1.4%	41	1.8%	47	2.0%	44	1.9%
Hispanic	5	1.8%	4	1.5%	3	1.3%	6	2.2%	6	1.7%	9	2.6%	14	3.0%
Other Ethnicity	5	4.3%	1	0.9%	4	3.5%	5	4.1%	2	1.6%	5	4.5%	4	4.9%

Initial Placement: Emergency Shelter

Indicator 2.B.4	Of all children entering substitute care, what percentage is placed in emergency shelters in their first placement?						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,904	5,073	4,855	4,942	4,841	4,966	5,182
Children placed in emergency shelters	383	480	524	559	477	394	301
Percent	7.8%	9.5%	10.8%	11.3%	9.9%	7.9%	5.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	301	23.4%	264	18.6%	305	23.9%	371	26.1%	284	20.6%	184	12.7%	155	9.8%
Northern	38	3.4%	40	3.9%	40	3.9%	45	3.9%	43	3.5%	47	4.3%	39	3.6%
Central	23	1.4%	30	1.8%	27	1.7%	23	1.6%	20	1.3%	28	1.8%	21	1.3%
Southern	21	2.5%	146	15.5%	152	16.2%	120	13.1%	130	17.2%	135	16.1%	86	9.6%

Male	214	8.7%	276	10.4%	300	11.9%	310	12.3%	270	10.8%	238	9.4%	165	6.3%
Female	168	6.9%	204	8.5%	224	9.6%	249	10.3%	207	8.8%	156	6.4%	136	5.3%

Under 3	113	5.8%	147	7.2%	129	6.9%	150	8.0%	115	6.1%	51	2.8%	56	2.7%
3 to 5	51	6.8%	56	6.9%	85	10.4%	82	9.5%	72	9.0%	42	5.3%	34	4.0%
6 to 8	32	5.4%	56	9.3%	51	8.9%	47	7.9%	31	5.3%	52	7.5%	30	4.7%
9 to 11	22	4.5%	44	9.7%	43	9.5%	53	11.7%	50	10.9%	45	8.8%	23	4.6%
12 to 14	60	10.7%	62	11.0%	76	15.2%	83	16.0%	85	15.6%	100	18.0%	70	12.3%
15 and Older	105	18.3%	115	18.6%	140	22.4%	144	22.9%	123	21.7%	104	17.6%	88	15.1%

African American	251	11.4%	217	9.9%	261	12.3%	318	14.9%	244	11.6%	211	9.5%	162	6.8%
White	86	3.7%	212	8.5%	211	8.9%	177	7.3%	167	7.4%	150	6.5%	107	4.7%
Hispanic	36	12.8%	39	14.7%	39	16.4%	39	14.4%	50	14.2%	30	8.7%	29	6.2%
Other Ethnicity	10	8.5%	12	11.1%	13	11.4%	25	20.3%	16	12.5%	3	2.7%	3	3.7%

Initial Placement: Group Home/Institution

Indicator 2.B.5	Of all children entering substitute care, what percentage is placed in group homes or institutions in their first placement?						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,904	5,073	4,855	4,942	4,841	4,966	5,182
Children placed in group homes or institutions	409	466	410	463	406	445	447
Percent	8.3%	9.2%	8.4%	9.4%	8.4%	9.0%	8.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	281	21.8%	333	23.5%	267	20.9%	315	22.1%	267	19.3%	284	19.6%	313	19.9%
Northern	52	4.7%	45	4.4%	50	4.8%	58	5.1%	65	5.3%	62	5.7%	47	4.4%
Central	62	3.7%	65	3.8%	73	4.5%	62	4.2%	62	4.2%	65	4.1%	74	4.5%
Southern	14	1.7%	23	2.4%	20	2.1%	28	3.1%	12	1.6%	34	4.0%	13	1.5%

Male	246	10.0%	270	10.1%	235	9.4%	277	11.0%	243	9.7%	267	10.5%	275	10.4%
Female	163	6.7%	196	8.1%	175	7.5%	186	7.7%	163	6.9%	178	7.3%	172	6.7%

Under 3	68	3.5%	77	3.8%	67	3.6%	69	3.7%	64	3.4%	53	2.9%	71	3.5%
3 to 5	22	2.9%	36	4.5%	29	3.5%	32	3.7%	21	2.6%	27	3.4%	43	5.0%
6 to 8	19	3.2%	38	6.3%	25	4.4%	28	4.7%	22	3.8%	21	3.0%	31	4.9%
9 to 11	42	8.7%	43	9.5%	21	4.6%	42	9.3%	22	4.8%	51	10.0%	44	8.7%
12 to 14	133	23.6%	112	19.9%	117	23.4%	115	22.2%	131	24.0%	125	22.5%	99	17.4%
15 and Older	125	21.8%	160	25.9%	151	24.2%	177	28.2%	146	25.7%	168	28.4%	159	27.4%

African American	237	10.8%	279	12.7%	262	12.3%	273	12.8%	234	11.1%	264	11.9%	281	11.8%
White	113	4.9%	130	5.2%	100	4.2%	133	5.5%	118	5.2%	123	5.4%	114	5.0%
Hispanic	40	14.2%	35	13.2%	32	13.4%	40	14.8%	38	10.8%	44	12.7%	47	10.0%
Other Ethnicity	19	16.2%	22	20.4%	16	14.0%	17	13.8%	16	12.5%	14	12.7%	5	6.2%

End of Year Placement: Kinship Foster Home

Indicator 2.C.1	Of all children in substitute care at the end of the year, what percentage is placed in kinship foster homes?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Children in kinship foster homes	6,071	6,235	6,283	6,189	6,254	6,353	6,482
Percent	35.9%	37.7%	38.0%	38.6%	39.4%	39.8%	41.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	2,105	28.3%	2,038	28.7%	1,950	28.6%	1,921	29.9%	2,009	31.8%	2,072	32.9%	2,131	34.9%
Northern	1,333	45.6%	1,325	46.0%	1,339	45.1%	1,415	46.1%	1,562	48.0%	1,501	46.2%	1,448	46.5%
Central	1,788	40.1%	1,846	43.3%	1,894	43.2%	1,751	42.0%	1,631	40.1%	1,727	41.9%	1,875	44.4%
Southern	845	40.5%	1,026	45.3%	1,100	46.2%	1,102	46.6%	1,052	46.7%	1,053	46.2%	1,028	47.6%

Male	3,058	34.6%	3,172	36.7%	3,176	36.3%	3,112	37.1%	3,130	37.6%	3,185	38.3%	3,219	39.5%
Female	3,006	37.2%	3,060	38.9%	3,104	39.8%	3,075	40.3%	3,123	41.3%	3,167	41.5%	3,262	43.8%

Under 3	1,563	49.8%	1,616	50.9%	1,597	51.9%	1,539	51.3%	1,537	50.8%	1,505	49.9%	1,612	51.2%
3 to 5	1,416	48.7%	1,524	51.5%	1,640	51.7%	1,646	53.5%	1,586	52.6%	1,611	54.6%	1,489	53.8%
6 to 8	980	45.3%	1,015	47.5%	1,032	47.2%	1,030	47.6%	1,098	49.9%	1,202	51.3%	1,204	53.6%
9 to 11	726	41.1%	728	42.1%	730	41.7%	714	43.4%	718	43.7%	768	44.5%	813	47.4%
12 to 14	554	30.6%	558	32.9%	555	33.4%	561	33.5%	578	34.3%	551	33.0%	599	37.3%
15 and Older	832	16.2%	794	16.5%	729	15.5%	699	15.7%	737	17.0%	716	16.8%	765	18.6%

African American	3,207	32.8%	3,173	34.4%	3,040	33.8%	2,923	34.3%	2,965	35.4%	2,939	35.5%	3,017	37.4%
White	2,434	41.4%	2,637	43.2%	2,801	44.0%	2,788	44.3%	2,740	44.1%	2,825	44.8%	2,795	46.1%
Hispanic	330	33.2%	338	35.4%	331	35.1%	361	39.6%	419	42.8%	458	43.5%	553	46.5%
Other Ethnicity	100	37.3%	87	37.5%	111	44.2%	117	41.1%	130	41.7%	131	41.3%	117	41.9%

End of Year Placement: Traditional Foster Home

Indicator 2.C.2	Of all children in substitute care at the end of the year, what percentage is placed in traditional foster homes?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Children in traditional foster homes	4,703	4,348	4,354	4,172	4,186	4,225	4,123
Percent	27.8%	26.3%	26.3%	26.0%	26.3%	26.5%	26.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,724	23.1%	1,482	20.8%	1,418	20.8%	1,333	20.8%	1,364	21.6%	1,438	22.8%	1,423	23.3%
Northern	883	30.2%	839	29.1%	882	29.7%	878	28.6%	869	26.7%	892	27.5%	852	27.3%
Central	1,336	30.0%	1,287	30.2%	1,304	29.7%	1,229	29.5%	1,255	30.9%	1,211	29.4%	1,198	28.4%
Southern	760	36.4%	740	32.7%	750	31.5%	732	31.0%	698	31.0%	684	30.0%	650	30.1%

Male	2,301	26.1%	2,120	24.5%	2,173	24.9%	2,055	24.5%	2,059	24.7%	2,054	24.7%	2,082	25.6%
Female	2,395	29.7%	2,225	28.3%	2,179	27.9%	2,117	27.7%	2,126	28.1%	2,170	28.4%	2,040	27.4%

Under 3	1,352	43.0%	1,324	41.7%	1,286	41.8%	1,293	43.1%	1,332	44.0%	1,321	43.8%	1,367	43.4%
3 to 5	1,141	39.3%	1,098	37.1%	1,168	36.8%	1,102	35.8%	1,128	37.4%	1,081	36.7%	1,042	37.6%
6 to 8	755	34.9%	684	32.0%	728	33.3%	697	32.2%	680	30.9%	731	31.2%	676	30.1%
9 to 11	486	27.5%	447	25.8%	455	26.0%	404	24.6%	405	24.7%	444	25.7%	411	24.0%
12 to 14	419	23.1%	357	21.0%	321	19.3%	305	18.2%	298	17.7%	299	17.9%	286	17.8%
15 and Older	550	10.7%	438	9.1%	396	8.4%	371	8.3%	343	7.9%	349	8.2%	341	8.3%

African American	2,518	25.8%	2,205	23.9%	2,161	24.0%	2,049	24.0%	2,024	24.1%	2,072	25.0%	2,059	25.5%
White	1,800	30.6%	1,785	29.2%	1,857	29.1%	1,797	28.5%	1,817	29.2%	1,764	28.0%	1,666	27.5%
Hispanic	294	29.6%	284	29.8%	265	28.1%	234	25.7%	242	24.7%	284	26.9%	311	26.1%
Other Ethnicity	91	34.0%	74	31.9%	71	28.3%	92	32.3%	103	33.0%	105	33.1%	87	31.2%

End of Year Placement: Specialized Foster Home

Indicator 2.C.3	Of all children in substitute care at the end of the year, what percentage is placed in specialized foster homes?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Children in specialized foster homes	2,972	2,842	2,838	2,713	2,660	2,568	2,364
Percent	17.6%	17.2%	17.1%	16.9%	16.7%	16.1%	15.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,718	23.1%	1,596	22.5%	1,546	22.7%	1,425	22.2%	1,362	21.6%	1,326	21.0%	1,216	19.9%
Northern	366	12.5%	360	12.5%	377	12.7%	407	13.3%	428	13.1%	421	13.0%	408	13.1%
Central	619	13.9%	630	14.8%	656	15.0%	637	15.3%	642	15.8%	601	14.6%	559	13.2%
Southern	269	12.9%	256	11.3%	259	10.9%	244	10.3%	228	10.1%	220	9.7%	181	8.4%

Male	1,704	19.3%	1,643	19.0%	1,658	19.0%	1,582	18.9%	1,566	18.8%	1,486	17.9%	1,344	16.5%
Female	1,267	15.7%	1,198	15.2%	1,179	15.1%	1,130	14.8%	1,094	14.5%	1,081	14.2%	1,019	13.7%

Under 3	216	6.9%	222	7.0%	187	6.1%	154	5.1%	150	5.0%	177	5.9%	158	5.0%
3 to 5	338	11.6%	327	11.1%	356	11.2%	317	10.3%	290	9.6%	249	8.4%	228	8.2%
6 to 8	395	18.3%	397	18.6%	383	17.5%	391	18.1%	389	17.7%	352	15.0%	322	14.3%
9 to 11	436	24.7%	431	24.9%	461	26.3%	405	24.6%	401	24.4%	397	23.0%	368	21.4%
12 to 14	499	27.5%	447	26.3%	440	26.5%	468	28.0%	472	28.0%	445	26.7%	409	25.5%
15 and Older	1,088	21.2%	1,018	21.1%	1,011	21.5%	978	21.9%	958	22.2%	948	22.3%	879	21.4%

