IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

B.H., et al.,	)	
	)	
Plaintiffs,	)	
	)	
v.	)	No. 88 C 5599
	)	Hon. Jorge L. Alonso
BEVERLY J. WALKER, Acting Director,	)	Judge Presiding
Illinois Department of Children and	)	
Family Services,	)	
	)	
Defendant.	)	

DEFENDANT'S MOTION TO MODIFY THE
AMENDED AND CORRECTED IMPLEMENTATION PLAN

NOW COMES the Defendant, Beverly J. Walker, Acting Director, Illinois Department of

Children and Family Services, by her attorney, Lisa Madigan, Illinois Attorney General, and

hereby submits her request to modify the Amended and Revised Implementation Plan. [Dkt.

531].

In September 2016, this Court entered an Amended and Revised Implementation Plan.

The October 2015 order appointing the Expert Panel and adopting the recommendations of the

Expert Panel provides that "[t]he parties recognize that the implementation plan may not

anticipate all of the obstacles the Department may encounter and that experience may lead to

revisions of the initial plan." Order dated October 20, 2015 [Dkt. 507], pp. 3-4.

Based on the experiences and lessons learned in the immersion sites, and having spent a

significant amount of time in the last year understanding, evaluating and discussing issues with

the Expert Panel and other stakeholders, and due to other issues impacting various pilots, Acting

Director Walker seeks to amend various provisions of the Implementation Plan. DCFS has

provided both Plaintiffs' counsel and the Expert Panel with prior notice of issues related to

various pilots, and the parties and the Expert Panel have engaged in regular discussions regarding changes to Implementation Plan; the most significant discussions have centered on changing the geographic rollout of the immersion sites to a rollout of the Core Practice Model by agency. On June 21, 2018, a draft of this motion to modify the Implementation Plan was provided to the Plaintiffs and the Expert Panel, and was the subject of some discussion at a monthly meeting attended by the parties and the Expert Panel on July 2, 2018.

Acting Director Walker requests that the Amended and Revised Implementation Plan be modified as set forth below.

A.   **Therapeutic Foster Care Pilots**

The Implementation Plan provides that DCFS "pilot the use of therapeutic foster care through evidence-based or evidence-informed models in three sites over the next five years." Amended and Revised Implementation Plan [Dkt. 531], pp. 8-12. DCFS had service contracts with four private agencies for TFC programs commencing in April 2017 and set an initial goal of the placement of 40 youth in TFC placements within one year of the commencement of the service contracts or by April 2018.

After discussions with the Expert Panel and Plaintiffs' counsel, DCFS terminated the service contracts for two of the private agencies under the TFC pilot due to their consistent inability to develop and maintain TFC placements. DCFS continues the TFC pilot with two TFC providers and was able to meet the goal of the placement of 40 youth in TFC placements within one year from the date of the service contracts. Exhibit A, March 2018 Monthly Report on Therapeutic Foster Care. Acting Director Walker seeks a modification of the Implementation Plan to continue the TFC pilot with the current two providers and will explore expansion within those agencies to achieve the goals outlined in the Implementation Plan.

B.   **Illinois Pay for Success Pilot for Dually Involved Youth**

The Implementation Plan included a Pay for Success pilot for dually involved youth

funded through a social impact bond through the Conscience Community Network, LLC

(CCN). Amended and Revised Implementation Plan [Doc. 531] at pp. 22-24.   On

December 22, 2017, DCFS notified Plaintiffs' counsel and the Expert Panel that CCN was

unable to secure the funds necessary to fund the social impact bond and that because DCFS

believed the services described in the Implementation Plan are necessary for the dually

involved population, DCFS was negotiating with CCN to provide the services described in

the Implementation Plan on a fee for service basis. DCFS executed a fee for service

contract to provide the same services described in the implementation plan to a population

of dually involved youth for Fiscal Year 2018 and will be executing such a contract for

Fiscal Year 2019. The fee for service contract does not have a formal evaluation, however,

DCFS will request that the Child and Family Research Center conduct an evaluation of the

fee for service contract. In addition, the contract specifically contains expected

performance measures and provides for data collection to be supported by agency quality

assurance efforts.   DCFS seeks to modify the Implementation Plan by the provision of the

services through a fee for service contract.

C.   **Immersion Sites**

The Implementation Plan requires DCFS to develop immersion sites, which are

identified as pilot sites in small geographic areas where key aspects of reforms could be

developed and implemented. The key aspects of the immersion sites include: training of staff

on the Core Practice Model, which include the Family-Centered, Trauma-Informed, Strength-

based (FTS) training, the Model of Supervisory Practice (MoSP) training and the Child Welfare

Group's (CWG) Child and Family Team Training, a Quality Service Review (QSR) process,

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development of an expanded array of services and the use of flexible funds. Amended and

Revised Implementation Plan [Dkt. 531] at pp. 25-37.   DCFS initially identified four immersion

sites, and the Implementation Plan called for additional immersion sites to be rolled-out on a

regular basis with the goal to complete the immersion process in the entire state by 2019.

Amended and Revised Implementation Plan [Dkt. 531] at p. 28.

The central component to the immersion site process is extensive training and coaching

of all DCFS and private agency staff in the new "Core Practice Model." Amended and Revised

Implementation Plan [Dkt. 531] at p. 26.

DCFS experienced initial challenges in implementation of the Core Practice Model in

the immersion sites. Those challenges included buy in and accountability by the agencies in

each of the various immersion sites and the complexities inherent in scheduling all of the

training components related to the Core Practice Model with the various agencies in the

immersion sites. The geographic rollout essentially required private agencies to be running

two business models. To address these issues, and based on discussions with the Expert

Panel, at the beginning of 2018, DCFS proposed an alternative to the geographic rollout set

forth in the Implementation by rolling out the Core Practice Model by agency. See

Defendant's Response to Expert Panel Submission [Dkt. 630] at pp. 6-8. DCFS has

continued to modify its proposal in light of discussions with the Expert Panel and Plaintiffs'

counsel at the monthly meetings.   DCFS requested that Chapin Hall provide data regarding

rolling out the Core Practice Model within a single agency. Exhibit B, Chapin Hall Memo to

Mary Nam. DCFS has also been in regular consultation with Dr. Allison Metz regarding

these issues.

Acting Director Walker proposes amending the geographic rollout of the immersions

with a Core Practice Model rollout by agency, which has been the subject of discussion with

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the Plaintiffs' counsel and the Expert Panel since February 2018. Acting Director Walker

proposes amending the Implementation Plan with the following proposal, which was

presented to the Plaintiffs' counsel and the Expert Panel at the June 4, 2018 monthly

meeting:

> DCFS will sustain contemporaneous implementation in the four Immersion Sites of
> as research and development sites to propose process, program and policy changes,
> test them and advance those process changes that demonstrate the ability to succeed
> on a statewide basis. DCFS will continue the following in the four immersion
> research and development sites:
>
> 1. Core Practice Model consisting of FTS, MoSP and CWG's CFTM training
>   and coaching;
>
> 2. Enhanced Service Array consisting of contracts with lead agencies for
>   Intensive Care Coordination/Wraparound Approach and the use of Flex Funds
>   to purchase customized goods and services;
>
> 3. An enhanced qualitative case review replacing the Quality Service Review
>   process with the federal service review (Outcome Enhancement Review)
>   which will be enhanced and expanded;
>
> 4. Administrative process changes consisting of the continuation of Adoption
>   Labs, changes to the process for distributing Norman Funds, and a handful of
>   other minor process improvements, including others that have emerged within
>   the immersion sites.

Commencing in Fiscal Year 2019, DCFS proposes rollout of the Core Practice Model

through Caritas Family Solutions, a private child welfare agency doing business throughout

most of the southern half of the State of Illinois, along with DCFS permanency staff in the

DCFS Southern Region:[1]

> 1. Training of all staff at Caritas Family Solutions and DCFS permanency staff
>   in the Southern Region staff in the Core Practice Model, which includes FTS,
>   MoSP and CFMT training and coaching;

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[1] Maps of the geographic area in which Caritas Family Solutions does business as well as a map of the DCFS
Southern Region are attached as Exhibit C.

2.　　　Enhancement of service contracts with Caritas Family Solutions to better support caseworker and supervisory capacity;

3.　　　Review of Caritas Family Solutions' specialized foster care program and DCFS contracts to create the goal of building a stronger continuum of care within that agency as a pilot/model;

4.　　　Development of a more intensive array of services to youth with behavioral health needs by increased funding of Intensive Placement Stabilization contracts and/or the creation of flexible funds to purchase behavioral health services from community providers;

5.　　　Implementation of the OER+ tool as a qualitative review tool as an essential part of an agency wide Continuous Quality Improvement Process.

DCFS has created a rollout workgroup to address rollout issues. The workgroup is comprised of: Mary Nam, DCFS Associate Deputy Director, Rollout Implementation Lead; Marci White, Expert Panel member; Mark Testa, Expert Panel member; Richard Epstein, Chapin Hall and Immersion Site Evaluator; Mary Sue Morsch, Chapin Hall; Paul Vincent, CWG Consultant; Cornelius Bird, CWG Consultant; Allison Metz, NIRN; Hope Carbonara, DCFS Regional Administrator for the Southern Region; Norma Machay, DCFS Immersion Site Director; Verletta Saxon, DCFS, Immersion Site Director; James Toole, DCFS, Immersion Site Director; Monico Whittington Eskridge, DCFS Office of Professional Development; Victor Lasko, DCFS Office of Professional Development; Cynthia Richter Jackson, DCFS Office of Quality Enhancement; Gary Huelsmann, Caritas Family Solutions Chief Executive Officer; Dennis Jenkins, Caritas Family Solutions Chief Operating Officer; Mike Deschamps, DCFS Chief of Staff for Operations; Donna Steele, DCFS Regional Administrator for the Cook Region; Carole Ruzicka, DCFS Regional Administrator for the Northern Region, Maria Miller, Acting Regional Administrator for the Central Region, DCFS; Jeremy Harvey, DCFS Strategy and Performance Execution; Jennifer Marett, DCFS/Northwestern University Clinical Practice and Program Development; Royce

Kirkpatrick, DCFS Office of Contract Administration and Jason House, DCFS Office of Planning and Budget. The workgroup's first meeting was held on June 6, 2018, and Marci White attended in person and Mark Testa attended via telephone.

The initial charge of the workgroup includes the development of a work plan that addresses the following issues:

- integration of lessons learned from implementation of the immersion sites into the planning process for rollout of the Core Practice Model by agency;
- determination of whether private agencies have the internal capacity to rollout statewide;
- determination of whether and which DCFS field offices have the internal capacity to rollout statewide,
- dentification of changes to contracts and administrative processes to ease workload and facilitate implementation
- development of ideas for the creation of a continuum of care within a private agency;
- identification of necessary and ongoing efforts to ensure DCFS and private agency buy-in and engagement in the Core Practice Model;
- development of a regular schedule of meetings between DCFS and Caritas Family Solutions leadership to discuss implementation;
- identification of project milestones and associated timeframes;
- Identification of how implementation progress will be measured, including the identification of data to measure progress and the frequency data reviews; ;
- Identification of a model of fidelity to be measured;
- identification of quality assurance measures that need to be implemented;
- identification of processes, such as s regarding case record reviews, action plan audits, observations of CFTMs and surveys from staff and families; and
- determination of how DCFS measures change in the system and for families.

Exhibit D, Core Practice Rollout Model Proposal June 4, 2018. At the request of the Expert Panel, DCFS has developed a work plan that reflects the current status of the evolving Core Practice Model work plan that is based on the work of the various subcommittees associated with the rollout of the Core Practice Model. Exhibit E, Core Practice Model Work Plan Proposal.

D.   Quality Service Reviews

Another "essential piece" of the immersion process is the implementation of a review process, currently the QSR process, which "is a practice improvement approach designed to

assess current outcomes and system performance by gathering information directly from families, children and service team members. Amended and Revised Implementation Plan [Dkt. 531] at p. 34. The Implementation Plan calls for DCFS to use an Illinois specific review protocol, developed with the assistance of the CWG, to examine the effectiveness of the various trainings comprising the Core Practice Model.   Amended and Revised Implementation Plan [Dkt. 531] at p. 34.

DCFS has implemented the QSR process with the assistance and guidance of CWG. DCFS has also been engaged in the federally mandated Child and Family Service Review (CFSR) process which measures a state's compliance with its state plan requirements under Titles IV-B and IV-E of the Social Security Act.   CFSR reviews were conducted in September 2003, August 2009 and most recently in May 2018. The CFSR process requires states to develop and implement Program Improvement Plans (PIP) to address the outcomes indicators and systemic factors determined not to be in substantial conformity after a CFSR. DCFS developed an adaptation of the CFSR, the Outcome Enhancement Review (OER) to assist with the development and monitoring of the PIP. The enhanced OER process developed by DCFS includes a review of case files, stakeholder interviews and case debriefings with the assigned caseworkers and supervisors.

It became evident to DCFS as it implemented the QSR process that it was duplicative of the federal OER process. Staff from the DCFS Quality Enhancement Division, the DCFS Agency Performance Monitoring Division, the Immersion Site Directors along with staff from Chapin Hall and the University of Illinois at Urbana-Champaign convened a workgroup to develop a single review process, merging the best of the QSR process with the OER process. The outcome of that workgroup is the OER+ process, which utilizes lessons learned from the QSR and added QSR like supplemental questions to the OER tool. The OER+ tool will use the

federally mandated review instrument with two additional tools unique to Illinois – a Question by Question Guide to assist the reviewer rating and a Supplemental Question Tool. This OER + tool with allow DCFS to meet the federally mandated requirements and will further be used as a standardized review process for DCFS and private agency monitoring moving forward.   Exhibit F, OER Plus: An Overview of the Outcome Enrichment Plus.

Acting Director Walker seeks to amend the Implementation Plan by substituting the OER+ process for the QSR process.   Exhibit G, OER+ Tool. On March 15, 2018, DCFS provided a proposal to the Plaintiffs' counsel and Expert Panel to use an OER+ process as a means of evaluating the implementation and improvement of the Core Practice Model in place of the QSR process and continued those discussions during the two meetings in April 2018. Exhibit H, Agenda from March 15, 2018 meeting and OER+ proposal; see also Defendant's Response to Expert Panel's Submission Regarding Fourth Triannual Report [Dkt. 630], pp. 14-15.   The OER+ process will allow DCFS to use one review process that captures both required (OER) and desired (QSR) elements of the two reviews.   While the OER tool focuses on the CFSR outcomes and systemic factors, the additional questions from the QSR will allow for data regarding the implementation and evaluation of Core Practice Model implementation.

E.   **Information Systems/Predictive Analytics**

The Implementation Plan provided that DCFS would contract with Eckerd, a Florida corporation, for its predictive model to identify incoming investigations with the highest probability of serious injury or death. Utilizing the results of the predictive model, DCFS Quality Assurance staff would review cases, review questions to be answered and document and track follow-up activities required of the investigator. Amended and Revised Implementation Plan [Dkt. 531] pp. 49-51. The contract with Eckerd for the predictive analytics ran from September 2015 until January 2018.

