

**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.	)	

**SIXTH TRIANNUAL INTERIM STATUS REPORT**  
**ON THE B.H. IMPLEMENTATION PLAN**

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## **INTRODUCTION AND OVERVIEW**

During this reporting period, there were strides made with respect to obtaining and interpreting data from the various pilot projects. Many of the pilot projects have been implemented and, in accordance with the experimentalist approach underlying the Amended and Revised Implementation Plan, the data is in the initial stages of providing information for the parties to use in order to determine the effectiveness of the pilot programs. The data analysis is most notable in the Immersion Sites and TRPMI pilots. With respect to the immersion sites, the preliminary evidence demonstrates that having a combination of some spell days assigned to a caseworker approved as a facilitator in the new CFTM model and enhanced services was associated with decreases in permanency goals of independence, indicated investigations and re-entry to foster care. This preliminary data demonstrates this is trending in the right direction.<sup>1</sup>

The TRPMI pilot is also able to generate preliminary data which shows mixed results; some data trends in favor of the TRPMI group, some data trends in favor of traditional monitoring and some data demonstrates no trends at all.

DCFS continues to move towards full implementation and to monitor the effectiveness of projects such as Therapeutic Foster Care (TFC), Regenerations and Conscience Community Network (CCN, formerly Pay For Success) to meet the behavioral and mental health needs of youth in care. In addition to these projects, DCFS will be monitoring the effect of enhanced Intensive Placement Stabilization (IPS) services and flex funds in the four Immersion Sites and Southern Region to meet the needs of children and families and promote more timely permanency.

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<sup>1</sup> In accordance with the Court's order, Defendant provided a draft of the Sixth Triannual Status Report to the Plaintiffs and the Expert Panel on February 1, 2019. [Dkt. 507, ¶7(h)]. Plaintiffs and the Expert Panel do not join in this Report.

On a statewide level, DCFS continues to create funding opportunities for private providers to develop enhanced services for youth in care who have behavioral and mental health needs as well as to develop specialized placements and to support providers' ability to serve these youth.

### **Detailed Status Report**

The following provides the detailed report regarding the various initiatives that DCFS has undertaken pursuant to the Implementation Plan.

#### **I. Application of Implementation Science to the Implementation Plan**

Utilize principles of implementation science to develop, implement, evaluate and modify initiatives outlined in the B.H. Implementation Plan.

**1. Project Goals/Target:** This Court's Order of July 11, 2016 [Dkt. 527] provides for DCFS's retention of the National Implementation Research Network (NIRN), to review and comment on DCFS's adherence to best practices in implementation science and assist with an assessment of DCFS's implementation capacity and strategy.

**2. Status Report:** Mary Nam, DCFS Associate Director, Strategy and Performance Execution, has conferred with Dr. Metz about the statewide rollout of the Core Practice Model. While it has been challenging for the Department and Dr. Metz to arrange times to meet, Dr. Metz continues to work with DCFS and the Expert Panel on implementation of the rollout.

**3. Revised Targets/Goals:** Dr. Metz is regularly invited to attend the workgroups related to the rollout of the Core Practice Model via Caritas Family Solutions and the DCFS Southern Region.

#### **II. Overarching Outcome Measures**

**1. Project Goals / Target:** The Implementation Plan requires DCFS to measure safety, permanency and well-being of class members and to monitor changes in both the quality and quantity of services and supports to class members and their families. The metrics DCFS

will use for measuring safety and permanency are the same measures used in the national Child and Family Service Reviews (CFSR), and the measures for well-being are based on a matrix developed by the Child Welfare Advisory Sub-Committee. Implementation Plan, pp. 4-7.

**2. Status Report: Validation of Safety, Permanency and Stability Measures.**

DCFS continues to work with its vendor to finalize all dashboards with focus on the final validation of the CFSR dashboards and the development of the dashboards by internal DCFS staff via the Power Bi data visualization software. Exhibit L, Status Report Mindshare.

**Key Findings for Overarching Outcomes.** The data provided in this Triannual report are at both the state and regional level and are pulled from the DCFS SACWIS and CYSIS systems. Some key highlights of the data include<sup>2</sup>:

**Maltreatment in Foster Care**

- The statewide FFY18 rate of maltreatment in foster care is 10.4 victimizations per 100K days
- The Northern region and Cook County experienced the lowest maltreatment rates across the state
- The Southern region experienced a 19% reduction in maltreatment rates between FFY17 and FFY18

**Placement Stability**

- There has been a consistent decrease in the number of statewide placement moves per 1000 days for children in foster care since FFY15
- The most current full FFY comparisons (FFY17 and FFY18) indicate that placement moves have further reduced by 5% to 3.8 and this number is below the federal benchmark of 4.12 moves
- Cook County hovers near the federal benchmark while the other regions show consistent reduction in placement moves

**Permanency in 12 Months of Entry**

- Statewide rates of permanency in 12 months for children entering foster care have held steadily in the last three years and are in the range of 13.0-13.8%

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<sup>2</sup> For this Triannual report, statewide CFSR measures by federal fiscal year (FFY)(October to September) were calculated by DCFS.

- There has been a slight increase (from 13.4% to 13.8%) in the statewide permanency rate from FFY16 to FFY17
- Regionally, Cook County and the Southern region experienced increases in permanency rates between FFY16 and FFY17

#### **Permanency in 12 Months for Children in Care 12-23 Months**

- Statewide permanency rates for the 12-23month cohort in care have held stable (25%) in FFY17 and FFY18 and there is variation in permanency rates across the regions
- Cook County experienced an increase by almost four percentage points from FFY17 to FFY 2018.

#### **Permanency in 12 Months for Children in Care 24+ Months**

- Statewide permanency rates have decreased from 29.4% to 26.8% for the FFY17-FFY18 year comparison
- Permanency performance for most of the state has been in the low to mid 30s range since FFY15, with Central region having the highest rate

#### **Re-entry to Foster Care**

- The statewide rate of re-entry into foster care dropped from FFY15 to FFY16 by almost four percentage points (from 9.0% to 5.3%) and is below the federal standard of 8.3
- Although the re-entry rate has decreased in all regions, there is variation in the rate by region with the Central region having the lowest rate (2.4%) in the state

Exhibit A, Overarching Outcomes: State, Regions and Immersion Sites Key Findings as of February 2019.

**Validation of CANS Data.** With leadership from the Juvenile Protection Agency (JPA) and Northwestern University (NU), the CWAC Child Well-being Subcommittee (Committee) continues to make significant progress towards the analysis of well-being indicators drawn from the Child and Adolescents Needs and Strengths (CANS) measures and the selected ‘independent’ measures, including the Deveraux Early Childhood Assessment (DECA), the Strengths and Difficulties Questionnaire (SDQ), and the Social Support Network Questionnaire (SSNQ). Exhibit A, Overarching Outcomes: State, Regions and Immersion Sites Key Findings as of February 2019; Exhibit B, CWAC Child Well-Being Status Report (April-September 2018). During this reporting period, the Committee met on a regular basis and maintained an active membership. Data

collection is closely monitored by the Committee and required ongoing coordination and problem solving with Objective Arts, who designed the online platform for the entry of the independent measures, as well as with Integrated Assessment (IA) administrators and managers at each of the four immersion sites. Exhibit A, Overarching Outcomes: State, Regions and Immersion Sites Key Findings as of February 2019; Exhibit B, CWAC Child Well-Being Status Report (April-September 2018).

JPA and NU created a database of socio-demographic and services data for all youth in the pilot project, which is updated monthly by NU and used to ensure that the analyses of the CANS data (by NU) and the analyses of the independent measures (by JPA) are well coordinated. The IA screening workforce scores and enters the initial CANS into SACWIS and independent measures into the online platform supported by Objective Arts. As a result, this project has seen a month-by-month increase in the number youth included in the child well-being sample.

At the start of this project, DCFS contracted with Objective Arts to create and maintain the online platform used to collect data from independent measures (i.e., non-CANS data) and this contract is scheduled to terminate. In August 2018, Dr. Kimberly Mann worked with NU to develop an Enterprise Request for transition of the data from the Objective Arts platform into the DCFS system.

DCFS is also working to address issues of missing baseline CANS data. A monthly missing CANS report was created to identify youth in the pilot receiving an IA and the amount of time that has passed since date of case opening for each of the children with an overdue CANS. These steps resulted in reducing the missing CANS rate by half and as of September 2018, the percentages of missing CANS monthly data was reduced to approximately 20%.

The original goal of this project was that IA screeners would complete an initial

CANS and a second CANS months later in order to track well-being indicators over time. As of September 2018, three youth had a second CANS entered by IA screeners in SACWIS. The re-administration of a CANS at the six-month interval is a new procedure for IA screeners, so some difficulty in this area was expected. After looking into this issue, the Committee determined that many IA workers are not being invited to the Child and Family Team Meeting (CFTM), which severely limited their ability to complete the six-month CANS. During this next reporting period, site directors will focus on tracking the six-month CANS as well as facilitating communication between permanency workers (who run the CFTM) and the IA workers. The Child Well-Being Committee is also actively exploring additional options to address this issue.

The Committee continues to work with staff from DCFS Health Services to examine health data, including growth and development statistics, ER visits for non-chronic health disorders, and acute hospital visits for chronic health disorders (e.g. diabetes, asthma). Staff also continue to follow up on the recommendation of former DCFS Medical Director, Dr. Paula Jaudes, to obtain data on a control group to discern any significant differences in the youth who are part of the indicators project and the general population. The Committee and DCFS staff are attempting to identify alternate medical data that can be analyzed in light of the child well-being subcommittee goals.

The Committee also reviewed the data from ISBE. The Committee examined the ISBE student profile report and noted that there is no uniformity in how districts calculate grades and/or grade point averages and also no uniformity in the submission of school suspension or expulsion data to ISBE. NU staff worked with Molly Uhe-Edmonds, DCFS Deputy Director of Education and Transition Services, to identify the variables from the ISBE data dictionary. The



Committee submitted a data request for this information to ISBE at the end of June 2018 to attempt to address these issues.

JPA identified that a key field on the DECA form—the rater’s relationship to the child—that was missing from the database. JPA worked with Objective Arts to add this field and a detailed list of response categories to the data entry screens and the database. DCFS Office of Child Well-Being staff successfully tested data entry for the new field and are beginning to gather and enter data on children with already completed forms. JPA has also developed a plan for collecting historical data on the rater’s relationship by examining what information can be culled from data collected by IA on the Ages and Stages Questionnaire and then providing a list of all remaining cases with this missing data element to each IA team to gather the data.

**Data from the Child Well-Being Sample as of September 30, 2018.** DCFS has data from a pilot sample gathered from 653 youth who received an IA in the Immersion Sites since July of 2018. Some key observations relating to the baseline CANS data include:

- At entry into care, a substantial proportion of youth have well-developed or useful strengths
- Of particular importance, at entry into care, over 50% of youth in the sample have a family member that offers support and strength to the child; demonstrate well developed interpersonal skills; are optimistic; have good coping and savoring skills; and show signs of resilience
- A relatively small percentage of youth demonstrate moderate to severe needs;
- In the area of Adjustment to Trauma, the CANS was rated as “actionable” (indicating a moderate or severe need requiring action) for approximately one-third of the sample, and considered “in need of continued observation” for an additional 38.8% of kids
- Likewise, the Family need item, which assesses how well the members of the family get along, was actionable for 28% of the overall sample and an additional 19.7% of kids required continued observation in this area
- Overall, rates of “actionable” need are generally highest in the area Emotional and Behavioral Functioning and rates are lowest in the area of Cognitive/Educational Functioning

During this reporting period, as well, JPA completed an analysis of the independent standardized measures for the DECA and the SSNQ.

### **Devereux Early Childhood Assessment Summary of Key Findings (DECA).**

The DECA has distinct but conceptually related instruments for three age groups: the DECA-I (infant, 2 to 17 months), the DECA-T (toddler, 18 to 36 months) and the DECA-P (preschooler, ages 3 to 5 (up to the sixth birthday)). The DECA instruments contain scales for three protective factors associated with resilience (initiative, attachment/relationships, and self-regulation), a total protective factors scale, and a behavioral concerns scale (for children 3 and older). The initiative scale measures the child's ability to use independent thoughts or actions to meet his or her needs. The attachment/relationships scale assesses the mutual, strong, long lasting relationships between the child and significant adults such as family members and teachers. Self-regulation measures the child's ability to gain control of and manage emotions and sustain focus and attention; self-regulation is not assessed for infants.

- Toddlers and preschoolers entering care were more likely to have low levels of protective factors compared to infants in the sample and to population norms. On the total protective factors scale, infants entering DCFS care statewide had rates of identified need (low levels of protective factors) similar to expectations based on population norms (16%), and more infants than expected are identified as having strengths. In contrast, about one-third of toddlers and preschoolers were identified as in need, about twice that of the general population, and relatively few children in these age groups were found to have strengths. Similarly, behavioral concerns (a measure distinct from protective factors) were identified for over one-third of preschoolers. Analyses of statewide mean total protective factors T scores was generally consistent with the categorical analyses (i.e., the % of children in need, developing typically, or having a strength)—differences by age accounted for a significant amount (8%) of total variation in protective factors and infants had significantly higher levels of protective factors than toddlers and preschoolers
- Rates of need upon entering care increased by age for DECA measures of initiative and attachment/relationships. Increases in identified levels of need by age group were pronounced for the two-protective factor scales the DECA uses for all three age groups--initiative and attachment/relationships. From infants to toddlers, levels of need increased by 10 raw percentage points, and need continues to increase for preschoolers. Overall, preschoolers are at about double the risk of infants in this sample on both indicators of well-being
- Most toddlers and preschoolers entering care were still rated as typical or as having strong protective factors. While toddlers and preschoolers entering care were, understandably, at increased risk of low levels of protective factors (initiative, attachment/relationships, self-

regulation) and behavioral concerns relative to population norms, it is also important to note that about two thirds of children in these age groups were still rated as typical developmentally or as having strength

- Children in immersion sites vs. the rest of the state had similar patterns, but some significant differences were found. While patterns of variation in well-being by age group were largely similar for children in the immersion sites and the rest of the state, children from the rest of the state had higher levels of need related to attachment/relationships for infants and, in separate analyses, for toddlers. In addition, differences in behavioral concerns among preschoolers approached statistical significance, again with higher levels of concern reported for children outside of immersion sites
- No significant differences in ratings by relative and non-relative foster parents. In the immersion site and rest of state samples, relative and non-relative foster parents were the most common types of respondents on the DECA. Somewhat surprisingly, the mean total protective factors T scores of relative and non-relative foster parents were not significantly different. These analyses do not directly compare different caregivers rating the same child, but we expected to find that non-relative foster parents might have lower levels of tolerance for behavioral problems than relatives, and, thus, higher ratings
- There were few differences between variables other than age in mean scores. Within the immersion site sample, factors found to be associated with mean total protective factors T scores included the age and race/ethnicity of the child. The racial/ethnic variation should be viewed as tentative, as the differences resulted primarily due to a very small number of Hispanic children who were rated as having much lower levels of protective factors than other children. Unlike our initial analyses with a smaller sample, mean T scores did not vary by immersion site

### **Social Support Network Questionnaire (SSNQ)**

Using a modified version of the SSNQ, JPA analyzed different types of social support, the perceived adequacy of support, and dimensions of social strain. The data was collected from 27 youth, age 13 years and older, who entered care between July 1, 2017 and September 30, 2018 in the four immersion sites.

### **Summary of Key Findings**

- There is variation in overall network size reported by youth in care, but almost all youth reported having at least someone they could turn to talk to about a personal or private matter (emotional support), for help to get something they needed (tangible/concrete support), and to get advice and information (cognitive support). Mean size of support networks range from 1 to 17 with a mean of 6.3 people (sd = 4.4)

- Male youth reported twice as many social supports as females. Male youth had an average of 7.50 (sd = 4.68) resources, compared to an average of only 3.89 (sd = 4.57) for females ( $t(25) = 2.114, p = .042$ ). While these findings should be viewed tentatively given the small number of respondents, it merits further inquiry and understanding
- Youth need more concrete support. Respondents were more likely to indicate that they need help with someone to lend them a hand or give them something they needed (concrete support) than they were to indicate they needed someone to talk to or provide advice/information (cognitive support). Accordingly, the average number of people available to provide youth with emotional (4.4) vs. concrete support (2.8) was statistically significant ( $p = .011$ )
- Respondents indicated they had most people to whom they could turn to talk to about something personal or private (emotional support) and fewest people to whom they could turn if they needed something lent or given or needed help with something they needed to do (concrete support). The variation around these estimates is quite large. The range in the number of people identified was 13 for someone to talk to and advice or information and 5 for concrete support. The difference between the average number of people available to provide youth with emotional vs. concrete support was statistically significant ( $p = .011$ )
- Most youth reported some degree of social strain, and being disappointed by others was relatively common. Over 80 percent of youth reported that at least a few people had disappointed them, butted into their business, criticized them, or fought or disagreed with them. Over one-third of youth indicated that “too many people” had disappointed them by not following through on promises or not coming through when youth most needed them. Relatively high levels of disappointment are not surprising given the losses that youth entering care have experienced through placement and prior adversities

### **3. Revised Targets / Goals:**

**Validation of Safety, Permanency and Stability Measures.** DCFS continues to complete work with the outside vendor to complete validation of the dashboards and to develop internal capacity for the dashboards at the termination of the vendor’s contract.

## **III. Implementation of Specific Recommendations of the Expert Panel**

### **A. Panel Recommendation #1:**

Institute a children’s system of care demonstration program that permits POS agencies and DCFS sub-regions to waive selected policy and funding restrictions on a trial basis in order to

reduce the use of residential treatment and help children and youth succeed in living in the least restrictive, most family-like setting. Implementation Plan, pp. 7-25.

The Implementation Plan identifies four initiatives DCFS is pursuing in response to Recommendation # 1. The first is the Therapeutic Foster Care pilot (TFC) initiative. The second is the Case Management Entity pilot (CME). The remaining two are programs targeted to the needs of “dually involved youth” – the Regenerations pilot and Pay for Success. Each of these programs is discussed individually below.

**B. Panel Recommendation #1: Therapeutic Foster Care Pilots**

**1. Project Goals / Target:** The Implementation Plan calls for DCFS to select private child welfare agencies to implement evidence-based or evidence-informed therapeutic foster care programs over a five year period. The goal of the TFC pilot is to determine whether outcomes for youth served in the TFC pilot programs are equal to or better than those for youth who meet the clinical criteria for residential treatment and are placed in residential treatment. Implementation Plan, pp. 8-13. At least 60% of the youth served in TFC licensed homes are to be age 12 and older. Implementation Plan, pp. 8-9.