African American	1,913	19.6%	1,793	19.4%	1,779	19.8%	1,659	19.5%	1,622	19.3%	1,527	18.4%	1,391	17.2%
White	835	14.2%	834	13.7%	831	13.0%	838	13.3%	822	13.2%	822	13.0%	760	12.5%
Hispanic	188	18.9%	179	18.8%	191	20.3%	173	19.0%	173	17.7%	175	16.6%	172	14.5%
Other Ethnicity	36	13.4%	36	15.5%	37	14.7%	43	15.1%	43	13.8%	44	13.9%	41	14.7%

End of Year Placement: Group Home

Indicator 2.C.4	Of all children in substitute care at the end of the year, what percentage is placed in group homes?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Children in group homes	266	253	257	242	232	220	207
Percent	1.6%	1.5%	1.6%	1.5%	1.5%	1.4%	1.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	176	2.4%	160	2.3%	138	2.0%	126	2.0%	103	1.6%	93	1.5%	85	1.4%
Northern	37	1.3%	42	1.5%	48	1.6%	46	1.5%	58	1.8%	56	1.7%	48	1.5%
Central	43	1.0%	39	0.9%	61	1.4%	54	1.3%	55	1.4%	51	1.2%	56	1.3%
Southern	10	0.5%	12	0.5%	10	0.4%	16	0.7%	16	0.7%	20	0.9%	18	0.8%

Male	177	2.0%	162	1.9%	168	1.9%	167	2.0%	153	1.8%	143	1.7%	121	1.5%
Female	89	1.1%	91	1.2%	89	1.1%	75	1.0%	79	1.0%	77	1.0%	86	1.2%

Under 3	3	0.1%	0	0.0%	3	0.1%	3	0.1%	1	0.0%	1	0.0%	4	0.1%
3 to 5	1	0.0%	0	0.0%	1	0.0%	1	0.0%	1	0.0%	0	0.0%	1	0.0%
6 to 8	7	0.3%	5	0.2%	4	0.2%	6	0.3%	6	0.3%	7	0.3%	5	0.2%
9 to 11	10	0.6%	13	0.8%	12	0.7%	7	0.4%	11	0.7%	8	0.5%	7	0.4%
12 to 14	40	2.2%	31	1.8%	38	2.3%	30	1.8%	33	2.0%	33	2.0%	17	1.1%
15 and Older	205	4.0%	204	4.2%	199	4.2%	195	4.4%	180	4.2%	171	4.0%	173	4.2%

African American	174	1.8%	156	1.7%	151	1.7%	140	1.6%	127	1.5%	128	1.5%	105	1.3%
White	73	1.2%	80	1.3%	87	1.4%	77	1.2%	85	1.4%	77	1.2%	89	1.5%
Hispanic	18	1.8%	16	1.7%	17	1.8%	22	2.4%	17	1.7%	9	0.9%	10	0.8%
Other Ethnicity	1	0.4%	1	0.4%	2	0.8%	3	1.1%	3	1.0%	6	1.9%	3	1.1%

End of Year Placement: Institution

Indicator 2.C.5	Of all children in substitute care at the end of the year, what percentage is placed in institutions?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Children in institutions	1,412	1,416	1,416	1,372	1,295	1,324	1,261
Percent	8.3%	8.6%	8.6%	8.6%	8.1%	8.3%	8.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	743	10.0%	704	9.9%	672	9.9%	616	9.6%	566	9.0%	547	8.7%	534	8.7%
Northern	218	7.5%	223	7.7%	224	7.5%	219	7.1%	225	6.9%	238	7.3%	217	7.0%
Central	318	7.1%	333	7.8%	337	7.7%	349	8.4%	337	8.3%	350	8.5%	332	7.9%
Southern	133	6.4%	156	6.9%	183	7.7%	188	7.9%	167	7.4%	189	8.3%	178	8.2%

Male	970	11.0%	965	11.2%	982	11.2%	942	11.2%	887	10.6%	900	10.8%	886	10.9%
Female	442	5.5%	451	5.7%	434	5.6%	430	5.6%	407	5.4%	424	5.6%	375	5.0%

Under 3	6	0.2%	7	0.2%	6	0.2%	7	0.2%	3	0.1%	4	0.1%	6	0.2%
3 to 5	7	0.2%	6	0.2%	8	0.3%	8	0.3%	8	0.3%	6	0.2%	8	0.3%
6 to 8	24	1.1%	29	1.4%	35	1.6%	36	1.7%	28	1.3%	45	1.9%	38	1.7%
9 to 11	107	6.1%	102	5.9%	87	5.0%	105	6.4%	99	6.0%	99	5.7%	111	6.5%
12 to 14	279	15.4%	279	16.4%	277	16.7%	289	17.3%	287	17.0%	313	18.8%	273	17.0%
15 and Older	989	19.3%	993	20.6%	1,003	21.4%	927	20.8%	870	20.1%	857	20.1%	825	20.0%

African American	865	8.9%	844	9.2%	843	9.4%	780	9.2%	750	8.9%	754	9.1%	713	8.8%
White	450	7.6%	488	8.0%	494	7.8%	513	8.1%	468	7.5%	491	7.8%	459	7.6%
Hispanic	70	7.0%	65	6.8%	60	6.4%	60	6.6%	54	5.5%	60	5.7%	72	6.1%
Other Ethnicity	27	10.1%	19	8.2%	19	7.6%	19	6.7%	23	7.4%	19	6.0%	17	6.1%

End of Year Placement: Independent Living

Indicator 2.C.6	Of all children in substitute care at the end of the year, what percentage is placed in independent living?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Children in independent living	1,411	1,309	1,299	1,223	1,173	1,160	1,078
Percent	8.3%	7.9%	7.8%	7.6%	7.4%	7.3%	6.9%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	934	12.5%	1,061	14.9%	1,030	15.1%	935	14.6%	869	13.8%	787	12.5%	670	11.0%
Northern	72	2.5%	81	2.8%	80	2.7%	90	2.9%	97	3.0%	119	3.7%	132	4.2%
Central	345	7.7%	110	2.6%	121	2.8%	132	3.2%	131	3.2%	164	4.0%	184	4.4%
Southern	60	2.9%	57	2.5%	68	2.9%	66	2.8%	76	3.4%	90	4.0%	92	4.3%

Male	571	6.5%	507	5.9%	514	5.9%	457	5.5%	481	5.8%	486	5.8%	446	5.5%
Female	840	10.4%	802	10.2%	785	10.1%	766	10.0%	692	9.2%	674	8.8%	632	8.5%

12 to 14	1	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
15 and Older	1,410	27.5%	1,309	27.1%	1,299	27.7%	1,223	27.4%	1,173	27.1%	1,160	27.3%	1,078	26.2%

African American	1,042	10.7%	986	10.7%	945	10.5%	897	10.5%	847	10.1%	798	9.6%	738	9.1%
White	267	4.5%	244	4.0%	271	4.3%	261	4.1%	244	3.9%	291	4.6%	266	4.4%
Hispanic	89	9.0%	65	6.8%	72	7.6%	55	6.0%	73	7.4%	60	5.7%	60	5.0%
Other Ethnicity	13	4.9%	14	6.0%	11	4.4%	10	3.5%	9	2.9%	11	3.5%	14	5.0%

Initial Placement with Siblings

Indicator 2.D	Of all children entering substitute care, what percentage is placed with their siblings in their first placement?						
	2009	2010	2011	2012	2013	2014	2015
TRADITIONAL FOSTER CARE	1-2 SIBLINGS						
Children with 1-2 siblings	583	504	525	556	464	453	523
Children placed with all siblings	410	358	332	362	309	277	311
Percent	70.3%	71.0%	63.2%	65.1%	66.6%	61.1%	59.5%
KINSHIP FOSTER CARE	1-2 SIBLINGS						
Children with 1-2 siblings	1,169	1,272	1,150	1,229	1,183	1,369	1,430
Children placed with all siblings	936	1,063	943	1,000	944	1,117	1,156
Percent	80.1%	83.6%	82.0%	81.4%	79.8%	81.6%	80.8%
TRADITIONAL FOSTER CARE	3 OR MORE SIBLINGS						
Children with 3 or more siblings	245	176	232	167	225	236	194
Children placed with all siblings	34	27	28	0	4	13	16
Percent	13.9%	15.3%	12.1%	0.0%	1.8%	5.5%	8.2%
KINSHIP FOSTER CARE	3 OR MORE SIBLINGS						
Children with 3 or more siblings	531	609	496	510	537	544	610
Children placed with all siblings	315	334	241	280	290	314	313
Percent	59.3%	54.8%	48.6%	54.9%	54.0%	57.7%	51.3%

End of Year Placement with Siblings

Indicator 2.E	Of all children in substitute care at the end of the year, what percentage is placed with their siblings?						
	2009	2010	2011	2012	2013	2014	2015
TRADITIONAL FOSTER CARE	1-2 SIBLINGS						
Children with 1-2 siblings	2,294	2,135	2,216	2,077	2,048	2,070	2,072
Children placed with all siblings	1,314	1,272	1,292	1,226	1,191	1,155	1,140
Percent	57.3%	59.6%	58.3%	59.0%	58.2%	55.8%	55.0%
KINSHIP FOSTER CARE	1-2 SIBLINGS						
Children with 1-2 siblings	3,001	3,086	3,141	3,243	3,198	3,270	3,245
Children placed with all siblings	2,088	2,180	2,240	2,315	2,261	2,351	2,339
Percent	69.6%	70.6%	71.3%	71.4%	70.7%	71.9%	72.1%
TRADITIONAL FOSTER CARE	3 OR MORE SIBLINGS						
Children with 3 or more siblings	1,126	1,010	1,012	1,037	1,043	1,139	1,023
Children placed with all siblings	177	132	98	132	123	127	91
Percent	15.7%	13.1%	9.7%	12.7%	11.8%	11.2%	8.9%
KINSHIP FOSTER CARE	3 OR MORE SIBLINGS						
Children with 3 or more siblings	1,286	1,400	1,375	1,265	1,363	1,485	1,575
Children placed with all siblings	551	558	532	429	521	505	581
Percent	42.8%	39.9%	38.7%	33.9%	38.2%	34.0%	36.9%

Placing Children Close to Home - Initial Placement

Indicator 2.F	Of all children entering substitute care, what is the median* distance from their home of origin to their initial placement?						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,904	5,073	4,855	4,942	4,841	4,966	5,182
Median miles from home	8.0	9.2	10.1	10.3	10.3	11.0	13.3

	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES
Cook	1,287	7.0	1,420	7.7	1,275	7.9	1,423	8.6	1,380	8.5	1,450	8.3	1,576	10.1
Northern	1,117	11.9	1,017	11.4	1,032	12.7	1,141	14.2	1,218	15.2	1,096	13.0	1,080	19.4
Central	1,656	6.2	1,694	10.6	1,612	12.2	1,460	10.1	1,485	12.1	1,579	11.1	1,633	15.3
Southern	844	12.3	942	15.3	936	14.3	918	19.8	758	13.3	841	24.8	893	22.9

Male	2,467	8.4	2,661	10.3	2,511	10.4	2,517	10.0	2,493	10.8	2,533	11.4	2,633	14.4
Female	2,434	7.5	2,411	8.6	2,344	9.9	2,424	10.9	2,348	9.8	2,433	10.3	2,549	12.5

Under 3	1,936	7.6	2,029	7.4	1,883	7.9	1,882	8.3	1,880	9.2	1,817	10.2	2,037	12.2
3 to 5	753	6.9	807	7.5	819	9.4	865	8.7	804	10.0	797	10.0	857	12.2
6 to 8	594	5.4	602	6.8	573	11.4	595	10.9	583	7.1	694	8.0	636	11.6
9 to 11	484	6.4	455	11.4	454	14.5	453	12.4	460	13.3	512	8.8	503	12.4
12 to 14	563	12.0	563	16.5	501	15.0	519	14.2	546	14.8	555	19.9	568	18.5
15 and Older	574	12.7	617	17.2	625	11.8	628	14.5	567	12.6	591	15.3	581	20.3

African American	2,203	6.0	2,198	6.8	2,130	6.6	2,137	8.0	2,103	7.3	2,216	8.2	2,372	10.2
White	2,302	15.0	2,502	13.8	2,373	15.0	2,412	15.7	2,259	16.3	2,294	18.4	2,260	20.4
Hispanic	282	5.2	265	8.6	238	12.0	270	9.2	351	11.1	346	8.9	469	11.1
Other Ethnicity	117	7.6	108	11.6	114	12.1	123	11.0	128	8.4	110	13.7	81	10.7

*Median only includes children with valid address information.