DCFS implemented the Eckerd predictive analytics model in May 2016 and the initial prediction model was designed to identify children at highest risk of death or serious injury within 12 months of prior contact with DCFS. The model primarily focused on the quality of assessment and information on child safety including: whether the totality of accessible family history was sufficiently assessed and utilized in decision making; whether interviews with all pertinent individuals were timely completed; whether interviews and contacts with family were made with sufficient frequency to assess for emerging dangers; whether communications with other parties (collaterals, referred service providers, legal entities) were sufficient to gather information, reconcile conflicting statements and provide relevant information to stakeholders, whether safety assessments and resulting actions were sufficient to prevent maltreatment; whether services appropriate to meet the family's needs were identified and provided, whether safety-related communications with non-custodial parents were sufficient to gather information, reconcile conflicting statements and provide relevant information and whether the supervisory review identified gaps and provides appropriate and sufficient guidance regarding the safety issues.

It quickly became evident that the computer-generated list of high-risk cases included a significant number of investigations and that a number of those investigations involved children of various ages, including older children. At the request of DCFS, the computer screen was edited to focus on children under nine years old. Nevertheless, it appeared that the model was configured based on the prior history of an individual child with DCFS and did not factor in the history of other individuals involved in the family. Notably, the prediction model did not identify two high profile cases involving the deaths of young children.

Furthermore, DCFS was not privy to the internal algorithm used by Eckerd because it was considered proprietary.

On November 21, 2017, DCFS advised Plaintiffs' counsel and the Expert Panel that DCFS proposes to replace the Eckerd predictive analytics with an internal targeted daily list of high risk intact family cases which will be reviewed by DCFS staff applying the same approach as employed in the Eckerd model and that DCFS will incorporate a predictive analytics model in the new Comprehensive Child Welfare Information System (CCWIS) that DCFS will be developing. DCFS is currently undergoing a feasibility study and anticipates issuing a request for proposal for the CCWIS system in the fall of 2018. Acting Director Walker seeks to amend the Implementation Plan to provide for the incorporation of predictive analytics into the CCWIS system.

F.   Information Systems/Mindshare Dashboards

The Implementation Plan provides that a short term and transitional activity to address data issues will include a contract with Mindshare to "provide a dashboard view of DCFS key outcomes in real time." Amended and Revised Implementation Plan [Dkt. 531] at p. 50. The goal as set forth in the Implementation Plan was that the dashboards with the CFSR measures and other metrics would be delivered shortly after contract finalization. Id. The initial contract with Mindshare was in place until January 2018 and in January 2018, DCFS executed another one year contract with MindShare. The contracted dashboards with Mindshare provided a short term" and "transitional" measure to be in place "[w]hile internal positions are being established and filled." See Amended and Revised Implementation Plan [Dkt. 531] at p. 50. Acting Director Walker seeks to amend the Implementation Plan to provide for the development and implementation of dashboards for the CFSR measures to be completed by internal DCFS IT staff.

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CONCLUSION

In accordance with the parties' and the Expert Panel's anticipated need to modify the

Implementation Plan, Acting Director Walker seeks amendments to the Amended and Revised

Implementation Plan in light of experiences in the initial phases of implementation. Each of the

amendments to the pilots has been the subject of discussion between the parties and the Expert

Panel over a period of months. The proposed modifications should be allowed for purposes of

clarity and guidance in the ongoing implementation process.

WHEREFORE, Defendant requests that this Court grant her motion to modify the

Amended and Revised Implementation Plan and for such other relief this Court may deem

necessary.

Respectfully submitted,

LISA MADIGAN
Illinois Attorney General

By: s/Barbara L. Greenspan
Barbara L. Greenspan
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EXHIBIT A

TFC Monthly Status Update: January 2018
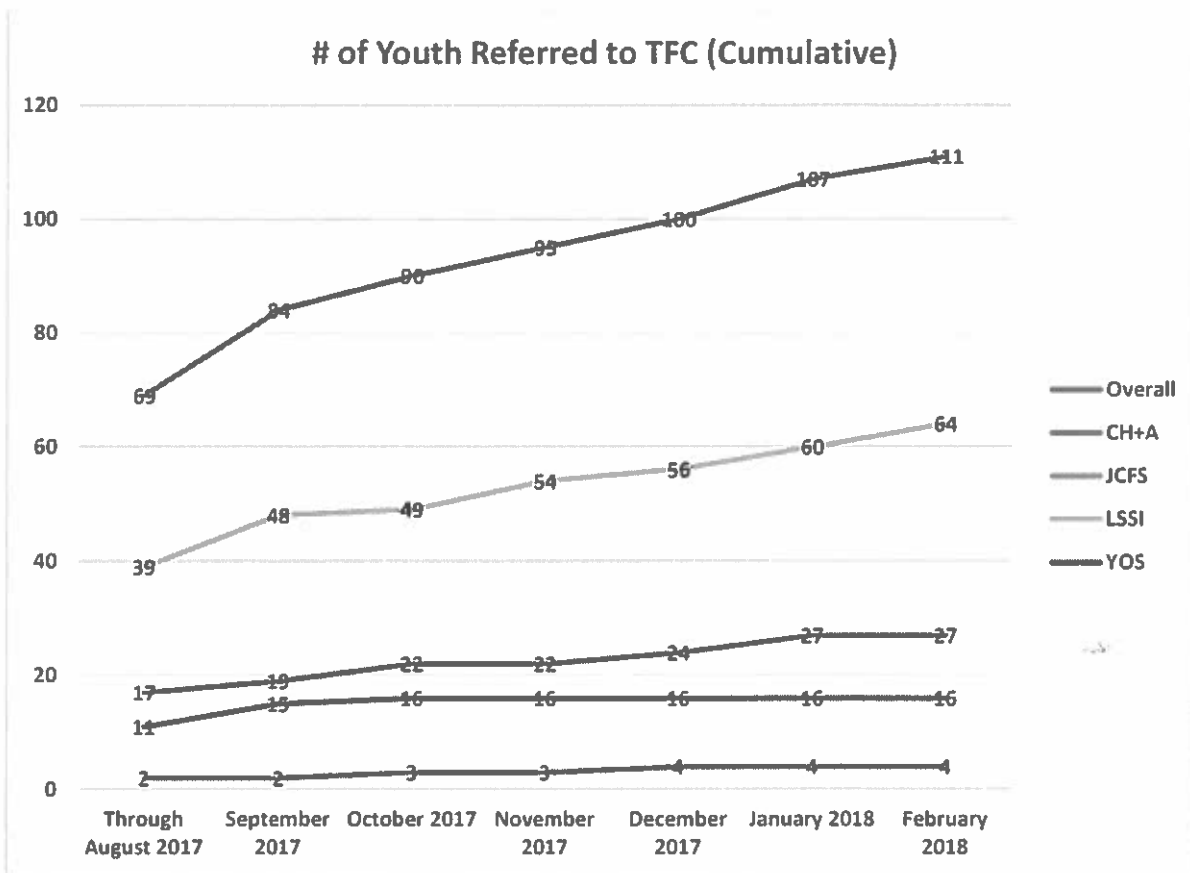**3/13/18**

Implementation Updates

- The TFC implementation and evaluation team continued to refine and share foster parent recruitment strategies.
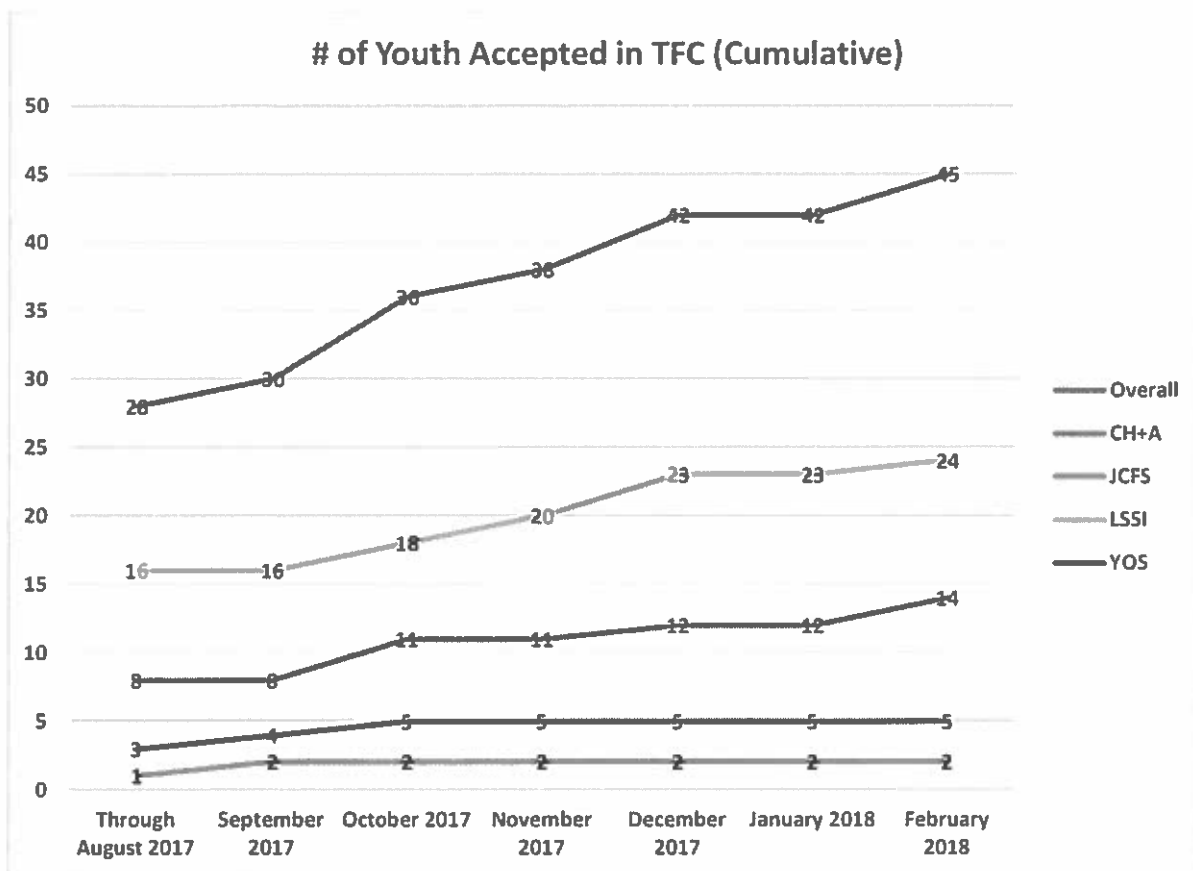- How providers define recruitment activities was discussed.
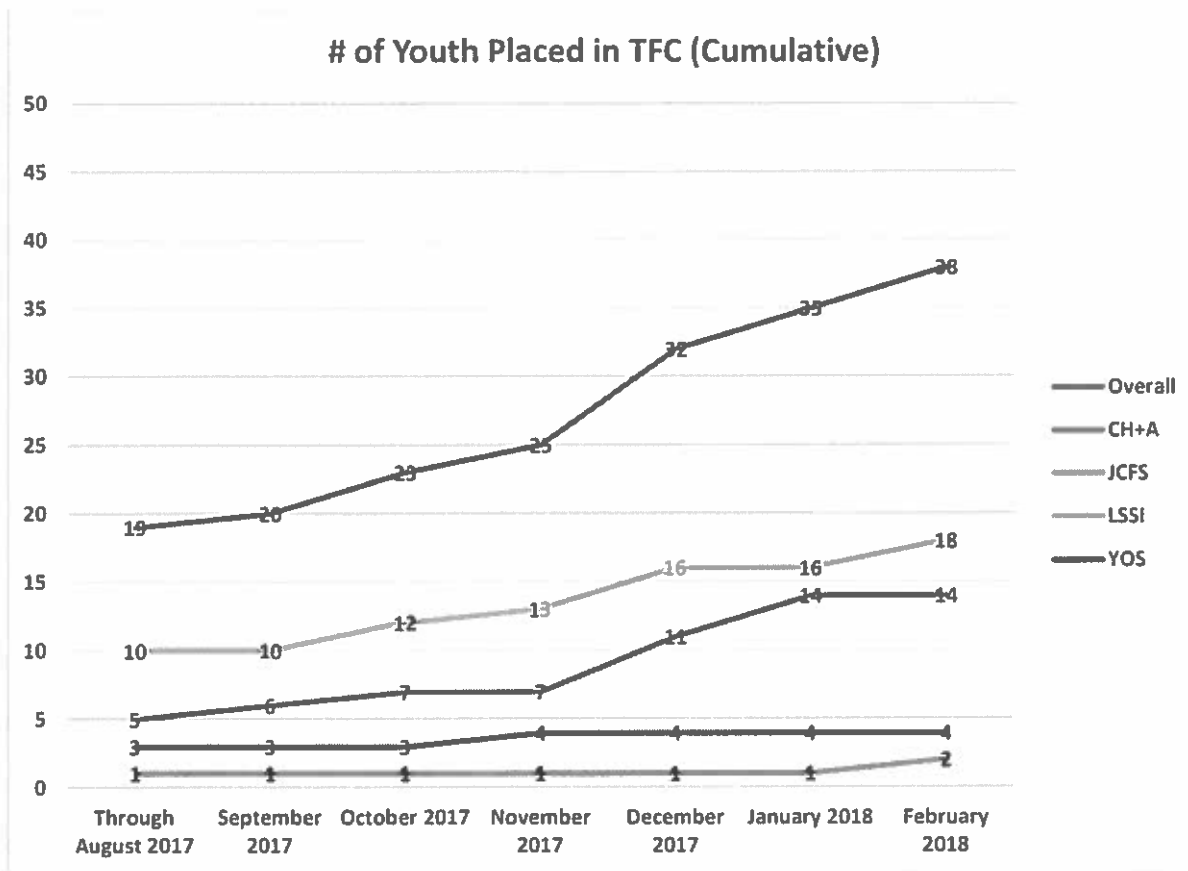
Program Outputs