DCFS set a two-year goal for the recruitment and licensure of therapeutic foster parents and placements. The original goal included placement of a minimum of 40 children and youth in licensed TFC homes at the end of the “first contractual year” (April 2018) and placement of a minimum of 100 children and youth at the end of the “second contractual year” (April 2019).

**2. Status Report:**

As of September 30, 2018, 51 unique youth in care have been placed in therapeutic foster care (TFC) placements since the initiation of the service contracts. (30 youth placed through LSSI, 15 youth placed through CHASI, four youth placed through YOS and two youth placed through

LCFS). A total of 12 youth have graduated from the programs and a total of sixteen youth have disrupted from the programs. A total of 34 TFC certified foster homes have been created. Exhibit C, Four Month Status Report Therapeutic Foster Care Pilots.

During this last reporting period, the primary implementation barrier continued to be recruitment of foster homes and placement and monitoring of youth in the TFC placements. The Implementation Plan contains the goal of a minimum of 100 children and youth placed in TFC placements at the end of the second contractual year or by April 2019 and the TFC providers have requested a reduction in that number since the number of TFC providers have decreased from the original four providers. No decision on a reduction of placements in TFC foster homes has been made. In addition, the parties continue to have a dispute about whether the CHAID/CHASI program should be included in the TFC pilot numbers. Until that dispute is resolved, CHAID/CHASI's data regarding CHAID/CHASI, including recruitment, placement, fidelity and outcome data will continue to be reported and examined separately from the LSSI data.

During this reporting period, there were several administrative issues addressed. Michelle Grove replaced Anika Todd as the pilot manager as of TFC pilot as of August 2018 and she will be assisted by Gail Mayer. The Implementation Evaluation meeting and the Steering Committee meetings were combined in order to streamline communication and decision making. DCFS pilot staff continue to have bi-weekly phone conferences with CHAID/CHASI and a weekly phone conference with LSSI. A decision was also made to hold child and family team meetings, which will include guardians ad litem and other significant stakeholders, prior to a placement in a TFC home and when a youth is preparing to graduate from the program. Exhibit C, Four Month Status Report Therapeutic Foster Care.

### 3. Output and Outcome Data

#### Outputs: TFC Capacity

The first group of outputs is related to TFC capacity based on tracking sheets submitted by the TFC providers through 9/30/18 (Table 1).

Table 1. TFC capacity.

<i>Program Outputs (per Outputs in Logic Model)</i>	<i>Program (%, N)</i>	<i>Comparison (%, N)</i>	<i>Significance and Explanation of Difference</i>
# of youth referred to TFC	<b>Total: 154</b> • CH+A: 33 • JCFS: 4 • LSSI: 101 • YOS: 16	N/A	N/A
# of youth accepted in TFC	<b>Total: 73</b> • CH+A: 20 • JCFS: 2 • LSSI: 46 • YOS: 5  Note: Not all accepted youth were placed.	N/A	N/A
# of youth (unique) placed in TFC	<b>Total: 51</b> ○ Age<12: 31 (60.8%) ○ Age≥12: 20 (39.2%) • CH+A: 15 ○ Age<12: 8 (53.3%) ○ Age≥12: 7 (46.7%) • JCFS: 2 ○ Age<12: 0 (0.0%) ○ Age≥12: 2 (100.0%) • LSSI: 30 ○ Age<12: 23 (76.7%) ○ Age≥12: 7 (23.3%) • YOS: 4 ○ Age<12: 0 (0.0%) ○ Age≥12: 4 (100.0%)  Note: Age at placement date.	N/A	N/A
# of youth (unique) who were discharged from TFC (graduation or unplanned disruption)	<b>Total (graduation): 12</b> • CH+A: 1 • JCFS: 0 • LSSI: 8 • YOS: 2  <b>Total (disruption): 16</b> • CH+A: 8 • JCFS: 1 • LSSI: 5 • YOS: 2	N/A	N/A
# of TFC inquiries	<b>Total: 267</b>	N/A	N/A

<i>Program Outputs (per Outputs in Logic Model)</i>	<i>Program (%, N)</i>	<i>Comparison (%, N)</i>	<i>Significance and Explanation of Difference</i>
	<ul style="list-style-type: none"> <li>• CH+A: N/A</li> <li>• JCFS: 46</li> <li>• LSSI: 129</li> <li>• YOS: 92</li> </ul> <p>Note: CH+A is only required to track TFC child referral and placement.</p>		
# of TFC certified homes	<p><b>Total: 34</b></p> <ul style="list-style-type: none"> <li>• CH+A: N/A</li> <li>• JCFS: 3</li> <li>• LSSI: 27</li> <li>• YOS: 4</li> </ul> <p>Note: CH+A is only required to track TFC child referral and placement.</p>	N/A	N/A
% of filled TFC homes	<p><b>Total: 83.3% (20/24)</b></p> <ul style="list-style-type: none"> <li>• CH+A: N/A</li> <li>• JCFS: N/A</li> <li>• LSSI: 83.3% (20/24)</li> <li>• YOS: N/A</li> </ul> <p>Note: CH+A does not “recruit” TFC homes since they use homes of relative. JCFS and YOS are no longer in the TFC pilot.</p>	N/A	N/A



Outputs: TFC Fidelity to FFTA

The second group of outputs is related to TFC fidelity to FFTA standards based on fidelity data submitted by TFC providers for the period 1/1/18-9/30/18.

Table 2. TFC fidelity to FFTA.

<i>Program Outputs (per Outputs in Logic Model)</i>	<i>CH+A</i>	<i>LSSI</i>
<b>FFTA #10:</b> Provide foster parent(s) with at least 20 hours of pre-service training and at least 24 annual hours of ongoing training. At best, trainings are individualized to the specific needs and strengths of the foster parent(s).	4 relative caregivers that were previously licensed completed the renewal process.	Families complete an average of 42 hours of training, with 12 focused on TFCO. 7 new families became TFC families.  Average of 1.5 hours/week of annual ongoing training for foster families completed.
<b>FFTA #11:</b> Provide supports for foster parent(s) including 24/7 crisis intervention, respite care, close (at least weekly) in-home supervision, parent support groups, and assistance in helping foster parent(s) address their own needs and those of their own biological children.	TFC team has 24-hour on-call availability. 12 calls have been received, all for youth in placement.  100% (4/4) respite requests have been fulfilled for youth in placement.  100% (13/13) of placed clients have receive weekly home visits.  4 support groups have occurred in this reporting period. Team has found individual coaching to be most effective.	TFC team has 24-hour on-call availability.  100% (833/833) visits, average 2.23 visits by a team member per week per child.  91% (57/63) of foster parent 1.5 hour weekly meetings this quarter.  96.11% (2659/2766) possible PDR calls initiated.
<b>FFTA #12:</b> Consider and treat foster parent(s) as full professional members of the treatment team.	100% (13/13) of caregivers with identified placements have participated in team meetings.  76.9% (10/13) of caregivers have completed DCFS Educational Surrogate training, which is included in PRIDE pre-service training.  46.2% (6/13) of caregivers completed educational advocacy training; 2 in this reporting period.	65.5% (255/395) foster parent attendance in weekly team meetings has been tracked.  93.9% (2597/2659) of calls initiated were completed with the foster parents (62 calls went unanswered).
<b>FFTA # 14:</b> Emphasize the role of and frequently involve biological families in the TFC process.	92.3% (12/13) of caregivers have participated in team meetings. 1 youth is living with a non-relative caregiver who has not participated. Efforts are underway to connect youth with	136 family therapy sessions delivered.  85.7% (6/7) biological parent participation in quarterly Child and Family Team Meetings.

<i>Program Outputs (per Outputs in Logic Model)</i>	<i>CH+A</i>	<i>LSSI</i>
	a family member through family finding.	
<b>FFTA #16:</b> Provide for aftercare for TFC foster parent(s) and biological families.	100% (3/3) of cases are receiving aftercare services.	100% (8/8) of youth in aftercare families have received after care services and supports.
<b>FFTA #18:</b> Provide resources for independent and transitional living for older TFC-Enrolled youth.	66.7% (4/6) of cases eligible for Ansell-Casey training have completed it.	N/A
<b>FFTA #20:</b> Frequently seek the input of TFC foster parent(s), biological families, children, and professional.	100% (13/13) of caregivers with identified placements have participated in Child and Family team meetings, including one birth parent.	79.4% (50/63) of weekly team meetings completed.  100% (833/833) of weekly in-home visits by TFCO team member completed.  22.5% (6/27) youth had Child and Family Team Meetings completed.
<b>Trauma-Informed EBP requirement:</b> Must include trauma-informed interventions in model of therapeutic foster care.	Agency clinicians have completed all consultation calls. Three clinicians are trained and certified and 5 are currently trained with certification pending.	Program currently working on certification. Expected time: 2 years with each team needed to successfully graduate 7 children. Each team received a full fidelity assessment from TFC Consultants during this reporting period and will receive the results in December or January. The Chicago team will graduate their 7 <sup>th</sup> child in December 2018 and will be the first team eligible to apply for certification.

Outputs: TFC Fidelity to Intervention

The third group of outputs is related to TFC fidelity to the specific intervention per TFC provider for the period 1/1/18-9/30/18.

Table 3. CH+A: Fidelity to Therapeutic Crisis Intervention for Families (TCI-F), Attachment, Regulation, and Competency (ARC), and the Excellence Academy.

<i>TCI-F</i>	<i>ARC</i>	<i>Excellence Academy</i>
Bi-weekly coaching sessions have occurred with 12 of 20 foster parents.  7 foster parents and 2 birth parents have completed TCIF training. Two people considered “family supports” have also completed training.	The foster parent support specialist and licensing coordinator are both trained in Trauma 101 and use their skills in bi-weekly coaching sessions with foster parents and in foster parent support.	9 youth have engaged with the Excellence Academy program.

Table 4. LSSI: Fidelity to the Therapeutic Foster Care Oregon (TFCO) model, modified to serve younger children.

<b>Criterion 1: Successful Completion</b>	<b>Criterion 2: Therapy Components</b>	<b>Criterion 3: Behavioral Components</b>	<b>Criterion 4: Foster Parent Meetings</b>	<b>Criterion 5: Clinical Team Meetings</b>	<b>Criterion 6: Program Staff</b>	<b>Criterion 7: Training</b>
8 youth successfully graduated from the program, with 17 youth currently in placement. 2 youth needed residential care.	72.3% (313/429) individual therapy sessions were delivered  81.9% (308/376) of skills coaching sessions were delivered.  136 family therapy sessions were delivered with 63.0% of youth with aftercare families.	All 27 youth have behavior charts and school cards	57/63 foster parent meetings were held.	55/63 clinical meetings were held.	Program staff checklist completed with all 3 current staff.	All team members and leadership staff are trained. Six new staff have joined the teams in this reporting period. There is one vacancy on the Rockford Team, the family therapist.

**4. Revised Targets / Goals:**

**TFC Placements.** With the assistance of Expert Panel member Marci White, the TFC providers believe the Implementation Plan will require a revision from a goal of 100 youth being placed within two years of the service contacts to a goal of 60 youth placed within two years of service contracts. The remaining two TFC providers also set a goal of having 50 TFC homes available by June 2019.

**C. Panel Recommendation #1: Care Management Entity**

**1. Project Goals / Target:**

The planned goals for the Care Management Entity (CME) pilot include: increasing non-traditional, community-based behavioral health supports; faster step-downs for youth in congregate

care settings (i.e., 15% of enrolled youth to step down six months after enrollment and another 15% to step down 12 months after enrollment); treating youth and family voice and choice as primary factors in permanency planning and mental health/behavioral health interventions; reduction in youth experiencing elevations in level of care (i.e., youth being placed in specialized foster care or congregate care settings); increased placement stability at the traditional foster care level (i.e., fewer lateral moves); high service-intensity youth receiving necessary behavioral health supports and services in their home and community settings; decreased psychiatric hospitalization; and increased permanency.

The CME pilot, which is administered through CHOICES, began in February 2014 and was scheduled to continue through June 30, 2017; the pilot was extended until June 30, 2018. The goal of the pilot was to serve 200 youth annually and 600 youth during the course of the pilot. DCFS committed to identifying a comparison group for the evaluation by December 2016 and to completing an interim evaluation by March 2017. Implementation Plan, p. 19.

## **2. Status Report:**

DCFS continued to work on the transition of youth from the Choices pilot. All case reviews for youth in the pilot were completed and DCFS staff worked to transition services of the youth in care. DCFS also re-developed Intensive Placement Stabilization Services for youth in the pilot area through Cunningham Children's Home. Exhibit D, Six Month Status Report, Care Management Entity Pilot (April – September 2018). The Choices pilot ended on June 30, 2018.

**Pilot Evaluation.** DCFS continues to provide data to the university evaluator data since March 2018 and the weekly calls between continued between DCFS and the university evaluator. The evaluation is expected to be completed by the end of January 2019.

**3. Program Outputs.**

<i><b>Program Outputs</b></i> <i>(per Outputs in Logic Model)</i>	<i><b>Program</b></i> <i>(%, N)</i>	<i><b>Comparison</b></i> <i>(%, N)</i>	<i><b>Significance and</b></i> <i><b>Explanation of Difference</b></i>
Youth served this period	May 2018: 180 youth were served, with a disenrollment of 15 youths.  June 2018: 126 youth were served. Those 126 youths were disenrolled from the program.		May 2018: Youth served ranged from - 11 youth ages 0 to 5, - 45 youth ages 6 to 11, - 49 youth ages 12 to 15, - 44 youth ages 16 to 17, - 31 youth ages 18 to 21.  June 2018: Youth served ranged from - 6 youth ages 0 to 5, - 30 youth ages 6 to 11, - 35 youth ages 12 to 15, - 36 youth ages 16 to 17, - 19 youth ages 18 to 21.
Reduce percentage of psychiatric hospitalization for enrolled youth	MCR Data: -April 2018 hospitalization rate for pilot area was 36.7%, and hospitalization rate for CME enrolled youth was 40% -May 2018 hospitalization rate for pilot area was 35.3%, and hospitalization rate for CME enrolled youth was 33.3% -June 2018 hospitalization rate for pilot area was 72.2%, and hospitalization rate for CME enrolled youth was 75%	~50%	

#### 4. Program Proximal and Distal Outcomes

<i>Proximal/Distal Outcome (per Outcomes in Logic Model)</i>	<i>Program (%, N)</i>	<i>Comparison (%, N)</i>	<i>Explanation of Status</i>
# of youth who achieved permanency (January -June 2018)	Reunification with Biological Parent: n=16  Adoption: n=6  Subsidized Guardianship: n=3		To Date- Reunification: 59 Adoption: 14 Subsidized Guardianship: 11
What percent of children have stepped down from congregate care to a less restrictive setting within 6 months and within 7-12 months of their enrollments	During this reporting period (Jan- Apr 2018), no youth stepped down from a congregate care setting within 6 months or within 7-12 months	1-6 months of enrollment= 15%  7-12 months of enrollment= an additional 15%	In this reporting period, there were approximately 55 youth in a congregate care setting, most of which had no movement during the period. However, some youth were awaiting placement openings and were ready to be stepped down.
80% of enrolled foster children in traditional foster care, home of relative, or fictive kin placements will remain stable (i.e., in their current placement) for at least 12 months from their date of enrollment (unless permanency is achieved sooner)	In this reporting period (Jan-Apr 2018) 83 youth were placed in a traditional foster home, home of relative, or fictive kin placement. N= 21 (25.3%) remained stable or achieved a path to a permanent home for at least 12 months.	Goal is 80%	23 (27.7%) youth have been stable in their placement for 7-11 months. 15 (18.1%) youth have been stable in their placement for 4-6 months. 19 (22.9%) youth have been in the same placement for 1-3 months. 5 (6%) youth were in placements for less than 30 days.
80% of enrolled foster children in specialized foster care will remain stable, (i.e., in their current placement) for at least 12 months from their date of enrollment (unless they are moved to a less restrictive	During this reporting period (Jan- Apr 2018) 16 youth were placed in specialized foster care. N=4 (25%)	Goal is 80%	6 (37.5%) youth have been stable in their placement for 7-11 months. 1 (6.25%) youth have been stable in their placement for 4-6 months.

<i>Proximal/Distal Outcome (per Outcomes in Logic Model)</i>	<i>Program (%, N)</i>	<i>Comparison (%, N)</i>	<i>Explanation of Status</i>
placement or permanency is achieved sooner).	youth remained stable for at least 12 months.		5 (31.3%) youth have been stable in their placement for 1-3 months. 0 youth were placed in a specialized foster home for less than 30 days.

5. **Revised Targets / Goals:** There are no revised targets and goals for this pilot.

6. **Pilot Evaluation.** The evaluation should be completed during the next reporting period.

**D. Panel Recommendation #1: Regenerations Pilot Project for Dually-Involved Youth at Cook County Juvenile Detention Center**

1. **Project Goals / Target:**

The Regenerations pilot is designed to provide placements and intensive services to DCFS youth in care, 12 to 18 years old, who are also involved in the juvenile justice system and are ready for release from the Juvenile Temporary Detention Center (JTDC). Implementation Plan, pp. 20-22. The program provides traditional mental health services, care coordination, foster care services (if needed) and individualized home and community based services through a wraparound philosophy. Id. The Regenerations pilot is a collaborative effort with the JTDC, Cook County Juvenile Probation, Lutheran Child and Family Services (LCFS), Youth Advocate Programs (YAP), and the University of Illinois at Chicago (UIC). The program goal was to serve 65 youth. There was no deadline specified in the Implementation Plan for reaching that level of service, however the pilot was scheduled to be completed in June 2017. Implementation Plan, p. 21.

## **2. Status Report:**

**Targets and goals.** DCFS established key targets/goals in the last status report. One of the remaining goals required DCFS to explore options and implement specific strategies for the accurate and reliable submission and tracking of service data. During this reporting period, DCFS requested that LCFS and YAP ensure that a data compliance staff from their respective agencies attend the monthly Regenerations Implementation Team meetings. The LCFS compliance officer attended the meetings by phone and YAP hired a quality assurance manager. YAP received its initial onsite monitoring visit and a follow up visit is scheduled for February 2019.

Chapin Hall will submit a full comprehensive evaluation of the Regenerations pilot for the state fiscal years 2016 and 2017.

The Regenerations Implementation Team will develop an objective process for discharging youth out of the pilot.

### **Program Outputs**

Since July 1, 2015, the pilot inception through the end of the current reporting period, a total of 82 youth participated in the pilot. This is an increase of two youth since the last status report. Of the 82 youth, 19 were admitted in FY17, eight were admitted in FY18 and one was admitted in FY19.