Placing Children Close to Home - End of Year Placement

Indicator 2.G	Of all children in substitute care at the end of the year, what is the median* distance from their home of origin?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Median miles from home	9.1	9.3	9.8	11.3	10.5	10.7	11.4

	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES
Cook	7,450	9.5	7,109	9.5	6,817	9.6	6,418	10.2	6,318	9.5	6,307	9.5	6,106	9.6
Northern	2,924	10.4	2,881	10.9	2,969	12.5	3,070	14.7	3,255	12.1	3,249	12.9	3,116	14.4
Central	4,454	6.3	4,262	6.7	4,384	8.5	4,165	11.3	4,065	12.2	4,126	10.5	4,221	12.1
Southern	2,086	9.4	2,265	9.4	2,382	9.6	2,365	13.4	2,254	12.1	2,277	15.0	2,161	16.2

Male	8,827	9.7	8,647	9.9	8,738	10.7	8,382	12.1	8,331	11.3	8,321	11.4	8,148	12.2
Female	8,072	8.5	7,863	8.5	7,808	9.0	7,633	10.4	7,558	9.8	7,635	10.0	7,453	10.5

Under 3	3,141	6.5	3,172	6.6	3,080	7.0	2,999	7.9	3,026	7.8	3,015	8.0	3,149	9.0
3 to 5	2,905	6.7	2,958	6.7	3,175	6.5	3,079	7.4	3,014	8.2	2,949	7.9	2,769	8.8
6 to 8	2,164	7.8	2,135	7.7	2,186	8.6	2,162	8.2	2,201	8.2	2,345	7.7	2,248	9.3
9 to 11	1,768	8.6	1,730	8.4	1,751	9.8	1,645	11.8	1,643	11.1	1,725	10.8	1,716	11.0
12 to 14	1,812	11.2	1,697	12.0	1,663	12.2	1,673	16.0	1,684	13.4	1,669	15.7	1,607	14.4
15 and Older	5,124	12.8	4,825	14.2	4,697	15.3	4,460	16.1	4,324	15.9	4,256	17.0	4,115	17.9

African American	9,768	8.4	9,224	8.5	8,986	8.9	8,522	9.9	8,387	9.5	8,279	9.9	8,068	10.3
White	5,884	12.1	6,107	11.7	6,372	12.8	6,300	15.9	6,213	13.4	6,309	13.4	6,067	14.9
Hispanic	994	7.2	954	7.5	943	8.0	911	8.1	980	7.6	1,054	7.8	1,190	8.8
Other Ethnicity	268	6.6	232	9.6	251	7.4	285	12.0	312	9.9	317	11.0	279	12.6

*Median only includes children with valid address information.

Stability in Substitute Care

Indicator 2.H	Of all children entering substitute care and staying for at least one year, what percentage had two or fewer placements within their first year?						
	2008	2009	2010	2011	2012	2013	2014
Children entering substitute care and staying one year	4,356	3,863	3,986	3,845	3,925	3,969	4,057
Children with two or fewer placements in their first year	3,338	3,016	3,115	2,978	3,028	3,138	3,217
Percent	76.6%	78.1%	78.1%	77.5%	77.1%	79.1%	79.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	881	66.5%	675	70.8%	795	74.0%	676	69.5%	745	68.0%	821	74.2%	932	78.5%
Northern	699	80.2%	732	80.7%	644	79.0%	606	78.0%	757	80.8%	799	79.9%	696	78.1%
Central	1,254	82.6%	1,093	80.6%	1,109	81.7%	1,100	82.3%	984	83.2%	1,045	82.2%	1,039	80.0%
Southern	504	78.6%	516	79.8%	567	76.7%	596	78.4%	542	76.4%	473	79.9%	550	80.9%

Male	1,732	77.5%	1,521	78.2%	1,635	77.4%	1,505	76.8%	1,534	76.3%	1,617	79.8%	1,639	79.0%
Female	1,598	75.7%	1,494	77.9%	1,479	79.0%	1,473	78.1%	1,493	78.0%	1,521	78.3%	1,578	79.6%

Under 3	1,504	82.7%	1,397	84.7%	1,468	84.1%	1,364	85.2%	1,359	84.3%	1,357	83.7%	1,370	86.9%
3 to 5	561	78.8%	459	78.3%	486	77.8%	496	76.9%	511	75.3%	494	77.1%	522	80.8%
6 to 8	392	76.7%	361	76.2%	341	76.6%	317	75.5%	361	78.1%	375	81.3%	421	76.0%
9 to 11	295	72.3%	261	76.3%	249	76.4%	263	73.3%	245	69.2%	271	74.9%	289	72.1%
12 to 14	317	69.2%	285	68.7%	269	65.9%	245	66.0%	290	72.0%	332	73.6%	302	69.9%
15 and Older	269	59.9%	253	63.9%	302	69.1%	293	65.3%	262	63.3%	308	71.3%	313	69.9%

African American	1,485	72.2%	1,276	75.2%	1,313	75.9%	1,190	73.6%	1,247	72.8%	1,281	74.3%	1,389	76.4%
White	1,610	81.9%	1,481	79.7%	1,582	80.0%	1,592	81.6%	1,565	81.9%	1,561	84.4%	1,556	82.5%
Hispanic	174	69.3%	181	85.0%	163	78.0%	126	65.6%	143	69.1%	226	76.4%	205	77.9%
Other Ethnicity	69	83.1%	78	82.1%	57	81.4%	70	82.4%	73	77.7%	70	69.3%	67	75.3%

Children Who Run Away from Substitute Care

Indicator 2.1	Of all children ages 12 to 17 entering substitute care, what percentage ran away from a substitute care placement during their first year?						
	2008	2009	2010	2011	2012	2013	2014
Children entering substitute care between age 12 to 17	1,207	1,097	1,131	1,046	1,084	1,059	1,089
Children who ran away during their first year	216	203	242	236	256	204	236
Percent	17.9%	18.5%	21.4%	22.6%	23.6%	19.3%	21.7%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	92	17.7%	111	26.2%	139	31.4%	146	34.8%	147	32.2%	127	31.5%	126	31.2%
Northern	44	24.3%	34	16.5%	32	16.0%	29	15.2%	34	15.1%	41	16.9%	35	15.9%
Central	50	15.5%	35	11.1%	44	13.3%	34	12.4%	49	19.0%	21	7.6%	50	16.9%
Southern	30	16.4%	23	15.2%	27	17.0%	27	16.8%	26	17.9%	15	10.9%	25	14.7%

Male	110	18.2%	108	19.3%	126	21.4%	128	24.2%	139	25.0%	86	16.6%	114	20.1%
Female	106	17.6%	95	17.7%	116	21.4%	108	20.9%	117	22.2%	118	21.8%	122	23.4%

12 to 14	51	8.6%	80	14.2%	91	16.2%	75	15.0%	70	13.5%	63	11.5%	71	12.8%
15 and Older	165	26.8%	123	23.1%	151	26.5%	161	29.5%	186	32.9%	141	27.5%	165	30.8%

African American	129	19.7%	131	23.7%	159	27.4%	149	26.7%	164	29.5%	129	25.0%	153	28.2%
White	72	16.2%	61	13.5%	69	14.8%	64	15.8%	76	17.5%	53	12.1%	62	14.0%
Hispanic	9	14.8%	8	14.5%	9	17.0%	18	29.5%	9	13.8%	15	20.8%	17	21.0%
Other Ethnicity	6	12.8%	3	8.3%	5	16.7%	5	22.7%	7	24.1%	7	21.9%	4	18.2%

Median Length of Stay in Substitute Care

Indicator 2.J	Of all children entering substitute care for the first time during the fiscal year, what is the median length of stay in substitute care?						
	2006	2007	2008	2009	2010	2011	2012
Median length of stay (in months)	29	28	31	29	30	30	31

	MONTHS	MONTHS	MONTHS	MONTHS	MONTHS	MONTHS	MONTHS
Cook	41	41	48	42	44	47	40
Northern	31	30	30	27	27	25	29
Central	24	25	26	24	25	25	27
Southern	20	21	24	23	28	26	24

Male	28	28	32	29	30	29	32
Female	29	28	31	28	30	30	31

Under 3	31	29	32	30	31	31	32
3 to 5	29	28	31	24	28	25	29
6 to 8	29	25	30	28	27	24	26
9 to 11	26	26	28	27	23	25	30
12 to 14	26	33	36	25	36	44	36
15 and Older	26	24	30	31	33	38	34

African American	34	32	38	33	35	37	37
White	24	26	25	26	26	26	27
Hispanic	36	28	36	29	35	31	30
Other Ethnicity	25	12	18	21	20	26	26

Permanence Within 12 Months: Reunification

Indicator 3.A.1	Of all children who entered substitute care during the year, what percentage was reunified with their parents within 12 months?						
	2008	2009	2010	2011	2012	2013	2014
Children entering substitute care	5,305	4,904	5,073	4,855	4,942	4,841	4,966
Children reunified within 12 months	1,011	1,047	1,061	994	993	981	1,024
Percent	19.1%	21.3%	20.9%	20.5%	20.1%	20.3%	20.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	144	8.9%	112	8.7%	130	9.2%	102	8.0%	128	9.0%	141	10.2%	158	10.9%
Northern	221	21.3%	261	23.4%	250	24.6%	290	28.1%	281	24.5%	281	23.2%	280	25.5%
Central	393	21.6%	417	25.2%	447	26.4%	345	21.4%	318	21.8%	359	24.2%	352	22.3%
Southern	253	30.0%	257	30.4%	234	24.8%	257	27.4%	266	29.0%	200	26.4%	234	27.8%

Male	514	18.8%	522	21.2%	557	20.9%	531	21.1%	478	19.0%	519	20.8%	506	20.0%
Female	495	19.4%	523	21.5%	504	20.9%	463	19.8%	515	21.2%	462	19.7%	518	21.3%

Under 3	359	17.4%	364	18.8%	372	18.4%	326	17.3%	335	17.8%	351	18.7%	347	19.1%
3 to 5	182	21.3%	213	28.2%	189	23.4%	205	25.0%	216	24.9%	198	24.7%	187	23.5%
6 to 8	146	23.3%	149	25.1%	163	27.0%	160	28.0%	147	24.7%	145	24.8%	181	26.1%
9 to 11	102	20.0%	118	24.4%	133	29.2%	118	25.9%	111	24.4%	123	26.7%	134	26.1%
12 to 14	110	18.6%	113	20.0%	106	18.9%	90	18.0%	90	17.4%	91	16.7%	105	19.0%
15 and Older	112	16.9%	90	15.7%	98	15.9%	95	15.2%	94	14.9%	73	12.9%	70	11.8%

African American	325	13.1%	387	17.6%	343	15.6%	374	17.6%	332	15.5%	371	17.6%	388	17.5%
White	575	24.1%	583	25.3%	639	25.5%	543	22.9%	582	24.1%	518	22.9%	529	23.1%
Hispanic	69	22.3%	47	16.7%	46	17.4%	49	20.6%	55	20.4%	59	16.8%	75	21.7%
Other Ethnicity	42	34.7%	30	25.6%	33	30.6%	28	24.6%	24	19.5%	33	25.8%	32	29.1%

Permanence Within 24 Months: Reunification

Indicator 3.A.2	Of all children who entered substitute care during the year, what percentage was reunified with their parents within 24 months?						
	2007	2008	2009	2010	2011	2012	2013
Children entering substitute care	4,627	5,305	4,904	5,073	4,855	4,942	4,841
Children reunified within 24 months	1,507	1,635	1,748	1,724	1,650	1,621	1,667
Percent	32.6%	30.8%	35.6%	34.0%	34.0%	32.8%	34.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	225	17.6%	258	16.0%	243	18.9%	261	18.4%	211	16.5%	247	17.4%	273	19.7%
Northern	249	31.6%	370	35.7%	444	39.8%	418	41.1%	451	43.7%	445	38.8%	471	38.9%
Central	673	39.3%	653	36.0%	677	40.9%	682	40.3%	601	37.3%	554	37.9%	621	41.8%
Southern	360	42.7%	354	42.0%	384	45.4%	363	38.5%	387	41.3%	375	40.8%	302	39.9%

Male	803	34.0%	826	30.1%	842	34.1%	910	34.2%	866	34.5%	818	32.5%	878	35.2%
Female	702	31.1%	807	31.6%	904	37.1%	814	33.8%	784	33.4%	803	33.1%	789	33.6%