In this monthly report, we report key outputs related to TFC capacity based on tracking sheets submitted by the TFC providers through February 2018:
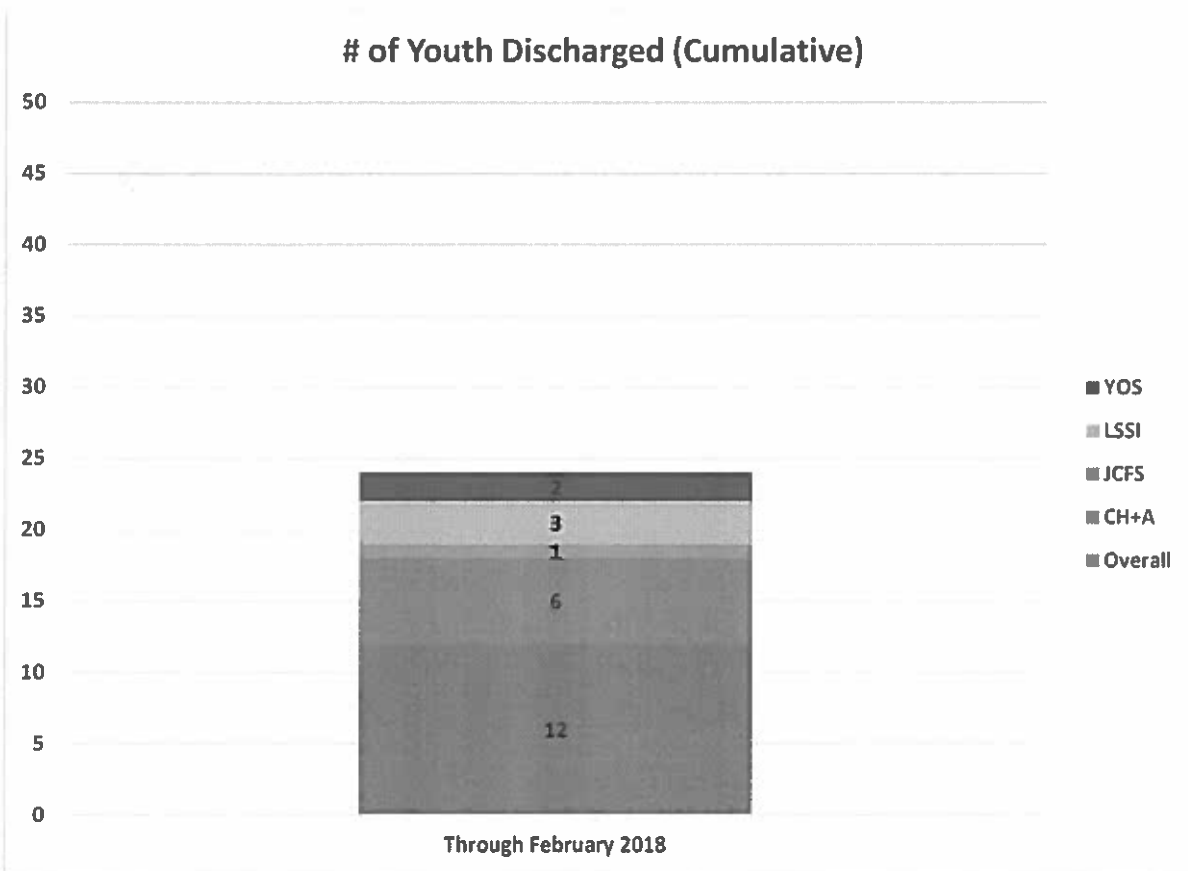
- # of youth referred to TFC (n=111)
- # of youth accepted in TFC (n=45)
- # of youth placed in TFC, including youth who were discharged but re-entered TFC (n=38)
    - Age<12: 20 (52.6%)
    - Age≥12: 18 (47.4%)
- # of youth discharged from TFC (n=12)
- # of TFC inquiries (n=245)
- # of TFC certified homes (n=25)
- % of TFC filled TFC homes (68.0%)

The charts below break down the outputs above by month and by provider.

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# of Youth Referred to TFC (Cumulative)

of Youth Accepted in TFC (Cumulative)

of Youth Placed in TFC (Cumulative)

of Youth Discharged (Cumulative)

Through February 2018

Legend: YOS, LSSI, JCFS, CH+A, Overall

Values shown: 2, 3, 1, 6, 12

# of TFC Inquiries (Cumulative)

# of Certified Homes (Cumulative)

% of Filled TFC Homes (Point-in-Time)

EXHIBIT B

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AT THE UNIVERSITY OF CHICAGO
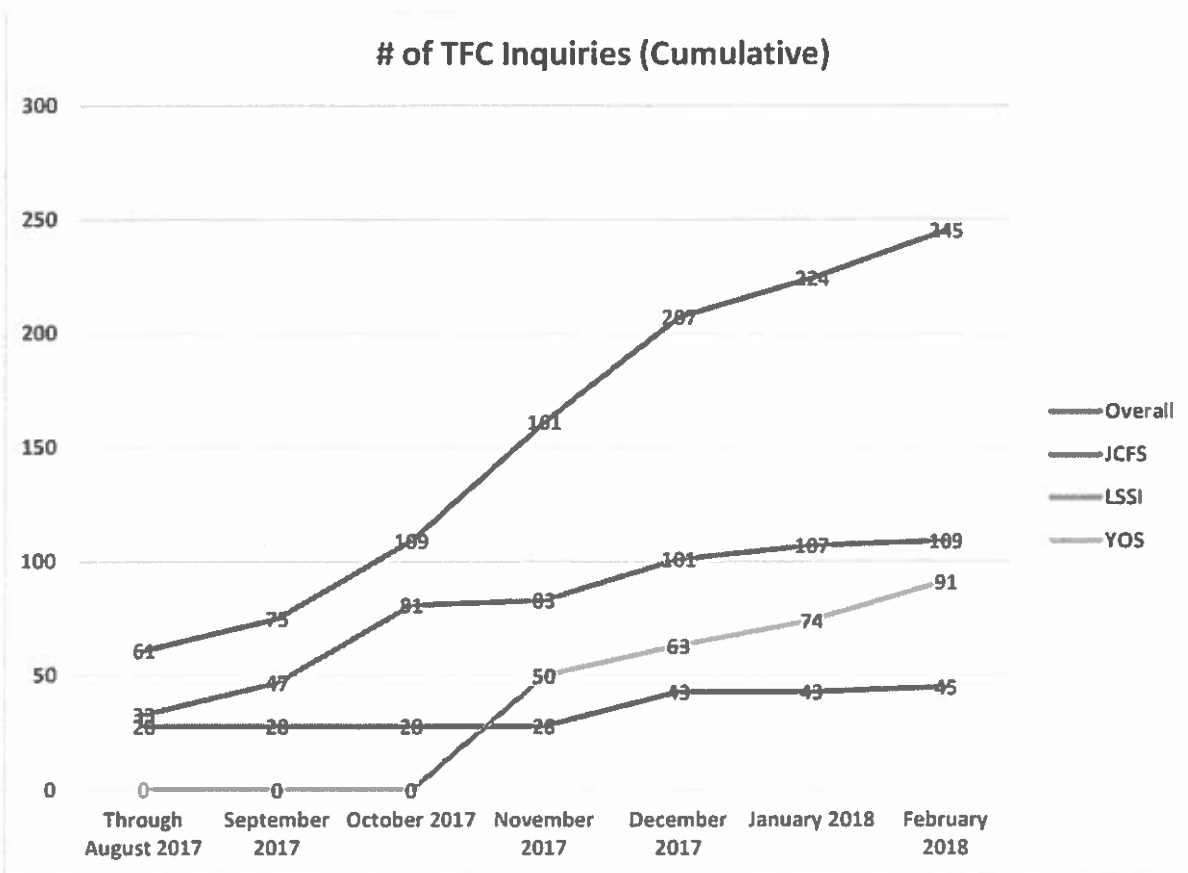
MEMO

TO: Mary Nam, DCFS, Associate Director Strategy and Performance Execution
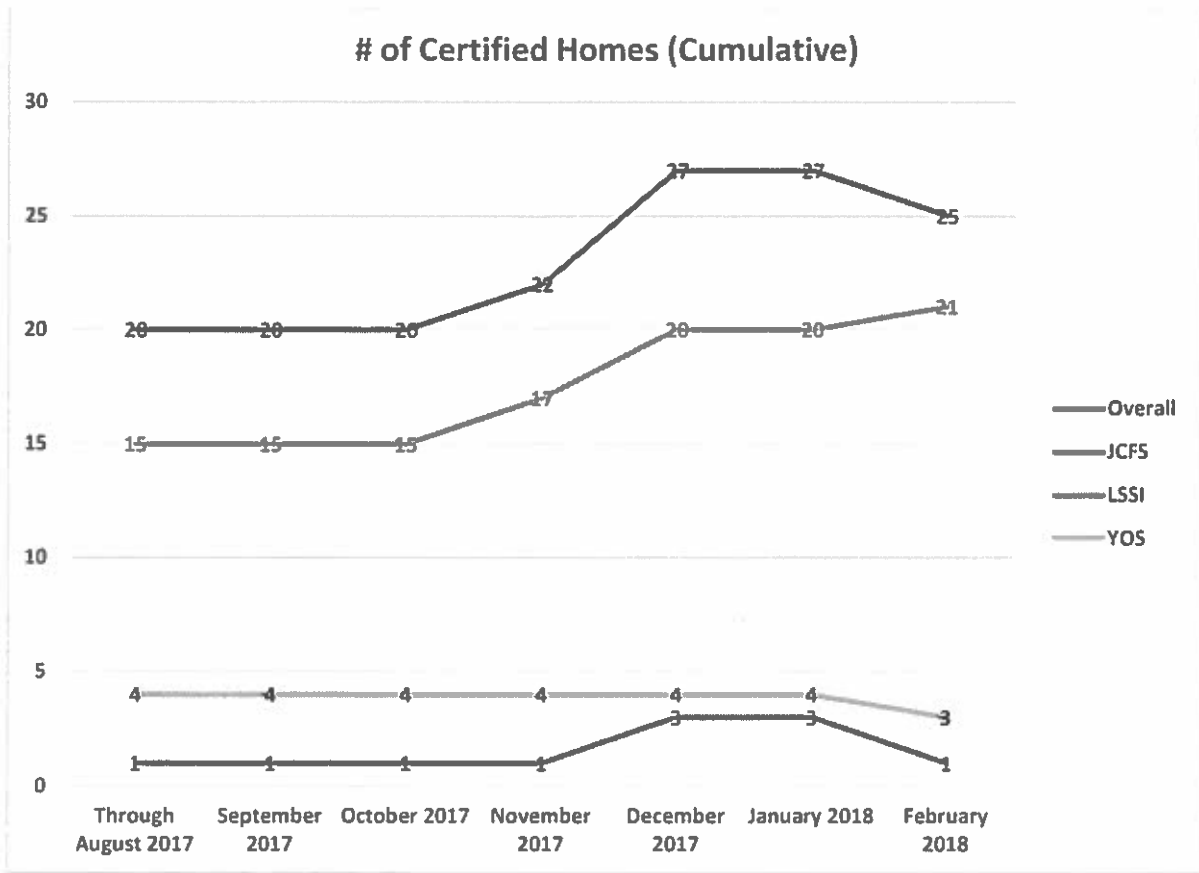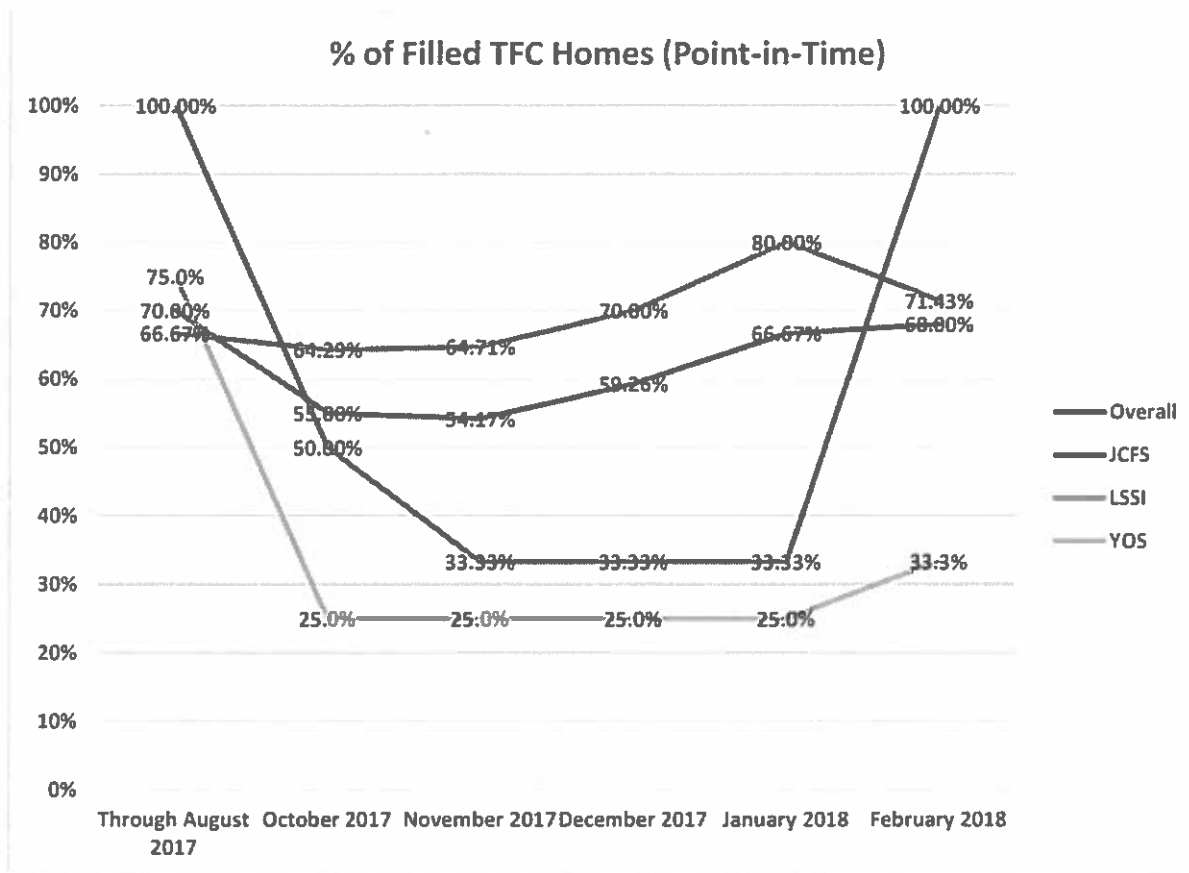**FROM:**   Richard Epstein, Chapin Hall at the University of Chicago, Research Fellow
DATE: May 15, 2018
RE: Description of caseloads to inform Immersion Site next steps

BACKGROUND

As part of Chapin Hall's evaluation of DCFS' implementation of Immersion Sites, DCFS asked Chapin Hall to provide information about the number of caseworkers and number of cases statewide and by region, for DCFS and POS agencies, to be used by DCFS to inform their next steps. For context, DCFS began implementing Immersion Sites on August 1, 2016 in four sites: Lake County, the counties around Mount Vernon, the counties around Rock Island, and St. Clair County. DCFS is currently considering expanding the implementation Immersion Sites with Caritas Family Solutions, a large POS agency located in DCFS' southern region that currently participates in the St. Clair County Immersion Site. DCFS requested the analysis described above to inform this potential expansion.

METHOD

Chapin Hall used DCFS administrative data for a single point-in-time, on March 31, 2018, to identify the number of caseworkers, number of cases, and to provide some additional information about the characteristics of those cases. To do this, we first identified all cases for which DCFS had legal custody on March 31, 2018 (that is, we excluded open cases with a legal status equal to "NO"). We used region-site-field (RSF) to classify caseworkers as DCFS caseworkers, Caritas caseworkers, or caseworkers from another POS agency.

Using this strategy, we identified 16,718 cases assigned to 1,264 caseworkers. Descriptive statistics are used to provide information about the following variables:

1. Child age at the time of the case opening date,
2. Child age on March 31, 2018,
3. Child race/ethnicity,
4. Child gender,
5. Child length of stay (number of days between case opening date and March 31, 2018),
6. Child permanency goal on March 31, 2018, and
7. Child living arrangement on March 31, 2018

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After viewing the information provided below, we anticipate DCFS may request information about other variables. We are happy to provide additional information as requested.

RESULTS

On March 31, 2018, there were 16,718 cases (3,320 DCFS, 1,069 Caritas, and 12,419 Other POS agencies) assigned to 1,264 caseworkers (210 DCFS, 68 Caritas, and 986 Other POS agencies).

