

**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.)	

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

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INTRODUCTION AND OVERVIEW

DCFS hereby submits the Fourth Triannual Report to the court regarding the projects identified in the Implementation Plan.¹ The reporting period for the Fourth Triannual Report addresses the time period generally from September 2017 through December 2017. During this reporting period, several of the projects began to generate proximal and distal outcomes and other data, which are both contained and explained in each pilot's four-month report. The data illustrates the progress that has been made and provides a guide to whether each of the pilots should continue as originally drafted or whether certain pilots should be modified, revised, or discontinued. This process is accordance with the experimentalist approach underlying the Implementation Plan.

DCFS continues to make progress toward reform. The data in the immersion sites is encouraging and DCFS, working with the Child Welfare Group, continues to develop master coaches, and facilitators who are trained in the Child and Family Team Meeting model. During this reporting period, the parties discussed and agreed that the Core Practice Model will be rolled out by individual agencies. Dr. Allison Metz from NIRN has committed to assisting with this rollout process. DCFS plans to provide a proposed plan for that rollout to Plaintiffs and the Expert Panel in the near future.

Further progress is demonstrated by other projects. The Regenerations pilot, which targets dually involved youth who are ready for release from the Juvenile Temporary Detention Center in Cook County, continues to demonstrate improvements in placing youth in family and family-like settings and in the stability of these family and family-like placements. TRPMI has

¹ This Fourth Triannual Report is neither a joint nor an agreed submission. Due to the press of time, there was insufficient opportunity for the Plaintiffs and the Expert Panel to review and comment on this submission. On information and belief, both the Plaintiffs and the Expert Panel have filed separate submissions.

hired additional staff and has been diligently working on development of data systems with the hope to produce data in the next reporting period.

As with any reform effort based on an experimentalist approach, some pilots will be successful in achieving the desired outcomes and others will not. For example, the Therapeutic Foster Care pilot has been slow to progress: two of the four TFC agencies have shown some success, while the other two agencies have not demonstrated any measureable success. DCFS has begun discussions with the Expert Panel and plaintiffs' counsel on next steps with respect to the TFC pilot. The Care Management Entity pilot will be ending by June 2018 and DCFS will be incorporating lessons learned from that pilot moving forward.

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. Dr. Metz has committed to working with DCFS and the Expert Panel on implementation of the rollout.

3. **Revised Targets/Goals:** DCFS will work with Dr. Metz on the rollout of the Core Practice Model.

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 that continued to be validated and are not recommended for use. The dashboards in yellow status means there is an issue which is the responsibility of the vendor to correct and then notify DCFS that a correction can be made so that the validation can continue. DCFS is currently holding weekly calls with the vendor to address issues and improve communication. The top priority is to address and complete all issues for the CFSR metrics. Exhibit A, Four Month Status Report Mindshare Dashboards.

Key Findings for Overarching Outcomes. Key findings of data for some of the overarching outcomes measures are:²

² For this Triannual report, statewide CFSR measures by federal financial fiscal year (October to September) were calculated by Chapin Hall due to concerns regarding the continued validation of the dashboards in the Mindshare platform. DCFS anticipates that a more dynamic view of the CFSR measures will be available for the next triannual report.

Permanency Achievement:

- Adoptions increased by 29% in immersion sites compared to an 11% increase statewide from Calendar Year 2016 to Calendar Year 2017
- Guardianship increased by 69% in immersion sites as compared to a 28% increase statewide from Calendar Year 2016 to Calendar Year 2017
- Reunifications increased by 9% in immersion sites as compared to a 5% decrease statewide from Calendar Year 2016 to Calendar Year 2017

Maltreatment in Care per 100K Days:

- There was a slight increase in the maltreatment in care rate statewide from Calendar Year 2016 to Calendar Year 2017

Permanency Achievement by CFSR Cohorts (12 months, 12-23 months and +24 months)

- Statewide, permanencies increase the longer children remain in foster care

Placement Stability (rate of placement moves per 1000 days of care)³

- Statewide, the rate of placement stability improved to 4.33 in federal Fiscal Year 2017 from a rate of 4.45 during federal Fiscal year 2017

Exhibit B, Overarching Outcomes: State, Regions and Immersion Sites Key Findings as of February 7, 2018.

Integration of CANS DATA. In the last Report, DCFS stated its intent to begin tracking as many well-being measures as possible. At present, DCFS is in the process of consolidating the CANS application, which will allow better tracking of CANS data on child wellbeing.

DCFS also set the deadline for integrating CANS data relative to the well-being measures into the SACWIS system in the first quarter of FY18 (i.e., July through September 2017). DCFS is currently working with DCFS executive leadership to develop a plan to prioritize the work for integrating the CANS data.

³ There are only three months of data for federal Fiscal year 2018 available for this measure, so conclusions cannot be drawn at this time.

IM CANS. DCFS will proceed with the implementation of the Illinois Medicaid CANS.