Under 3	522	29.5%	594	28.8%	641	33.1%	641	31.6%	575	30.6%	577	30.7%	616	32.7%
3 to 5	272	39.1%	305	35.7%	355	47.0%	332	41.1%	352	43.0%	348	40.1%	325	40.5%
6 to 8	230	40.9%	245	39.1%	241	40.6%	253	42.0%	271	47.4%	244	41.1%	242	41.4%
9 to 11	178	38.8%	181	35.4%	192	39.8%	199	43.6%	183	40.1%	165	36.3%	196	42.6%
12 to 14	159	29.0%	159	26.9%	195	34.5%	163	29.0%	149	29.7%	161	31.1%	177	32.4%
15 and Older	146	24.8%	151	22.8%	124	21.6%	136	22.0%	120	19.2%	126	20.0%	111	19.5%

African American	578	26.2%	536	21.6%	673	30.5%	573	26.1%	615	28.9%	562	26.3%	653	31.1%
White	780	38.0%	941	39.4%	920	40.0%	1,015	40.6%	898	37.8%	923	38.3%	863	38.2%
Hispanic	88	34.9%	97	31.3%	97	34.4%	86	32.5%	93	39.1%	99	36.7%	105	29.9%
Other Ethnicity	61	52.1%	61	50.4%	58	49.6%	50	46.3%	44	38.6%	37	30.1%	46	35.9%

Permanence Within 36 Months: Reunification

Indicator 3.A.3	Of all children who entered substitute care during the year, what percentage was reunified with their parents within 36 months?						
	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care	4,817	4,627	5,305	4,904	5,073	4,855	4,942
Children reunified within 36 months	1,697	1,751	1,987	2,064	2,012	1,912	1,888
Percent	35.2%	37.8%	37.5%	42.1%	39.7%	39.4%	38.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	257	18.2%	272	21.2%	355	22.1%	318	24.7%	342	24.1%	272	21.3%	321	22.7%
Northern	394	40.5%	309	39.3%	441	42.5%	539	48.3%	478	47.0%	502	48.6%	517	45.0%
Central	635	40.5%	776	45.3%	809	44.5%	770	46.5%	772	45.6%	697	43.3%	623	42.7%
Southern	411	47.6%	394	46.7%	382	45.3%	437	51.7%	420	44.6%	441	47.1%	427	46.5%

Male	895	36.8%	927	39.2%	1,010	36.8%	1,010	40.9%	1,061	39.9%	1,012	40.3%	969	38.5%
Female	802	33.8%	822	36.4%	972	38.0%	1,052	43.2%	951	39.4%	900	38.4%	919	37.9%

Under 3	586	30.9%	611	34.5%	730	35.4%	762	39.4%	761	37.5%	682	36.2%	675	35.9%
3 to 5	352	45.6%	327	47.0%	386	45.1%	420	55.6%	391	48.5%	408	49.8%	410	47.2%
6 to 8	247	42.7%	267	47.4%	295	47.0%	297	50.1%	299	49.6%	302	52.8%	282	47.5%
9 to 11	182	40.8%	206	44.9%	223	43.6%	228	47.2%	227	49.8%	210	46.1%	187	41.1%
12 to 14	224	36.1%	185	33.7%	191	32.3%	224	39.6%	191	34.0%	176	35.1%	190	36.8%
15 and Older	106	21.2%	155	26.4%	162	24.5%	133	23.2%	143	23.1%	134	21.4%	144	22.9%

African American	654	27.7%	683	30.9%	733	29.5%	810	36.8%	691	31.4%	722	33.9%	684	32.0%
White	934	43.8%	899	43.8%	1,065	44.6%	1,062	46.1%	1,142	45.6%	1,039	43.8%	1,030	42.7%
Hispanic	72	29.8%	106	42.1%	112	36.1%	132	46.8%	121	45.7%	98	41.2%	131	48.5%
Other Ethnicity	37	43.5%	63	53.8%	77	63.6%	60	51.3%	58	53.7%	53	46.5%	43	35.0%

Stability of Permanence at One Year: Reunification

Indicator 3.B.1	Of all children who were reunified during the year, what percentage remained with their family at one year?						
	2008	2009	2010	2011	2012	2013	2014
Children reunified	2,042	2,161	2,322	2,292	2,225	2,146	2,023
Children stable at one year	1,726	1,835	1,962	1,918	1,859	1,766	1,726
Percent	84.5%	84.9%	84.5%	83.7%	83.6%	82.3%	85.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	340	88.1%	447	90.9%	341	84.8%	379	86.1%	388	84.7%	323	85.2%	327	87.9%
Northern	310	83.8%	439	83.9%	448	81.8%	484	83.0%	434	82.5%	480	83.5%	481	89.1%
Central	704	84.7%	671	85.9%	815	88.3%	682	84.7%	613	82.6%	598	79.6%	588	82.7%
Southern	372	81.8%	278	76.2%	358	79.7%	373	80.4%	424	85.0%	365	82.8%	330	82.5%

Male	899	85.2%	962	85.3%	994	82.8%	964	81.7%	946	82.6%	938	83.1%	901	84.1%
Female	823	83.7%	868	84.4%	965	86.3%	954	85.8%	911	84.5%	828	81.4%	825	86.7%

Under 3	392	83.1%	443	84.1%	472	83.4%	444	83.5%	420	82.8%	408	81.4%	423	87.0%
3 to 5	410	89.5%	399	88.9%	454	86.5%	467	87.9%	471	85.6%	437	83.1%	383	88.5%
6 to 8	296	84.3%	319	86.9%	351	84.0%	330	83.5%	349	85.3%	326	83.2%	324	88.3%
9 to 11	217	85.4%	283	84.7%	272	90.1%	260	85.0%	238	85.3%	229	83.0%	247	87.6%
12 to 14	196	82.0%	197	82.4%	209	81.6%	184	79.0%	178	84.4%	170	78.3%	180	79.3%
15 and Older	215	80.2%	194	79.2%	204	80.0%	233	79.0%	203	75.5%	196	83.8%	169	74.1%

African American	605	82.1%	788	87.8%	766	85.4%	811	84.3%	693	79.8%	642	81.3%	708	86.0%
White	931	84.9%	863	82.0%	1,021	83.0%	932	82.0%	997	85.0%	946	82.3%	856	84.5%
Hispanic	127	90.1%	140	88.6%	94	85.5%	124	91.9%	128	92.8%	126	85.7%	114	83.2%
Other Ethnicity	63	92.6%	44	83.0%	81	95.3%	51	87.9%	41	89.1%	52	88.1%	48	96.0%

Stability of Permanence at Two Years: Reunification

Indicator 3.B.2	Of all children who were reunified during the year, what percentage remained with their family at two years?						
	2007	2008	2009	2010	2011	2012	2013
Children reunified	2,042	2,042	2,161	2,322	2,292	2,225	2,146
Children stable at two years	1,646	1,656	1,774	1,913	1,845	1,810	1,706
Percent	80.6%	81.1%	82.1%	82.4%	80.5%	81.3%	79.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	396	85.3%	328	85.0%	439	89.2%	330	82.1%	367	83.4%	382	83.4%	310	81.8%
Northern	330	79.3%	302	81.6%	422	80.7%	442	80.7%	450	77.2%	417	79.3%	462	80.3%
Central	585	79.3%	672	80.9%	651	83.4%	799	86.6%	660	82.0%	599	80.7%	580	77.2%
Southern	335	79.0%	354	77.8%	262	71.8%	342	76.2%	368	79.3%	412	82.6%	354	80.3%

Male	865	80.1%	866	82.1%	926	82.1%	974	81.1%	925	78.4%	925	80.8%	906	80.2%
Female	781	81.4%	786	80.0%	844	82.1%	936	83.7%	920	82.7%	883	81.9%	800	78.7%

Under 3	355	80.0%	374	79.2%	422	80.1%	460	81.3%	432	81.2%	405	79.9%	388	77.4%
3 to 5	365	82.4%	392	85.6%	389	86.6%	441	84.0%	452	85.1%	459	83.5%	429	81.6%
6 to 8	251	79.4%	284	80.9%	312	85.0%	343	82.1%	315	79.7%	339	82.9%	319	81.4%
9 to 11	246	82.8%	209	82.3%	273	81.7%	265	87.7%	248	81.0%	232	83.2%	217	78.6%
12 to 14	192	77.1%	186	77.8%	187	78.2%	206	80.5%	177	76.0%	173	82.0%	163	75.1%
15 and Older	237	80.9%	211	78.7%	191	78.0%	198	77.6%	221	74.9%	202	75.1%	190	81.2%

African American	743	81.0%	578	78.4%	768	85.6%	751	83.7%	774	80.5%	674	77.6%	624	79.0%
White	759	79.3%	888	81.0%	823	78.2%	990	80.5%	898	79.0%	975	83.1%	906	78.8%
Hispanic	81	82.7%	127	90.1%	139	88.0%	91	82.7%	123	91.1%	122	88.4%	124	84.4%
Other Ethnicity	63	90.0%	63	92.6%	44	83.0%	81	95.3%	50	86.2%	39	84.8%	52	88.1%

Stability of Permanence at Five Years: Reunification

Indicator 3.B.3	Of all children who were reunified during the year, what percentage remained with their family at five years?						
	2004	2005	2006	2007	2008	2009	2010
Children reunified	2,099	2,168	2,039	2,042	2,042	2,161	2,322
Children stable at five years	1,558	1,627	1,592	1,579	1,560	1,676	1,807
Percent	74.2%	75.0%	78.1%	77.3%	76.4%	77.6%	77.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	509	82.1%	440	81.0%	430	82.9%	389	83.8%	315	81.6%	415	84.3%	314	78.1%
Northern	265	72.6%	299	73.3%	304	77.0%	310	74.5%	293	79.2%	387	74.0%	427	77.9%
Central	506	69.6%	553	72.9%	496	75.8%	559	75.7%	621	74.7%	624	79.9%	751	81.4%
Southern	278	71.8%	335	73.1%	362	76.9%	321	75.7%	331	72.7%	250	68.5%	315	70.2%

Male	820	74.0%	855	74.0%	801	76.9%	832	77.0%	813	77.1%	877	77.7%	937	78.0%
Female	737	74.4%	769	76.1%	790	79.3%	747	77.8%	743	75.6%	795	77.3%	867	77.5%

Under 3	324	73.6%	334	73.2%	339	78.1%	331	74.5%	346	73.3%	399	75.7%	427	75.4%
3 to 5	286	70.8%	337	73.9%	330	77.1%	351	79.2%	363	79.3%	356	79.3%	413	78.7%
6 to 8	249	75.7%	267	75.9%	302	83.9%	238	75.3%	264	75.2%	296	80.7%	326	78.0%
9 to 11	231	77.3%	256	82.1%	237	80.1%	238	80.1%	197	77.6%	257	76.9%	247	81.8%
12 to 14	242	71.6%	224	72.7%	206	70.8%	185	74.3%	180	75.3%	177	74.1%	197	77.0%
15 and Older	226	78.2%	209	73.6%	178	77.4%	236	80.5%	210	78.4%	191	78.0%	197	77.3%

African American	657	74.2%	674	72.6%	668	78.5%	708	77.2%	532	72.2%	713	79.5%	709	79.0%
White	752	72.9%	785	75.3%	813	77.9%	729	76.2%	847	77.3%	785	74.5%	932	75.8%
Hispanic	96	78.0%	126	85.1%	85	76.6%	80	81.6%	119	84.4%	135	85.4%	86	78.2%
Other Ethnicity	53	91.4%	42	85.7%	26	76.5%	62	88.6%	62	91.2%	43	81.1%	80	94.1%

Stability of Permanence at Ten Years: Reunification

Indicator 3.B.4	Of all children who were reunified during the year, what percentage remained with their family at ten years?						
	1999	2000	2001	2002	2003	2004	2005
Children reunified	4,197	3,487	2,863	2,765	2,464	2,099	2,168
Children stable at ten years	3,168	2,535	2,124	2,048	1,782	1,506	1,585
Percent	75.5%	72.7%	74.2%	74.1%	72.3%	71.7%	73.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,801	83.3%	1,374	81.3%	888	83.9%	762	80.3%	647	80.9%	503	81.1%	435	80.1%
Northern	410	68.1%	339	64.4%	349	69.9%	359	71.9%	314	73.0%	253	69.3%	292	71.6%
Central	655	65.4%	596	65.0%	635	68.4%	643	69.8%	554	66.0%	496	68.2%	528	69.6%
Southern	302	69.9%	226	63.7%	252	66.8%	284	71.7%	267	67.6%	254	65.6%	330	72.1%