1. Age at entry

Table 1 shows age at entry for cases assigned to DCFS, Caritas Family Solutions, and other POS agencies statewide and by region. Statewide comparison suggests that a larger percentage of Caritas' cases were 0-5 or 6-12 years old at entry than that of DCFS cases, but that the percentage of Caritas' cases that are 0-5 or 6-12 years old at entry is similar to that of the cases assigned to other POS agencies. The same general trend is present within DCFS' Southern Region specifically.

2. Current age

Table 2 shows the current age for cases assigned to DCFS, Caritas Family Solutions, and other POS agencies statewide and by region. Statewide comparison suggests that a larger percentage of Caritas' cases are currently 0-5 or 6-12 years old than that of DCFS cases, but that the percentage of Caritas' cases that are currently 0-5 or 6-12 years old is similar to that of the other POS agencies (though still a little bit higher). The same general trend is present within DCFS' Southern Region specifically.

3. Race/Ethnicity

Table 3 shows the race/ethnicity for cases assigned to DCFS, Caritas Family Solutions, and other POS agencies statewide and by region. Statewide comparison suggests that a much larger percentage of Caritas' cases are White youth than that of DCFS cases and other POS agencies. However, within DCFS' Southern Region specifically, 70-75% of cases assigned to DCFS, Caritas, and other POS agency caseworkers are White youth.

4. Gender

Table 4 shows the gender for cases assigned to DCFS, Caritas Family Solutions, and other POS agencies statewide and by region. Statewide comparison suggests that a larger percentage of Caritas' cases are female youth than that of DCFS cases and other POS agencies. The same general trend is present within DCFS' Southern Region specifically.

5. Length of stay

Table 5 shows the length of stay for cases assigned to DCFS, Caritas Family Solutions, and other POS agencies statewide and by region. Statewide comparison suggests that more DCFS cases and other POS cases have been in DCFS care for less than one year, Caritas has more cases in DCFS care between 12 and 24 months, but that Caritas has less cases than others that are in DCFS care

more than 36 months. The same general trend is present within DCFS' Southern Region specifically.

6. Permanency goal

Table 6 shows the permanency goals for cases assigned to DCFS, Caritas Family Solutions, and other POS agencies statewide and by region. Statewide comparison suggests that a larger percentage of Caritas' cases have the permanency goal of "Return Home" than that of DCFS cases and other POS agencies. The same general trend is present within DCFS' Southern Region specifically (though Caritas' cases and DCFS cases have very similar percentages).

7. Living arrangement

Table 7 shows the living arrangements for cases assigned to DCFS, Caritas Family Solutions, and other POS agencies statewide and by region. Statewide comparison suggests that a larger percentage of Caritas' cases are placed in foster homes and a smaller percentage of Caritas cases are placed in institution residential care and "other" than that of DCFS cases and other POS agencies. The same general trend is present within DCFS' Southern Region specifically.

SUMMARY

On March 31, 2018, there were 16,718 cases assigned to 1,264 caseworkers. Compared to cases assigned to DCFS caseworkers and cases assigned to Other POS agencies, cases assigned to Caritas Family Solutions were younger (at entry and currently). A higher proportion of Caritas' cases were female, in care for 1-2 years, to have a permanency goal of return home or adoption/guardianship, and to be placed in foster homes. The same general trends are also present within DCFS' Southern Region specifically. We hope this information is helpful as DCFS makes decisions about next steps in the implementation of Immersion Sites, and can provide additional information as requested.

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Table 1. Age at entry (on DCFS case opening date).

Subregion	DCFS					CARITAS					OTHER POS					All Region Total
	0 - 5	6 - 12	13 - 18	19 +	Total	0 - 5	6 - 12	13 - 18	19 +	Total	0 - 5	6 - 12	13 - 18	19 +	Total	
Northern (1A, 2A)	44.0%	24.5%	31.4%	0.2%	523	0.0%	0.0%	0.0%	0.0%	0	55.6%	32.1%	12.3%	0.0%	2354	2877
Central (3A, 3B, 1B)	48.3%	26.4%	25.2%	0.1%	884	0.0%	0.0%	0.0%	0.0%	0	57.2%	30.6%	12.2%	0.0%	4095	4979
Southern (4A, 5A)	47.1%	28.8%	22.9%	0.0%	628	58.5%	31.7%	9.8%	0.0%	1069	55.1%	30.8%	14.1%	0.0%	1255	2952
Cook (6A, 6B, 6C, 6D)	48.5%	23.8%	28.3%	0.0%	1195	0.0%	0.0%	0.0%	0.0%	0	52.3%	28.6%	19.0%	0.1%	4715	5910
Total	47.5%	25.6%	26.9%	0.1%	3230	58.5%	31.7%	9.8%	0.0%	1069	54.8%	30.1%	15.0%	0.0%	12419	16718

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Table 2. Current age (on March 31, 2018).

Subregion	DCFS					CARITAS					OTHER POS					All Region Total
	0 - 5	6 - 12	13 - 18	19 +	Total	0 - 5	6 - 12	13 - 18	19 +	Total	0 - 5	6 - 12	13 - 18	19 +	Total	
Northern (1A, 2A)	33.8%	22.4%	36.1%	7.6%	523	0.0%	0.0%	0.0%	0.0%	0	40.3%	33.1%	22.0%	4.6%	2354	2877
Central (3A, 3B, 1B)	41.5%	23.2%	30.5%	4.8%	884	0.0%	0.0%	0.0%	0.0%	0	46.4%	31.4%	18.4%	3.8%	4095	4979
Southern (4A, 5A)	41.4%	25.3%	30.4%	1.8%	628	47.7%	33.7%	17.3%	1.3%	1069	43.4%	32.7%	18.6%	5.3%	1255	2952
Cook (6A, 6B, 6C, 6D)	36.7%	23.1%	29.8%	11.0%	1195	0.0%	0.0%	0.0%	0.0%	0	33.4%	29.2%	24.5%	12.9%	4715	5910
Total	38.5%	23.4%	31.1%	6.9%	3230	47.7%	33.7%	17.3%	1.3%	1069	40.0%	31.0%	21.4%	7.5%	12419	16718

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Table 3. Ethnicity.

Sub region	DCFS					CARITAS					OTHER POS					All Region Total
	White	Black	Hispanic	Other	Total	White	Black	Hispanic	Other	Total	White	Black	Hispanic	Other	Total	
Northern (1A, 2A)	47.8%	37.7%	11.1%	3.4%	523	0.0%	0.0%	0.0%	0.0%	0	43.0%	42.1%	12.7%	2.2%	2354	2877
Central (3A, 3B, 1B)	61.2%	33.1%	4.4%	1.2%	884	0.0%	0.0%	0.0%	0.0%	0	60.8%	35.7%	2.6%	0.9%	4095	4979
Southern (4A, 5A)	76.1%	19.4%	2.5%	0.8%	628	74.8%	22.2%	1.6%	1.4%	1069	70.0%	26.6%	1.8%	1.6%	1255	2952
Cook (6A, 6B, 6C, 6D)	13.0%	72.1%	14.2%	1.3%	1195	0.0%	0.0%	0.0%	0.0%	0	12.8%	71.5%	14.0%	1.8%	4715	5910
Total	44.1%	45.6%	8.8%	1.5%	3230	74.8%	22.2%	1.6%	1.4%	1069	40.1%	49.6%	8.8%	1.6%	12419	16718

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Table 4. Gender.

Subregion	DCFS			CARITAS			OTHER POS			All Region Total
	Female	Male	Total	Female	Male	Total	Female	Male	Total	
Northern (1A, 2A)	45.5%	54.5%	523	0.0%	0.0%	0	47.2%	52.8%	2354	2877
Central (3A, 3B, 1B)	48.4%	51.6%	884	0.0%	0.0%	0	47.3%	52.7%	4095	4979
Southern (4A, 5A)	45.1%	54.9%	621	50.3%	49.7%	1069	46.9%	53.1%	1069	2759
Cook (6A, 6B, 6C, 6D)	47.7%	52.3%	1202	0.0%	0.0%	0	48.1%	51.9%	4715	5917
Total	47.0%	53.0%	3230	50.3%	49.7%	1069	47.5%	52.5%	12419	16718

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Table 5. Length of stay (from DCFS case opening date to March 31, 2018).

Sub region	DCFS						CARITAS						OTHER POS						All Region Total
	0.5 Yr	0.5 - 1 Yr	1 - 2 Yr	2 - 3 Yr	3+ Yr	Total	0.5 Yr	0.5 - 1 Yr	1 - 2 Yr	2 - 3 Yr	3+ Yr	Total	0.5 Yr	0.5 - 1 Yr	1 - 2 Yr	2 - 3 Yr	3+ Yr	Total	
Northern (1A, 2A)	17.8%	16.8%	22.0%	17.4%	26.0%	523	0.0%	0.0%	0.0%	0.0%	0.0%	0	13.7%	14.0%	22.4%	15.7%	34.3%	2354	2877
Central (3A, 3B, 1B)	26.0%	21.0%	25.8%	13.2%	13.9%	884	0.0%	0.0%	0.0%	0.0%	0.0%	0	19.5%	17.0%	25.1%	15.5%	23.0%	4095	4979
Southern (4A, 5A)	24.3%	21.9%	25.1%	12.9%	15.8%	621	17.5%	14.3%	32.2%	18.1%	17.9%	1069	19.4%	15.3%	24.3%	15.9%	25.1%	1255	2945
Cook (6A, 6B, 6C, 6D)	12.9%	14.1%	21.0%	20.9%	31.1%	1202	0.0%	0.0%	0.0%	0.0%	0.0%	0	9.5%	10.6%	15.2%	15.8%	48.9%	4715	5917
Total	19.5%	17.9%	23.3%	16.7%	22.6%	3230	17.5%	14.3%	32.2%	18.1%	17.9%	1069	14.6%	13.8%	20.7%	15.7%	35.2%	12419	16718

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Table 6. Permanency goal (on March 31, 2018).

Subregion	DCFS					CARITAS					OTHER POS					All Region Total
	Return Home	Adop/ Guard	Indep	Other	Total	Return Home	Adop/ Guard	Indep	Other	Total	Return Home	Adop/ Guard	Indep	Other	Total	
Northern (1A, 2A)	48.6%	15.5%	21.2%	14.7%	523	0.0%	0.0%	0.0%	0.0%	0	39.8%	33.0%	12.5%	14.7%	2354	2877
Central (3A, 3B, 1B)	57.7%	15.3%	14.9%	12.1%	884	0.0%	0.0%	0.0%	0.0%	0	46.7%	28.2%	9.9%	15.2%	4095	4979
Southern (4A, 5A)	52.2%	16.7%	12.7%	17.2%	628	52.5%	26.0%	5.9%	15.6%	1069	47.3%	24.1%	12.2%	16.4%	1255	2952
Cook (6A, 6B, 6C, 6D)	37.2%	24.1%	22.0%	17.2%	1195	0.0%	0.0%	0.0%	0.0%	0	26.7%	34.4%	24.0%	15.0%	4715	5910
Total	47.6%	18.9%	18.1%	15.4%	3230	52.5%	26.0%	5.9%	15.6%	1069	37.9%	31.0%	16.0%	15.1%	12419	16718

Note. *Return home* is defined using the following permanency goal types: 01 Remain at home, 21 Return Home Within 5 Months, 22 Return Home Within 1 Year, or 23 Return Home Pending Status Hearing. *Adoption/guardianship* is defined using the following permanency goal types: 24 Substitute care pending court determination on termination of parental rights, 25 Adoption provided that parental rights have been terminated or relinquished, and 26 Guardianship. *Independence* is defined using the following permanency goal type: 27 Independence (minor over age 12 will be in substitute care pending independence). *Other* permanency goals include: 28 Cannot be provided for in a home environment due to a developmental disability or mental illness or because he or she is a danger to self or others provided goals 20-25 have been ruled out or 29 Continuing foster care.

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Table 7. Living arrangement (on March 31, 2018).

Subregion	DCFS					CARITAS					OTHER POS					All Region Total
	Foster	Spec	Institution Residential	Other	Total	Foster	Spec	Institution Residential	Other	Total	Foster	Spec	Institution Residential	Other	Total	
Northern (1A, 2A)	64.6%	1.3%	23.9%	10.1%	523	0.0%	0.0%	0.0%	0.0%	0	74.0%	18.0%	3.5%	4.5%	2354	2877
Central (3A, 3B, 1B)	76.1%	1.4%	15.2%	7.4%	884	0.0%	0.0%	0.0%	0.0%	0	81.1%	10.7%	3.8%	4.3%	4095	4979
Southern (4A, 5A)	74.7%	1.1%	17.8%	5.3%	628	90.0%	5.0%	2.1%	3.0%	1069	82.4%	7.3%	2.5%	7.7%	1255	2952
Cook (6A, 6B, 6C, 6D)	70.2%	0.9%	16.2%	13.2%	1195	0.0%	0.0%	0.0%	0.0%	0	59.9%	23.2%	3.1%	13.8%	4715	5910
Total	71.8%	1.1%	17.5%	9.6%	3230	90.0%	5.0%	2.1%	3.0%	1069	71.9%	16.5%	3.4%	8.3%	12419	16718

Note. *Foster* = Foster home, defined using the following living arrangement types: Delegated Relative Authority, Emergency Foster Care, Foster Home, Foster Home Adoption, Foster Home Boarding, Foster Home Guardianship, Foster Home Indian, Foster Home Private Agency, Guardian Successor, Home Adoptive Parents, Home of Relative, Home of Relative Applicant, Home of Relative Licensed, Home of Relative Kin, Private Guardian Home, or Subsidized Guardian Home. *Spec* = Specialized Foster Care, defined using the following living arrangement types: Foster Home Specialized or Therapeutic Foster Home. *Institution Residential* = institutional or residential care, defined using the following living arrangement types: Group Home, Inst Rehabil Service, Institute Private Shelter, Institution, Institution DCFS, Institution DMH, Institution Other Public, Institution Private, Nursing Care Facility, or Youth Emergency Shelters. *Other* = All other living arrangement types: Detention, Institution DOC, Hospital Facility Medical, Hospital Facility Psychiatric, Hospital/Healthcare Facility, Independent Living, Independent Living Only, Transitional Living, Abducted, Armed Service Duty, CILA, College/University Scholarship, Deceased, Job Training Program, Missing Living Arrangement, Other, Unauthorized Home of Parent, Unauthorized Placement, Unknown, Unknown Cont Contact, Whereabouts Unknown, Youth in College, Youth in Employment, or Runaway.