Some highlights of the findings include:

- 100% of FY19 active youth had individual service plans (ISPs) in which indication of provision of in-home supports, educational and recreational activities, crisis intervention, and placement stabilization varied (43.4.5% - 88.7%)
- In terms of service hours, FY19 active youth received 8.9 YAP advocate hours per week (in comparison to 13.2 hours in the last 4-month report) and 0.36 individual therapy sessions per week (in comparison to 0.45 sessions in the previous report)



- Related to team planning and family visits, FY19 active youth received a mean of 0.38 post-placement parent/child/sibling visits per week (in comparison to 0.61 per week in the previous report) and had 0.81 Child Family Team meetings (CFTMs) per quarter (in comparison to 0.93 per quarter in the previous report)
- Regarding school involvement, of the 53 FY19 active youth, 50 (94.31%) were enrolled in school at some point

Table 7. Outputs/fidelity metrics.

<b><i>Program Outputs (per Outputs in Logic Model)</i></b>	<b><i>Program (%, N)</i></b>	<b><i>Comparison (%, N)</i></b>	<b><i>Significance and Explanation of Difference</i></b>
Program Output 1: Completion of CASII	Of the 53 youth active in the pilot in FY 2019, 14 (26.4%) had a preplacement CASII on record.	None	None
Program Output 2: Level of adherence to Wraparound philosophy based on WFI-EZ	WFI-EZ data collection only applies to youth who entered the pilot in FY17 through FY19. Of the 28 youth who were enrolled in FY17 and FY19, 8 youth (30.7%) were administered the WFI-EZ at a post-placement CFTM. A total of 23 separate survey forms were collected for individuals involved with the Child & Family Team Meetings (CFTMs) for these 8 youths. The survey forms were administered to: youths, caregivers (e.g., foster parent or relative), facilitators (i.e., LCFS case worker) and team members (e.g., YAP advocate, therapist, other professionals, non-primary caregiver relatives, etc.) The results of the WFI-EZ produce a total fidelity score as well as five subscale scores corresponding to	None	None

		<p>the five key theoretical elements of the Wraparound model, including: Effective Teamwork, Natural/Community Supports, Based on Needs, Outcomes-Based as well as Strength-and-Family Driven. Key subscale scores are an average of all the relevant item-level averages. National mean scores for the total fidelity and five subscales have been calculated by the University of Washington’s Wraparound Evaluation &amp; Research Team for comparison. Fidelity scores for the eight included cases as follows: Effective teamwork: 64% (vs. 69% national mean, Based on Needs: 70% (vs. 74% national mean), Outcomes-Based: 74% (vs. 75% national mean), and Strength-and-Family Driven: 75% (vs. 78% national mean). Lastly, a mean total Satisfaction score is produced based on the items from Section C in the youth and caregiver forms. The mean Satisfaction score was 72% (vs. 78%) national mean). Of the 53 youth active in the pilot in FY19, 4 (7.5%) had their ISP updated in SACWIS at least once per quarter/every three months in FY18. On average, ISPs were updated 0.69 times per quarter/every three months.</p>		
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	<p>Program Output 4: Completion of SDQ for ISP</p>	<p>For the Pilot evaluation, only youth who entered in FY17 through FY19 were included in the SDQ analysis (see Outcomes section). According to the assessment protocol, an initial SDQ assessment was to be administered within 14 calendar days from the date of LCFS case assignment while a follow-up would be no later than the corresponding calendar day 6 months after the initial assessment was completed. A total of 14 initial and 2 follow-up SDQs were completed for FY17 through FY19 enrolled youth, however, many of these assessments were administered at timeframes much later than the protocol's initial and follow-up time points described above. As a result, a much more expansive range of qualifying timeframes was considered. Initial assessments were included if the date was less than or equal to 60 days from the date of LCFS case assignment and a follow-up assessment was included if the date was between 150 and 270 days from when the initial assessment was completed.</p> <p>With this revised banding, there were a total of 3 qualifying initial assessments and no associated follow-up assessments.</p>	None	None
	<p>Program Output 5: Per ISP, provision of:</p> <ul style="list-style-type: none"> <li>• In-home supports</li> <li>• Access to educational and</li> </ul>	<p>All 53 (100%) youth that were active in the pilot in FY19 had an ISP in SACWIS.</p> <ul style="list-style-type: none"> <li>• 44 of these 53 youth (83.0%) had in-home supports indicated in their ISP Outcomes/Action Steps</li> </ul>	None	None

<p>recreational activities</p> <ul style="list-style-type: none"> <li>• Crisis intervention and its coordination</li> <li>• Permanency Goal</li> </ul>	<ul style="list-style-type: none"> <li>• 40 of these 53 youth (75.5%) had education and recreational activities indicated in their ISP Outcomes/Action Steps</li> <li>• 47 of these 53 youth (88.7%) had coordination of crisis intervention services indicated in their ISP Outcomes/Action Steps</li> <li>• 23 of these 53 youth (43.4%) had a permanency goal indicated in their ISP Outcomes/Action Steps</li> </ul>		
<p>Program Output 6: Quarterly CFT meetings and CFT composition (at minimum must include youth, family, case manager, LCFS, YAP, and other service providers)</p>	<ul style="list-style-type: none"> <li>• Of the 53 youth active in the pilot in FY19, 40 (75.5%) had at least one CFTM recorded in SACWIS between in the triannual review period of 7/1/2018 and 9/30/2018. Sixteen (16) of these 40 youth (40.0%) had all key stakeholders (youth, family, LCFS, YAP, and at least one other service provider) present in their 1<sup>st</sup> CFTM in FY19.</li> <li>• Historically, on average, the 53 currently active youth had 0.85 CFTM per quarter.</li> </ul>	None	None
<p>Program Output 7: Frequency of CASII following home-based placement (quarterly)</p>	<p>Of the 53 youth active in the pilot in FY19, 41 (77.4%) had a postplacement CASII on file.</p>	None	None
<p>Program Output 8: Avg. # of hours advocates spend with youth</p>	<p>The 53 youth active in the pilot in FY19, on average, received 8.9 advocate hours weekly (SD = 3.8 hours).</p>	None	None
<p>Program Output 9: Avg. # of supported/nonsupported work hours</p>	<p>The 53 youth active in the pilot in FY19, on average, received 1.1 supported work hours weekly (SD = 0.4 hours).</p>	None	None
<p>Program Output 10: Avg. # of individual therapy</p>	<p>Of the 53 youth active in the pilot in FY19, 49 (92.5%) were indicated on their ISPs that they needed individual therapy. These 49 youth received, on average, 0.36 weekly individual therapy sessions (SD = 0.1 session).</p>	None	None
<p>Program Output 11: Enrollment in school</p>	<p>Of the 53 youth active in the pilot in FY19, 50 (94.31%) were</p>	None	None

		<p>enrolled in school at some point. Of these 50 youth, 19 were released from the JTDC after school enrollment data could be entered on SharePoint (after 7/1/16). Of these 19 youth, 4 (21.1%) were enrolled in school prior to their JTDC release date.</p> <p>The remaining 15 youth waited an average of 33.3 days (SD = 31.7 days) until being enrolled in school.</p>		
	<p>Program Output 12: Average # of parent/child/sibling visits</p>	<p>The 53 youth active in the pilot in FY19, on average, received 0.38 weekly parent/child and/or sibling/child visits (SD = 0.09 session) post-RUR.</p>	None	None
	<p>Program Output 13: Provision of flex funds when appropriate</p>	<p>YAP used flex funds to serve all of the 53 youth. Per YAP, from July 2018 through September 2018, YAP spent \$21,619.45 on flex funds in total.</p>	None	None

Exhibit E, Six Month Status Report, Regenerations Pilot Project for Dually-Involved Youth at Cook County Juvenile Detention Center

### **Proximal and Distal Outcomes**

Some highlights of some of the proximal and distal outcomes are:

- the Pilot group on average had a shorter wait (51.2 days) than the matched historical comparison group (104.9 days) from RUR to JTDC release
- The Pilot group had a higher percentage of youth released from JTDC to family or family-like settings (67.9%) than the comparison group (20.8%)
- the Pilot group also had a lower percentage of youth released from JTDC to residential care (24.5%) than the comparison group (43.4%)
- Pilot youth whose first placement was a family or family-like setting had an average of fewer total days in this placement (125.3 days) versus the comparison group (161.8 days)
- The Pilot group released to family or family-like settings had a lower percentage of youth who had a next placement in residential care (8.3%) than that of the comparison group (18.2%)
- In terms of total placement moves within 6 months from exiting JTDC, the Pilot group had a slightly higher average number of placement moves (1.3 times) than the comparison group (1.1 times)

- The Pilot group had a greater improvement from baseline to six-month follow-up on the following CANS well-being scores: Traumatic Stress Symptoms, Emotional/Behavioral Needs, and Social Functional Behaviors
- There was little or no improvement in CANS Risk Behaviors in the Pilot group
- The Pilot group had a lower percentage of re-detention<sup>1</sup> within 6 months of RUR date (37.7%) than the matched historical comparison group (43.4%)

**Table 8.** Proximal, intermediate, and distal outcomes.

<i>Outcome (per Outcomes in Logic Model)</i>	<i>Program (%, N)</i>	<i>Comparison (%, N)</i>	<i>Significance and Explanation of Difference</i>
<b>Proximal Outcome 1: Fewer days in JTDC after mandatory release date</b>	<p>Of the 53 youth served by the Regenerations/RUR Pilot in FY19, the average number of days between the date of RUR and JTDC release date<sup>2</sup> was 51.2 days (SD = 50.4 days) and the median was 37.5 days (inter-quartile range [IQR] = 51.2 days).</p> <p>The 36 youth released from JTDC to a family-based setting waited, on average, 33.6 days (SD = 25.2 days). The median was 28.5 days (inter-quartile range [IQR] = 28 days).</p> <p>The 13 youth released from JTDC to residential care waited, on average 96.8 days (SD = 71.4 days). The median was 83.0 days (IQR = 46.0 days).</p> <p>The 2 youth released from JTDC to a shelter waited, on average, 91.0 days (SD = 59.4 days). The median was 91.0 days (IQR = 42.0 days).</p>	<p>Of the 53 youth in the FY14FY15 matched historical comparison group, the average number of days between the date of RUR and JTDC release date<sup>3</sup> was 104.9 days (SD = 187.5 days) and the median was 36.0 days (IQR = 85.0 days).</p> <p>The 11 youth released from JTDC to a family-based setting waited, on average, 179.6 days (SD = 234.4 days). The median was 37.0 days (IQR = 305.0 days).</p> <p>The 23 youth released from JTDC to residential care waited, on average 116.7 days (SD = 204.3 days). The median was 67.0 days (IQR = 81.5 days).</p> <p>The 13 youth released from JTDC to a shelter waited, on average, 18.4 days (SD = 31.1 days). The median was 7.0 days (IQR = 17.0 days).</p>	

<sup>1</sup> The measure of re-detention in this report is captured CYCIS placement data.

<sup>2</sup> Three of the 68 youth (in the Pilot group and in the matched historical comparison group) had a JTDC release date, though none were followed by an actual placement in 906 data.

<p><b>Intermediate Outcome 1: More discharges to and days in family or family-like settings</b></p>	<p>This outcome is defined by the JTDC release date and placement dates as recorded in DCFS CYCIS (data available through 9/30/18).</p> <p>Of the 53 youth served by the Regenerations/RUR Pilot in FY19, 36 youth (67.9%) were released to family or family-like settings. On average, these 36 youth stayed in these placements for 125.3 days (SD = 141.5 days). The median length of stay was 53.5 days (IQR = 141.5 days). Note that this length of stay “bridges” across events like runaways, hospitalizations, and shelter stays if the youth returned to the family or family-like settings.</p>	<p>This outcome is defined by the JTDC release date and placement dates as recorded in DCFS CYCIS (data available through 9/30/18).</p> <p>Of the 53 youth in the FY14FY15 matched historical comparison group, 11 youth (20.8%) were released to family or family-like settings. On average, these 11 youth stayed in these placements for 161.8 days (SD = 195.3 days). The median length of stay was 160.0 days (IQR = 194.5 days). Note that this length of stay “bridges” across events like runaways, hospitalizations, and shelter stays if the youth returned to the family or family-like settings.</p>	
<p><b>Intermediate Outcome 2: From JTDC, fewer discharges to and days in residential care.</b></p>	<p>Of the 53 youth served by the Regenerations pilot in FY19, 13 youth (24.5%) were discharged from JTDC to residential care. These youth stayed in residential care for, on average, 235.5 days (SD = 175.5 days). The median length of stay was 210.0 days (IQR = 179.0 days). Note that this length of stay “bridges” across events like runaways, hospitalizations, and shelter stays if the youth returned to residential care.</p>	<p>Of the 53 youth in the FY14FY15 historical comparison group, 23 (43.4%) were discharged from JTDC to residential care. These youth stayed in residential care for, on average, 365.3 days (SD = 273.9 days). The median length of stay was 334.0 days (IQR = 444.0 days). Note that this length of stay “bridges” across events like runaways, hospitalizations, and shelter stays if the youth returned to residential care.</p>	

<p><b>Intermediate Outcome 3: After discharge from JTDC to family or family-like settings, fewer placements in residential care.</b></p>	<p>Of the 53 youth served by the Regenerations pilot in FY19, 36 youth (67.9%) were released to family or family-like settings according to DCFS CYCIS data. Of these 36 youth placed in family or familylike settings, 3 youth</p>	<p>Of the 53 youth in the FY14FY15 historical comparison group, 11 youth (20.8%) were released to family or family-like settings according to DCFS CYCIS data. Of these 11 youth placed in family or familylike settings, 2 youth</p>	
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	<p>(8.3%) had a placement move to residential care after placement in a family or family-like setting. These 3 youth stayed in residential care for, on average, 192.7 days (SD = 157.4 days). The median length of stay was 122.0 days (IQR = 145.0 days).</p>	<p>(18.2%) had a placement move to residential care after placement in a family or family-like setting. These 2 youth stayed in residential care for, on average, 257.05 days (SD = 18.4 days). The median length of stay was 257.0 days (IQR = 13.0 days).</p>	
<p><b>Intermediate Outcome 4: Fewer Placement moves after release from JTDC within 6 months of RUR</b></p>	<p>This outcome is examined using DCFS CYCIS data available through 09/30/18. A “placement” covers the continuous period of time a youth is in the same living arrangement type with the same provider, taking into account disruption (e.g., runaway, hospitalization, and shelter) and returning to the same provider. Thus, a placement move is operationalized as a change in living arrangement type from one provider to another.</p> <p>Of the 53 youth served by the Regenerations pilot in FY19, 44 of these youth (83.0%) had one or more move, and moved, on average, 1.3 times (SD = 1.1 times) within 6 months of RUR. The median number of placement</p>	<p>This outcome is examined using DCFS CYCIS data (data available through 09/30/18. A “placement” covers the continuous period of time a youth is in the same living arrangement type with the same provider, taking into account disruption (e.g., runaway, hospitalization, and shelter) and returning to the same provider. Thus, a placement move is operationalized as a change in living arrangement type from one provider to another.</p> <p>Of the 53 youth in the FY14FY15 historical comparison group, 40 of these youth (75.5%) had more than one move, and moved, on average, 1.1 times (SD = 1.0 time) within 6 months of RUR. The median number of placement</p>	



	moves was 1 time (IQR = 1 time).	moves was 1 time (IQR = 0 times).	
<b>Distal Outcome 1: Improved school achievement per CANS (D01)</b>	Of the 53 youth served by the Regenerations pilot in FY19, 28 youth (52.8%) had baseline CANS scores (initial score between 90 days before, or 60 days after pilot enrollment date). Of these 28 youth, 7 youth (25.0%) had a follow-up CANS (closest CANS to 6 months after the pilot enrollment date, excluding	Of the 53 youth in the FY14FY15 historical comparison group, 43 youth (81.1%) had baseline CANS scores (initial score between 90 days before, or 60 days after JTDC release date). Of these 43 youth, 24 youth (55.8%) had a follow-up CANS (closest CANS to 6 months after the JTDC release date, excluding the baseline	
	the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported.  Of the 28 baseline CANS scores, the mean item score was 1.71 (SD = 0.90).  Of the 7 follow-up CANS, the mean item score was 1.29 (SD = 0.95).	score). The score for CANS item School Achievement (ranging from 0-3) is reported.  Of the 43 baseline CANS scores, the mean item score was 1.91 (SD = 1.00).  Of the 24 follow-up CANS, the mean item score was 1.38 (SD = 0.88).	
<b>Distal Outcome 2: Improved traumatic stress symptoms per CANS (D02)</b>	Of the 53 youth served by the Regenerations pilot in FY19, 28 youth (52.8%) had baseline CANS scores (initial score between 90 days before, or 60 days after pilot enrollment date). Of these 28 youth, 7 youth (25.0%) had a follow-up CANS (closest CANS to 6 months after the pilot enrollment date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported.  The CANS in the “Potentially	Of the 53 youth in the FY14FY15 historical comparison group, 43 youth (81.1%) had baseline CANS scores (initial score between 90 days before, or 60 days after JTDC release date). Of these 43 youth, 24 youth (55.8%) had a follow-up CANS (closest CANS to 6 months after the JTDC release date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported  The CANS in the “Potentially	