Male	1,612	75.7%	1,304	72.4%	1,075	72.5%	1,079	72.5%	938	71.7%	790	71.3%	833	72.1%
Female	1,554	75.3%	1,227	72.9%	1,048	75.9%	969	75.9%	842	73.0%	715	72.2%	749	74.2%

Under 3	462	69.4%	376	66.2%	367	72.7%	362	68.8%	343	69.6%	306	69.5%	325	71.3%
3 to 5	646	79.2%	489	72.0%	379	71.0%	353	74.2%	330	70.8%	269	66.6%	319	70.0%
6 to 8	619	78.4%	502	76.6%	364	75.8%	361	75.5%	320	74.8%	239	72.6%	258	73.3%
9 to 11	552	76.7%	437	73.9%	353	76.2%	337	77.8%	287	75.7%	224	74.9%	250	80.1%
12 to 14	410	67.5%	369	69.4%	313	73.8%	286	69.4%	239	67.9%	242	71.6%	224	72.7%
15 and Older	479	80.1%	362	78.4%	348	76.1%	349	79.3%	263	76.0%	226	78.2%	209	73.6%

African American	1,816	78.6%	1,492	74.2%	1,107	75.8%	1,011	75.4%	888	75.1%	628	70.9%	657	70.8%
White	995	69.0%	791	68.4%	813	70.4%	811	71.3%	686	67.7%	732	70.9%	760	72.9%
Hispanic	273	85.0%	196	83.1%	142	87.1%	152	80.0%	149	80.5%	95	77.2%	126	85.1%
Other Ethnicity	84	68.3%	56	66.7%	62	72.9%	74	77.1%	59	71.1%	51	87.9%	42	85.7%

Permanence Within 24 Months: Adoption

Indicator 3.C.1	Of all children who entered substitute care during the year, what percentage was adopted within 24 months?						
	2007	2008	2009	2010	2011	2012	2013
Children entering substitute care	4,627	5,305	4,904	5,073	4,855	4,942	4,841
Children adopted within 24 months	253	225	159	177	202	156	176
Percent	5.5%	4.2%	3.2%	3.5%	4.2%	3.2%	3.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	57	4.4%	36	2.2%	34	2.6%	34	2.4%	38	3.0%	33	2.3%	28	2.0%
Northern	41	5.2%	38	3.7%	25	2.2%	20	2.0%	17	1.6%	28	2.4%	39	3.2%
Central	121	7.1%	125	6.9%	85	5.1%	95	5.6%	105	6.5%	51	3.5%	75	5.1%
Southern	34	4.0%	26	3.1%	15	1.8%	28	3.0%	42	4.5%	44	4.8%	34	4.5%

Male	127	5.4%	113	4.1%	78	3.2%	88	3.3%	105	4.2%	73	2.9%	84	3.4%
Female	126	5.6%	112	4.4%	81	3.3%	89	3.7%	97	4.1%	83	3.4%	92	3.9%

Under 3	171	9.7%	157	7.6%	108	5.6%	112	5.5%	134	7.1%	103	5.5%	128	6.8%
3 to 5	25	3.6%	21	2.5%	14	1.9%	28	3.5%	17	2.1%	19	2.2%	12	1.5%
6 to 8	18	3.2%	10	1.6%	11	1.9%	17	2.8%	12	2.1%	9	1.5%	8	1.4%
9 to 11	12	2.6%	16	3.1%	12	2.5%	6	1.3%	15	3.3%	10	2.2%	9	2.0%
12 to 14	19	3.5%	15	2.5%	9	1.6%	12	2.1%	15	3.0%	5	1.0%	12	2.2%
15 and Older	8	1.4%	6	0.9%	5	0.9%	2	0.3%	9	1.4%	10	1.6%	7	1.2%

African American	115	5.2%	93	3.7%	58	2.6%	59	2.7%	68	3.2%	42	2.0%	66	3.1%
White	126	6.1%	120	5.0%	94	4.1%	112	4.5%	124	5.2%	96	4.0%	99	4.4%
Hispanic	5	2.0%	7	2.3%	5	1.8%	4	1.5%	5	2.1%	4	1.5%	3	0.9%
Other Ethnicity	7	6.0%	5	4.1%	2	1.7%	2	1.9%	5	4.4%	14	11.4%	8	6.3%

Permanence Within 36 Months: Adoption

Indicator 3.C.2	Of all children who entered substitute care during the year, what percentage was adopted within 36 months?						
	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care	4,817	4,627	5,305	4,904	5,073	4,855	4,942
Children adopted within 36 months	691	599	518	458	551	537	585
Percent	14.3%	12.9%	9.8%	9.3%	10.9%	11.1%	11.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	171	12.1%	115	9.0%	83	5.2%	73	5.7%	84	5.9%	68	5.3%	75	5.3%
Northern	118	12.1%	109	13.9%	97	9.4%	77	6.9%	85	8.3%	91	8.8%	135	11.8%
Central	296	18.9%	296	17.3%	271	14.9%	240	14.5%	278	16.4%	263	16.3%	232	15.9%
Southern	106	12.3%	79	9.4%	67	7.9%	68	8.0%	104	11.0%	115	12.3%	143	15.6%

Male	340	14.0%	289	12.2%	257	9.4%	233	9.4%	280	10.5%	273	10.9%	279	11.1%
Female	346	14.6%	310	13.7%	261	10.2%	224	9.2%	271	11.2%	264	11.3%	306	12.6%

Under 3	463	24.4%	420	23.7%	359	17.4%	323	16.7%	389	19.2%	363	19.3%	390	20.8%
3 to 5	90	11.7%	72	10.3%	65	7.6%	52	6.9%	76	9.4%	65	7.9%	102	11.8%
6 to 8	57	9.9%	46	8.2%	35	5.6%	43	7.3%	44	7.3%	41	7.2%	37	6.2%
9 to 11	34	7.6%	24	5.2%	28	5.5%	22	4.6%	19	4.2%	40	8.8%	31	6.8%
12 to 14	32	5.2%	29	5.3%	24	4.1%	13	2.3%	19	3.4%	17	3.4%	14	2.7%
15 and Older	15	3.0%	8	1.4%	7	1.1%	5	0.9%	4	0.6%	11	1.8%	11	1.7%

African American	318	13.5%	265	12.0%	199	8.0%	152	6.9%	199	9.1%	161	7.6%	160	7.5%
White	331	15.5%	289	14.1%	289	12.1%	287	12.5%	325	13.0%	356	15.0%	392	16.3%
Hispanic	27	11.2%	31	12.3%	20	6.5%	11	3.9%	16	6.0%	9	3.8%	8	3.0%
Other Ethnicity	15	17.6%	14	12.0%	10	8.3%	8	6.8%	11	10.2%	11	9.6%	25	20.3%

Stability of Permanence at Two Years: Adoption

Indicator 3.D.1	Of all children who were adopted during the year, what percentage remained with their family at two years?						
	2007	2008	2009	2010	2011	2012	2013
Children adopted	1,845	1,651	1,516	1,423	1,287	1,781	1,520
Children stable at two years	1,801	1,623	1,499	1,402	1,263	1,748	1,502
Percent	97.6%	98.3%	98.9%	98.5%	98.1%	98.1%	98.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	752	96.9%	652	97.9%	560	98.2%	485	98.8%	373	98.4%	445	98.7%	377	99.2%
Northern	305	97.4%	279	98.6%	241	99.6%	308	96.9%	220	98.7%	375	98.9%	324	99.7%
Central	541	98.2%	517	98.9%	492	99.2%	439	99.3%	457	98.7%	653	98.9%	538	98.4%
Southern	203	99.0%	175	97.8%	206	99.0%	170	98.8%	213	95.9%	275	94.5%	263	98.1%

Male	921	97.7%	826	98.5%	741	98.5%	716	98.2%	599	98.0%	907	98.3%	750	98.8%
Female	880	97.6%	797	98.2%	758	99.2%	686	98.8%	664	98.2%	840	98.0%	752	98.8%

Under 3	339	99.1%	310	99.4%	280	99.6%	240	100.0%	184	98.9%	239	98.0%	209	99.1%
3 to 5	632	98.4%	518	99.4%	490	99.2%	485	99.2%	434	98.9%	620	99.2%	538	99.1%
6 to 8	357	98.3%	349	99.1%	328	98.5%	294	99.7%	257	98.8%	377	98.4%	337	99.1%
9 to 11	224	97.8%	214	96.4%	191	99.0%	199	96.1%	187	97.4%	287	97.6%	219	98.6%
12 to 14	160	92.5%	137	95.8%	133	97.8%	121	95.3%	128	96.2%	156	96.3%	126	97.7%
15 and Older	89	92.7%	95	94.1%	77	97.5%	63	96.9%	73	94.8%	69	94.5%	73	97.3%

African American	1,021	97.4%	895	98.0%	860	98.6%	763	98.1%	607	97.7%	846	98.4%	701	98.9%
White	673	98.2%	608	98.5%	539	99.1%	560	98.9%	558	98.2%	798	97.9%	713	98.6%
Hispanic	91	95.8%	96	99.0%	87	100.0%	75	100.0%	95	100.0%	99	98.0%	74	100.0%
Other Ethnicity	16	94.1%	24	100.0%	13	100.0%	4	100.0%	3	100.0%	5	100.0%	14	100.0%

Stability of Permanence at Five Years: Adoption

Indicator 3.D.2	Of all children who were adopted during the year, what percentage remained with their family at five years?						
	2004	2005	2006	2007	2008	2009	2010
Children adopted	2,421	2,051	1,816	1,845	1,651	1,516	1,423
Children stable at five years	2,298	1,947	1,717	1,748	1,567	1,460	1,369
Percent	94.9%	94.9%	94.5%	94.7%	94.9%	96.3%	96.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,380	94.8%	1,065	94.2%	839	95.0%	728	93.8%	628	94.3%	548	96.1%	472	96.1%
Northern	267	95.7%	250	96.2%	250	92.6%	297	94.9%	276	97.5%	234	96.7%	302	95.0%
Central	476	95.0%	427	95.1%	434	93.9%	524	95.1%	494	94.5%	480	96.8%	428	96.8%
Southern	175	94.6%	205	97.2%	194	96.5%	199	97.1%	169	94.4%	198	95.2%	167	97.1%

Male	1,149	94.7%	1,015	95.7%	869	94.0%	887	94.1%	791	94.3%	721	95.9%	702	96.3%
Female	1,149	95.1%	931	94.1%	847	95.1%	861	95.5%	776	95.6%	739	96.7%	667	96.1%

Under 3	399	97.8%	348	98.0%	311	97.8%	330	96.5%	306	98.1%	277	98.6%	240	100.0%
3 to 5	643	97.9%	577	96.0%	552	96.0%	622	96.9%	507	97.3%	483	97.8%	479	98.0%
6 to 8	449	96.4%	419	95.9%	322	95.3%	347	95.6%	336	95.5%	316	94.9%	288	97.6%
9 to 11	384	90.8%	303	91.5%	260	90.9%	209	91.3%	198	89.2%	178	92.2%	186	89.9%
12 to 14	286	88.5%	203	91.0%	173	87.4%	152	87.9%	125	87.4%	129	94.9%	113	89.0%
15 and Older	137	95.1%	97	93.3%	99	98.0%	88	91.7%	95	94.1%	77	97.5%	63	96.9%

African American	1,604	94.7%	1,243	93.7%	1,041	94.4%	983	93.8%	861	94.3%	839	96.2%	745	95.8%
White	562	95.1%	566	97.3%	570	94.2%	659	96.2%	587	95.1%	523	96.1%	547	96.6%
Hispanic	91	96.8%	103	98.1%	78	97.5%	90	94.7%	96	99.0%	85	97.7%	73	97.3%
Other Ethnicity	41	95.3%	35	94.6%	28	100.0%	16	94.1%	23	95.8%	13	100.0%	4	100.0%

Stability of Permanence at Ten Years: Adoption

Indicator 3.D.3	Of all children who were adopted during the year, what percentage remained with their family at ten years?						
	1999	2000	2001	2002	2003	2004	2005
Children adopted	7,192	6,212	4,401	3,608	3,085	2,421	2,051
Children stable at ten years	6,412	5,559	3,924	3,207	2,726	2,160	1,831
Percent	89.2%	89.5%	89.2%	88.9%	88.4%	89.2%	89.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	5,120	89.4%	4,250	89.8%	2,755	89.1%	2,140	88.5%	1,727	87.0%	1,298	89.1%	1,009	89.2%
Northern	432	88.5%	402	88.5%	448	89.4%	364	91.5%	381	90.5%	259	92.8%	229	88.1%
Central	602	88.1%	666	89.2%	542	90.2%	562	89.3%	454	91.5%	433	86.4%	396	88.2%
Southern	258	87.2%	241	87.0%	179	86.9%	141	86.0%	164	89.6%	170	91.9%	197	93.4%