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EXHIBIT C

Child ('C') and Assigned Worker ('W') Counts at DCFS Field Offices (Data as of: 3/31/18)

Rockford

Peoria

Springfield

East St. Louis

Aurora

Champaign

Marion

Freeport
★
C-24; W-1

Rockford
★
C-154; W-13

Woodstock
★
C-43; W-3

Waukegan
★
C-66; W-3

Glen Ellyn
C-45; W-3 ★

Aurora
★
C-24; W-3

Joliet
★
C-59; W-3

C-1202, W-76

C-43; W-3

Kankakee
★

Sterling
★
C-35; W-3

Dekalb
★
C-30; W-3

C-100; W-5
Rock Island

Ottawa
★
C-16; W-2

Peoria
★
C-94; W-6

Bloomington
★
C-64; W-4

C-77; W-5

Urbana
C-66; W-5
★

Danville
★

C-106; W-6
★

Lincoln

Champaign
C-1; W-1

Quincy
C-64; W-3

Decatur
★
C-85; W-4

Springfield
★
C-6; W-1

Taylorville
★
C-19; W-2

Charleston
★
C-57; W-4

Carlinville
★
C-85; W-5

Jerseyville
★ C-44; W-2

Effingham
★
C-43; W-2

★ C-49; W-4
Alton
★ C-57; W-4
Wood River

Olney
★
C-72; W-4

East Saint Louis
C-37; W-4

C-37; W-2

Belleville
★
C-44; W-3

Carlyle

Mount Vernon
★
C-82; W-5

C-6; W-1
Sparta
★

Marion
★
C-83; W-6

Harrisburg
★
C-32; W-2

C-35; W-1
Murphysboro
★

Anna
★
C-31; W-2

Metropolis
C-13; W-1

Legend

DCFS Child & Worker Counts

★ DCFS Field Offices

Immersion Sites

☐ Subregions

☐ Regions

☐ Counties

Chapin Hall: R. Epstein - Map for 5/10/18

Child ('C') and Assigned Worker ('W') Counts in the
Southern Region (Data as of: 3/31/18)
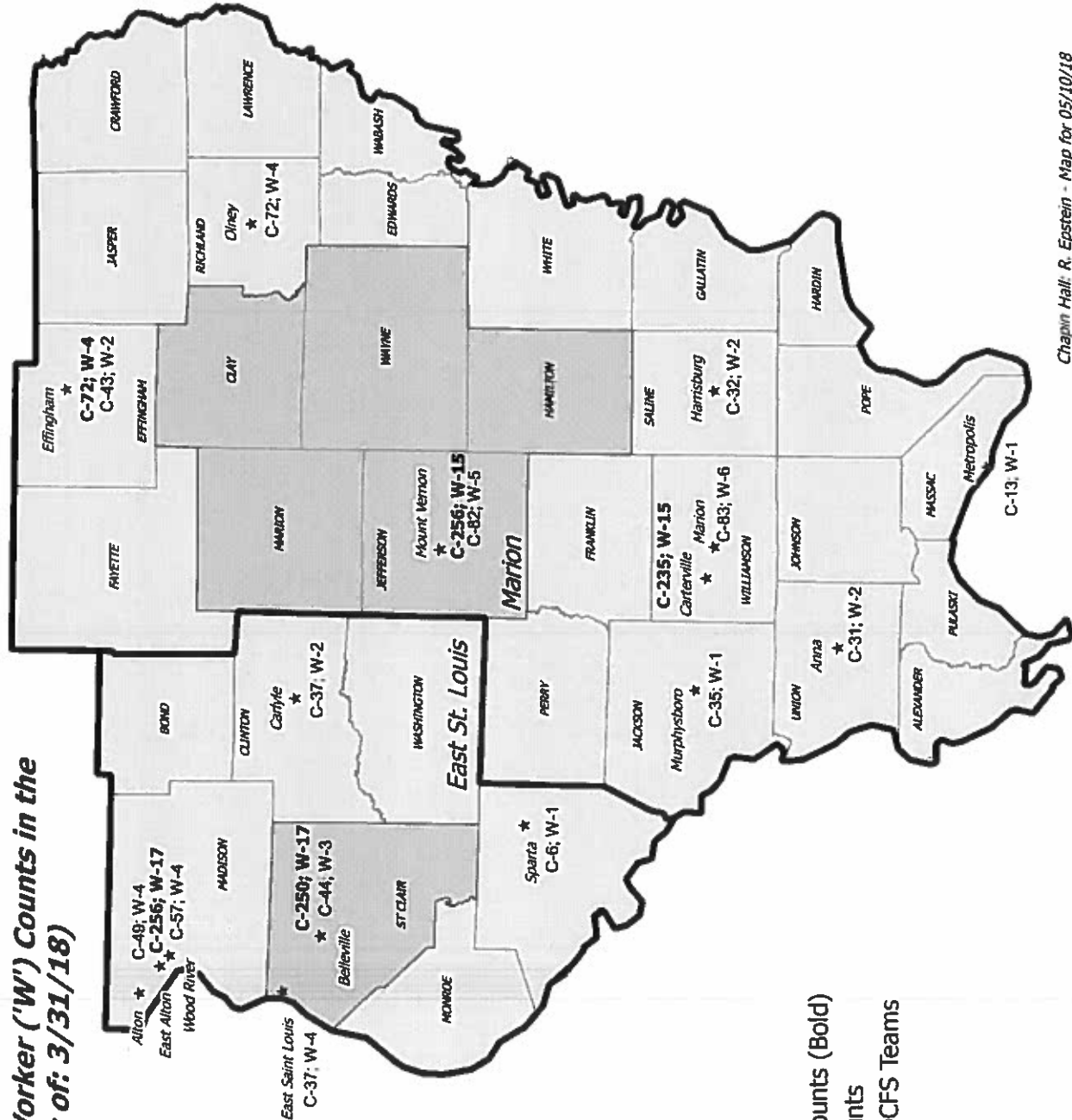
Chapin Hall: R. Epstein - Map for 05/10/18

Legend

Caritas Child And Worker Counts (Bold)

DCFS Child And Worker Counts

★ Cities With Caritas and/or DCFS Teams

Immersion Sites

Southern Region

Subregions

Counties

EXHIBIT D

Core Practice Model/Immersion Rollout Proposal

Core Practice Model/Immersion Rollout Proposal
The Immersion Sites (Lake, Rock Island, Mt. Vernon, St. Clair) are pilot sites originally conceptualized both as counties or groups of counties and as a complex, multi-component intervention with four components: 1). Core practice model; 2). Enhanced array of services for youth with behavioral health needs; 3). Enhanced qualitative case review process; and 4). Administrative process changes. DCFS has been working with the BH experts and the Child Welfare Group (CWG) in rolling out the components in the Immersion Sites. Implementation has been ongoing since 2016 and it is projected that the bulk of it will be completed by August 2018.

The implementation process has been challenging and has taken longer than expected. The plan to replicate Immersion Sites statewide by 2019 is not feasible. In an October 16, 2017 email to DCFS, the BH Experts and the Plaintiffs' Attorneys, Paul Vincent from CWG identified several challenges in the implementation process, one of which was the need for accountability with agencies to ensure full staff participation.

In a series of discussions with the BH Experts and Plaintiffs' Attorneys, and given the challenge of implementation in the Immersion Sites, it was proposed that rollout of the Core Practice Model/Immersion occur by agency rather than by geographic location. Rolling out by agency is seen as a better way to implement because it will more effectively address the problem of buy in and accountability experienced in the Immersion Sites. Agencies will be responsible for ensuring that all of their staff, and not just those in a particular location, are utilizing the Core Practice Model as they engage with families. Agency leadership can more easily and on a regular basis reinforce the importance of the work with their staff and convey their expectation that the practice with families will change. And by targeting the largest agencies to begin rollout, it is expected that DCFS will reach statewide exposure in an efficient manner.

DCFS proposes to sustain contemporaneous implementation in the four Immersion Sites of the four components as they came to be defined in the initial four sites. This means:

1. Core Practice Model consisting of FTS, MOSP, CWG's CFTM training and coaching;

2. Enhanced Service Array consisting of contracts with lead agencies for Intensive Care Coordination/Wraparound Approach and the use of Flex Funds to purchase customized goods and services;

3. Enhanced qualitative case review; and

4. Administrative process changes consisting of the continuation of Adoption Labs, changes to the process for distributing Norman Funds, and a handful of other minor process improvements.

In addition, on 7/1/18, DCFS would like to begin to:

5. Train Caritas and DCFS Southern Region staff in the Core Practice Model;

6. Enhance contracts with Caritas to better support caseworker and supervisory capacity to do the work;

7. Review Caritas' contracts, including Specialized Foster Care, to see if there are creative ways to meet the goal of building a stronger continuum of care within the agency;

8. Increase funding to IPS contracts and/or create a flexible fund to establish a more intensive array of services to youth with behavioral health needs with the goal of maintaining them in community-based settings;

9. Implement the OER+ as our qualitative case review tool in our statewide CFSR plan and our agency-wide CQI process;

10. Continue the current practice of allowing Immersion Sites to operate as research and development sites to propose process changes, test them, and advance those that appear to be successful statewide. It is not feasible at this time to undertake the larger process changes described in the BH plan (decentralizing central matching, dismantling CIPP, etc.). Recommendations from the four Immersion Sites, Caritas and DCFS Southern Region will be taken into consideration moving forward.

A rollout workgroup has been created and will begin meeting on June 6, 2018. The workgroup is comprised of DCFS staff and external stakeholders including the BH Experts, Caritas, Chapin Hall, the Child Welfare Group and Allison Metz from NIRN.

Proposed Rollout Start Date: July 1, 2018
Projected Phase 2 Rollout Completion Date: December 31, 2019

Agency Selection Methodology

By targeting the largest agencies to begin rollout, it is expected that DCFS will reach statewide exposure in an efficient manner. Chapin Hall provided case assignment data for new entries that had a known legal county between 7/1/16 and 6/30/17 and for all youth in care as of January 2018. The data is provided below. In both cuts of the data, DCFS held the largest percentage of cases statewide and was selected for rollout. The private agency Caritas was also selected for the following reasons:

1. It is fully contained in the Southern region to facilitate implementation
2. It is the 5th largest private agency and is a strong performer
3. It has been exposed to Immersion Sites as there are 2 strong Immersion Sites in the region
4. There is strong DCFS leadership in the region to support implementation
5. There is at least one strong Intensive Placement Stabilization provider in the region

Table 1: Agency Case Assignments as of January 2018 for cases entering between 7/1/16 and 6/30/17

Agencies	# entries	% entries	cumulative %
n/a (DCFS)	1355	0.28	0.28
LUTHERAN SOCIAL SERVICES OF IL	542	0.11	0.39
LUTHERAN CHILD & FAMILY SVC	421	0.09	0.48

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CARITAS FAMILY SOLUTIONS	382	0.08	0.56
CENTER FOR YOUTH & FAMILY SOLUTIONS, THE	327	0.07	0.63
CHILDRENS HOME & AID SOC OF IL	294	0.06	0.69
ONE HOPE UNITED	127	0.03	0.71
WEBSTER CANTRELL HALL	107	0.02	0.73
FAMILYCORE	104	0.02	0.76
CHADDOCK	89	0.02	
HOYLETON YOUTH AND FAMILY SERVICES	77	0.02	
YOUTH SERVICE BUREAU OF ILLINOIS VALLEY	76	0.02	
CAMELOT CARE CENTERS INC.	68	0.01	
KEMMERER VILLAGE	60	0.01	
SOS CHILDRENS VILLAGES IL	54	0.01	
BABY FOLD	49	0.01	
CHILDSERV	48	0.01	
ARDEN SHORE CHILD AND FAMILY SERVICES	46	0.01	
UCAN	45	0.01	
CHILDRENS HOME ASSOC OF IL	43	0.01	
RUTLEDGE YOUTH FOUNDATION, INC.	40	0.01	
LAWRENCE HALL	37	0.01	
VOLUNTEERS OF AMERICA	36	0.01	
GUARDIAN ANGEL COMMUNITY SERVICES	33	0.01	
FAMILY SERVICE CENTER OF SANGAMON COUNTY	32	0.01	
LAKESIDE COMMUNITY COMM	31	0.01	
ADA S MCKINLEY COMM SERV INC	30	0.01	
CHILDLINK	29	0.01	
UNITY PARENTING AND COUNSELING	28	0.01	
UNIVERSAL FAMILY CONNECTION IN	28	0.01	
AUNT MARTHAS YOUTH SVC CTR INC	27	0.01	
BETHANY FOR CHILDREN AND FAMILIES	20	0.00	
LYDIA HOME ASSOCIATION	17	0.00	
NATIONAL YOUTH ADVOCATE PROGRAM INC	15	0.00	
UNITED CEREBRAL PALSY SEGUIN	13	0.00	
CHILDRENS PLACE ASSOCIATION, THE	11	0.00	
HEPHZIBAH CHILDREN'S ASSOCIATION	11	0.00	
LITTLE CITY FOUNDATION	11	0.00	
ENVISION UNLIMITED - C.A.R.C.	10	0.00	
OUR CHILDREN'S HOMESTEAD	10	0.00	
SHELTER, INC.	9	0.00	
YOUTH OUTREACH SERVICES	9	0.00	
ASSOCIATION HOUSE OF CHICAGO	8	0.00	
JEWISH CHILD & FAMILY SERVICES	8	0.00	
KALEIDOSCOPE, INC.	6	0.00	
OMNI YOUTH SERVICES INCORPORATED	5	0.00	

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EASTER SEALS JOLIET REGION INC	4	0.00
ALLENDALE ASSOCIATION	2	0.00
MYSI CORPORATION	2	0.00
THRESHOLDS, THE	2	0.00
RUTLEDGE YOUTH FOUNDATION INC	1	0.00
SPERO FAMILY SERVICES	1	0.00

Table 2: Agency Case Assignments as of January 2018 for All Youth In Care

Agency	Sum of caseLoad
DCFS	3209
LUTHERAN SOCIAL SERVICES OF IL	1669
LUTHERAN CHILD & FAMILY SVC	1395
CHILDRENS HOME & AID SOC OF IL	1077
CENTER FOR YOUTH & FAMILY SOLUTIONS, THE	1031
CARITAS FAMILY SOLUTIONS	1014
ONE HOPE UNITED	450
CAMELOT CARE CENTERS INC.	375
YOUTH SERVICE BUREAU OF ILLINOIS VALLEY	370
UCAN	333
CHILDLINK	300
FAMILYCORE	285
HOYLETON YOUTH AND FAMILY SERVICES	272
LAWRENCE HALL	236
SOS CHILDRENS VILLAGES IL	230
CHADDOCK	227
CHILDRENS HOME ASSOC OF IL	218
CHILDSERV	204
AUNT MARTHAS YOUTH SVC CTR INC	190
WEBSTER CANTRELL HALL	171
UNITY PARENTING AND COUNSELING	165
VOLUNTEERS OF AMERICA	163
ADA S MCKINLEY COMMUNITY SERVICES INC	162
UNITED CEREBRAL PALSY SEGUIN	160
LAKESIDE COMMUNITY COMM	147
OUR CHILDREN'S HOMESTEAD	132
RUTLEDGE YOUTH FOUNDATION, INC.	128
ARDEN SHORE CHILD AND FAMILY SERVICES	125
NATIONAL YOUTH ADVOCATE PROGRAM INC	124
UNIVERSAL FAMILY CONNECTION IN	119
JEWISH CHILD & FAMILY SERVICES	116