	<p>Traumatic/Adverse Experiences” domain includes the following five CANS items: adjustment to trauma; re-experiencing; avoidance; numbing; and dissociation. Each item is scored from 0-3, with 0 indicating No evidence of any trauma of this type, and 3 indicating Repeated and severe incidents of trauma of this type.</p> <p>Of the 28 baseline CANS scores, the mean domain score was 1.35 (SD = 0.51).</p> <p>Of the 7 follow-up CANS, the mean domain score was 0.79 (SD = 0.55).</p>	<p>Traumatic/Adverse Experiences” domain includes the following five CANS items: adjustment to trauma; re-experiencing; avoidance; numbing; and dissociation. Each item is scored from 0-3, with 0 indicating No evidence of any trauma of this type, and 3 indicating Repeated and severe incidents of trauma of this type.</p> <p>Of the 43 baseline CANS scores, the mean domain score was 0.93 (SD = 0.61).</p> <p>Of the 24 follow-up CANS, the mean domain score was 0.83 (SD=0.64).</p>	
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<p><b>Distal Outcome 3: Improved emotional/behavioral needs per CANS (D03)</b></p>	<p>Of the 53 youth served by the Regenerations pilot in FY19, 28 youth (52.8%) had baseline CANS scores (initial score between 90 days before, or 60 days after pilot enrollment date). Of these 28 youth, 7 youth (25.0%) had a follow-up CANS (closest CANS to 6 months after the pilot enrollment date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported.</p> <p>The CANS in the “Emotional/Behavioral needs” domain includes the following thirteen CANS items: psychosis; attention deficit/impulse control; depression; anxiety; oppositional behavior; conduct; substance abuse attachment difficulties; eating disturbances; affect dysregulation; behavioral regressions; somatization;</p>	<p>Of the 53 youth in the FY14FY15 historical comparison group, 43 youth (81.1%) had baseline CANS scores (initial score between 90 days before, or 60 days after JTDC release date). Of these 43 youth, 24 youth (55.8%) had a follow-up CANS (closest CANS to 6 months after the JTDC release date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported</p> <p>The CANS in the “Emotional/Behavioral needs” domain includes the following thirteen CANS items: psychosis; attention deficit/impulse control; depression; anxiety; oppositional behavior; conduct; substance abuse attachment difficulties; eating disturbances; affect dysregulation; behavioral</p>	
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	<p>and anger control. Each item is scored from 0-3, with 0 indicating no evidence of a need or no need for action, and 3 indicating Repeated and intensive required action, or severe needs of this type.</p> <p>Of the 28 baseline CANS scores, the mean domain score was 1.08 (SD = 0.40).</p> <p>Of the 7 follow-up CANS scores, the mean domain score was 0.96 (SD=0.38).</p>	<p>regressions; somatization; and anger control. Each item is scored from 0-3, with 0 indicating no evidence of a need or no need for action, and 3 indicating Repeated and intensive required action, or severe needs of this type.</p> <p>Of the 43 baseline CANS scores, the mean domain score was 1.02 (SD = 0.38).</p> <p>Of the 24 follow-up CANS scores, the mean domain score was 0.96 (SD=0.33).</p>	
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<p><b>Distal Outcome 4: Improved risk behaviors per CANS (D04)</b></p>	<p>Of the 53 youth served by the Regenerations pilot in FY19, 28 youth (52.8%) had baseline CANS scores (initial score between 90 days before, or 60 days after pilot enrollment date). Of these 28 youth, 7 youth (25.0%) had a follow-up CANS (closest CANS to 6 months after the pilot enrollment date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported.</p> <p>The CANS in the “Child Risk behavioral needs” domain includes the following ten CANS items: suicide risk; self-mutilation; other self-harm; danger to others; sexual aggression; runaway; delinquency; judgment; fire-setting; and sexually reactive behavior. Each item is scored from 0-3, with 0 indicating no evidence of risk behaviors and 3 indicating repeated and intensive required action, or severe risk behaviors demonstrated.</p>	<p>Of the 53 youth in the FY14FY15 historical comparison group, 43 youth (81.1%) had baseline CANS scores (initial score between 90 days before, or 60 days after JTDC release date). Of these 43 youth, 24 youth (55.8%) had a follow-up CANS (closest CANS to 6 months after the JTDC release date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported</p> <p>The CANS in the “Child Risk behavioral needs” domain includes the following ten CANS items: suicide risk; self-mutilation; other self-harm; danger to others; sexual aggression; runaway; delinquency; judgment; fire-setting; and sexually reactive behavior. Each item is scored from 0-3, with 0 indicating no evidence of risk behaviors and 3 indicating repeated and intensive required action, or severe risk behaviors demonstrated.</p>	
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	<p>Of the 28 baseline CANS scores, the mean domain score was 0.86 (SD = 0.41).</p> <p>Of the 7 follow-up CANS scores, the mean domain score was 0.87 (SD = 0.35).</p>	<p>Of the 43 baseline CANS scores, the mean domain score was 0.87 (SD = 0.38).</p> <p>Of the 24 follow-up CANS, the mean domain score was 0.94 (SD = 0.45).</p>	
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<p><b>Distal Outcome 5: Improved Social Functional Behaviors per CANS (D05)</b></p>	<p>Of the 53 youth served by the Regenerations pilot in FY19, 28 youth (52.8%) had baseline CANS scores (initial score between 90 days before, or 60 days after pilot enrollment date). Of these 28 youth, 7 youth (25.0%) had a follow-up CANS (closest CANS to 6 months after the pilot enrollment date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported.</p> <p>The CANS in the “Improved Social Functional Behaviors (Strength)” domain includes the following three CANS items: social functioning; school behavior; and social behavior. Each item is scored from 0-3, with 0 indicating exemplary social/functional behaviors, and 3 indicating no evidence of such behaviors.</p> <p>Of the 28 baseline CANS scores, the mean score for this domain was 1.50 (SD = 0.78).</p>	<p>Of the 53 youth in the FY 14-FY15 historical comparison group, 43 youth (81.1%) had baseline CANS scores (initial score between 90 days before, or 60 days after JTDC release date). Of these 43 youth, 24 youth (55.8%) had a follow-up CANS (closest CANS to 6 months after the JTDC release date, excluding the baseline score). The score for CANS item School Achievement (ranging from 0-3) is reported</p> <p>The CANS in the “Improved Social Functional Behaviors (Strength)” domain includes the following three CANS items: social functioning; school behavior; and social behavior. Each item is scored from 0-3, with 0 indicating exemplary social/functional behaviors, and 3 indicating no evidence of such behaviors.</p> <p>Of the 43 baseline CANS scores, the mean domain score was 1.32 (SD = 0.78)</p>	
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	Of the 7 follow-up CANS scores, the mean domain score was 1.00 (SD = 1.05).	Of the 24 follow-up CANS, the mean domain score was 1.35 (SD = 0.67).	
<b>Distal Outcome 6: Improved well-being per SDQ (D06)</b>	Chapin Hall uses the Strength and Difficulties Questionnaire (SDQ) to operationalize youth perception of well-being. For the Pilot evaluation, only youth who entered in FY17 and FY18 were included in the SDQ analysis. According to the assessment protocol, an	N/A	
	<p>initial SDQ assessment was to be administered within 14 calendar days from the date of LCFS case assignment while a followup would be no later than the corresponding calendar day 6 months after the initial assessment was completed. A total of 14 initial and 2 follow-up SDQs were completed for FY17 and FY18 enrolled youth, however, many of these assessments were administered at timeframes much later than the protocol's initial and follow-up time points described above. As a result, a much more expansive range of qualifying timeframes was considered. Initial assessments were included if the date was less than or equal to 60 days from the date of LCFS case assignment and a follow-up assessment was included if the date was between 150 and 270 days from when the initial assessment was completed.</p> <p>With this revised banding, there were a total of 3</p>		

	<p>qualifying initial assessments and no associated follow-up assessments.</p> <p>A four-fold classification for the SDQ total score is as follows. Higher scores for the total scale indicate with less strengths and more difficulties.</p> <p>0-14: Close to average 15-17: Slightly raised</p>		
	<p>18-19: High 20-40: Very High</p> <p>For the 3 qualifying initial assessments, the mean score was 17. One (1) youth (33.3%) reflected a close to average score, one (1) youth (33.3%) reflected a slight raised score, and one (1) youth (33.3%) reflected a very high score. No follow-up to initial scoring comparisons can be made at this time given the lack of follow-up assessments meeting time point threshold.</p>		

<p><b>Distal Outcome 7: Improved family connections per YCS (D07)</b></p>	<p>Chapin Hall uses the Youth Connections Scale (YCS) to operationalize family connections. A total of 8 initial and 1 follow-up YCSs were completed for FY17 and FY18 enrolled youth, however, many of these assessments were administered at timeframes much later than the protocol’s initial and follow-up time points. As a result, a much more expansive range of qualifying timeframes was considered. Initial assessments were included if the date was less than or equal to 60 days from the date of LCFS case assignment and a follow-up assessment was included if the date was between 150 and 270 days from the initial assessment completion. With this revised banding, there were a total of 2 qualifying initial assessments and no associated follow-up assessments.</p> <p>The YCS is scored out of 100: 0-20 indicating a very low level of connectedness, 20-39 a low level, 40-59 a moderate level, 60-79 a high level, and 80-100 a very high level.</p> <p>For the 2 qualifying initial assessments, the mean score was 41.5. 1 youth corresponded to a low-level score, and the other 1 to a moderate level.</p> <p>No follow-up to initial scoring comparisons can be made at this time given the lack of follow-up assessments meeting time point threshold.</p>	<p>N/A</p>	
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<p><b>Distal Outcome 8: Improved youth school and work engagement per SharePoint (D08)</b></p>	<p>Chapin Hall uses PostPlacement SharePoint data entered by LCFS and YAP to examine school and work engagement. The 53 youth served by the Regenerations pilot in FY19 were, on average, enrolled in or scheduled to attend school 21.1% of the weeks they were enrolled in the Pilot (SD = 24.2%). The median percentage was 11.03% (IQR = 44.0%).</p> <p>The 53 youth served by the Regenerations pilot in FY19 worked (supported and non-supported employment) an average of 1.11 hours per Pilot program week (SD = 0.38 hours). The median was 1.10 hours (IQR = 0.40 hours).</p>	<p>N/A</p>	
<p><b>Distal Outcome 9: Reduced youth recidivism per CCJC definition(D09)<sup>3</sup></b></p>	<p>Of the 53 youth served by the Regenerations pilot in FY19, 20 youths (37.7%) were documented as being re-detained at the Cook County Juvenile Temporary Detention Center (JTDC) within six months of their initial JTDC release date.</p>	<p>Of the 53 youth in the FY14-FY15 matched historical comparison group, 23 youths (43.4%) were re-detained were documented as being re-detained at the Cook County Juvenile Temporary Detention Center (JTDC) within six months of their initial JTDC release date.</p>	
<p><b>Unintended Consequence: Overall decrease in juvenile justice involvement among DCFS youth in care (U01)</b></p>	<p>TBD</p>	<p>TBD</p>	

Exhibit E, Six Month Status Report, Regenerations Pilot Project for Dually-Involved Youth at Cook County Juvenile Detention Center.

<sup>3</sup> The measure of re-detention in this report is captured using data received from the Cook County Juvenile Temporary Detention Center's RMIS in January 2018.



**3. Program Analysis:** One key issue going forward relates to the providers developing a balance between the direct service work and the output measures and data collection activities. The team needs to review the logic model and assess the need to reduce the number of metrics for which data is being collected. Going forward, the team must focus on which metrics are essential to fidelity and outcomes and which measures impact and reduce direct service and staff supervision hours.

In the future, YAP will utilize YAPWORX, a national workforce development model, that specializes in experimental workforce training for youth with complex work/training needs as well as Junior Achievement, which provides guidance toward career options such as vocational and trade opportunities. YAP will also be implementing its own job readiness program to help clients develop resumes and interview skills. Exhibit E, Six Month Status Report, Regenerations Pilot Project for Dually-Involved Youth at Cook County Juvenile Detention Center.

**E. Panel Recommendation #1: Illinois Pay for Success Pilot for Dually-Involved Youth**

**1. Progress Goals / Target:**

The Illinois Pay for Success Pilot, directed to youth dually involved in the child welfare and juvenile justice systems, was designed to reduce recidivism and increase placement stability, educational achievements and employment opportunities, by funding the pilot through a social impact bond, by which private funds are used to pay for the pilot services. Implementation Plan, pp. 22-25. The goal was to serve 800 youth in the treatment group and 800 youth in the control group over four years.

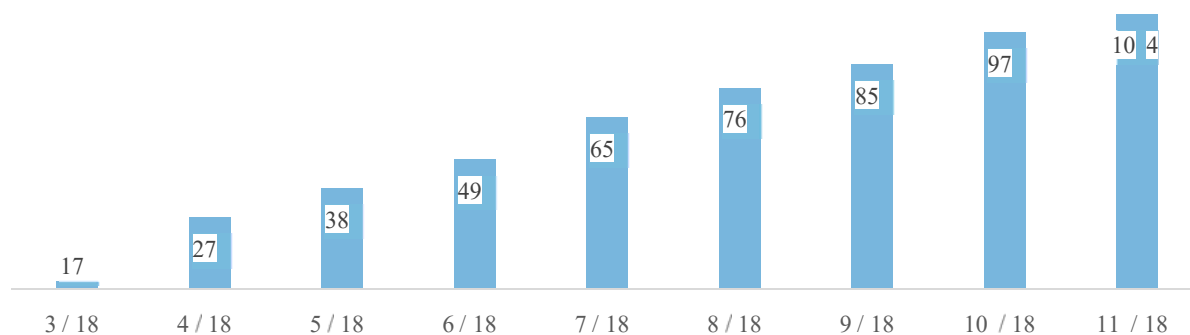
On March 16, 2018, DCFS and Community Conscience Network (CCN) executed a performance based contract to provide services previously included in the Pay for Success pilot to dually involved youth in Lake and Cook Counties. The performance based contract includes many of the innovative pieces contained in the Pay for Success pilot such as wraparound

services, flex funding and evidence based therapies. An Operations Committee with voting members from both DCFS and CCN was also developed to enhance the collaborative approach to the program. Exhibit F, Community Conscience Network Project for Dually Involved Youth (April to September 2018).

**2. Status Report:**

**Funding.** Funding is no longer an issue as CCN and DCFS executed a performance based contract in March 2018.

**Youth Served.** Since March 2018, 87 youth have been enrolled in the CCN pilot and seventeen youth were carried over from the Pay for Success contract. As of the end of this reporting period, 104 youth that have been enrolled in pilot under the revised contract.



**Revised Referral Process.** The shift to a direct contract has made the project more focused and efficient. CCN is now dedicating all their efforts to service delivery and there have been no intake holds since March 2018.

There is a revised approach to referrals. CCN will start out serving Lake and Cook counties. CCN twice a month will send DCFS eligible referrals (age 12-17 and geographic). The DCFS Office of Delinquency Prevention and Restorative Justice (ODPRJ) will review the list to screen out those already being served in other dually involved programs and include any other referrals at the discretion of ODPRJ. CCN will then assign a Facilitator and ODPRJ will send out

the referral to the DCFS/POS agency. The entire referral process will take five business days and will be monitored for timeliness.

As of the end of this reporting period, all referrals have been accepted. DCFS is slightly under the projected amount of 15 referrals a month and are looking at expanding the age requirement to 19 to increase the referrals. The referral process has remained timely except for a few months where the targeted timeframe was missed by one to three days.

### 3. Metrics

#### **Metric A - Initial Family Team Meeting**

Definition: Initial Family Team Meeting occurs within thirty-two (32) days of enrollment. Enrollment is defined as the date DCFS Dually Involved Youth Unit sends the introductory email to the caseworker.

	March	April	May	June	July	Aug	Sep	Oct	Nov	Total	Expectation
<b>Eligible</b>	17	0	10	10	10	0	24	8	11	90	
<b>Met Metric</b>	2	0	9	9	7	0	16	5	5	53	
<b>%</b>	11.8%		90.0%	90.0%	70.0%		66.7%	62.5%	45.5%	58.9%	60%

51 of 73 (70%) of new youth met this metric.

#### **Metric B - Days Between Family Team Meetings**

Definition: Upon case closure from CCN, an average of less than forty (40) days (exclusive) between FTMs.

	March	April	May	June	July	Aug	Sep	Oct	Nov	Total	Expectation
<b>Eligible</b>	2	2	4	5	0	0	2	0	1	16	
<b>Met Metric</b>	0	1	2	2	0	0	1	0	1	7	
<b>%</b>	0.0%	50.0%	50.0%	40.0%			50.0%		100.0%	43.8%	75%

This metric currently has very small denominator (since it is only calculated after a youth closes) and likewise not reflective of monthly meeting occurrence.

**Metric C - Intra-Service Utilization**

Definition: Usage of congregate care or detainment facilities during the specified month.

	March	April	May	June	July	Aug	Sep	Oct	Nov	Total	Benchmark
<b>Eligible</b>	17	25	34	40	46	56	63	72	76	429	
<b>Met Metric</b>	11	17	22	25	25	33	41	49	45	268	
<b>%</b>	64.7%	68.0%	64.7%	62.5%	54.3%	58.9%	65.1%	68.1%	59.2%	62.5%	34.5%

**Metric D - Post-Service Utilization**

Definition: Usage of congregate care or detainment facilities during the 6-months post closure of CCN services.

	March	April	May	June	July	Aug	Sep	Oct	Nov	Total	Benchmark
<b>Eligible</b>	0	0	0	0	0	0	2	2	4	8	
<b>Met Metric</b>	0	0	0	0	0	0	0	1	2	3	
<b>%</b>							0.0%	50.0%	50.0%	37.5%	34.5%

**4. Revised Targets / Goals:** There are no revised targets or goals.

**F. Panel Recommendation #2**

Create four “immersion sites” of small geographic areas that coincide with judicial circuits to fully build, test and implement a core practice model that puts children and families at the center of service planning and builds community and home-based services for children and their families. Implementation Plan at pp. 25-38.

Create four “immersion sites” of small geographic areas that coincide with judicial circuits to fully build, test and implement a core practice model that puts children and families at the center of service planning and builds community and home-based services for children and their families. (Implementation Plan at pp. 25-38).

**4. Project Goals / Target:**

Immersion Sites are test or pilot sites representing a small geographic area where youth, birth parents, foster parents, DCFS staff, private agency staff and multiple other stakeholders

work together to fully build and implement a “core practice model” of child welfare practice that puts children and families at the center of service planning and builds community and home based resources to service children and families. DCFS intends to use Immersion Sites as the center of its transformation to improve safety, permanency and stability outcomes.

DCFS continues to track data on a statewide, regional and Immersion Site basis for the following outcomes: maltreatment in foster care, child and family team meetings, supervised and unsupervised visits, permanency within 12 months, placement moves, time to achieve family reunification. Health data is also tracked for yearly EPSDT and dental checkups.

**5. Status Report:**

**Roll-Out to New Immersion Sites.** The parties continue discussions regarding a revised plan for rollout of key components of immersion sites.

DCFS took a number of planning steps during this reporting period in light of the parties’ discussions regarding the rollout of the Core Practice Model (CPM). DCFS began conversations with leadership from Caritas Family Solutions regarding the expansion and also discussed this at the Child Welfare Advisory Committee meeting in June 2018. In August, the CPM Process Change Subcommittee recommended modification to the Foundations training delivery to get new staff on the job training activities sooner and also to localize the training in the Southern region.

**FTS Training and Implementation.** By February 1, 2018, all originally targeted staff completed in-person FTS training. In January 2018, the classroom-based curriculum was fully incorporated into the DCFS Foundations training that is required for all newly hired permanency staff. In August 2018, a web-based self-paced online format of the classroom training went live and beginning that month, Caritas Family Solutions and DCFS supervisors and staff in the

Southern region who were not part of the original immersion sites began taking the new FTS online course. Exhibit G, Six Month Status Report Immersion/Innovation Site Pilot.