Male	3,150	89.1%	2,732	89.6%	2,012	90.1%	1,643	89.2%	1,380	88.1%	1,083	89.3%	949	89.4%
Female	3,262	89.2%	2,824	89.4%	1,912	88.2%	1,564	88.6%	1,346	88.6%	1,077	89.2%	881	89.1%

Under 3	515	94.3%	490	91.2%	412	91.4%	518	96.5%	432	92.1%	379	92.9%	330	93.0%
3 to 5	1,893	89.5%	1,708	91.4%	1,131	90.3%	876	89.6%	785	90.9%	608	92.5%	540	89.9%
6 to 8	1,690	86.7%	1,426	86.1%	919	85.2%	632	84.5%	544	84.9%	400	85.8%	384	87.9%
9 to 11	1,280	87.0%	1,130	88.0%	808	88.0%	638	86.7%	499	83.7%	350	82.7%	279	84.3%
12 to 14	754	92.1%	590	90.6%	469	92.1%	388	87.2%	345	88.9%	286	88.5%	201	90.1%
15 and Older	280	95.9%	214	99.5%	185	96.4%	155	94.5%	121	95.3%	137	95.1%	97	93.3%

African American	5,184	88.8%	4,410	89.1%	3,078	88.4%	2,347	87.7%	1,889	86.9%	1,491	88.1%	1,154	87.0%
White	918	90.7%	798	89.6%	599	92.2%	615	91.9%	643	92.9%	539	91.2%	542	93.1%
Hispanic	266	91.4%	278	94.6%	189	91.3%	185	92.0%	140	86.4%	91	96.8%	101	96.2%
Other Ethnicity	44	84.6%	73	96.1%	58	92.1%	60	98.4%	54	93.1%	39	90.7%	34	91.9%

Permanence Within 24 Months: Guardianship

Indicator 3.E.1	Of all children who entered substitute care during the year, what percentage attained guardianship within 24 months?						
	2007	2008	2009	2010	2011	2012	2013
Children entering substitute care	4,627	5,305	4,904	5,073	4,855	4,942	4,841
Children attaining guardianship within 24 months	67	119	54	29	44	37	43
Percent	1.4%	2.2%	1.1%	0.6%	0.9%	0.7%	0.9%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	36	2.8%	48	3.0%	40	3.1%	5	0.4%	9	0.7%	8	0.6%	8	0.6%
Northern	11	1.4%	21	2.0%	7	0.6%	4	0.4%	8	0.8%	8	0.7%	9	0.7%
Central	14	0.8%	40	2.2%	5	0.3%	19	1.1%	19	1.2%	5	0.3%	7	0.5%
Southern	6	0.7%	10	1.2%	2	0.2%	1	0.1%	8	0.9%	16	1.7%	19	2.5%

Male	36	1.5%	55	2.0%	30	1.2%	20	0.8%	23	0.9%	22	0.9%	16	0.6%
Female	31	1.4%	64	2.5%	24	1.0%	9	0.4%	21	0.9%	15	0.6%	27	1.1%

Under 3	10	0.6%	17	0.8%	6	0.3%	10	0.5%	15	0.8%	10	0.5%	10	0.5%
3 to 5	6	0.9%	18	2.1%	0	0.0%	6	0.7%	4	0.5%	3	0.3%	10	1.2%
6 to 8	5	0.9%	15	2.4%	2	0.3%	6	1.0%	6	1.0%	11	1.9%	5	0.9%
9 to 11	16	3.5%	19	3.7%	12	2.5%	3	0.7%	8	1.8%	1	0.2%	5	1.1%
12 to 14	22	4.0%	30	5.1%	17	3.0%	3	0.5%	11	2.2%	10	1.9%	9	1.6%
15 and Older	8	1.4%	20	3.0%	17	3.0%	1	0.2%	0	0.0%	2	0.3%	4	0.7%

African American	44	2.0%	70	2.8%	42	1.9%	9	0.4%	16	0.8%	8	0.4%	9	0.4%
White	20	1.0%	39	1.6%	12	0.5%	19	0.8%	24	1.0%	27	1.1%	31	1.4%
Hispanic	2	0.8%	5	1.6%	0	0.0%	1	0.4%	4	1.7%	1	0.4%	2	0.6%
Other Ethnicity	1	0.9%	5	4.1%	0	0.0%	0	0.0%	0	0.0%	1	0.8%	1	0.8%

Permanence Within 36 Months: Guardianship

Indicator 3.E.2	Of all children who entered substitute care during the year, what percentage attained guardianship within 36 months?						
	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care	4,817	4,627	5,305	4,904	5,073	4,855	4,942
Children attaining guardianship within 36 months	174	179	175	117	120	118	159
Percent	3.6%	3.9%	3.3%	2.4%	2.4%	2.4%	3.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	54	3.8%	70	5.5%	76	4.7%	64	5.0%	42	3.0%	34	2.7%	52	3.7%
Northern	38	3.9%	34	4.3%	34	3.3%	22	2.0%	13	1.3%	23	2.2%	31	2.7%
Central	64	4.1%	55	3.2%	50	2.8%	26	1.6%	52	3.1%	46	2.9%	34	2.3%
Southern	18	2.1%	20	2.4%	15	1.8%	5	0.6%	13	1.4%	15	1.6%	42	4.6%

Male	86	3.5%	91	3.8%	85	3.1%	57	2.3%	64	2.4%	57	2.3%	86	3.4%
Female	88	3.7%	88	3.9%	90	3.5%	60	2.5%	56	2.3%	61	2.6%	73	3.0%

Under 3	50	2.6%	44	2.5%	41	2.0%	28	1.4%	39	1.9%	44	2.3%	49	2.6%
3 to 5	20	2.6%	20	2.9%	32	3.7%	11	1.5%	24	3.0%	24	2.9%	26	3.0%
6 to 8	27	4.7%	22	3.9%	22	3.5%	13	2.2%	28	4.6%	17	3.0%	37	6.2%
9 to 11	35	7.8%	45	9.8%	27	5.3%	25	5.2%	16	3.5%	18	3.9%	18	4.0%
12 to 14	34	5.5%	39	7.1%	32	5.4%	22	3.9%	11	2.0%	14	2.8%	26	5.0%
15 and Older	8	1.6%	9	1.5%	21	3.2%	18	3.1%	2	0.3%	1	0.2%	3	0.5%

African American	82	3.5%	93	4.2%	107	4.3%	72	3.3%	50	2.3%	47	2.2%	73	3.4%
White	83	3.9%	73	3.6%	50	2.1%	38	1.7%	64	2.6%	60	2.5%	79	3.3%
Hispanic	8	3.3%	12	4.8%	12	3.9%	4	1.4%	6	2.3%	8	3.4%	4	1.5%
Other Ethnicity	1	1.2%	1	0.9%	6	5.0%	3	2.6%	0	0.0%	3	2.6%	3	2.4%

Stability of Permanence at Two Years: Guardianship

Indicator 3.F.1	Of all children who attained guardianship during the year, what percentage remained with their family at two years?						
	2007	2008	2009	2010	2011	2012	2013
Children attaining guardianship	583	475	519	543	206	310	346
Children stable at two years	560	444	502	513	197	296	332
Percent	96.1%	93.5%	96.7%	94.5%	95.6%	95.5%	96.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	304	95.0%	258	93.5%	310	96.3%	263	97.0%	112	95.7%	130	96.3%	135	99.3%
Northern	77	97.5%	64	90.1%	73	94.8%	100	91.7%	46	95.8%	57	95.0%	57	96.6%
Central	129	98.5%	76	93.8%	92	100.0%	109	92.4%	30	96.8%	94	95.9%	101	95.3%
Southern	50	94.3%	46	97.9%	27	96.4%	41	91.1%	9	90.0%	15	88.2%	39	86.7%

Male	292	95.4%	228	93.1%	259	95.6%	272	94.1%	101	95.3%	160	94.1%	183	96.8%
Female	268	96.8%	215	93.9%	243	98.0%	241	94.9%	96	96.0%	136	97.1%	149	94.9%

Under 3	27	100.0%	19	100.0%	18	100.0%	19	100.0%	12	100.0%	19	100.0%	20	100.0%
3 to 5	84	95.5%	63	96.9%	82	98.8%	75	96.2%	43	97.7%	70	98.6%	66	97.1%
6 to 8	87	95.6%	63	91.3%	70	97.2%	96	97.0%	41	100.0%	50	94.3%	77	98.7%
9 to 11	110	98.2%	86	92.5%	102	99.0%	94	94.9%	48	96.0%	57	96.6%	66	94.3%
12 to 14	124	95.4%	102	91.1%	122	95.3%	130	90.3%	35	92.1%	57	95.0%	54	91.5%
15 and Older	128	94.8%	111	94.9%	108	93.9%	99	95.2%	18	85.7%	43	89.6%	49	96.1%

African American	365	96.1%	313	93.7%	325	95.9%	313	94.0%	130	95.6%	158	95.2%	182	98.9%
White	174	95.6%	104	92.9%	152	98.1%	152	95.0%	54	94.7%	121	95.3%	126	91.3%
Hispanic	11	100.0%	22	100.0%	18	100.0%	34	94.4%	8	100.0%	16	100.0%	20	100.0%
Other Ethnicity	10	100.0%	5	71.4%	7	100.0%	14	100.0%	5	100.0%	1	100.0%	4	100.0%

Stability of Permanence at Five Years: Guardianship

Indicator 3.F.2	Of all children who attained guardianship during the year, what percentage remained with their family at five years?						
	2004	2005	2006	2007	2008	2009	2010
Children attaining guardianship	670	651	579	583	475	519	543
Children stable at five years	598	562	502	523	412	468	473
Percent	89.3%	86.3%	86.7%	89.7%	86.7%	90.2%	87.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	405	91.8%	396	85.3%	335	87.5%	287	89.7%	243	88.0%	291	90.4%	236	87.1%
Northern	78	83.0%	45	78.9%	50	83.3%	75	94.9%	58	81.7%	69	89.6%	95	87.2%
Central	81	88.0%	83	93.3%	71	83.5%	112	85.5%	68	84.0%	81	88.0%	105	89.0%
Southern	34	79.1%	38	92.7%	46	90.2%	49	92.5%	43	91.5%	27	96.4%	37	82.2%

Male	270	90.0%	259	84.6%	275	88.1%	276	90.2%	211	86.1%	238	87.8%	251	86.9%
Female	328	88.6%	303	87.8%	227	85.0%	247	89.2%	200	87.3%	230	92.7%	222	87.4%

Under 3	20	100.0%	22	100.0%	25	89.3%	27	100.0%	17	89.5%	18	100.0%	17	89.5%
3 to 5	90	97.8%	70	86.4%	71	87.7%	81	92.0%	61	93.8%	76	91.6%	72	92.3%
6 to 8	93	90.3%	95	89.6%	80	83.3%	81	89.0%	61	88.4%	66	91.7%	85	85.9%
9 to 11	97	86.6%	103	80.5%	112	84.8%	93	83.0%	78	83.9%	93	90.3%	84	84.8%
12 to 14	159	82.0%	151	82.1%	124	84.4%	113	86.9%	85	75.9%	108	84.4%	116	80.6%
15 and Older	139	93.3%	121	93.1%	90	94.7%	128	94.8%	110	94.0%	107	93.0%	99	95.2%

African American	443	89.0%	404	87.1%	364	85.8%	344	90.5%	286	85.6%	300	88.5%	285	85.6%
White	129	90.8%	122	86.5%	116	89.2%	160	87.9%	99	88.4%	143	92.3%	142	88.8%
Hispanic	20	95.2%	31	75.6%	20	87.0%	10	90.9%	22	100.0%	18	100.0%	34	94.4%
Other Ethnicity	6	66.7%	5	100.0%	2	100.0%	9	90.0%	5	71.4%	7	100.0%	12	85.7%

Stability of Permanence at Ten Years: Guardianship

Indicator 3.F.3	Of all children who attained guardianship during the year, what percentage remained with their family at ten years?						
	1999	2000	2001	2002	2003	2004	2005
Children attaining guardianship	2,059	1,634	1,135	1,079	914	670	651
Children stable at ten years	1,739	1,396	922	914	721	557	508
Percent	84.5%	85.4%	81.2%	84.7%	78.9%	83.1%	78.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,411	85.6%	1,067	85.8%	705	81.6%	711	86.8%	464	79.2%	379	85.9%	356	76.7%
Northern	176	76.9%	164	83.7%	80	73.4%	72	75.0%	99	79.2%	72	76.6%	42	73.7%
Central	115	85.2%	129	84.9%	102	83.6%	122	79.2%	118	76.1%	74	80.4%	77	86.5%
Southern	37	80.4%	36	83.7%	35	87.5%	9	90.0%	40	83.3%	32	74.4%	33	80.5%