KEMMERER VILLAGE	113
KALEIDOSCOPE, INC.	107
BABY FOLD	102
GUARDIAN ANGEL COMMUNITY SERVICES	100
LITTLE CITY FOUNDATION	97
ASSOCIATION HOUSE OF CHICAGO	91
HEPHZIBAH CHILDREN'S ASSOCIATION	90
FAMILY SERVICE CENTER OF SANGAMON COUNTY	86
BETHANY FOR CHILDREN AND FAMILIES	71
LYDIA HOME ASSOCIATION	69
CHILDRENS PLACE ASSOCIATION	67
ENVISION UNLIMITED - C.A.R.C.	62
MYSI CORPORATION	61
EASTER SEALS JOLIET REGION INC	59
SHELTER, INC.	44
SPERO FAMILY SERVICES	42
OMNI YOUTH SERVICES INCORPORATED	36
YOUTH OUTREACH SERVICES	35
ALLENDALE ASSOCIATION	31
CUNNINGHAM CHILDRENS HOME INC	31
CENTERSTONE OF ILLINOIS INC	24
CATHOLIC CHARITIES/ARCH OF CHICAGO, THE	23
YOUTH NETWORK COUNCIL DBA	20
THRESHOLDS, THE	19
THRESHOLDS	18
INDIAN OAKS	15
RUTLEDGE YOUTH FOUNDATION INC	13
NEXUS-ONARGA ACADEMY	12
HARBOUR INC, THE	10
CATHOLIC CHILDRENS HOME	8
YOUTH SERVICE PROJECT INC	7
OUTREACH ACADEMY	3
GARDEN OF PRAYER YOUTH CENTER	2
TOTAL YOUTH IN CARE	**16365**

Proposed Rollout Planning Workgroup Members
Mary Nam, DCFS, Rollout implementation lead
Marci White, UNC, BH Expert
Mark Testa, UNC, BH Expert
Richard Epstein, Chapin Hall, Immersion Site Evaluator
Mary Sue Morsch, Chapin Hall
Paul Vincent, CWG, Consultant
Cornelius Bird, CWG, Consultant

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Allison Metz, NIRN, Consultant
Hope Carbonara, DCFS, Immersion Site Director
Norma Machay, DCFS, Immersion Site Director
Verletta Saxon, DCFS, Immersion Site Director
James Toole, DCFS, Immersion Site Director
Monico Whittington Eskridge, DCFS, Office of Professional Development
Victor Lasko, DCFS, Office of Professional Development
Cynthia Richter Jackson, DCFS, Office of Quality Enhancement
Gary Huelsmann, Caritas CEO
Dennis Jenkins, Caritas COO
Mike Deschamps, DCFS Chief of Staff for Operations
DCFS Regional Administrators
Jeremy Harvey, DCFS, Strategy and Performance Execution
Jennifer Marett, DCFS/Northwestern, Clinical Practice and Program Development
Royce Kirkpatrick, DCFS, Office of Contract Administration
Jason House, DCFS. Office of Planning and Budget

Charge of the Rollout Workgroup
The goal of the workgroup will be to produce a work plan that will address/answer the following:

Integrate the lessons learned from implementation in the Immersion Sites into the planning process.
Do private agencies have the internal capacity to rollout out statewide?
Do the DCFS field offices have the internal capacity to rollout out statewide?
What changes need to be made in contracts or administrative processes to ease workload and facilitate implementation?
Are there creative ideas to develop a continuum of care within a private agency?
Does DCFS have enough internal training and quality assurance capacity to rollout statewide?
What ongoing efforts will be made to ensure DCFS and provider agency buy in and engagement?   Ideas include regular check in meetings between DCFS and private agency leadership to discuss implementation.
What are the project milestones and associated timeframes?
How will implementation progress be measured?
What data will be reviewed, with whom will it be shared and at what frequency?
How will model fidelity be measured? What quality assurance measures must be put in place? Ideas include case record reviews, action plan audits, observations of CFTMs and surveys from staff and families.
How will DCFS measure change in the system and for families?

Lessons Learned from Immersion Sites
1. Process changes must be identified early and implemented to ease workloads for workers and supervisors.
2. Training and coaching sessions should be scheduled around caseworker and supervisor availability.
3. Engagement efforts should begin with supervisors to develop buy in and facilitate implementation.
4. MoSP training should be delivered before CFTM training to develop buy in with supervisors.
5. Efforts should be made to facilitate data collection using technology and not manual tracking.

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EXHIBIT E

CPM/Immersion Rollout Proposal

1. DCFS proposes to sustain contemporaneous implementation in the four Immersion Sites of the four components as they came to be defined in the initial four sites.

2. In addition, beginning in FY19, DCFS proposes the following for the CPM/Immersion rollout:

   - Partner with Allison Metz to conduct a readiness assessment using NIRN's Implementation Drivers tool.
   - Train Caritas and DCFS Southern Region staff in the Core Practice Model.
   - Enhance Caritas contracts to support 2 additional adoption specialists, 2 additional trainers and a supervisory to caseworker ratio of 1:5 instead of 1:7 in both the Foster Care and Specialized Foster Care contracts. The revised Caritas contract should be ready for approval the week of July 23rd.
   - Review Caritas' contracts, including Specialized Foster Care, to see if there are creative ways to meet the goal of building a stronger continuum of care within the agency.
   - Increase funding to IPS contracts and/or establish flexible funds to support additional children and youth. Potential new service categories include, 1. families with identified service needs in the Child and Family Team Meetings, 2. children and youth stepping down from residential placement and, 3. bridge services for children and youth newly assigned to Spec FC to allow the agency time to get services in place. DCFS is in the process of determining how much funding is available to increase contracts.
   - Revise the December 2017 Immersion Site Logic Model to reflect implementation by agency and not geography.
   - Implement the OER+ as the qualitative case review tool in our statewide CFSR plan and our agency-wide CQI process;
   - Propose, test and advance statewide those process changes that appear to be successful. It is not feasible at this time to undertake the larger process changes described in the BH plan (decentralizing central matching, dismantling CIPP, etc.). Recommendations from the four Immersion Sites, Caritas and DCFS Southern Region will be taken into consideration moving forward.
   - Caritas Foster Care Director Mark Becker will be the agency's point of contact for coordinating and implementing approved process changes. DCFS Regional Administrator (RA) Hope Carbonaro will be the point of contact for coordinating and implementing approved process changes for DCFS Southern Region.
   - DCFS RA will have authority to make case waiver decisions for such things as program plan waivers to meet a child's immediate needs. DCFS RA will elevate to DCFS Associate Director Mary Nam those cases that require additional approval. DCFS Program Manager Lori Gray will provide back up for DCFS RA to ensure that there is coverage and that decisions are not delayed.
   - Caritas Foster Care Director and DCFS RA will coordinate to do an initial analysis of change requests that involve larger systemic change. The process change request will be vetted within DCFS by the relevant areas. Requests may require review and approval by DCFS Legal and/or DCFS Director.
   - The Training, Process Changes, Evaluation and Contracts Subcommittees will resolve day to day issues of the rollout. Information sharing and decision-making will occur in the larger CPM/Immersion Rollout Workgroup. The BH Experts will be invited to participate in the subcommittees and in the larger workgroup.

- Caritas Foster Care Director and Chief Operating Officer will remain in regular communication with DCFS RA and Associate Director. DCFS RA and Associate Director will keep DCFS Director apprised of the status of implementation.
- DCFS RA will be the point of contact with APT, ACR, Clinical and other DCFS support functions to ensure that there is consistent messaging around changes that occur as a result of the rollout. DCFS will share regular updates on the status of implementation and resolve barriers with key stakeholders.
- Host a kick-off event to launch the CPM/Immersion rollout.

EXHIBIT F

An Overview of the
OUTCOME ENHANCEMENT REVIEW PLUS

INTRODUCTION

The following provides an overview of the Department's current case review process that closely mirrors the Federal requirement for monitoring Program Improvement Plans and a proposed addition of Supplemental Questions to this review process. This addition of supplemental questions and more in-depth interview questions have been developed as a result of lessons learned from a model of case review known as the Quality Service Review (QSR).

DEFINITIONS

CFSR – Federal Child and Family Services Review. A mandatory review of practice and outcomes conducted by the Children's' Bureau as a means to assess a state's progress in terms of achieving outcomes and that adequate systems are in place to support child welfare practice.

OER – Outcome Enhancement Review. The Illinois Case Review process in place since the initial round of Federal Reviews. This review mirrors the Federal CFSR and required as a means for assessing and reporting progress to the Administration of Children and Families (ACF)

PIP – Program Improvement Plan. At the conclusion of a CFSR, the State is required to develop a program improvement plan to address any areas found to not be in substantial conformity with requirements.

QSR – Quality Service Review. A review process used in many states to assist in improving child welfare practice and outcome issues identified in consent decree agreements. The review instrument and review process is licensed and owned by the Paul Vincent Child Welfare Policy and Practice Group. While the review tool questions differ from the Illinois OER/CFSR case review tool, the case review process itself is very similar. Both reviews share the ultimate aim of improving Child Welfare practice and outcomes.

OER + (Plus) The State efforts to unite the existing Federal approved OER with the best elements of the QSR to form a statewide standardized review process, that includes standardized training, reporting and a full process of continuous quality improvement.

PURPOSE OF THE OUTCOME ENHANCEMENT REVIEWS (OER)

Section 1123A of the Social Security Act (the Act) requires the Department of Health and Human Services to review state child and family services programs to ensure substantial conformity with the state plan requirements in titles IV-B and IV-E of the Act. The review process that satisfies this requirement is known as the Federal Child and Family Services Review (CFSR).

In September 2003, August 2009, and May 2018 Illinois participated in the CFSR. The CFSR process measures each state's compliance with the State Plan requirements under titles IV-B and IV-E of the Social Security Act and focuses on two primary areas: (1) **outcomes for children and families served by the child welfare system, including performance on specific national data indicators,** and (2) **systemic factors that directly affect each state's capacity to deliver services leading to improved outcomes.**

States participating in the CFSR process are required to develop and implement Program Improvement Plans (PIPs) to fully address all of the outcomes, national indicators and systemic factors determined not to be in substantial conformity as a result of a CFSR. CFSR PIPs are two years in duration and states are required to submit status and data reports to the Administration for Children and Families (ACF), informing ACF of the state's progress in implementing the provisions of the PIP. The data submitted to ACF must be consistent with what is collected during a CFSR, thus the state developed the OER process to mimic the CFSR and produce comparable data.

The Department's Outcome Enhancement Review (OER) has been an adaptation of the CFSR and the data from these reviews has informed CFSR PIP development and monitoring. As with the CFSR, the OER process is outcome-focused and involves a thorough review of case files, followed by stakeholder interviews. The combination of reviewing case file documentation along with conducting case-specific stakeholder interviews is intended to provide an accurate and comprehensive portrait of service provision to the child and family, and the extent to which Federal outcomes are being satisfactorily met.

BH EXPERT RECOMMENDATION FOR QUALITY SERVICE REVIEW (QSR)

At the recommendation of the BH Experts, an additional case review process, Quality Service Reviews (QSR), was implemented in Immersion sites as part of the BH recommendations. Implementation of this review process has required an ongoing contract with the Child Welfare Policy and Program Group as well as additional contracted staff hired, trained and mentored in the QSR process.

As the implementation of QSR progressed, so did the concern as to a duplicative review process. The redundancy of the added QSR process to the OER became apparent. The review process for QSR and OER are so similar that the Department began to question the costs versus benefit in improvements resulting from the substantial multi-year investment in QSR.

Questions raised:
1. What is the benefit to the implementation of QSR that exceeds the case information being obtained through the OER reviews, reporting and improvement planning?
2. If the OER process is the preferred method for the Federal Administration of Child and Families as well as Department Administration, why is there not more improvement in children CFSR identified outcomes?

The first two questions led to a third
3. Is it because of the review questions and a different review tool that is needed, or is it a much bigger and deeper issue; one that is not solved by changing the questions but rather implementing a full process that uses findings at an individual case level to improve individual progress, at a team level to understand trends and practice change and then at a system level to address barriers and improve policy.

It is well known that the Department has undergone a series of Director and executive leadership changes. Some Directors have been more interested in data than others. The majority of Directors in the past 15 years have not shown a productive interest in OER case review results or prioritized the findings as a component in continuous quality improvement.

Making a determination that the OER review process, review tool or data reports are weak and the reason for poor performance in achieving outcomes, fails to take into consideration that simply implementing a review process or different review tool does little to effect change. It is the complete process that includes a reliable and valid review tool, standardized training in the use of the review tool, a quality control process that includes inter rater reliability and consistent communication of case findings at the individual case practice level, trends for a specific team and systemic impacts at the executive level.

It is understood that QSR was proposed as a means to evaluate the Department's implementation of the Core Practice Model and to jump-start a CQI process.

Leading to Question 4
4. If the Department has already invested in a proven review process (that is Federally required) with most of the elements in place, with the acknowledgement there is room for improvement mainly with the CQI process; then should there be consideration to improve on what is already in place rather than the major cost and effort of implementing another new multi-year process?
5. Would there be value in a reassessment of perhaps the underlying issue of effectively using the findings of a good case review to improve the circumstances of an individual child and family, identify needed practice changes and system barriers?

Admittedly there are areas in the OER that can be positively influenced by the lessons learned from QSR. The value of the Initial implementation of QSR has led to an insightful look at how to improve the existing OER and bring forth an OER +

A workgroup of staff from Quality Enhancement, Chapin Hall, University of Illinois Urbana-Champaign, the QSR State Coordinator along with input from Agency Performance Monitoring and Immersion Site Directors began to work on a merge of the best of QSR; the approach of understanding the family story as they convey it, and the spirit of looking for the quality or lack therein of case practice. This merge is being called OER + (plus). By utilizing what has been learned from QSR and developing QSR-like supplemental questions, it is believed the review process will contain the best of both review processes.

Another reason for the development of the Supplemental Questions is the fact that the federal tool (OSRI) cannot be altered in any way to include additional questions that the state may want to know. Illinois desired to consolidate review processes (QSR and OER into the OER +), and to therefore collect additional data related specifically to Child and Family Team Meetings (CFTMs) and Supervision, two initiatives in the BH Court Order. Additional subject areas can and will be added to the Supplemental Questions in the future. An attractive option for adding the Supplemental questions is the plan for also using it as stand-alone review tool for targeted reviews. In this way, a focus review may be requested with a much larger sample. Since Supplemental Questions look at the quality of Child and Family Team Meetings and the implementation of the Model of Supervision, there are aspects for evaluating the fidelity of these two new practice initiatives.

To clarify, the OER + will use the Federal CFSR Onsite Review Instrument (OSRI), and two (2) additional tools unique to Illinois: Audit Questions Tool[1] and the Supplemental Questions Tool[2]. Both the Audit tool and the Supplemental Questions Tool can be used as stand-alone review tools.

The OER + involves the review of a random sample of cases from both the Department and private sector. Reviews will include foster care cases (all substitute care cases), intact family cases, investigations lasting 45 days or more with a Safety Plan, and Extended Family Support Program (EFSP) cases. The state will use the federal case elimination criteria, as it did during CFSR 3 sampling. The state plans to adopt a stratified random sample (stratified by DCFS sub-region), and apply a weighted ranking system to the samples and regions in order to generate comparable samples during the PIP period.

Utilizing a sampling methodology meets a Federal Requirement for PIP reporting. The OER + will be used for this formal reporting but is not limited to this sampling format or number of cases required for the PIP. OER + may be used as the standardized review process for the Department and Private Agency Monitoring and improvement. Administrators will have the option of requesting a full OER+ review for a particular population or an agency as well as request a more focused review using just the Supplemental Questions. Because the Standardized Questions will be tested and standardized, training standardized, reporting and use of a CQI process, it gives administrators an alternative to a large review and instead have a more focused and higher number of cases in the review.