**MoSP Training.** MoSP training in the four Immersion sites started in April 2018 and one full round, which encompasses four modules, was completed in each of the Immersion Sites from April through September 2018 for a total of 34 supervisors. Another full round began in September 2018 in the Immersion Sites and the DCFS Southern region as part of the CPM expansion. Exhibit G, Six Month Status Report Immersion/Innovation Site Pilot.

**CFTM Training.** During this reporting period, seven three-day Child and Family Team (CFTM) trainings were delivered in the Immersion Sites and a total of 59 casework staff and three FISP staff completed the trainings.

DCFS currently has 16 active staff who have achieved Master Coach level, 133 active staff who have achieved facilitator level and 35 active staff who have achieved coach level.

<b>Total All Immersion Sites</b>			
24 CFTM Training Classes Held to Date	Total Trained	Current Permanency Staff Trained	Current Staff Trained
CFTM – 3 Day Training – all participants	378		
CFTM - 3 Day Training – placement staff only		193	
Placement Supervisors		43	
Placement Caseworkers		150	
	Total Approved	Current Permanency Staff Approved	Current Staff Approved
Coached as Facilitators	167	133	
Coached as Coaches	53	35	
Coached as Master Coaches	20		16
Classroom Trainer	12		9

Exhibit G, Six Month Status Report Immersion/Innovation Site Pilot.

**QSR Training and Implementation.** During this reporting period, thirty-five QSRs were completed. A total of 85 QSRs have been completed in the Immersion Sites since implementation began. Exhibit G, Six Month Status Report Immersion/Innovation Site Pilot.

**Service Provision.** The following services were provided to families through the contracts with providers in the Immersions Sites during this reporting period:

**Spero Family Services (Mount Vernon Immersion Site)**

- 27 referrals were accepted by Spero to provide intensive wraparound services to families
- 52 families and 132 children were served
- 13 families were successfully discharged
- The average spending in this reporting period was \$6,362 per family
- The Nurturing Parent Program served 28 families (63 children) during this reporting period and three cases were closed
- 

**Bethany Family Services (Rock Island Immersion Site)**

- 34 referrals were accepted by Bethany to provide intensive wraparound services to families
- 59 families (129 children) were served in this reporting period and 7 families were successfully discharged

**NiCasa Behavioral Health Services (Lake County Immersion Site)**

- 55 referrals were accepted by NiCasa to provide intensive wraparound services to families
- Approximately \$26,000 was spent in services to families in this reporting period

**Lessie Bates (St. Clair County Immersion Site)**

- 47 families and 96 children were served with intensive wraparound services in FY18
- Lessie Bates failed to respond in a timely manner to the FY19 Notice of Funding Opportunity for FY19
- Hoyleton was selected as the new lead agency to provide WRAP services in the St. Clair Immersion Site in FY19

Exhibit G, Six Month Status Report Immersion/Innovation Site Pilot.

**IV-E Waiver.** On June 29, 2018, the Administration for Children and Families approved the Terms and Conditions and extension request for DCFS's IV-E Waiver submission. Exhibit G, Six Month Status Report Immersion/Innovation Site Pilot.

**Office Realignment.** DCFS developed a plan to align regional and field offices with judicial circuits, however DCFS will not be going forward with this plan.

**Restructuring and Decentralization.** DCFS continues to work on structural issues to better align with practice goals and expectations in the Immersion Sites.

## 6. Revised Targets / Goals:

**Roll-Out to New Sites.** In June 2018, DCFS created a workgroup to develop a high-level plan to guide expansion of the CPM in Caritas Family Solutions and the DCFS Southern region. This workgroup continues to meet.

**Program Evaluation.** Chapin Hall completed an interim report on the immersion site evaluation in December 2018. The evaluation indicates that there is some preliminary evidence that certain intervention components are associated with some of the project outcomes for children in care within the immersion sites. For example, having at least some spell days assigned to a caseworker who has been approved as a facilitator in the new CFTM model was associated with increases in supervised visits, unsupervised visits, CFTMs and permanent exits and having received the combination of at least some spell days assigned to a caseworker who has been approved as a facilitator in the new CFTM model and enhanced services were associated with decreases in permanency goals of independence, indicated investigations and re-entry into foster care. Overall, the most consistent results appear to be for CFTMs and re-entry.

Table 18. High-level summary of associations between KQs and outcomes.

Outcome	KQ1	KQ2	KQ3	KQ4	KQ5
Proximal Outcome 1.1 – Supervised visits	+	-	n.s.	+	n.s.
Proximal Outcome 1.2 – Unsupervised visits	+	-	+	n.s.	n.s.
Proximal Outcome 2 – CFTMs	+	+	+	+	n.s.
Proximal Outcome 3 – Permanency goal of independence	n.s.	-	n.s.	+	-
Proximal Outcome 4 – Family-based care	n.s.	-	n.s.	+	n.s.
Intermediate Outcome 1 – Placement moves	n.s.	n.s.	n.s.	+	n.s.
Intermediate Outcome 1 – Indicated investigations	+/-	-	n.s.	n.s.	-
Distal Outcome 1 and Distal Outcome 2 – Permanent exit	+	-	n.s.	n.s.	n.s.
Distal Outcome 3 – Re-entry	n.s.	n.s.	-	-	-



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Note: KQ1 = CFTM; KQ2 = MoSP; KQ3 = Enhanced Services; KQ4 = QSR; KQ5 = CFTM x Enhanced Services; “+” denotes positive association; “-” denotes negative association; “n.s.” denotes non-significant association.

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Exhibit G, Six Month Status Report Immersion/Innovation Sites Pilot: Appendix A, Immersion Site Evaluation: Interim Report December 2018.

**G. Panel Recommendation #3:**

Fund a set of permanency planning initiatives to improve permanency outcomes for adolescents who enter state custody at age 12 or older either by transitioning youth to permanent homes or preparing them for reconnection to their birth families reaching adulthood. (Implementation Plan, pp. 38-42).

**Status Report:** DCFS has addressed this recommendation by expanding eligibility for state funded guardianship, expanding the definition of fictive kin and engaging permanency workers in family finding practices during all phases of casework. DCFS has updated its rules and procedures with respect to state funded guardianship, fictive kin and family finding activities. With respect to practice changes, DCFS implemented a process through the Administrative Case Review Process to review questions specifically related to state funded guardianship, fictive kin and family finding activities.

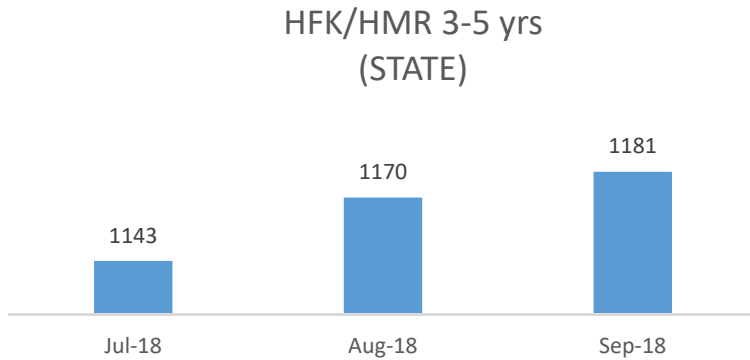
**G. Panel Recommendation # 3: Expanding State Funded Guardianship, Family Findings and Amended Definition of Fictive Kin**

**1. Project Goals/Target:** The Implementation Plan contemplates that amendments to expand the definition of fictive kin will improve permanency options and lead to improved well-being. DCFS committed to updating its administrative rules with the expanded definition of fictive kin after January 1, 2017, which was the effective date of the statutory change to the Children and Family Services Act.

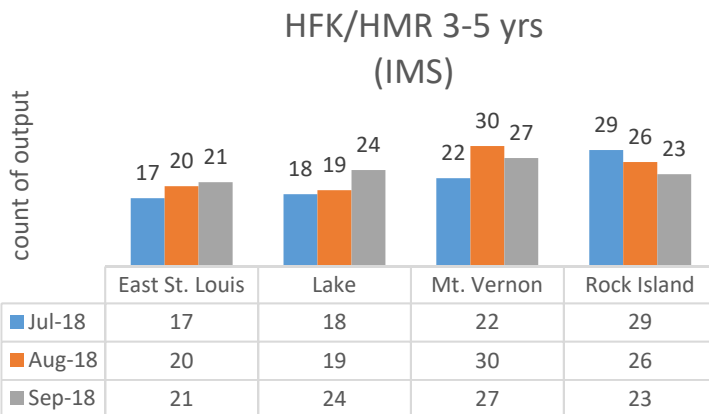
## 2. Status Report

### Program Outputs:

#### 1.) #,% of children in HMR/HFK with adoption and guardianship goals after 3 to 5 years in care

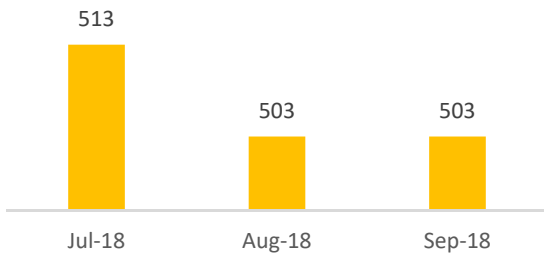


During the observation period, we find that at the state level an increase in the number of children who are placed in HFK/HMR homes and who have been in foster care for over 3-5 years and still have adoption and Guardianship. However, it is not a notable volume increase.



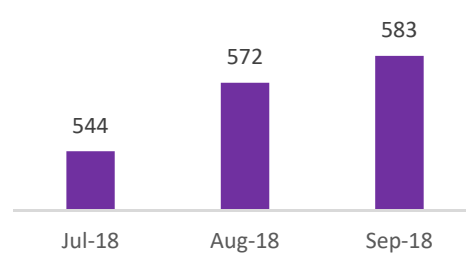
During the observation period, we find that at the Immersion site level an increase in the number of children who are placed in HFK/HMR homes and who have been in foster care for over 3-5 years and still have adoption and Guardianship, except for Mt. Vernon and Rock Island. However, it is not a notable volume increase.

HFK/HMR 3-5 yrs  
(COOK)



During the observation period, we find that in Cook county a slight decrease in the number of children who are placed in HFK/HMR homes and who have been in foster care for over 3-5 years and still have adoption and Guardianship. However, it is not a notable volume increase.

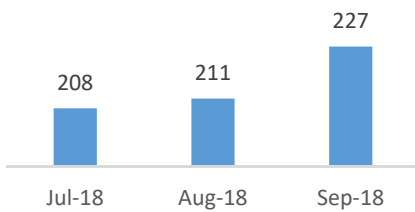
HFK/HMR 3-5 yrs  
(BOS)



During the observation period, we find that in Balance of State (BOS) a slight increase in the number of children who are placed in HFK/HMR homes and who have been in foster care for over 3-5 years and still have adoption and Guardianship. However, it is not a notable volume increase.

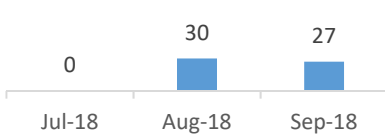
**2) DCFS Proposes modification to: #/% of foster homes(FHB/FHP) converted into HFK and/or youth moved from FHB/FHP into HFK.**

# youth in state in HFK/  
FROM FHP/FHB  
(STATE)



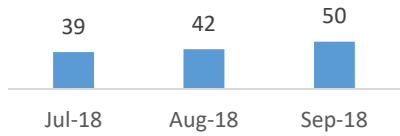
In prior reports, the difficulty in calculating the conversion of FHB/FHP to HFK has been noted. Instead the hoped-for outcome is tracked: that an increasing volume of children if they must move are moving to HFK homes. On the state level, the volume of this increase, is not notable.

# youth in state in  
HFK/  
FROM FHP/FHB...

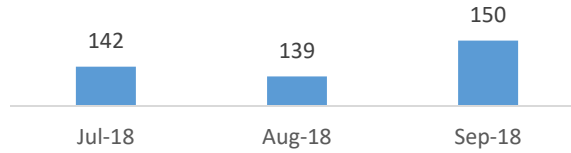


The data output for immersions sites is not notable.

# youth in state in HFK/  
FROM FHP/FHB  
(COOK)



# youth in state in HFK/  
FROM FHP/FHB  
(BOS)



In Cook county find this increase, however the volume is not notable.

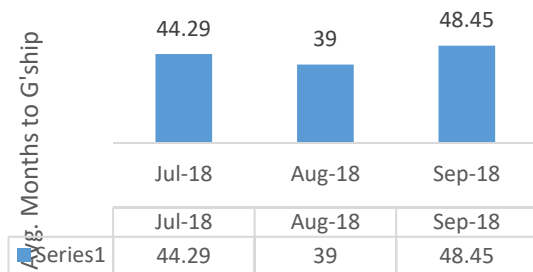
In BOS find this increase, however the volume is not notable.

**2.) DCFS proposes to stop measuring: #, % of children with natural, informal and formal supports**

**Proximal Outcome**

- 1.) DCFS proposes to stop measuring: Step Down from more restrictive placements**
- 2.) DCFS proposes to modify: More timely guardianship and make is a proximal outcome**

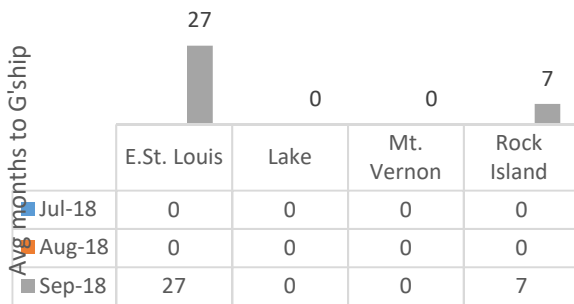
In FY '19 YTD Avg. Months in care to exit type G'ship  
(STATE)



This metric is calculated by looking at the current fiscal years exits, and determining the average months to exit type guardianship.

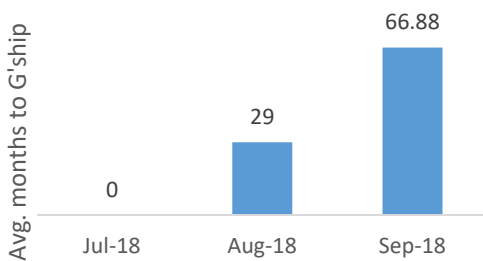
During the observation period, the state saw an increase in the number of months that it took to achieve the goal of guardianship.

In FY '19 (YTD) Avg. Months in care to exit type G'ship (IMS)

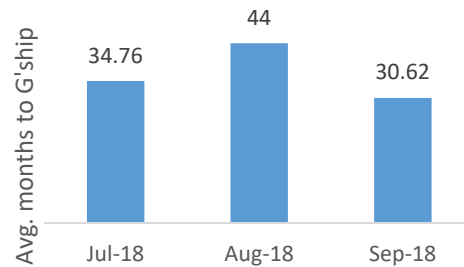


During the observation period, immersions sites reported very few achieved guardianships. The data out put there for is not enough to draw any conclusions.

In FY '19 Avg. Months in care to exit type G'ship (Cook Only)



In FY' 19 Avg. Months in care to exit type G'ship (BOS)

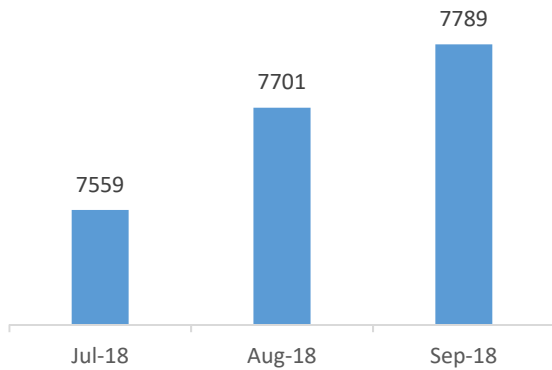


Cook County and Balance of state there were achieved guardianships, but they have two distinct outputs. Time to permanency in cook county increase to 67 months. While in Balance of the state there was a 4-month reduction over the observation period.

## Intermediate Outcome

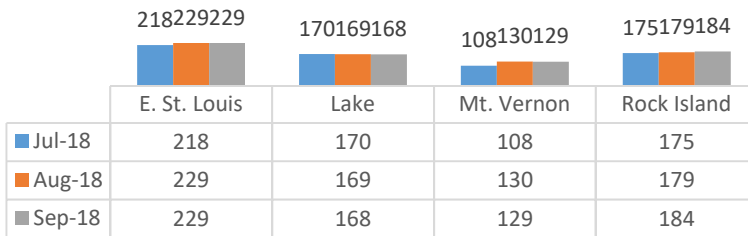
### 1.) Fewer Children in care longer than 3 years

# of youth in care, who have been in care 3+ years (24+ months) (STATE)



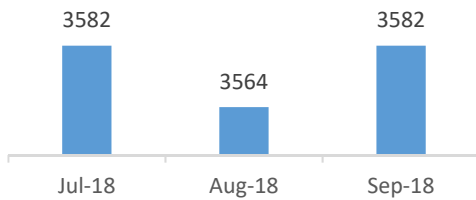
This measure uses the population of youth in care on the first day of each month, and determines the number of them which have been in foster care for 24 months or more. An increase at the state level was observed. However, it is not a notable volume increase.

# of youth in care, who have been in care 3+years (24+ months) (IMS)



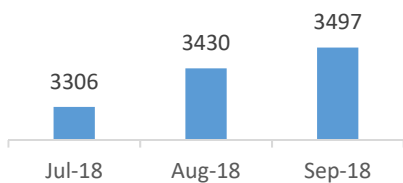
In 3 of 4 immersion sites find a slight increase. However, the increase is not notable.

# of youth in care, who have been in care 3+years (24+months) (Cook)



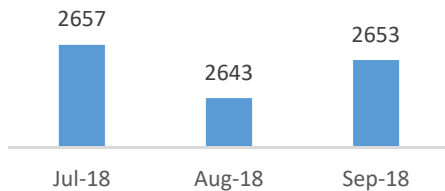
In Cook County and in balance of state observed an increase in youth in care longer than 24 months. However, it is not a notable volume increase.