Male	863	83.9%	655	85.7%	482	82.3%	465	84.5%	400	82.3%	252	84.0%	233	76.1%
Female	876	85.0%	739	85.1%	440	80.1%	449	84.9%	321	75.0%	305	82.4%	275	79.7%

Under 3	16	84.2%	21	100.0%	12	92.3%	16	72.7%	20	80.0%	19	95.0%	20	90.9%
3 to 5	224	83.6%	144	83.2%	96	75.6%	116	85.3%	98	77.8%	82	89.1%	56	69.1%
6 to 8	366	79.9%	264	78.6%	138	70.4%	139	83.2%	101	66.4%	78	75.7%	74	69.8%
9 to 11	429	81.1%	335	82.7%	200	76.6%	195	79.3%	128	71.5%	80	71.4%	86	67.2%
12 to 14	424	86.5%	389	88.0%	289	84.3%	258	84.3%	208	83.2%	159	82.0%	151	82.1%
15 and Older	280	94.9%	243	94.6%	187	95.9%	190	94.1%	166	91.2%	139	93.3%	121	93.1%

African American	1,529	84.9%	1,171	86.0%	724	80.1%	730	84.5%	515	77.4%	413	82.9%	363	78.2%
White	185	83.7%	183	83.2%	153	85.5%	129	82.7%	157	82.6%	118	83.1%	112	79.4%
Hispanic	23	65.7%	31	79.5%	36	90.0%	39	100.0%	31	81.6%	20	95.2%	28	68.3%
Other Ethnicity	2	100.0%	11	84.6%	9	75.0%	16	80.0%	18	85.7%	6	66.7%	5	100.0%



APPENDIX C

Outcome Data by Sub-Region

Appendix C provides data for those outcome indicators that were analyzed at the sub-regional level in Chapters 1, 2, and 3. For each indicator in this appendix, data are presented for the state as whole and each sub-region for the past seven state fiscal years.

The data used to compute these indicators come from the September 30, 2015 data extract of the Illinois Department of Children and Family Services Integrated Database, which is maintained by Chapin Hall at the University of Chicago. Indicator data is available online at <http://www.cfrc.illinois.edu/outcomeindicators.php>

Maltreatment Recurrence Within 12 Months

Indicator 1.A	Of all children with a substantiated report, what percentage had another substantiated report within 12 months?						
	2008	2009	2010	2011	2012	2013	2014
Children with substantiated reports	27,998	27,498	26,989	26,104	26,566	28,078	30,054
Children with another substantiated report within 12 months	3,259	3,050	2,930	2,836	2,909	3,161	3,593
Percent	11.6%	11.1%	10.9%	10.9%	11.0%	11.3%	12.0%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	197	9.5%	211	9.7%	190	8.3%	218	11.1%	186	8.3%	175	8.3%	204	8.8%
Cook Central	233	8.2%	179	7.0%	213	8.5%	192	7.6%	261	8.7%	300	9.2%	399	10.7%
Cook South	242	8.4%	240	9.0%	251	9.8%	219	8.5%	280	11.2%	277	11.0%	273	9.4%
Aurora	510	9.5%	441	8.4%	420	8.5%	430	8.9%	459	9.0%	462	8.3%	635	11.0%
Rockford	383	15.5%	340	12.9%	242	10.2%	212	9.7%	183	9.0%	248	11.3%	320	12.1%
Champaign	371	12.5%	394	13.4%	354	11.9%	368	13.1%	373	13.1%	348	11.3%	445	14.0%
Peoria	400	12.6%	433	13.3%	381	11.5%	359	11.6%	363	12.3%	411	12.9%	347	11.7%
Springfield	335	15.2%	258	11.8%	289	14.4%	283	13.3%	293	14.4%	316	14.7%	351	15.1%
East St. Louis	176	10.2%	170	10.6%	212	12.4%	164	10.7%	140	10.5%	190	12.6%	185	11.0%
Marion	412	17.9%	384	17.6%	378	16.5%	388	16.0%	364	15.4%	434	17.3%	433	17.3%

Maltreatment Recurrence Among Children in Intact Family Cases

Indicator 1.B	Of all children served at home in intact family cases, what percentage had a substantiated report within 12 months?						
	2008	2009	2010	2011	2012	2013	2014
Children in intact family cases	15,620	15,851	14,531	16,568	17,401	10,546	13,765
Children with substantiated reports	1,649	1,558	1,519	1,559	1,620	1,207	1,853
Percent	10.6%	9.8%	10.5%	9.4%	9.3%	11.4%	13.5%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	111	9.0%	102	7.3%	88	7.9%	91	8.2%	102	9.0%	84	9.6%	181	9.3%
Cook Central	182	5.8%	153	5.0%	153	5.0%	140	4.1%	217	5.8%	166	6.2%	178	9.3%
Cook South	155	7.8%	149	6.8%	143	7.5%	182	7.5%	136	6.5%	132	10.4%	199	12.3%
Aurora	218	11.7%	214	9.9%	207	10.8%	239	10.1%	278	10.7%	143	11.1%	261	12.8%
Rockford	188	15.4%	108	10.2%	89	10.9%	80	7.8%	110	10.0%	65	16.5%	85	12.0%
Champaign	152	11.2%	180	13.2%	181	14.8%	202	14.2%	175	13.8%	112	14.1%	209	17.5%
Peoria	189	11.5%	190	13.0%	180	12.7%	180	12.6%	168	8.6%	179	14.5%	209	16.4%
Springfield	106	12.9%	139	15.4%	115	13.4%	134	14.9%	109	10.7%	102	13.8%	159	16.0%
East St. Louis	145	11.7%	113	10.2%	166	14.3%	95	10.0%	107	10.0%	74	13.6%	117	14.0%
Marion	203	18.3%	210	19.1%	197	18.7%	216	14.2%	218	15.3%	150	20.9%	255	20.6%

Maltreatment in Substitute Care

Indicator 2.A	Of all children placed in substitute care during the year, what percentage had a substantiated report during placement?						
	2009	2010	2011	2012	2013	2014	2015
Children ever in substitute care	21,945	21,766	21,410	21,454	20,893	20,835	21,040
Children with substantiated reports	407	375	430	405	402	467	551
Percent	1.9%	1.7%	2.0%	1.9%	1.9%	2.2%	2.6%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	31	1.2%	17	0.7%	22	1.0%	22	1.0%	18	0.9%	30	1.6%	41	2.4%
Cook Central	36	1.0%	33	1.0%	24	0.7%	35	1.1%	42	1.4%	77	2.6%	74	2.4%
Cook South	43	1.4%	31	1.1%	45	1.6%	55	1.9%	53	1.9%	52	1.7%	62	2.0%
Aurora	42	1.8%	31	1.3%	48	2.1%	40	1.7%	31	1.4%	35	1.5%	40	1.8%
Rockford	54	3.7%	50	3.1%	36	2.1%	43	2.5%	46	2.3%	72	3.5%	73	3.6%
Champaign	50	2.3%	52	2.4%	72	3.4%	40	2.0%	46	2.3%	49	2.4%	63	3.0%
Peoria	65	2.5%	57	2.2%	76	3.0%	62	2.5%	57	2.4%	43	1.9%	79	3.5%
Springfield	32	2.7%	25	2.1%	33	2.6%	14	1.1%	28	2.2%	34	2.5%	41	3.0%
East St. Louis	22	1.5%	25	1.6%	29	1.7%	36	2.2%	33	2.2%	36	2.6%	27	2.0%
Marion	32	2.4%	54	3.7%	45	2.9%	58	3.5%	48	3.0%	39	2.3%	51	2.8%

Placing Children Close to Home - Initial Placement

Indicator 2.F	Of all children entering substitute care, what is the median* distance from their home of origin to their initial placement?						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,904	5,073	4,855	4,942	4,841	4,966	5,182
Median miles from home	8.0	9.2	10.1	10.3	10.3	11.0	13.3

SUB-REGION	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES
Cook North	294	8.9	399	7.7	279	11.0	323	11.0	304	10.2	268	10.5	308	13.6
Cook Central	527	7.8	541	7.6	490	8.3	549	8.4	603	8.1	587	7.5	668	9.5
Cook South	466	5.9	480	7.5	506	6.7	551	7.4	473	8.3	595	9.2	600	9.6
Aurora	626	12.1	534	14.1	572	14.5	654	15.6	583	17.0	542	15.0	573	18.6
Rockford	491	11.3	483	8.1	460	6.9	487	10.7	635	11.4	554	7.0	507	21.4
Champaign	670	3.7	676	12.5	582	15.9	531	10.4	564	12.2	665	10.6	647	20.4
Peoria	643	5.7	706	6.2	702	9.7	600	8.3	604	9.6	536	7.1	593	8.7
Springfield	343	18.2	312	19.0	328	16.4	329	17.6	317	24.0	378	20.2	393	28.0
East St. Louis	387	8.4	446	10.7	447	9.3	363	14.5	280	6.8	289	14.5	332	15.3
Marion	457	21.1	496	19.3	489	22.9	555	23.3	478	24.5	552	30.0	561	27.9

*Median only includes children with valid address information.

Placing Children Close to Home - End of Year Placement

Indicator 2.G	Of all children in substitute care at the end of the year, what is the median* distance from their home of origin?						
	2009	2010	2011	2012	2013	2014	2015
Children in substitute care	16,914	16,517	16,552	16,018	15,892	15,959	15,604
Median miles from home	9.1	9.3	9.8	11.3	10.5	10.7	11.4

SUB-REGION	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES	N	MILES
Cook North	2,063	9.9	1,992	10.1	1,826	10.4	1,693	10.7	1,565	10.3	1,463	10.9	1,242	12.2
Cook Central	3,004	9.6	2,855	9.5	2,664	9.5	2,415	10.3	2,401	9.3	2,384	8.8	2,343	8.5
Cook South	2,383	8.7	2,262	8.8	2,327	9.3	2,310	9.9	2,352	9.3	2,460	9.6	2,521	9.6
Aurora	1,800	13.9	1,664	13.4	1,695	14.8	1,723	17.4	1,728	17.2	1,701	17.9	1,672	17.3
Rockford	1,124	5.6	1,217	6.2	1,274	7.7	1,347	11.2	1,527	6.8	1,548	7.3	1,444	10.9
Champaign	1,509	5.6	1,540	6.3	1,524	11.1	1,437	14.4	1,396	15.9	1,491	12.8	1,544	15.3
Peoria	2,040	5.6	1,779	5.6	1,883	6.2	1,769	8.2	1,718	9.0	1,645	8.6	1,636	8.6
Springfield	905	20.9	943	18.4	977	20.8	959	20.2	951	18.6	990	17.5	1,041	18.2
East St. Louis	1,109	7.7	1,206	7.7	1,271	8.1	1,213	9.4	1,109	8.1	1,040	8.9	994	9.9
Marion	977	18.6	1,059	16.0	1,111	19.3	1,152	25.5	1,145	22.4	1,237	24.1	1,167	27.3

*Median only includes children with valid address information.