Each quarter the formal OER + results will be shared with DCFS and POS staff, regions, and executive leadership for the purpose of monitoring of progress and immediate and strategic decision-making. Additionally, results will be used to inform progress toward 2018 CFSR PIP goals. OER+ reviews outside of the formal sample along with focused reviews using just the Supplemental Questions, will be reported on an ongoing basis.

OER REQUIREMENTS

The OER must be able to be approved by the Children's Bureau as the state's measurement plan for monitoring progress toward identified CFSR PIP Goals.

Therefore, Illinois must:

1. Use the federal Onsite Review Instrument (OSRI)
2. Use the federal Online Monitoring System (OMS)
3. Include case types that were included in the official CFSR.
    a. For "Foster Care" cases, this includes all substitute care cases,
    b. For "In-Home" cases, this includes
        i. All Intact Family Services cases (IFS),
        ii. All investigations open for 45 days or longer with a safety plan, and
        iii. Extended Family Support Program cases (EFSP)

4. Use a sampling method that is approved by the Children's Bureau, specifically the MASC team

5. Use the CFSR case elimination criteria

6. Include DCFS and POS cases

7. Include all sub-regions

OER + REQUIREMENTS

OER + is able to meet both Federal requirements while allowing for flexibility in determining a sample for a focus review and or utilizing supplemental QSR-like questions with a higher volume of cases.

Therefore, with OER + Illinois will:

1. Utilize the 7 steps above to meet Federal reporting requirements

2. Administrators have the option of requesting a full review identifying a sample of their choice

3. Administrators have the option of a focused review using only the Supplemental questions and interview (this option allows for drilling down into specific areas with a much larger sample)

4. Enhanced interviews allowing for a family view of their story

OER + ASSUMPTIONS

Operationally:

- Provide each sub-region with a large enough set of data from which they can draw some reasonable conclusions about performance (we want a jurisdictional approach, which would lean us toward a weighted stratified sampling approach)

- Conduct reviews at least quarterly, report to the feds semi-annually

- Review a minimum of 150 total cases per year

- The OER + will replace the Quality Services Review yet include elements of that process that the state values and that are important to the BH Experts

- The OER + will serve as DCFS's primary case record review process (key for COA and general monitoring)

- The OER + will launch with training by 7/31/18 (FY19)

TRAINING PLAN

- All Reviewers will be trained using the new training curricula and agenda.

- Trainees will be evaluated and will have to meet a level of competency in order to be determined an OER+ reviewer

- Refresher trainings will be provided at regular intervals.

The Onsite Review Instrument- OSRI

The following questions relate to the Outcomes of Safety, Permanency, and Well Being contained in the OSRI. The OSRI is the basic review instrument. As reviewers complete the documentation review and

stakeholder interviews, team leaders guide a debriefing session to ensure understanding of case dynamic and consistency in rating.

SAFETY QUESTIONS – WHAT STRONG CASE PRACTICE WAS IN PLACE RELATED TO SAFETY AND WHAT WERE THE KEY CONCERNS?

1. What were the key risk and safety concerns during the Period Under Review (PUR)? Make sure reviewers are correctly differentiating between risk and safety issues.
2. Did the agency appropriately assess and address risk and safety concerns?
3. Were the children maintained in their homes when possible/appropriate?

PERMANENCY QUESTIONS – WHAT STRONG CASE PRACTICE WAS IN PLACE RELATED TO PERMANENCY AND WHAT WERE KEY CONCERNS?

1. Will permanency be achieved timely based on the length of time the child has been in foster care?
2. How did they agency work with the courts in moving the case forward towards permanency?
3. Did the child have permanency and stability in his/her living situation?
4. Were the child's family relationships and connections preserved?

WELL-BEING QUESTIONS – WHAT STRONG CASE PRACTICE WAS IN PLACE RELATED TO WELL-BEING AND WHAT WERE THE KEY CONCERNS?

1. Did the agency adequately engage the family, conduct appropriate assessments, and provide needed services so that parents could provide for their child(ren)'s needs?
2. For Foster Care cases: Were the child's educational, physical, and mental-health needs adequately assessed and addressed?
3. For In Home cases: discuss which children will be assessed and discuss which items may be applicable based on case dynamics. Discuss whether any applicable needs were assessed and addressed.
4. How did the agency work with other system partners to ensure the family's needs were assessed and addressed?

GENERAL QA ISSUES

Some of the general issues to review for once the case has been submitted for QA include:

1. Ensure that documentation in item questions provides appropriate rationale. If not, discuss with reviewers to determine whether the rationale can be strengthened or they should reconsider their response to the question.
2. Ensure that any item rated NA has adequate rationale to support that rating (be sure to inspect items that do not have any non-applicability criteria checked yet are rated NA).
3. Ensure that the right case participants (children and parents) are assessed in appropriate items.

ITEM 1: Timeliness of initiating investigations of reports of child maltreatment

- Confirm with reviewers that they included all reports received during the PUR, including any reports that came in after the case was closed (if applicable)
- Review the policies on priority response timeframes to ensure accuracy.

ITEM 2: Services to family to protect children in the home and prevent removal or re-entry into foster care

- Carefully review the item applicability criteria that reviewers selected. For foster care cases, ensure that all foster care entries and all reunifications during the period under review were considered when responding to the criteria.
- Ask the reviewers to describe which services were provided to the family, to ensure that they were safety-related.
- Ask the reviewers to explain the circumstances that warranted immediate removal.

ITEM 3: Risk and safety assessment and management

- For foster care cases, if the child entered foster care during the period under review ask the reviewers about the circumstances for removal to determine if any concerns should be noted.
- Ensure that reviewers are considering safely concerns.
- Ask the reviewers to explain their rationale and ensure that it is consistent with the rating.

- Discuss the quality of the risk/safety assessments that the agency conducted. Ensure that the frequency and quality of worker visits with the child(ren) and/or parents was adequate to appropriately assess risk and safety throughout the PUR.
- Ask reviewers to describe the safety plan and how it is monitored.
- Ask the reviewers how they determined that there were no apparent safety concerns during the PUR.

ITEM 4: Stability of Foster Care Placement

- Ensure that the reviewers have considered all time periods that the child was in care during the PUR. IF noticed that the placement dates do not account for all time periods, ask reviewers if the child was in a placement that is not considered a "placement setting" during those periods.
- Discuss all the "reasons for change in placement" with reviewers. Ensure that any moves up to higher levels of care because of increased mental health/behavioral needs have been evaluated carefully.
- If a child's placement was disrupted during the PUR or is/was not stable, reviewers should assess whether the agency provided any services to the foster parent/caretaker to stabilize or support the placement.

ITEM 5: Permanency goal for child

- Ensure that reviewers completed the table by noting dates that goals were established, not achieved.
- Ensure that reviewers considered the child's age, needs, and the circumstances of the case (length of care, status of caretakers in resolving safety concerns, etc.). In cases in which the appropriateness of the goal is based on a child/youth's "age of consent" for adoption, did reviewers assess the time in foster agency's efforts to work with the child around these issues? (e.g., what was the level of work done with the child to determine whether he/she really does not want to be adopted?)
- Ensure that reviewers accurately calculated the child's time in foster care.
- Ask reviewers which ASFA TPR criteria the child met.
- Placement information should be reviewed to assess whether the child was placed with relatives at 15/22 month timeframe. Compelling reasons must be documented in the case file to count as an exception.

ITEM 6: Achieving reunification, guardianship, adoption or other planned permanent living arrangement

- If concurrent goals were in place, ensure that reviewers responded appropriately.
- If the child has been in foster care for more than the suggested timeframe (12, 18 or 24 months, depending on the goal) and the goal has not yet been achieved, ask reviewers to describe the circumstances to ensure that a delay is justified (see example in instructions).
- If the child has not been in foster care for more than the suggested timeframe but has not yet been discharged from foster care, ask reviewers when the goal is projected to be achieved to ensure that it meets the recommended timeframes in the instructions. Also ask reviewers to describe the concerted efforts that have been made to ensure timely achievement of the goal.
- Ask reviewers why they believe the child's living arrangement can be considered permanent.

ITEM 7: Placement With Siblings

- Ask reviewers to describe the placement arrangements of siblings placed separately. What were the reasons for separate placement? If a valid reason existed, was the separation re-assessed by the agency over time during the PUR?
- Ensure that only siblings as defined in the instructions are included in the item assessment. Issues related to preserving connections between children who grew up in the same household but are not related biologically or through adoption and/or marriage should be addressed.

ITEM 8: Visiting With Parents and Siblings in Foster Care

- Ensure that case participants selected as Mother and Father are accurate based on instructions and case circumstances.
- If visitation frequency are anything less than "more than once per week", discuss with reviewers how the frequency was sufficient for the child and whether efforts for more frequent visits were made.
- Ask reviewers to describe the visitation arrangement (location, length, supervision, etc.).

ITEM 9: Preserving Connections
- Ensure the item was not rated on connections the child formed while in foster care. The focus is on maintaining connections the child had at the time he or she entered care.
- If, prior to removal, the child had contact and a relationship with biological parents who are not the caregivers the child was removed from or is being returned to, ask whether those relationships should be preserved and were addressed in this item.
- Ask the reviewers to describe the child's connections and how they were/were not maintained. If the child was not maintained in the same school setting, ask for the reasons and how that decision was made.

ITEM 10: Relative Placement
- Ask the reviewers to describe the quality of efforts that were made throughout the PUR and at critical points in the case.
- Ask about the rationale to ensure it is consistent with the instructions.

ITEM 11: Relationship of Child in Care With Parents
- Ensure that case participants selected as Mother and Father are accurate based on instructions and case circumstances.

ITEM 12: Needs and Services of Child, Parents, and Foster Parents
Sub-Item: Needs and Services of Child
- Ask reviewers to explain what the child(ren)'s needs were during the PUR. Were all of these needs accurately assessed by the agency? Consider the circumstances of the case, age(s) of the child(ren) etc. as you discuss needs. Also ask about how needs were assessed. Did the worker visit with the child(ren) frequently enough to allow for ongoing assessment? Did the worker ask about the child(ren)'s needs with the child(ren)'s caretakers and/or foster parents?
- Ask the reviewers to describe the services that the child(ren) received during the PUR. Discuss whether the services addressed all of the child(ren)'s needs.
- For foster care cases, if the target child is an adolescent, ensure that the independent living services were addressed.

Sub-Item 12B: Needs and Services of Parents
- Ensure that the right case participants were selected as Mother and Father cased on instructions and case circumstances.
- Ask reviewers to explain what the mother's and father's needs were during the PUR. Were all of these needs accurately assessed by the agency? Consider the circumstances of the case, reason for the agency's involvement, length of time case has been open, case plan progress, etc. as you discuss the parent's needs. Also ask about how needs were assessed: did the worker visit with the parent frequently enough to allow for ongoing assessment?
- Ensure that paramours have been appropriately assessed in this item, as applicable. Paramours typically should not be included in the definition of "mother" or "father" but instead should be considered through their relationship with the primary caregiver(s) who will be caring for the children. For example, if the biological mother is the caregiver that the child(ren) will be reunified with and her boyfriend needs services to ensure he is safe with the child(ren) because he has a lot of access to them, the agency should assess and work with him, but that would be captured under "mother" in item 12 because it affects the assessment of her protective capacity. If he doesn't comply with services, that could necessitate a change in assessment and service provision to the mother.
- For foster care cases, if biological parents did not have an established relationship with the child prior to removal, the agency should assess whether developing a relationship with biological parents would be in the child's best interests and determine whether anything should be done to support that goal. Services in support of such needs (e.g., providing for visits, phone contact, arranging for therapy) should also be captured in this item.
- Ask the reviewers to describe the services that the mother and the father received during the PUR. Discuss whether and how these services addressed all of his/her needs and whether the services enhanced the parents' ability to provide appropriate care/supervision of their child(ren) and ensure their safety and well-being. Were there any barriers to accessing services? Were services matched to the parent's needs? Were they culturally appropriate?

Sub-Item 12C: Needs and Services of Foster Parents

- If there are multiple foster parents during the PUR, ensure that reviewers included all of them in the assessment of the item.
- In some cases, foster parents may be a potential permanent placement for the child and if so their needs related to permanency achievement should also be assessed in this item.
- Ask reviewers to describe how the foster parents' needs were assessed. Were there any concerns about their ability to care for the child that were not assessed and addressed?
- Ask reviewers to describe any services that the foster parents received during the PUR. Did services meet the identified needs?

ITEM 13: Child and Family Involvement in Case Planning

- Ask reviewers to describe how the agency actively involved each person in case planning.

ITEM 14: Caseworker Visits With Child

- In situations in which secondary worker visits are accepted in addition to primary worker visits, the frequency and quality of BOTH types of visits should be considered in the assessment.
- Discuss with reviewers how visitation frequency met the needs of the child in ensuring safety, permanency, and well-being.
- Ask reviewers to describe the quality of the visits (location, length, etc.). Ensure that the child(ren) was/were visited alone for at least part of each visit and that conversations focused on the child(ren)'s needs, services, and case goals.
- For FC cases, if the child is non-verbal, ensure that reviewers visited the child in the foster home, assessed the child's living arrangements, and assessed the child's interactions with caregivers when determining the quality of visitation.

ITEM 15: Caseworker Visits With Parents

- In situations in which secondary worker visits are accepted in addition to primary worker visits, the frequency and quality of BOTH types of visits should be considered in the assessment.
- Discuss with reviewers how visitation frequency did or did not support achievement of case goals and effectively address the child's safety, permanency, and well-being.
- Ask reviewers to describe the quality of the visits (location, length, content, etc.)

ITEM 16: Educational Needs of the Child

- If there were "services needed but not provided" discuss what concerted efforts were made to advocate for services.

ITEM 17: Physical Health of the Child

- If there were "services needed but not provided" discuss the circumstances with reviewers to ensure item instructions were followed.
- Discuss with reviewers which medication was prescribed and how it was monitored. Review any state protocols for medication monitoring to ensure reviewers appropriately considered compliance with any protocols in place.

ITEM 18: Mental/Behavioral Health of the Child

- If there were "services needed but not provided" discuss the circumstances with reviewers to ensure item instructions were followed.
- Discuss with reviewers which medication was prescribed and how it was monitored. Review any state protocols for medication monitoring to ensure reviewers appropriately considered compliance with any protocols in place.

SEE APPENDIX FOR THE SUPPLEMENTAL QUESTIONS AND RATING GUIDE

A. 2ND LEVEL QA

2nd level QA begins at the point the Debriefing is complete (when the case is submitted for QA).

B. SECONDARY OVERSIGHT

The focus of the secondary oversight is to ensure consistency across all the reviews. The focus is ensuring the following:

- Accuracy of ratings and/or changed ratings and/or disputed ratings
- Noting challenging areas of the OSRI to resolve
- State consistency

C. Feedback Conference

The feedback conference was developed to provide case review findings to the case supervisor and caseworker. During this conference, the team leader and reviewer will review the findings and discuss any case specific issues. The feedback conference is scheduled by the reviewer after the case is complete and has been reviewed by the secondary QA.

The agency will be provided with the case summary form which provides findings for each item and outcome and justification of the rating.