# of youth in care, who have been in care 3+years (24+months) (BOS)

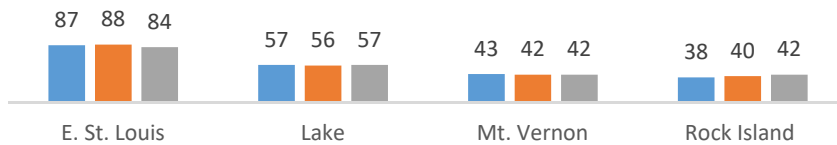


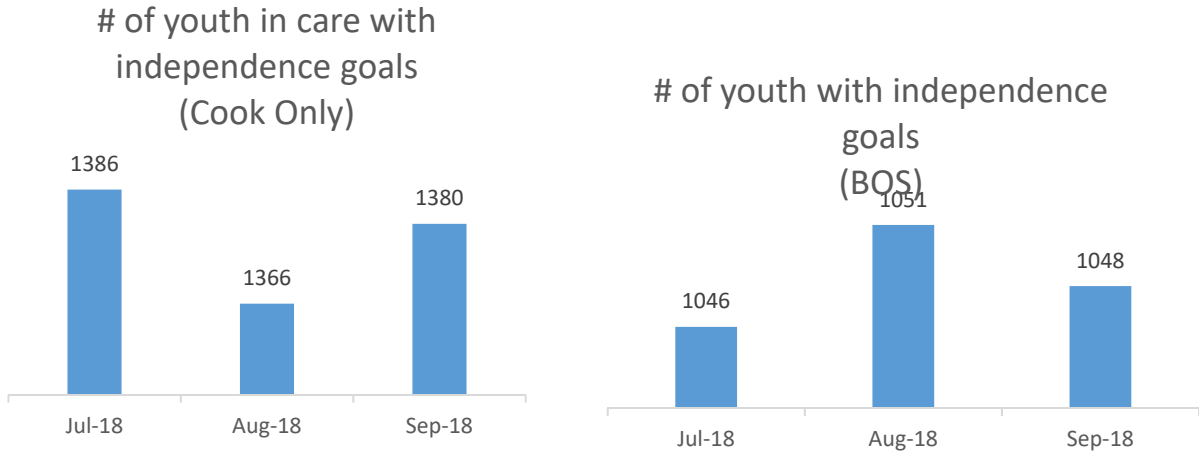
**2.) Fewer youth with independence goals**

# of youth in care with independence goals (STATE)



# of youth with independence goals in Immersion sites (IMS)



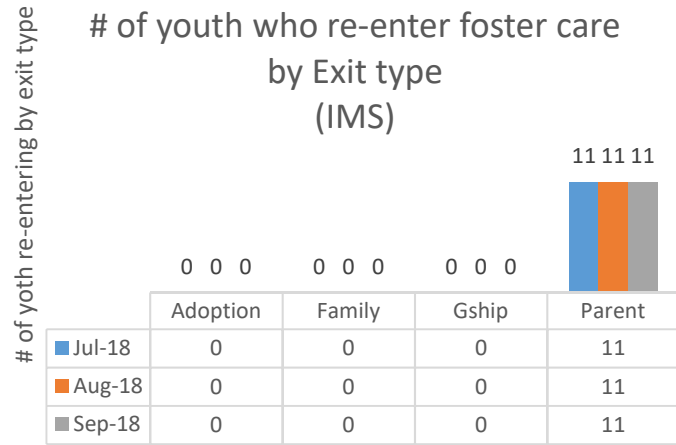
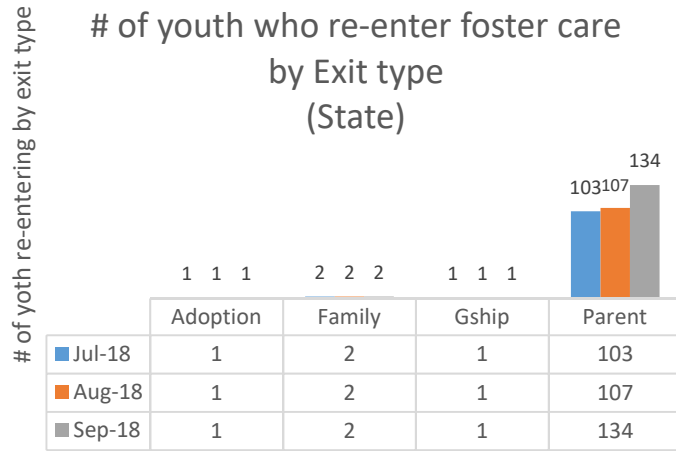


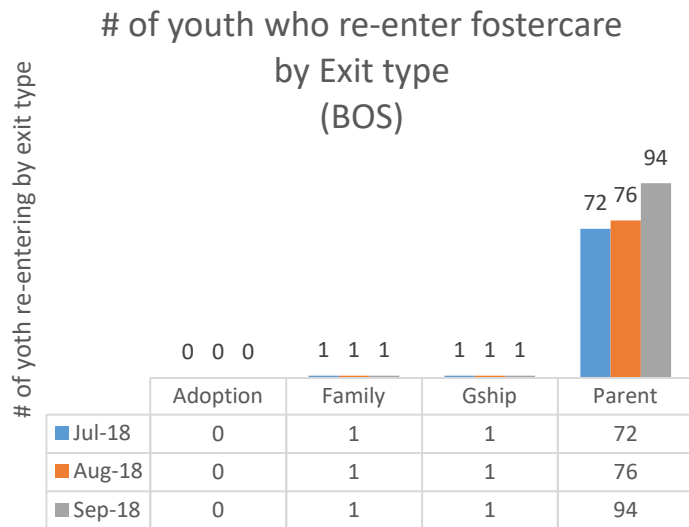
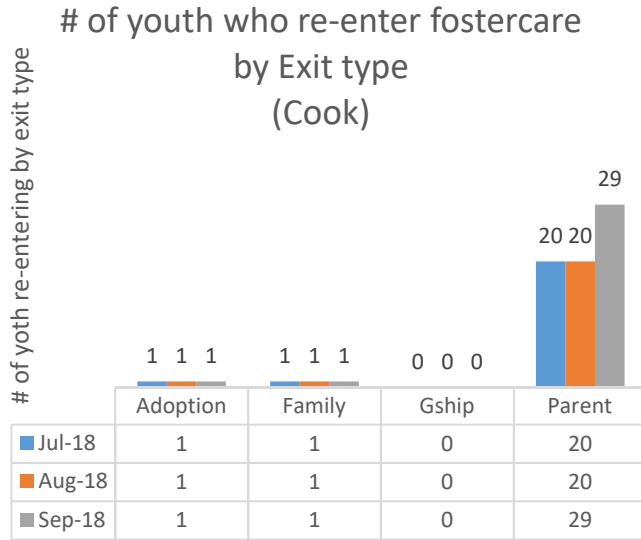
The number of youth who are in care at the beginning of the month, who have the goal of independence. There is no substantive change in the number of youth who have the goal of Independence.



## Distal Outcome

### 1.) DCFS proposes modifying: Reduced or neutral re-entry into foster care

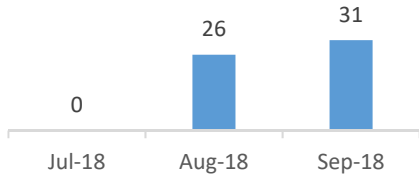




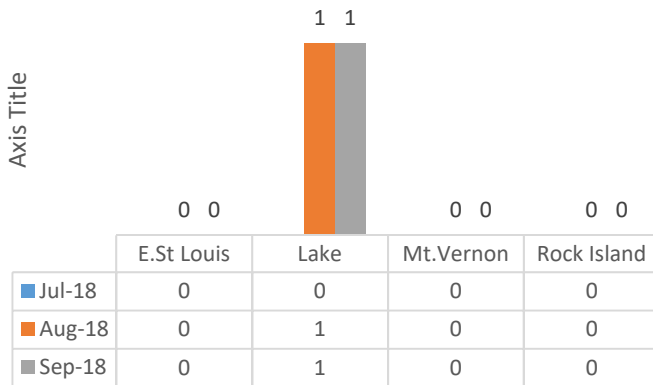
This metric uses a strict CFSR output. For all four observation areas during the observation period, note no substantial re-entry in any type of permanency with exception of those who achieve return home to parent.

**2.) Fewer age-outs with no lifelong connections**

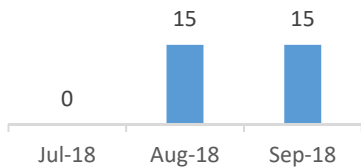
In Fy' 19 the # of youth aging out without lifetime connections (STATE)



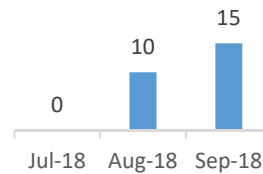
In Fy' 19 the # of youth aging out without lifetime connections (IMS)



In Fy' 19 the # of youth aging out without lifetime...



In Fy' 19 the # of youth aging out without...



DCFS counts the volume of youth who exit foster care during the fiscal year, who when exiting did not exit to a family environment, and or whose last recorded placement was not family like. DCFS recognizes that living arrangement does not always represent lifelong connections, but DCFS also recognizes that youth has many more lifelong connections than they have living arrangements.

**Side Effects**

- 1.) DCFS proposes to stop measuring: **More timely adoption**
- 2.) DCFS proposes to stop measuring: **More timely adoption**
- 3.) DCFS proposes to stop measuring: **Reunification ruled out too quickly**
- 4.) DCFS proposes to stop measuring: **HFK with weak kinship**
- 5.) DCFS proposes to stop measuring: **HAP/SGH discontinuity**

**Table 1. —Key Program Outputs**

<i>Program Outputs (per Outputs in Logic Model)</i>	<i>Definition</i>	<i>Program (%, N)</i>	<i>Comparison (%, N)</i>	<i>Significance and Explanation of Difference</i>
#,% of children in HMR/HFK with adoption and guardianship goals after 3 to 5 years in care	Data is a point in time of all youth in care as of XXXX, how many youth are in care who have goal of X and have been in foster care for X years			
#, % of foster homes converted into HFK	<i>#/% youth whose FHB/FHP home may have converted to HFK, and/or youth transitioning from FHB/FHP to HFK.</i>			The department recommends modifying this metric, to read: <i>#/% youth whose FHB/FHP home may have converted to HFK, and/or youth transitioning from FHB/FHP to HFK.</i>
#, % of children with natural, informal and formal supports				The department is recommending no longer measuring this metric.

*Sources:* All Data comes from Mindshare utilizing the M02 screen

**Proximal and Distal Outcomes**

**Table 2. –Key Proximal, intermediate Outcomes, distal outcomes, and side effects**

<b>Proximal Outcome</b> Step down from more restrictive placements				The Department is recommending no longer measuring
<b>Proximal Outcome</b> Fewer independence goals	Data is a point in time of all youth in care as of XXXX, how many #/% have independence goals			Department recommends modifying this, to become a proximal outcome
<b>Intermediate Outcome</b> More timely guardianship	Looking at an exit cohort of data from FY 14-current, reviewing average months to exits			The department is recommending modifying this to be a intermediate outcome
<b>Intermediate Outcome</b> Fewer children in care longer than 3 years	Data is a point in time of all youth in care as of XXXX who has been in care longer than 3 years			
<b>Distal Outcomes</b> More stable permanencies	Looking at an exit cohort of data from FY 14-current, and reviewing re-entry as federally defined			
<b>Distal Outcomes</b> Fewer age-outs with no lifelong connections	Looked at an exit cohort of data from FY 14-current, the #/% of youth who have exit type other, with their discharge living arrangement of HMR, HMP, HFK, HAP.			Modify definition: to measure this we are seeking youth who are aging out but not to HMR, HMP, HFK, or HAP. We know that this undercounts the lifelong connections
<b>Distal Outcomes</b> Improved well-being				The Department is recommending no longer measuring this metric
<b>Side Effects</b> More timely adoptions				The Department is recommending no longer measuring this metric

<p><b>Side Effects</b> Reunification ruled-out too quickly</p>				<p>The Department is recommending no longer measuring this metric</p>
<p><b>Side Effects</b> HFK with weak kinship connections</p>				<p>The Department is recommending no longer measuring this metric</p>
<p><b>Side Effects</b> HAP/SGH discontinuity of care</p>				<p>The Department is recommending no longer measuring this metric</p>

**4. Overall Assessment**

The major success during this reporting period relates to the development of data for the identified metrics and this reporting period reflects the first time that consistent data is available since the inception of this project. Exhibit H, Triannual Status Report, Amended Expanded Guardianship, Amended Definition of “Fictive Kin” and Family Finding (SG-HFK-FF) Project December 2018. The permanency team assigned to this project reviewed the metric design originally constructed for this pilot project and has made the recommendation to discontinue some metrics and to modify other metrics. In light of those recommendations, a revised logic model has been proposed for each of the individual projects. See Exhibit H, Triannual Status Report Amended Expanded Guardianship, Amended Definition of “Fictive Kin” and Family Finding (SG-HFK-FF) Project December 2018.

**H. Panel Recommendation #4:**

Retain an organizational consultant to aid DCFS in “rebooting” a number of stalled initiatives that are intended to address the needs of children and youth with psychological,

behavioral or emotional challenges (Implementation Plan, pp. 42-43). Recommendation #4 addresses two points - DCFS reorganization, and “rebooting” stalled initiatives intended to meet the needs of specific youth. DCFS identified two initiatives that needed to be “rebooted.” DCFS’s reorganization and those two programs – Birth to Three (IB3) and Safe Families for Children (SFC) – are discussed below. In addition, DCFS identified various IT projects, including updating or expanding certain information systems and applications and implementing a data analytics system intended to alert investigators of children at exceptionally high risk of serious harm, as part of its response to this Recommendation. Those projects are also addressed below. There are no updates to this section.

**I. Expert Panel Recommendation # 4: Reorganization**

**1. Project Goals / Target:** The Implementation Plan called for DCFS to create a high level unit with cross-organization authority to develop an implementation plan, manage the implementation and resolve system barriers. It also noted that the organizational consultant should evaluate the organizational structure and culture of DCFS; the effectiveness of DCFS’ policies, procedures and programs; the effectiveness of DCFS’s leadership and managerial structure and function and to assess the supervisory functions of the agency. Implementation Plan at pp. 42-43.

**2. Status Report.** None at this time; the status is the same as reported in the Third Triannual Report.

**3. Revised Targets / Goals:** None at this time.

**J. Panel Recommendation # 4: Illinois Birth Thru Three (IB3)**

**1. Project Goals / Target:**

The Illinois Birth Thru Three (IB3) is a five-year federal demonstration project that began in 2012 which DCFS will complete within the original timeframe specified in the terms

and conditions of its IV-E waiver agreement with the federal government. The project provides two evidence-based interventions, singly or in combination – Child Parent Psychotherapy (CPP) and Nurturing Parenting Program (NPP) – to parents and children in Cook County, regardless of Title IV-E eligibility, in order to reunify children with their parents more quickly and reduce the risk of re-entry to the child welfare system. Implementation Plan, pp. 22-26.

**2. Status Report:** At the end of this reporting period, there are currently 2,525 children referred to the demonstration project. This number represents 83 new cases during the current fiscal year. There is a balance of those cases across the intervention and comparison groups. Exhibit I, Six Month Status Report Illinois Birth thru Three Project.

The various private agencies, including LCFS, Ada S. McKinley, One Hope United, and the various DCFS offices have been able to engage more biological parents and foster parents into the IB3-CPP and NPP programs. Several of the private agencies had caseworker turnover during this reporting period. The supervisory staff, however, remained fairly stable until the end of the year when a lead supervisor at One Hope United resigned. Educational support was offered to those agencies about the IB3-CPP and NPP programs.

With respect to the interventions, four agencies are providing CPP intervention. The successful closure rate over the life of the waiver through the end of December 2018 was 39%. Through December 2018, 87% of the referred cases were considered active or engaged in treatment. There have been 360 parents that have completed the NPP-PV over the life of the waiver and 29 parents have completed NPP during this current fiscal year. The rate of successful completion for those enrolled across the three agencies reporting data is 66%. There have been 172 caregivers that have completed the NPP-CV intervention over the life of the waiver. The rate of successful completion for foster parents is 80%. Exhibit I, Six Month Status Report, Illinois Birth Through Three Project.



The Implementation Support Team continues to work to build capacity and engage caseworkers and supervisors on issues of permanency for IB3 families.

The major preliminary findings of the evaluations are as follows:

- IB3 demonstration achieved adequate levels of implementation integrity with respect to population coverage, exposure to treatment, adherence to program design, and participant satisfaction
- The allocation of cases to IB3 intervention and services-as-usual agencies evenly balanced treatment groups on most of the agency, child, and caregiver characteristics that could potentially influence safety, permanence, and well-being
- There were no significant differences between the agency groups at round one, but during the second round, administrators from intervention agencies reported a higher average readiness (about 75% ready vs. about 50% ready) to adopt a new trauma-informed program compared to administrators from comparison agencies. Administrators from intervention agencies also indicated a higher level of preparedness to evaluate evidenced-based programs compared to administrators from comparison agencies
- Approximately 90% of children were screened for developmental risk within 45 days of case opening using enhanced screening tools. Children categorized as high risk (56%) and those screened as moderate risk (32%) had experienced significant trauma in at least one or more areas
- An estimated 47% of intervention children in foster homes had caregivers who reported receiving training compared to 28% in the comparison group. Half of the intervention caregivers specifically recalled completing NPP or CPP training and this number may rise when administrative records are reviews
- Among completers in the intervention group, an estimated 65% of surveyed caregivers found the NPP program to be very or extremely helpful, and 67% found the CPP program to be very or extremely helpful. There were no differences in satisfaction levels among participants who completed one or both programs sequentially (e.g., NPP followed by CPP)
- Children allocated to the intervention group achieved levels of family unification (i.e. reunifications and legal guardianships with biological and fictive kin), which were 53% higher than the odds for children assigned to services as usual. At the close of the observation period, there was an estimated 7.8 percentage point difference between the likelihood of family unification in the IB3 Services group compared to Services as Usual
- Simple tests of differences conducted so far indicate no statistically significant differences between children assigned to intervention and comparison agencies with respect to standardized assessments of developmental growth, trauma symptoms, and measures of parenting competencies. Analyses of intervention differences for selected child populations is ongoing

- The Illinois Birth through Three Demonstration completed five years of full implementation. The cumulative costs savings (maintenance and administration) for IB3 through the June 30, 2018 quarter was \$432,568. Thus the demonstration was able to fund the extra costs of delivering evidence-supported services within the pre-established cost-neutrality limits. The demonstration yielded a surplus of hundreds of thousands in federal dollars that would have been forgone in the absence of the waiver demonstration.