Stability in Substitute Care

Indicator 2.H	Of all children entering substitute care and staying for at least one year, what percentage had two or fewer placements within their first year?						
	2008	2009	2010	2011	2012	2013	2014
Children entering substitute care and staying one year	4,356	3,863	3,986	3,845	3,925	3,969	4,057
Children with two or fewer placements in first year	3,338	3,016	3,115	2,978	3,028	3,138	3,217
Percent	76.6%	78.1%	78.1%	77.5%	77.1%	79.1%	79.3%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	247	63.0%	166	73.8%	233	74.9%	167	74.6%	183	68.8%	177	72.8%	177	81.2%
Cook Central	311	70.2%	275	76.2%	290	74.9%	276	74.8%	261	65.4%	356	75.4%	349	74.7%
Cook South	323	65.9%	234	63.8%	272	72.3%	233	61.5%	301	69.8%	288	73.7%	406	80.9%
Aurora	427	81.2%	406	83.4%	348	80.6%	345	80.4%	440	84.0%	377	81.4%	326	76.3%
Rockford	272	78.6%	326	77.6%	296	77.3%	261	75.0%	317	76.8%	422	78.6%	370	79.7%
Champaign	534	88.6%	432	81.4%	426	80.7%	375	83.3%	366	83.6%	393	80.7%	431	80.0%
Peoria	479	80.4%	422	81.0%	476	84.2%	508	83.1%	425	85.3%	429	84.0%	375	83.3%
Springfield	241	75.5%	239	78.6%	207	78.1%	217	78.9%	193	78.1%	223	81.7%	233	75.2%
East St. Louis	231	79.1%	243	79.4%	312	82.5%	298	79.9%	251	86.0%	191	80.3%	211	88.7%
Marion	273	78.2%	273	80.1%	255	70.6%	298	77.0%	291	69.8%	282	79.7%	339	76.7%

Permanence within 36 Months: Reunification

Indicator 3.A.3	Of all children who entered substitute care during the year, what percentage was reunified with their parents within 36 months?						
	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care	4,817	4,627	5,305	4,904	5,073	4,855	4,942
Children reunified within 36 months	1,697	1,751	1,987	2,064	2,012	1,912	1,888
Percent	35.2%	37.8%	37.5%	42.1%	39.7%	39.4%	38.2%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	70	21.1%	54	18.3%	89	20.9%	70	23.6%	128	32.7%	78	28.0%	100	30.9%
Cook Central	92	14.4%	110	18.2%	123	19.2%	130	24.7%	117	21.5%	92	18.8%	107	19.5%
Cook South	95	21.5%	108	28.3%	143	26.4%	118	25.3%	97	20.1%	102	20.2%	114	21.0%
Aurora	212	37.7%	196	39.8%	286	44.1%	304	48.7%	232	43.4%	297	51.9%	293	44.3%
Rockford	182	44.5%	113	38.3%	155	39.8%	235	47.9%	246	50.9%	205	44.6%	224	46.0%
Champaign	246	43.8%	339	49.0%	337	46.5%	320	47.7%	294	43.5%	258	44.4%	246	46.3%
Peoria	246	36.5%	293	42.0%	327	45.5%	297	46.2%	354	50.1%	305	43.4%	243	40.5%
Springfield	143	43.1%	144	44.3%	145	38.9%	153	44.9%	124	39.7%	134	40.9%	134	40.7%
East St. Louis	201	44.7%	204	45.3%	177	45.2%	194	50.1%	189	42.4%	208	46.5%	155	42.7%
Marion	210	50.7%	190	48.2%	205	45.5%	243	53.1%	231	46.6%	233	47.6%	272	49.0%

Permanence within 36 Months: Adoption

Indicator 3.C.2	Of all children who entered substitute care during the year, what percentage was adopted within 36 months?						
	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care	4,817	4,627	5,305	4,904	5,073	4,855	4,942
Children adopted within 36 months	691	599	518	458	551	537	585
Percent	14.3%	12.9%	9.8%	9.3%	10.9%	11.1%	11.8%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	24	7.3%	22	7.5%	23	5.4%	16	5.4%	18	4.6%	9	3.2%	11	3.4%
Cook Central	104	16.2%	67	11.1%	32	5.0%	38	7.2%	40	7.3%	38	7.8%	45	8.2%
Cook South	43	9.8%	26	6.8%	28	5.2%	19	4.1%	26	5.4%	21	4.2%	19	3.5%
Aurora	63	11.2%	68	13.8%	61	9.4%	38	6.1%	46	8.6%	42	7.3%	68	10.3%
Rockford	55	13.4%	41	13.9%	36	9.3%	39	7.9%	39	8.1%	49	10.7%	67	13.8%
Champaign	129	23.0%	162	23.4%	142	19.6%	121	18.0%	145	21.4%	134	23.1%	110	20.7%
Peoria	108	16.0%	83	11.9%	74	10.3%	69	10.7%	81	11.5%	84	12.0%	84	14.0%
Springfield	59	17.8%	51	15.7%	55	14.7%	50	14.7%	52	16.7%	45	13.7%	38	11.6%
East St. Louis	48	10.7%	42	9.3%	21	5.4%	26	6.7%	41	9.2%	38	8.5%	40	11.0%
Marion	58	14.0%	37	9.4%	46	10.2%	42	9.2%	63	12.7%	77	15.7%	103	18.6%

Permanence within 36 Months: Guardianship

Indicator 3.E.2	Of all children who entered substitute care during the year, what percentage attained guardianship within 36 months?						
	2006	2007	2008	2009	2010	2011	2012
Children entering substitute care	4,817	4,627	5,305	4,904	5,073	4,855	4,942
Children attaining guardianship within 36 months	174	179	175	117	120	118	159
Percent	3.6%	3.9%	3.3%	2.4%	2.4%	2.4%	3.2%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	2	0.6%	5	1.7%	3	0.7%	1	0.3%	5	1.3%	6	2.2%	15	4.6%
Cook Central	41	6.4%	57	9.4%	57	8.9%	52	9.9%	6	1.1%	20	4.1%	18	3.3%
Cook South	11	2.5%	8	2.1%	16	3.0%	11	2.4%	31	6.4%	8	1.6%	19	3.5%
Aurora	30	5.3%	23	4.7%	29	4.5%	20	3.2%	12	2.2%	20	3.5%	21	3.2%
Rockford	8	2.0%	11	3.7%	5	1.3%	2	0.4%	1	0.2%	3	0.7%	10	2.1%
Champaign	30	5.3%	14	2.0%	17	2.3%	6	0.9%	16	2.4%	6	1.0%	2	0.4%
Peoria	31	4.6%	34	4.9%	27	3.8%	18	2.8%	34	4.8%	38	5.4%	30	5.0%
Springfield	3	0.9%	7	2.2%	6	1.6%	2	0.6%	2	0.6%	2	0.6%	2	0.6%
East St. Louis	1	0.2%	4	0.9%	2	0.5%	0	0.0%	0	0.0%	3	0.7%	8	2.2%
Marion	17	4.1%	16	4.1%	13	2.9%	5	1.1%	13	2.6%	12	2.4%	34	6.1%



APPENDIX D

Julie Q. v. Department of Children and Family Services:

What Implications Does it Have for Outcome Monitoring in Illinois?

Appendix D provides technical details about the *Julie Q.* court decision and its effects on data used in the *B.H.* report.

On March 21, 2013, the Illinois Supreme Court issued a ruling in the case of *Julie Q. v. Department of Children and Family Services* (2013 IL 113783), holding that the Department exceeded its statutory authority by adding an allegation of neglect to its allegation system that included the term “environment injurious” to a child’s health and welfare; more specifically, when it added Allegation #60 – Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare – to its allegation system in October 2001. At the time that the incidents in question in the *Julie Q.* case took place (2009), the Abused and Neglected Child Reporting Act (the Act) provided a definition of a “neglected child” that included the following four circumstances:

1. a child not receiving adequate medical care or “other care necessary for his or her well-being including adequate food, clothing, or shelter;”
2. a child abandoned by his or her parents,
3. a child who has been provided with interim crisis intervention services under the juvenile Court Act of 1987 and whose parents refuse to allow the child to return home, and
4. a newborn born with a controlled substance in his or her system.

Prior to 1980, the Act had included in its definition of neglect “an environment injurious to the child’s welfare,” but this language was deleted in 1980 due to concerns that the language was too ambiguous (Public Act 81-1077). Although the legislature removed the language with the intent to create a clearer, more concise definition of this type of neglect, at the time the *Julie Q.* case was filed (2009), such additional language had *not* been reinserted into the Act. Therefore, the Illinois Supreme Court ruled that when DCFS added Allegation 60 (Substantial Risk of Physical Injury/Environment Injurious to Health and Welfare) to its administrative rule and procedure in October 2001, it did so without authority, and that Allegation 60 was therefore “void.”

In 2012, the legislature reinserted language into the Act that included the “environment injurious” definition of neglect. The legislature amended section 3 of the Act to extend the definition of a neglected child to include a child “who is subjected to an environment which is injurious insofar as (i) the child’s environment creates a likelihood of harm to the child’s health, physical well-being, or welfare and (ii) the likely harm to the child is the result of a blatant disregard of parent or caretaker responsibilities” (Public Act 97-803, effective July 13, 2012).

The *Julie Q.* ruling impacted outcome monitoring in Illinois in a number of ways. Individuals who were indicated for Allegation 60 prior to July 13, 2012 were to be removed from the State Central Register and Statewide Automated Child Welfare Information System (SACWIS), and the indicated findings were to be changed to unfounded. Once these indicated reports were removed from SACWIS, the total number of children with indicated reports of maltreatment in Illinois through FY2012 was reduced. Table D.1 compares the total number of children with indicated reports using administrative data before and after the removal of indicated Allegation 60. Once the indicated reports of Allegation 60 are removed, the overall number of indicated reports each year decreases between 23-36%.

In addition to decreasing the overall number of indicated reports each year, the removal of indicated Allegation 60 reports may influence maltreatment recurrence rates *if* Allegation 60 is more or less likely to recur than other allegation types. Table D.2 compares the 12-month recurrence rates of children with initial indicated reports of allegation 60 only and those with initial indicated reports of all other allegations. Results show that in each year except 2012, children with indicated reports of Allegation 60 were more likely to experience a maltreatment recurrence (of any type) than those with indicated reports of other allegation types.

Because recurrence rates are higher for children with indicated reports of Allegation 60, it stands to reason

Table D.1 Number of Children with Indicated Reports Before and After *Julie Q.*

FISCAL YEAR	Number of Children with Indicated Reports (Pre-Julie Q)	Number of Children with Indicated Reports (Post-Julie Q)	DIFFERENCE	
			N	%
2005	26,020	20,047	5,973	23.0%
2006	24,947	18,379	6,568	26.3%
2007	26,617	19,352	7,265	27.3%
2008	27,957	19,754	8,203	29.3%
2009	27,452	18,745	8,707	31.7%
2010	26,959	17,847	9,112	33.8%
2011	26,058	16,768	9,290	35.7%
2012	26,520	19,711	6,809	25.7%

Table D.2 12-Month Recurrence for Indicated Reports of Allegation 60 Versus Other Allegations

FISCAL YEAR	Children with Indicated Reports (Pre-Julie Q)	Indicated Report Type	N	% RECURRENT WITHIN 12 MONTHS
2005	26,020	ALLEGATION 60	6,770	12.94
		OTHER ALLEGATIONS	19,250	10.91
2006	24,947	ALLEGATION 60	7,315	12.71
		OTHER ALLEGATIONS	17,632	11.01
2007	26,617	ALLEGATION 60	8,016	12.82
		OTHER ALLEGATIONS	18,601	10.98
2008	27,957	ALLEGATION 60	8,864	12.36
		OTHER ALLEGATIONS	19,093	11.30
2009	27,452	ALLEGATION 60	9,365	11.88
		OTHER ALLEGATIONS	18,087	10.70
2010	26,959	ALLEGATION 60	9,705	11.68
		OTHER ALLEGATIONS	17,254	10.37
2011	26,058	ALLEGATION 60	9,788	11.70
		OTHER ALLEGATIONS	16,270	10.38
2012	26,520	ALLEGATION 60	7,437	10.19
		OTHER ALLEGATIONS	19,083	11.24

Table D.3 12-Month Recurrence Rates Before and After *Julie Q.*

FISCAL YEAR	<i>Pre-Julie Q.</i> data		<i>Post-Julie Q.</i> data	
	CHILDREN WITH INDICATED REPORTS	% RECURRENT WITHIN 12 MONTHS	CHILDREN WITH INDICATED REPORTS	% RECURRENT WITHIN 12 MONTHS
2005	26,020	11.4	20,047	9.0
2006	24,947	11.5	18,379	9.0
2007	26,617	11.5	19,352	8.8
2008	27,957	11.6	19,754	8.8
2009	27,452	11.1	18,745	8.3
2010	26,959	10.9	17,847	7.9
2011	26,058	10.9	16,768	8.0
2012	26,520	10.9	19,711	10.2

that removing these reports from the overall population from which recurrence rates are calculated will reduce the overall recurrence rates. Table D.3 compares the 12-month recurrence rates using administrative data before and after the indicated Allegation 60 reports have been removed and confirms this pattern.

For the *B.H.* report, CFRC had to decide whether or not to use pre-*Julie Q.* data or post-*Julie Q.* data to calculate all indicators involving maltreatment recurrence (Indicators 1.A, 1.B, 1.C, and 2.A). It was ultimately decided that consistency with prior *B.H.* reports was important enough to justify using measures that include indicated Allegation 60 reports during the years prior to 2012, even though they have been removed from the administrative data. Since Allegation 60 was reinserted into the Act as of July 13, 2012, indicated Allegation 60 reports will be included in all future data sets used to calculate indicators in future *B.H.* reports.



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