EXHIBIT G

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OER+)

DRAFT   QUESTION-BY-QUESTION GUIDE – CFTM Questions

> Comment [JEM1]: Move this question to later in the sequencing depending on requirements of what constitutes a CFTM

#	Question	Guide
2	During the PUR, have the CFTMs occurred with the frequency as determined by the family?	• To answer this question, consider all CFTMs that occurred during the PUR and determine their frequency and whether their frequency was appropriate given the involvement of the parents and the circumstances of the case. • DCFS Procedure 315.105 identifies the following frequency: - **14 Days:** The Initial Child and Family Team Meeting shall be held approximately 14 days after protective custody of a child is taken (see Procedures 315.110). - **40 Days:** The 40-Day Child and Family Team Meeting shall be conducted approximately 40 days from protective custody, in order to review the results of the Integrated Assessment and CANS, and develop an Initial Service Plan (see Procedures 315.115). - **Quarterly:** Child and Family Team Meetings shall be held at regular intervals throughout life of the case (approximately every 90 days) (see Procedures 315.120). - **30 Days Before Reunification/Case Closure:** A Child and Family Team Meeting must be held approximately 30 days prior to reunification and/or case closure to develop the After Care Service Plan (see Procedures 315.125). • DCFS has contracted with the Child Welfare Policy & Practice Group (aka CWG) to train all staff on their CFTM model. The model values the focus on the family/youth as the drivers of the process, so the frequency is determined by them. CFTMs in this model can occur as frequently as the family/youth directs, however they must happen at least quarterly (if the family/youth suggests a frequency less than quarterly, the caseworker will step in and advise that the team needs to meet at least quarterly). ⇨ *Answer Y if documentation and interviews suggest that the CFTMs are occurring with the frequency that was appropriate given the involvement of the parents/youth and the case dynamics* ⇨ *Answer N if documentation and interviews suggest that CFTMs occurred less than quarterly*
3	For the CFTMs that have occurred during the PUR, have the CFTMs occurred in the location that is the preference of the parent/youth, whenever possible?	
4	During the PUR, have the parent(s)/youth felt that they were engaged in the CFTM process?	• For this question, examples of feeling "engaged" can include: - The family feels they are treated respectfully, - The caseworker is responsive to family's cultural/racial identity, - The family feels they are an equal part of the team, - The family feels that their voice and opinions are heard and considered (i.e., their story is important), - The family feels that they are a part of decision making, - The family feels that they are encouraged to identify individuals who they feel are supportive of them and important to them, - The family feels that they are able to explain why their case is open and what needs to happen in order to close the case, - The family feels that accommodations are made to support their participation at the meetings, - Etc. • Answering this question will likely be dependent on information learned through interviews.
5	Have the results of formal assessments been shared with the parents/youth in CFTMs?	• Types of formal assessments include any and all assessments involving any member of the family e.g., IAs, ongoing comprehensive assessments, CANS, service provider assessments, 0-3 assessments, substance abuse/domestic violence/mental health assessments, etc.
6	During the PUR, have the parent(s)/youth felt that they were actively involved in the creation of the service plan?	• For this question, consider whether the family was actively involved in the: - Identification of the service plan goals, and - In determining appropriate services to achieve goals • Somewhere in here we also need to include the existence and development of a Crisis Plan (is a part of the CFTM Plan, which feeds the Service Plan)

ILLINOIS FEDERAL OUTCOME ENHANCEMENT REVIEW PLUS (OER+)

DRAFT   QUESTION-BY-QUESTION GUIDE – CFTM Questions

#		
7	Does information shared in CFTMs result in changes to the service plan itself, as appropriate?	• The service plan may not change after every CFTM, but when there are critical changes in the family dynamics, need for a change in services, or newly identified barriers to achieving service plan goals, the service plan should be updated to reflect these changes.
8	Following CFTMs that occurred during the PUR, did the parents/youth understand what had to happen next (after a CFTM)?	• For this question, we are looking for what the parents/youth understand coming OUT of a CFTM versus going in (or at a CFTM). We want to determine whether they understand their tasks following a CFTM in preparation for the next CFTM. •
9	Are the CFTMs being used to develop an after-care plan to ensure sustainability of permanency/case closure by linking the family with community resources and support?	• Ask the CW where the case is in terms of closure/reunification. If the case is approximately 3 months from anticipated reunification/closure – or already closed – answer this question. ⇨ Answer NA to this question (for the OER) if the case is not nearing closure

Comment [JEM2]: Thinking about removing this question. What exactly are we trying to evaluate here that isn't already captured in questions above? Are we trying to understand how the meeting is facilitated? If so, FISP should collect that data. If it's about what the family understands, it feels like we are judging their comprehension versus the process. Or change to asking the family what their perception is about coming out of the CFTM?

CHILD AND FAMILY TEAM MEETINGS (CFTMs)

OVERALL RATING
Child & Family Team Meetings

RATING INSTRUCTIONS:

Rate a "Strength" (S) if:
• All questions are answered Yes or N/A

Rate an "Area Needing Improvement" (ANI) if:
• Any of the questions are answered No

Rate a "Not Applicable" (X) if:
• It is a foster care or intact case that is open less than 14 days; or it is an investigation or EFSP case

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OER 4.0 PLACEMENT SUPPLEMENTAL QUESTIONS

REVIEW LOCATION:

REVIEWER NAME:

CHILD CASE ID#:

CHILD NAME :

REVIEW DATE: __/__/__

CHILD'S CASE OPENING REASON: ☐ ABUSE ☐ NEGLECT ☐ COURT ORDER ☐ DELINQUENCY ☐ CWS REFERRAL ☐ Other: _____

CURRENT PERMANENCY GOAL:
☐ RH w/in 5 mos (21)
☐ RH w/in 12 mos (22)
☐ RH Pending Status (23)
☐ SCpTPR (24)
☐ Adoption (25)
☐ Guardianship (26)
☐ Independence (27)
☐ HENA (28)
☐ Continuing Foster Care (29)

DATE GOAL ESTABLISHED: __/__/__

FAMILY CASE NAME:

FAMILY CASE OPEN DATE: __/__/__

FAMILY CASE CLOSE DATE: __/__/__

FAMILY CASE OPENING REASON (PRIMARY): ☐ ABUSE ☐ NEGLECT ☐ COURT ORDER ☐ DELINQUENCY ☐ CWS REFERRAL ☐ Other: _____

IS THIS CASE A (check one): ☐ Disrupted Intact (DI) ☐ Disrupted Adoption/Guardianship (DA) ☐ Failed Reunification (FR)

Date of DI/DA or FR: __/__/__ ☐ N/A

ASSIGNED AGENCY: ☐ DCFS ☐ POS

RSF/TEAM ASSIGNED:

ASSIGNED AGENCY NAME:

ASSIGNED SUPERVISOR:

ASSIGNED CASEWORKER:

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OER 4.0 PLACEMENT SUPPLEMENTAL QUESTIONS

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Qualitative Practice Questions

Instructions for reviewers: These questions are supplemental to the questions answered in the OSRI and are part of the Outcome Enhancement Review (OER). These questions should be answered ONLY after completing a review of the SACWIS file, hard file, and interviews with key stakeholders (minimally the caseworker/supervisor, the parent(s), and the youth). These questions may ALSO be used as a stand-alone tool to collect data on a larger sample of cases, evaluating Child and Family Team Meetings (CFTMs) and/or Supervision (MoSP) without having to also use the OSRI. *Please make sure to look at the Question-by-Question Guide for each question, as well as the Rating Guide to determine overall performance.*

Applicable Cases: All foster care and intact cases selected for review are applicable for these questions, unless they are open less than 14 days.
OER Plus: Select X (Not Applicable) for all questions if the foster care or intact case is open less than 14 days; or it is an investigation or EFSP case.

CFTM – PRIORITY

1 For initial CFTMs that occurred during the PUR, did the caseworker make concerted efforts to:

   a. Convene a "prep meeting" with parents/youth?

   b. Convene a "prep meeting" with formal and informal support members of the team?

2 During the PUR, have the CFTMs occurred with the frequency as determined by the family?

3. For the CFTMs that have occurred during the PUR, have the CFTMs occurred in the location that is the preference of the parent/youth, whenever possible?

4. During the PUR, have the parent(s)/youth felt that they were engaged in the CFTM process?

5. Have the results of formal assessments been shared with the parents/youth in CFTMs?

6. During the PUR, have the parent(s)/youth felt that they were actively involved in the creation of the service plan?

7. Has information shared in CFTMs resulted in changes to the service plan itself, as appropriate?

8. During the PUR, do all of the team members understand what the case plan is, what the goals are, and what has to happen next (after a CFTM)?   **MAY DELETE THIS QUESTION**

9. Are the CFTMs being used to develop an after-care plan to ensure sustainability of permanency/case closure by linking the family with community resources and support?

Q#	Y	N	NA
1a.			
1b.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

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OER 4.0 PLACEMENT SUPPLEMENTAL QUESTIONS

Supervision (MoSP - PRIORITY)   Fidelity to the model or info toward practice outcomes?   OR both?   **UNDER CONSTRUCTION**

Answered based on the perspective of the caseworker; Review the SACWIS file, Hard File and conduct interviews with the CW

ADD: *Has your supervisor been trained on the MoSP?*

Q#	Y	N	NA
10.			
11a.			
11b			
11c.			
12.			
13a.			
13b.			
13c.			
13d.			
14a.			
14b.			
14c.			
15a.			
15b.			
15c.			
15d.			

10. Has the supervisor supported/assisted/guided the caseworker's comprehensive review of all prior history MOVE SOME OF THIS OVER TO QbyQ (DCFS/C for all members of the case, others living in the home, or others who have ongoing access to the child(ren) (such as paramours who frequent the home)

11. Has the supervisor supported/assisted/guided the caseworker to integrate what was learned during the comprehensive review of all prior history (DCFS

11. During the PUR, did the supervisor assist or guide the caseworker's use of the totality of information learned about a case in:

    a. Decision-making on overall case planning? *(break out safety, permanency, and well-being goals and objectives – either here in this question, or as a format for the organization of the questions in Supervision?)*

    b. Family/youth transitions? *(break out? to a new placement, home, TPR, adoption, emancipation?)*

    c. Appropriate service delivery?

12. During the PUR, did the supervisor assist or guide activities to assess and address child safety?

13. During the PUR, did the supervisor assist or guide the worker's application (define application) of:

    a. Risk/safety assessments?

    b. Integrated Assessments?

    c. Ongoing comprehensive assessments (in Service Plans)?

    d. Service Provider assessments/reports?

14. During the PUR, did the supervisor assist or guide the worker's efforts to engage the child's parents/caregivers in: (Repeat this series for the child?)

    a. Service plan development?

    b. The identification of the case plan goals?

    c. Appropriate services to achieve goals?

15. During the PUR, did the supervisor assist or guide the worker's efforts to:

    a. Discuss how long the case is open and how that informs permanency goal options and selections? (i.e., progress toward timely permanency, cultivating and supporting the child's sense of urgency in specific daily activities)

    b. Promote the steady progress of parent-child visits with the goal of making them as least restrictive as possible?

    c. Identify and remove barriers to achievement of permanency?

    d. Identify and make Critical Decisions?

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OER 4.0 PLACEMENT SUPPLEMENTAL QUESTIONS

16. During the PUR, did the supervisor assist or guide the caseworker to:

a. Assess and address the child's well-being service needs?

b. Identify and remove barriers to appropriate service delivery?

c. Ensure that delivered services are benefitting the parent/youth, resulting in progress towards resolving the identified issues?

16a.

16b.

16c.

EXHIBIT H

Monthly Meeting with BH Experts and Plaintiffs' Attorneys
March 15, 2018
Agenda

1. Core Practice Model Rollout

2. QSR

3. IV-E Funding

4. Schedule for 4 Month Reports

Attachments:

1. Core Practice Model Rollout

2. Proposal for using OER+

3. OER+ Placement Supplemental Questionnaire

Proposal for using OER + as a means of evaluating the implementation and improvement of the Core Practice Model.

CFSR Outcomes have been adopted as the overarching outcomes of the BH recommendations and furthermore are to be measured through the use of CFSR definitions.

While differences exist in the review questions of the Federal Review instrument/OER and the Quality Service Review (QSR), the review process is almost identical. Adding QSR-like questions to the existing Federal Review instrument allows **one review process** to capture both required and desired elements of the two reviews.

As a means to evaluating progress on the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) the Federal Children's Bureau has required a minimum of 65 cases to be reviewed per year. Illinois has historically exceeded the minimum, and moving forward can accommodate the 65 case minimum required samples, along with additional numbers in sites receiving Core Practice Training that will provide statistical significance in evaluating implementation and improvement. This will also allow for a comparison of sites that have received training versus those yet to be trained. This comparison ability was the initial hope in the implementation of QSR however the length of time to train new reviewers has not allowed for reviews other than in the immersion sites.

Note: Illinois is in the midst of Round 3 of CFSR. The review requires pairing of a state reviewer with a Federal Reviewer for each case reviewed. Currently there is a list of 54 DCFS, POS and court personnel reviewers that will be trained on May 1 and 2. This is a substantial pool of reviewers that may be utilized in future OER + reviews.

While the OER (or rather the Federal Review tool (OSRI) emphasizes the evaluation of substantial conformity in the CFSR outcomes and systemic factors; with an addendum, questions can be asked specifically to address implementation and evaluation of Core Practice Model implementation and improvement. It is far more feasible to **add QSR questions to the OER** than to try and add Federal outcome questions to the QSR. In fact other states, specifically Utah and Michigan, have expressed their attempt and inability to do so. Illinois has also explored this option. Not only is it not advisable to spend any more resources trying to fit the OER into QSR, but the Federal Children's Bureau has already determined that this is not acceptable for Federal reporting. After a year of completing both OER and QSR, it is recommended that merging QSR questions with OER/OSRI is feasible and desirable.

Comparison of QSR, proposed OER + traditional OER

Note the OER + plus questions are still in development. The intent is to capture those elements that best evaluate the Core practice model and intervention in the individual case

	QSR	OER +	Traditional OER
Required Federal reporting	x	✓	✓
Approved by Federal CB	x	✓	✓
Case record review	✓	✓	✓
Stakeholder interviews	✓	✓	✓
Paired Reviewing teams	✓	✓	x
Reliable and valid review tools	✓	✓	✓
Immersion site	✓	✓	✓
Statewide review	x	✓	✓
Placement cases	✓	✓	✓
Intact cases	x	✓	✓
Evaluation of core practice model	✓	✓	x
Emphasis on individual case intervention	x	✓	x
Formal training	✓	✓	✓
Mentoring of reviewers	✓	✓	x
Federal Outcome reporting	x	✓	✓
Quality of CFTM	✓	✓	x
Transitions	✓	✓	x
Long term planning/sustainability	✓	✓	x
Quality of supervision	x	✓	x
Debriefing with supervisor and caseworker	✓	✓	x
Reviewer follow up on identified issues	x	✓	x
Full statewide capacity and implementation within 12 months	x	✓	✓

CERTIFICATE OF SERVICE

The undersigned, an attorney, deposes and states that a copy of the attached **Defendant's Motion to Modify the Amended and Corrected Implementation Plan** was served upon counsel of record by electronic filing this 23rd day of July 2018. The Expert Panel listed below, who are not ECF filers, and counsel of record were served by email on July 23, 2018.

<div align="right">

s/Barbara L. Greenspan
Attorney

</div>

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