## I. Program Outputs

<i>Program Outputs (per Outputs in Logic Model)</i>	<i>Program (%, N)</i>	<i>Comparison (%, N)</i>	<i>Significance and Explanation of Difference</i>
<i>Program Output 1-CPP</i>	<i>Mean for engagement = 87% Mean for successful case closure = 39%</i>	<i>0</i>	<i>Stable. 2% increase in successful case closure this month</i>
<i>Program Output 2-NPP-PV</i>	<i>Successful completion for those enrolled across the 3 agencies reporting data is 66%.</i>	<i>0</i>	<i>Stable.</i>
<i>Program Output 3-NPP-CV</i>	<i>Successful completion for those enrolled is 80%.</i>	<i>0</i>	<i>Stable.</i>

### Proximal and Distal Outcomes IB3 Permanency Outcomes

Children allocated to the intervention group achieved levels of family unification (i.e. reunifications and legal guardianships with biological and fictive kin), which were 53% higher than the odds for children assigned to services as usual. At the close of the observation period, there was an estimated 7.8 percentage point difference between the likelihood of family unification in the IB3 Services group compared to Services as Usual.

**3. Revised Targets / Goals:** There are no revised targets or goals.

#### **K. Recommendation # 4: SAFE Families for Children (SFC)**

**1. Project Goals / Target:** The core objectives of SFC include deflection of youth from child welfare custody, child abuse prevention, and family support and stabilization. As noted in the First Interim Triannual Report to the Court, the program cannot be evaluated until there are a total of 475 families in the control group and 475 families in the comparison group.

Due to low engagement, DCFS has reexamined and modified the process for engaging families in SFC so that the evaluation can be completed. SFFC has been in place in northern Illinois for over ten years and was expanded statewide in October 2015, but even after that participation in the program has lagged behind expectations. Implementation Plan, pp. 44-46.

**2. Status Report.** During this last reporting period, referrals are slightly up. There were 18 referrals downstate to the SAFE Families program from August through December 2018. DCFS continues to educate staff and encourage local SAFE families staff to meet with local DCFS offices regularly as the human connection is an essential component of this program. DCFS intends to continue to promote this project via email blasts, ongoing discussions with Regional Administrators and continued education to staff regarding the project and its value. DCFS also continues to encourage SAFE Families staff to visit local DCFS offices to promote the program.

Dr. Testa is in the process of evaluating the current outcomes for this program. As this is completed, the use of the randomizer may be curtailed, but that decision is pending the completion of the evaluation of current outcomes. Exhibit J, Four Month Status Report Safe Families.

**3. Proximal and Distal Outcomes.**

Below are the proximal and distal outcomes for SAFE Families:

<i>Proximal Outcome (per Proximal Outcome in Logic Model)</i>	<i>Intervention Group (% , N)</i>	<i>Comparison Group (% , N)</i>	<i>Significance and Explanation of Difference</i>
Children not taken into protective custody 2 or more days after assignment	94%, 74 children	97% 65 children	Difference is trending opposite to expected, but is not statistically significant.
No repeat victimization within 2 months of report at assignment	97%, 33 families	97%. 28 families	No difference, which suggests that assignment to SFFC doesn't put children at higher risk of repeat maltreatment.
Deflection of children from foster care 2 or more days after assignment	80% 63 children	61%, 41 children	Assignment to SFFC deflects more children from public foster care and the difference is statistically significant at the .05 level.

<i>Distal Outcome (per Distal Outcome in Logic Model)</i>	<i>Intervention Group (% , N)</i>	<i>Comparison Group (% , N)</i>	<i>Explanation of Status</i>
Children maintained or reunified with parents for 12 or more months after assignment	79% 62 children	57% 38 children	Higher family preservation and reunification in SFFC group is statistically significant at the .03 level and is trending in the expected direction.
No repeat victimization within 12 months of report at assignment	82% 28 families	89% 26 families	Higher rate of repeat victimization in SFFC group but not statistically significant.

#### **4. Assessment of SAFE Families Pilot**

Referrals to the SAFE Families Pilot have recently increased and there were 18 referrals downstate to the program from August through December 2018.

The DCFS assessment of this process remains that the human connection between DCFS staff and SAFE families staff is essential to pushing this project forward. DCFS continues its efforts to educate staff about the program and continues to encourage SAFE Families staff to continue to visit local DCFS offices. Much of the data is either not statistically significant yet or trending in the expected direction. Exhibit J, Four Month Status Report Safe Families.

#### **L. Panel Recommendation # 4: Information Systems**

The Implementation Plan requires DCFS to take a number of steps to enhance or replace data systems to generate more timely, accurate and complete data.

Short-term goals, with a targeted completion between March and September 2017, include enhancement of the existing SACWIS system to accept educational data provided by ISBE and unusual incident reporting from private agencies, as well as improvements in mobile technology through a mobile application for caseworkers, on-line foster parent licensing application, and a tablet application for licensing site inspections. Implementation Plan, pp. 48-52.

Long-term goals, with a targeted completion date of September 2019, are replacement of the existing SACWIS system, and implementation of predictive analytics. Implementation Plan, pp. 48-52. Regarding predictive analytics, DCFS committed to establishing an internal team in OITS to bring reporting needs and data analytics into a centrally managed organization. In the short term, DCFS elected to use Mindshare as the platform for its data analytics. This product allows DCFS to merge and analyze data from multiple environments and produce reports for more informed decision making in a dashboard format. Ultimately, DCFS intends to establish a statewide enterprise data analytics platform (“Enterprise IT”) to reduce reliance on external entities to collect and analyze data to drive outcomes. Implementation Plan, pp. 49-51. Achievement of that goal is not anticipated until December 2018.

## **2. Status Report:**

**Replacement of SACWIS:** The Public Consulting Group, Inc. (PCG) completed the feasibility study and PCG’s final recommendation is to replace the existing Illinois SACWIS system with a modern solution based on a commercial off-the-shelf platform and to integrate the proposed solution with a variety of value added components such as Mobility, Master Data Management, Document Management and Analytics. Exhibit K, Information Technology, CCWIS Four Month Status Report.

DCFS finalized the Implementation Advanced Planning Document DED (IAPD) and submitted a draft to the Administration of Children and Families for informal review. Exhibit K, Information Technology, CCWIS Four Month Status Report.

**Mindshare.** During this reporting period, DCFS and Mindshare continue to work to finalize dashboards for the Child and Family Service Review measures, obtaining a data dictionary from Mindshare and determining a long-term home for the dashboards. In Mindshare, all seven CFSR measures completed validation by

the end of August. Three additional dashboards were validated in Mindshare by the end of September: Children in Foster Care, Children Exiting Care and Children Entering Care. Exhibit L, IT Mindshare Status Report.

**3. Revised Targets / Goals:**

**Replacement of SACWIS.** DCFS will be preparing the Implementation Advanced Planning Document DED based on the feasibility study by PCG for submission to the Administration of Children and Families.

**M. Panel Recommendation #5:**

Restore funding for the Illinois Survey of Child and Adolescent Well-Being (ISCAW) that uses standardized instruments and assessment scales. Implementation Plan, p. 53.

**1. Project Goals / Target:** The Implementation Plan contemplated restoration of funding for the ISCAW well-being study.

**2. Status Report:** During this last reporting period, the Well-Being research team at the Child and Family Research Center made substantial progress on the data supporting the final report. Data analysis to provide descriptive statistics on well-being outcome variables is nearly completed, and additional analysis has been conducted to examine differences in well-being by race-ethnicity, child age, child sex, and placement. Exhibit M, Six Month Status Report ILSCAW (April -September 2018).

Key findings completed so far include:

**Child Development**

- Most children age 0 to 5 did not show signs of developmental difficulties on the Ages and Stages Questionnaire (ASQ), a standardized caregiver measure of children's capabilities
- On the Communications, Gross Motor, and Fine Motor domains of the ASQ, more than one-fifth of children either showed signs of a possible developmental delay or had scores that suggested the child could benefit from monitoring
- 26.5% of caregivers reported having been told their child has a learning problem
- 18.5% of children aged 1 to 5 had an Individualized Family Services Plan

- 25.8% of caregivers reported that their child had been classified as needing special education
- 35.5% of caregivers of children aged 1 to 3 reported their child received educational services or therapies in their home
- 56.0% of caregivers of children aged 1 to 3 reported that their child received a developmental intervention
- 86.5% of caregivers of children aged 3 to 5 reported that their child received some form of preschool or Head Start
- Caseworkers identified one or more special needs for 29.2% of children in the sample

### **Physical Health**

- 94.1% of caregivers said their child is in good to excellent health
- 98% of caregivers said their child was up-to-date on their immunizations
- Caregiver responses indicated that 46.9% of children had a serious or chronic health problem
- 32.4% of youths reported that they had an illness, disability, handicap and/or recurring health problem
- 48.4% of youths reported suffering an injury in the previous 12 months and 27.7% that they had seen a doctor or nurse for an injury
- 9.3% of children reported a broken bone or dislocated joint in the previous 12 months and 8.3% a head injury or concussion

### **Emotional and Behavioral Health**

- Caregiver ratings on the Child Behavior Checklist (CBCL) indicated that 17.8% of children age 3 to 5 had emotional or behavioral problems in the clinical or borderline clinical range, a range typically requiring intervention
- 41.6% of children and youth age 6 to 18 scored in the clinical or borderline clinical range on the CBCL, indicating need for intervention
- The most common child emotional and behavioral problems identified by caregivers were extreme stress from abuse and neglect (31.4%), attention deficit disorder (29.4%), oppositional or defiant behavior (29.1%), conduct or behavior problems (29.0%), and attachment problems (21.2%)
- According to caregivers, the most common problem diagnosed by doctors were attention deficit disorder (19.7%), oppositional or defiant behavior (13.2%), and extreme stress from abuse/neglect (12.4%)
- Only small percentages of youths self-reported having depressive symptoms (7.5%) and trauma symptoms (9.5%) in the clinical range
- Substantial proportions of youths aged 15 to 17 have used alcohol (55.8%), cigarettes (45.1%), and marijuana (47.2%)
- 20.4% of youths aged 15 to 17 have used hard drugs
- 32.2% of youths aged 15 to 17 have used prescription drugs illicitly
- 66.6% of youths aged 15 to 17 and 11.9% of youths aged 11 to 14 have had sexual intercourse
- The first time that youths had sex was not consensual for 7 youths out of a sample of 81
- 33.8% of youths aged 15 to 17 always use protection when having sex

- 27.3% of youths aged 15 to 17 have been pregnant or have gotten someone pregnant
- 22.3% of youths aged 11 to 17 had committed one to three delinquent acts in the last six months and 18.1% had committed four or more delinquent acts
- 50.4% of children were currently receiving a mental health service and 85.3% of those with mental health need
- The most common mental health services currently being received were counseling (44.7% of all children), in school counseling (27.8%), and outpatient psychiatry (19.0%)
- The most common mental health services ever received were in-school counseling services (39.0%) and in-home counseling and crisis services (16.7%)
- 23.1% of children with a mental health need had been psychiatrically hospitalized

### **Education**

- Just about every child was enrolled in school (99.4% according to caseworkers and 100% according to youth themselves)
- About 10% of children and youth had been retained for one or more grades
- 62.1% of children attended two or more schools in the past two years, and 18.1% had attended three or more schools.
- 23.3% of children were absent from school at least three days in the prior 30, mostly excused absences
- 15.9% of students had detentions in the previous year, 25.1% in-school suspensions, 8.5% out-of-school suspensions, and 11.4% other disciplinary actions
- 7.4% of youths aged 12 to 17 had missed 10 or more days of school in the last 30
- According to both caregivers and children themselves, almost one quarter of children had report cards with grades lower than C
- Each of the following difficulties applied to about a third of school age children, according to caregivers:
  - Reading below grade level (33.3%)
  - Doing math below grade level (33.4%)
  - Caregiver being told the child has a learning problem (33.0%)
  - Child being classified as needing special education. (33.9%)
- Large majorities of children and youths reported being average to above average in language arts, history, math, and science
- Large majorities of children reported that they often or almost always had a range of positive behaviors and experiences in school (e.g., enjoyed being in school, listened carefully in school)
- Majorities of children reported at least sometimes hating going to school, finding school work too hard, and not completing assignment.
- Black and Other Race students reported being more significantly more engaged in school than White students did
- A significant limitation on data regarding education is that the information comes from caseworker, caregiver, and child interviews and not from school records



### **Child Safety**

- 32.6% of children reported being physically hurt by someone in the past year  
53.3% of youths aged 15 to 17 reported this  
66.7% of youths in group homes or residential treatment reported this
- Three children reported being physically hurt in the last year by someone who had responsibility for taking care of them, which was 4.7% of the sample answering this question.
- 10.2% of youths reported experiencing a physical attack from someone that caused injury
- 47.0% of children and youths reported being spanked during their lifetime
- The percentages of children who witnessed the following acts during their lifetime ranged from 19.1% to 44.9%: someone being slapped hard, someone stealing, someone being beaten, drug dealing, and someone being arrested
- 21.8% of youths reported personally being slapped hard during their lifetime and 14.5% being beaten
- 44.7% had witnessed someone being arrested during their lifetime
- 14.6% of children reported witnessing spanking in their current home and 8.6% reported being spanked in their current home
- 8.9% of children reported witnessing someone being arrested in their current home and 8.0% reported witnessing someone stealing stuff from another person in their current home

### **Children's Experience of Out-of-Home Care**

- A large majority of children felt good when they were with their caregiver and felt close to them
- Large majorities felt their caregiver cared about them, trusted them, helped them, thought they were capable, and enjoyed spending time with them
- 46% said it was "sort of true" or "very true" that they felt mad when they were with their caregiver
- Almost all youths liked living with the foster family and felt like part of the family
- A large majority of children felt that they could stay in their placement until they grow up
- More than two-thirds of children missed someone from where they used to live
- About one-third of children would choose to live with their real mother right now, about a third with their current foster parent, and smaller percentages with a variety of other relatives or friends
- About a third of youths saw their real mother at least once a week, about a quarter less often, and more than a third never saw her
- More than two-thirds of children wanted to see their real mother more
- About a quarter of children saw their real father at least once a week, and a quarter less often than that, but more than half never saw their real father
- Majorities of children reported that their caregivers monitored them in a variety of ways
- Majorities of caregivers used non-violent disciplinary methods such as grounding the child
- Most children felt that their caseworker listened to them all the time and understood their situation very well

- Caseworkers reported that 69.4% of the children in the study had siblings in care. Almost two-thirds of these children (64.1%) lived with their siblings, but 35.9% of them had siblings in another placement
- No more than half of children saw their siblings at least once a month, and the majority wanted to see their siblings more
- Caseworkers reported that 86.3% of caregivers had expressed interest in adopting the child

### **Resilience**

- Across a range of questions, 88.7% or more of youths reported that they had a parent, another relative, and /or a non-relative adult who supported them
- 76.0% of youths reported average to above average involvement in sports
- 91.0% of youths reported spending more time on hobbies than their peers
- 78.7% of youths reported that they had a job or assigned chores
- 37.9% of youths said they are in clubs, teams or other organized groups
- Almost all youths reported that they had at least one close friend and almost half had four or more close friends
- Large majorities of youths reported that they had skills for using the Internet and other technology
- Large majorities reported that they had adults that were checking in on them and that they could call in an emergency
- Most youths reported that they could evaluate food labels, think about the impact of different foods on their health, cook for themselves, and use cleaning products and a fire extinguisher
- Majorities of children and adolescents gave high or very high ratings on questions asking about life satisfaction
- However:
  - 35.8% of children reported always to sometimes wishing they had a different kind of life
  - 32.8% of reported that they had none of what they wanted in life to only some of what they wanted
  - 39.4% of adolescents rated their life as very poor to fair
  - 47.0% of adolescents rated their life situation as very poor to fair
- 91.3% of youths anticipated graduating from high school
- 49.1% of youths thought there was some chance to about a 50-50 chance of being married by age 25, and 21.3% thought it was pretty likely it will happen
- 84.6% of youths thought it was pretty likely they would live to age 35
- 84.1% thought they had chances of a good job by age 30
- 57.8% thought it was pretty likely they would have a family when they got older
- 75.9% thought there was no chance they would have a child before age 18.

3. **Revised Targets / Goals:** There are no revised targets or goals.

**N. Panel Recommendation #6:**

Develop and implement a new plan for monitoring residential and group home programs, utilizing external partners. (Implementation Plan at p. 53).

**1. Project Goals / Target:** The goals set out in the Implementation Plan were for DCFS, with the University of Illinois at Chicago and Northwestern University, to develop a redesigned residential monitoring program, the goal of which is to increase the safety of youth placed at residential treatment facilities and to enhance the effectiveness of the residential services provided at the residential treatment facilities. As described in the Implementation Plan, the program called for development of regional multi-disciplinary monitoring teams that would assess residential programs' effectiveness utilizing multiple data sources and inputs. Residential monitoring teams were to have been identified and training was to have begun by December 2016. Implementation Plan, Exhibit YY [Dkt. 531-51]. DCFS partnered with Northwestern University and the University of Illinois at Chicago to develop an improved monitoring system – the Therapeutic Residential Performance Management Initiative (TRPMI). Chapin Hall was selected as the evaluator for this initiative. The TRPMI pilot is designed to enhance youth treatment, progress and well-being as well as to effectively monitor, evaluate and promote therapeutic residential program effectiveness.

**2. Status Report:**

**Staffing.** During this reporting period, all positions supported by UIC were fully staffed until May 7, 2018 when the Cook Coordinator went on a medical leave. In August 2018, the Cook Coordinator retired and that position remained vacant for four and a half months during this reporting period. All of the positions supported by Northwestern were fully staffed until August 1, 2018, when the Clinical Specialist for the Southern team resigned and that position was vacant for two months during this reporting period. The DCFS Southern Team Coordinator

retired in July 2018, after working in the position for four months and that position was vacant for two and a half months during this reporting period. The DCFS Northern Team Coordinator position was filled in August 2018, after being vacant for one year, including four and a half months during this reporting period.

The current TRPMI staffing is as follows:

April - September 2018 Report: TRPMI Staffing Plan (as of 9/30/18)			
Team Positions	Southern Team	Northern Team	Cook Team
Statewide Manager	Karen Sneade		
	UIC - 1.00 FTE		
Statewide QI Specialist	Wendi Wilkins		
	Northwestern - 1.00 FTE		
QI Specialist	Colleen McGroarty		
	Northwestern - 1.00 FTE		
QI Specialist	Linda Karfs		
	Northwestern -.50 FTE		
Data Systems Dev Specialist	Chris Davidson		
	Northwestern - .50 FTE		
Team Coordinator	Vacant	Tilaya Bradford-Hollins	Vacant
	DCFS - 1.00 FTE	DCFS - 1.00 FTE	UIC - 1.00 FTE
Monitor	Kimberly Newsome	Ava Jernigan	Debra McGee
	DCFS - 1.00 FTE	DCFS - 1.00 FTE	UIC - 1.00 FTE
	Bill Tourville	Dortha Nickens	Damen Trice
	DCFS - 1.00 FTE	DCFS - 1.00 FTE	UIC - 1.00 FTE
Clinical Specialist	Erin Lewis	Pamela McQuaid	Sue Devereux
	Northwestern - 1.00 FTE	Northwestern - 1.00 FTE	Northwestern - 1.00 FTE
	Vacant	Pamela Slane	DeAnna Hall
	Northwestern - 1.00 FTE	Northwestern - 1.00 FTE	Northwestern - 1.00 FTE

**Monthly Census for Youth Active in the Pilot by Site**

April - September 2018 Report: Youth Assigned to TRPMI Pilot									
Team	Provider	April Census	May Census	June Census	July Census	Aug Census	Sept Census	Total Admissions	Total Discharges
Cook	CHASI Rice	32	32	32	35	32	31	8	10
	Ibukun	6	7	7	6	5	5	1	3
	Lawrence Hall	33	38	37	38	37	38	17	10
	Thresholds	25	25	25	22	20	21	6	10
	UCAN	67	67	62	64	61	63	21	25
	Subtotal	163	169	163	165	155	158	53	58
Northern	Allendale	74	74	67	70	71	73	31	32
	Arden Shore	5	5	5	6	6	7	5	3
	Little City	15	15	15	15	15	15	0	0
	One Hope United - Northern	13	12	12	15	15	16	8	8
	Subtotal	107	106	99	106	107	111	44	43
Southern	Catholic Childrens Home	6	6	6	6	6	6	3	1
	Five Star	3	3	3	3	3	3	0	0
	Hoyleton	46	46	45	39	36	39	6	13
	One Hope United - Hudelson	33	33	31	27	24	24	7	15
	Spero Family Services	17	15	15	15	19	21	11	6
	St. John Bosco Children's Ctr	30	30	27	31	30	30	10	9
	Transitional Center	36	37	40	38	36	36	16	15
Subtotal	171	170	167	159	154	159	53	59	
Total	441	445	429	430	416	428	150	160	

**Living Arrangement of Youth Discharged from Residential Facility**

April - September 2018 Report: Actual Discharge Living Arrangement for Discharged Youth								
Discharge Type	Discharge Living Arrangement	April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018	Total
Favorable	CILA	0	0	0	0	0	0	0
	Emancipation	0	0	0	1	0	0	1
	Foster Care	3	7	13	6	13	3	45
	Home of Parent	2	4	3	5	8	4	26
	Residential/GH - Step Down	4	3	3	4	7	2	23
	Transitional Living	3	2	3	7	3	5	23
	Other	0	0	0	0	2	1	3
Subtotal		12	16	22	23	33	15	121
Unfavorable	Detention	1	1	1	3	2	0	8
	Emancipation	0	0	0	0	0	0	0
	Hospital	0	0	0	0	2	1	3
	Independent Living	0	0	0	0	0	0	0
	Residential - Step Up/Lateral	0	0	0	4	1	1	6
	Runaway	3	2	9	2	5	1	22
	Other	0	0	0	0	0	0	0
Subtotal		4	3	10	9	10	3	39
Total		16	19	32	32	43	18	160

**Number of Priority Youth in the Pilot as of 9/30/18**

April - September 2018 Report: TRPMI Designated Youth						
Team	April 2018		May 2018		June 2018	
	Designated Youth	Designated Youth with CASIIs	Designated Youth	Designated Youth with CASIIs	Designated Youth	Designated Youth with CASIIs
Cook	35	12	45	14	39	14
Northern	43	25	44	28	37	26
Southern	46	29	50	35	47	34
Total	124	66	139	77	123	74

April - September 2018 Report: TRPMI Designated Youth						
Team	July 2018		August 2018		September 2018	
	Designated Youth	Designated Youth with CASIIs	Designated Youth	Designated Youth with CASIIs	Designated Youth	Designated Youth with CASIIs
Cook	35	11	37	13	35	12
Northern	33	20	41	21	38	21
Southern	39	28	45	28	44	29
Total	107	59	123	62	117	62

**TRPMI Youth with Completed CASIIs**

April - September 2018 Report: CASIIs Completed							
Team	April	May	June	July	August	Sept	Total
Cook	1	2	4	1	2	0	10
Northern	2	4	4	3	3	2	18
Southern	4	2	3	2	2	2	15
Total	7	8	11	6	7	4	43

**TRPMI Youth from Immersion Sites**

April - September 2018 Report: TRPMI Assigned Youth From Immersion Sites													
Team	Youth	Lake Immersion Site						Mount Vernon Immersion Site					
		April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018	April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018
Cook	# Youth	5	5	----	5	5	5	0	0	----	0	0	1
	CASIIs	0	0	----	1	1	1	0	0	----	0	0	0
Northern	# Youth	6	4	----	5	5	5	1	1	----	2	2	2
	CASIIs	2	4	----	1	1	0	1	1	----	1	1	1
Southern	# Youth	1	1	----	1	1	1	22	17	----	20	19	17
	CASIIs	0	0	----	0	0	0	3	4	----	5	5	4
Total CASIIs		2	4	----	2	2	1	4	5	----	6	6	5

April - September 2018 Report: TRPMI Assigned Youth From Immersion Sites													
Team	Youth	East St. Louis Immersion Site						Rock Island Immersion Site					
		April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018	April 2018	May 2018	June 2018	July 2018	August 2018	Sept 2018
Cook	# Youth	0	0	----	1	1	1	7	7	----	7	7	7
	CASIIs	0	0	----	0	0	0	2	2	----	1	0	0
Northern	# Youth	1	1	----	0	0	0	3	3	----	3	3	2
	CASIIs	1	1	----	0	0	0	3	3	----	2	2	1
Southern	# Youth	12	12	----	13	12	12	1	1	----	1	1	1
	CASIIs	2	3	----	3	3	2	1	1	----	1	1	1
Total		3	4	----	3	3	2	6	6	----	4	3	2

Note: Data from June 2018 is not available.

### **TRPMI Youth with Child and Family Team Meetings**

April - September 2018 Report: CFTMs							
Team	April	May	June	July	August	Sept	Total
Cook	1	2	3	3	2	2	13
Northern	2	0	3	6	5	2	18
Southern	5	4	4	1	0	5	19
Total	8	6	10	10	7	9	50

April - September 2018 Report: Staffings							
Team	April	May	June	July	August	Sept	Total
Cook	29	23	22	25	38	33	170
Northern	23	42	30	24	41	39	199
Southern	41	42	38	37	33	47	238
Total	93	107	90	86	112	119	607

### **TRPMI Completion of CASIIs**

April - September 2018 Report: CASIIs Completed							
Team	April	May	June	July	August	Sept	Total
Cook	1	2	4	1	2	0	10
Northern	2	4	4	3	3	2	18
Southern	4	2	3	2	2	2	15
Total	7	8	11	6	7	4	43

Exhibit N, Six Month Status Report, Therapeutic Residential Performance Management Initiative (TRPMI).

**TRPMI Agency Monitoring Levels**

April - September 2018 Report: Agency Monitoring Plans (as of 9/30/18)					
Team	Agency	Census 9/30/18	Regular Monitoring	Enhanced Monitoring	Intensive Monitoring
Cook	CHASI Rice	31	XX		
	Ibukun	5	XX		
	Lawrence Hall	38	XX		
	Thresholds	21	XX		
	UCAN	63			XX
Northern	Allendale	73	XX		
	Arden Shore	7	XX		
	Little City	15	XX		
	One Hope United	16	XX		
Southern	Catholic Children's Home	6	XX		
	Five Star Industries	3	XX		
	Hoyleton	39	XX		
	One Hope United Hudelson	24		XX	
	Spero Family Services	21	XX		XX
	St. John Bosco Children's Ctr	30	XX		
	TCI	36	XX		

Since April, 7 agencies have received enhanced and/or intensive monitoring:

- UCAN received enhanced monitoring between April and August, and was moved to intensive monitoring in September
- One Hope United Hudelson has received enhanced monitoring for the entire time period;
- Spero received regular monitoring between April and August, and was moved to intensive monitoring in September
- Both Lawrence Hall and Catholic Children's Home received enhanced monitoring between April and June. These agencies were moved to regular monitoring when program operations stabilized in July
- TCI received enhanced monitoring between April and August, and was moved to regular monitoring when program operations stabilized in September
- One Hope United Northern briefly received enhanced monitoring in April and has received regular monitoring since May

### 3. Revised Targets / Goals:

There are no revised targets or goals.

4. **Program Evaluation.** TRPMI is using an interrupted time series to examine all outcomes (proximal, distal, intermediate and unintended) on a quarterly basis from January 2008 to September 2018. For this report, data are reported in two ways, each using a different date to mark the beginning of the TRPMI implementation monitoring



period as the designation of the transition period. One data set, set forth in Table 1, relate to the post-implementation beginning January 1, 2017 and the other data set, are set forth in Table 2, relates to the post-implementation beginning April 1, 2017. The evaluation data to date is mixed: the TRPMI program group demonstrated more positive preliminary outcomes than the non-TRPMI program groups in some areas, but the non-TRPMI program groups demonstrated more positive results for certain outcomes such as Proximal Outcome 4 (decrease percentage in psychiatric hospitalization days) and Distal Outcome 1 (improve program-level metric of school achievement). Seven outcomes demonstrated no post-implementation differences between the two groups. The evaluators caution that this data should be interpreted with caution until sufficient additional quarterly data points post TRPMI implementation are available. Exhibit N, Six Month Status Report Therapeutic Residential Performance Monitoring Initiative (TRPMI).

**Supplementary Report.** A supplementary report, prepared by UIC and Northwestern University, addresses four areas: (1) TRPMI Activities and Initiatives, (2) TRPMI Implementation Barriers, (3) Critical System Barriers Impacting Residential Youth/Families, and (4) Issues Regarding the TRPMI Pilot Evaluation. Exhibit O, TRPMI External/University Supplementary Submission May-September 2018 Triannual Report.

**IV. Communication Plan: Implement a Defined Communication Plan with the B.H. Expert Panel and Plaintiffs' Attorneys. (Implementation Plan, p. 55).**

**1. Progress Goals / Target:** A Communication Plan, entered by the Court on September 28, 2016 [Dkt. 530], provides for bi-weekly conferences with the Expert Panel and the Parties, during which the pilots and programs identified in the Implementation Plan are discussed. The plan provides for DCFS to provide a monthly report to the Expert Panel and Plaintiffs' Counsel which details the specific steps that have been taken in actual implementation of each initiative set forth in the Implementation Plan, the actual results achieved, any barriers that exist and strategies

to eliminate or resolve the barriers, and an evaluation of program results. The Plan also provides for DCFS to make efforts proactively to share information “beyond that which directly relates to the specific initiatives described in the Implementation Plan” that nevertheless is significant.

**2. Status Report:** During this reporting period, all required telephone conferences and meetings have been held and monthly reports have been produced and posted on a Sharepoint site to which the parties and the Expert Panel have access. The parties determined that monthly in-person meetings with the Expert Panel and the parties would be more productive than bi-weekly calls. The monthly in-person meetings were held on April 2, June 4, July 9 and August 20, 2018.

There continue to be instances in which the Experts and the Plaintiffs have flagged a potential problem or issue and have asked questions, and DCFS makes its best effort to provide timely responses.

**3. Revised Targets / Goals:** DCFS will continue in its efforts to comply with all requirements of the Communication Plan. This new process for having monthly in-person meetings will be reported on in the next triannual report to the Court.

**V. Project for a Target Group of Children and Youth/Enhanced IPS Program Beyond Medical Necessity Pilot**

**1. Progress Goals / Target:** The Enhanced Intensive Placement Stabilization Program/Beyond Medical Necessity pilot was designed to provide immediate services to stabilize youth in a home setting after a psychiatric hospitalization. Amended and Revised Implementation Plan, pp. 56-57. The current pilot provides a consultant that works with the entire treatment team, including the family where the youth is placed, the caseworker, the school and other therapeutic providers, to connect the family with intensive community-based services and resources to support the youth and family in order to maintain the placement and prevent future hospitalizations. Exhibit P, Triannual Status Report Enhanced IPS for Youth that are at Risk to become Beyond

Medical Necessity; Exhibit Q, Intensive Placement Stabilization Program Individual Youth Outcomes 9/11/18.

**2. Status Report:**

**Hiring.** The third Placement Stabilization Consultant began on July 30, 2018. However, a Placement Stabilization Consultant resigned around the same time and that position was filled on October 31, 2018. Since October 31, 2018, three Placement Stabilization Consultants have been in place. Exhibit P, Triannual Status Report Enhanced IPS for Youth that are at Risk to become Beyond Medical Necessity.

**Referral Process.** Initially, the referral process would be based on Kaleidoscope participating in the youth's Psychiatric Hospitalization staffings on particular, randomized days. This process, however, yielded very few referrals. After a meeting with the DCFS Program Manager and Kaleidoscope administration, a new referral process was created based on the "Psych Admission Report." This report is generated using psychiatric hospital consent requests. The DCFS Program Manager will review the report on Mondays, Wednesdays and Fridays to determine youth that are eligible and alternate selection from the top to the bottom of the list. It is anticipated that this referral process will allow Kaleidoscope staff to participate in the psychiatric hospitalization staffings and/or clinical consultations, since a Placement Stabilization Consultant will already be assigned to the case.

The experimental group will be selected from the Psych Admission Report and would meet the eligibility criteria. The control group would be youth who meet the eligibility criteria and have a psychiatric hospitalization admission date on the same date or shortly thereafter.

**Tracking and Assessment.** A decision was made to measure child specific outcomes by completing the CANS on youth involved in the program after 30 days and then every 90 days thereafter. DCFS and Kaleidoscope representatives continue to meet with Northwestern's CANS

Program Administrator to discuss data issues, including the inputting and retrieval of the CANS data. The selected CANS items will be completed by the EIPS Specialists and have been submitted to the Ironbox and will also be evaluated for the youth receiving the EIPS support. The first comparison data has been obtained and the CANS Program Administrator is working on the comparative data and an aggregate report reflecting both the control group and the experimental group. The aggregate data will be available during the next reporting period.

The DCFS program manager continues to attend the CWAC Specialized Work Group and present at private agencies about the pilot program. DCFS continues to receive requests from priority Clinical Staffing team members, private agencies and court personnel regarding this pilot.

**Children Served:**

Total population of youth assigned as of 09/30/18	Amount
Youth Assigned since September 2018	34**
Youth discharged from Pilot	16 total. Eleven youth have been discharged during this reporting period.
Youth discharged due to stability in the home	11; 2 of these youth were returned home during pilot involvement
Youth discharged due to caregiver and agency decline of service	1
Youth discharged from Pilot due to a recommendation for congregant care	4; however 2 of these youth were not in foster care placement during EIPS involvement

\*\* this does not include the 3 youth that were initially assigned to the pilot as the process and implementation were not formalized.

**Proximal and Distal Data.** Proximal and distal outcome data discloses the following with respect to recommendations for placement:

Proximal/Distal Outcome	Program	Comparison	
# of youth currently assigned to the comparison group	14	14	Nine youth have been assigned during this reporting period.
% of <i>currently</i> assigned youth where youth remained with the previous caretaker (HMR, HFK, Trad, FHS, or AFC)	6/14 =43 %	9/14 =64%	For the Pilot: two youth remain in the hospital since assignment. Comparison group: 1 youth remains in the hospital

Proximal/Distal Outcome	Program	Comparison	
# of youth with recommendations for an increase to higher intensity than a community based program	3/14	4/14	2 youth were recommended for RTC treatment while hospitalized at assignment however they did not receive active EIPS services as they were not in a community based setting. Four of the youth in the comparison group were recommended for RTC treatment after discharge from the hospital.
Comparison for youth who are currently receiving Kaleidoscope Enhanced IPS Services			
% of youth who have NOT been hospitalized since discharged from identified hospitalization	9/14 =64%	9/14=64%	For the Pilot: 1 youth has not been discharged from the hospital since assigned. 1 youth was assigned while hospitalized but is now receiving RTC treatment. For the control group; 1 youth remains in the hospital.
% of youth who remain in the same placement since their discharge from the hospital	10/14 =71%	7/14=50%	1 youth remains in the hospital since assigned. 1 youth went to RTC programming from the hospital and was discharged. For the control group: 1 youth remains in the hospital. Six youth have moved
% of youth who remain with the same agency and child welfare specialist since psychiatrically discharged.	6/14= 42%	5/14= 36%	For the experimental group only one youth changed agencies

### 3. Overall Assessment

Continued progress has been made with both the development and implementation of this pilot during this reporting period. Kaleidoscope has established clearer timeframes and developed an assessment tool and Child and Family Team action plan to formalize the process. DCFS has received CANS data and comparisons from Northwestern.

A continuing challenge remains the location of foster homes for youth who are unable to return to their pre-admission foster home. To address this issue, Kaleidoscope initiated a survey during this reporting period for caregivers served by the pilot. The survey asks: whether the

caregiver understood the scope and intent of the pilot, whether the caregiver felt part of the team, whether the consultant was knowledgeable; whether there was a regular review of progress and need of the youth, whether the presenting problem of the youth at the point of psychiatric hospitalization improves and whether the consultant provided useful information, connection to community resources and information on how to understand and respond to the youth's emotional and behavioral needs. Ten surveys were received this reporting period and will be reviewed to assist in identification of foster placement resources.

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

**B.H., et al., by their Next Friend )  
SUSAN TONE PIERCE, individually )  
and on behalf of all others similarly )  
situated; )**

**Plaintiffs, )**

**v. )**

**Case No. 1:88-CV-5599**

**BEVERLY J. WALKER, Acting Director )  
of the Illinois Department of Children )  
and Family Services, )**

**Hon. Jorge L. Alonso**

**Defendant. )**

**NOTICE OF FILING**

To: See attached service list.

PLEASE TAKE NOTICE that on the 15th day of February 2019, **the Sixth Triannual Interim Status Report on the B.H. Implementation Plan** was filed with the Clerk of the United States District Court for the Northern District of Illinois, Eastern Division, at the U.S. Courthouse, 219 S. Dearborn Street, Chicago, Illinois 60604.

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**CERTIFICATE OF SERVICE**

The undersigned, an attorney, deposes and states that a copy of the attached **Sixth Triannual Interim Status Report on the B.H. Implementation Plan** was served upon counsel of record by electronic filing this 15th day of February, 2018. The Expert Panel listed below, who are not ECF filers, and counsel of record were served by email on February 15, 2018.

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