Prioritization for Mindshare. While the work with Mindshare continues, DCFS is also in the process of reproducing all dashboards currently being hosted by Mindshare. One of the requirements under the current contract is the provision of a data dictionary from Mindshare. The data dictionary will assist DCFS in building the dashboards with new data visualization software. DCFS believes that the ability of DCSF to host the dashboards will better serve the agency. It is anticipated that once DCFS is able to host the dashboards, the amount of time to address and resolve issues will be reduced due to the data knowledge of IT staff.

Validation of CANS Data. The CWAC Subcommittee on Child Wellbeing continues to make significant progress on its analysis for CANS data and data collected by other independent measures. Exhibit C, Four Month Status Report CWAC Child Wellbeing (January 30, 2018); Exhibit B, Overarching Outcomes: State, Regions and Immersion Sites Key Findings as of February 7, 2018.

All new independent measures have been implemented by Integrated Assessment for FY18 for establishing a baseline of child wellbeing. There have been 180 cases assessed using the new measures; 58 of these cases are from the St. Clair immersion site, 44 are from the Rock Island immersion site, 41 are from the Mt. Vernon immersion site and 37 are from the Lake County immersion site. Screeners are generally positive about using the direct web entry database through Objective Arts. Exhibit C, Four Month Status Report CWAC Child Wellbeing (January 30, 2018).

The one outstanding data management issue during this reporting period was that the two month old ASQ was not programmed into the initial system. However, the testing site is

now complete and final programming is anticipated to be completed during the next reporting period. Backlog data entry is also anticipated to be completed during the next reporting period. Exhibit C, Four Month Status Report CWAC Child Wellbeing (January 30, 2018).

CANS data can be extracted from SACWIS. The Northwestern team had to format the extracted data into a format that was comparable to the larger CANS data warehouse. Exhibit C, Four Month Status Report CWAC Child Wellbeing (January 30, 2018)

The evaluation team projects an initial report by the end of March 2018. Exhibit C, Four Month Status Report CWAC Child Wellbeing (January 30, 2018)

ISBE Data Integration into SACWS: Student records from ISBE are available in SACWIS. The next step will be for DCFS to work to develop aggregate reports from the individual records for use in data analysis and DCSF continues in its efforts to create a data warehouse internally. Exhibit B, Overarching Outcomes: State, Regions and Immersion Sites Key Findings as of February 7, 2018.

Expansion of Access to the Mindshare Website Within DCFS. Immersion Site Directors and project managers already have access to the Mindshare Website. The expansion of the dashboards to DCFS staff and other private agency providers will be addressed once the dashboards are developed by and hosted by DCFS IT staff.

Private Provider Access to Mindshare. The expansion of the dashboards to private agency providers will be addressed once the dashboards are developed by and hosted by DCFS IT staff.

3. Revised Targets / Goals:

Validation of Safety, Permanency and Stability Measures. DCFS continues to work with its outside vendor to complete validation of dashboards. In addition, DCFS is redeveloping the dashboards using different data visualization software.

DCFS's current goal is to have a prototype of a dashboard completed toward the end of the next reporting period.

Integration of CANS Data. The evaluation team project related to validation of CANS data anticipates an initial report to be completed during the next reporting period and may be completed by the end of March 2018.

IM CANS. The IM CANS may be implemented during the next reporting period.

Prioritization for Mindshare. DCFS continues to work with Mindshare in accordance with the current contract, which is in place until January 2018. DCFS continues to work on the development of dashboard developed by internal DCFS staff.

ISBE Data Integration into SACWIS. Student records from ISBE are available in SACWIS. The next step will be for DCFS to build a data warehouse to allow for the creation of aggregate reports.

Expansion of Access to Mindshare Website within DCFS. This has been completed.

Private Provider Access to Mindshare. DCFS will reevaluate this issue as development of dashboards by internal staff is completed.

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:

Recruitment of foster families has been a priority in this reporting period. DCFS, with the assistance of the BH Experts, has worked with the agencies to identify activities to recruit new licensed TFC foster parents. Recruitment activities have included working with current foster parents, attending community events, attending events sponsored through health care providers, attending PTO meetings in schools, and utilizing social media. Exhibit D, Four Month Status Report Therapeutic Foster Care.

Additionally, efforts have been made to improve timely response to child referrals, as well as to understand what activities support or delay the speed with which children are placed in

TFC homes. DCFS is examining the process by which a youth is matched to a prospective placement, the decision when a youth is accepted/ denied by a treatment provider, and when a youth is actually placed.

DCFS, along with Chapin Hall, refined the uniform tracking sheet that each of the providers submits on a bi-weekly basis. The tracking sheet, which initially contained fields for recruitment and referrals, now has fields about the conclusion and outcome of cases.

The TFC pilot has produced three sets of outputs which have generated data: (1) TFC capacity; (2) TFC fidelity to Family Focused Treatment Association Standards; and (3) TFC fidelity to specific intervention models. Exhibit D, Four Month Status Report Therapeutic Foster Care, pp. 3-10. The TFC pilot has also generated a progress report on attaining proximal and distal outcomes. Id. at 11-15.

3. Revised Targets / Goals:

TFC Placements. The revised placement goals and timeline for the TFC pilot remains as stated in the Implementation Plan and prior reports to the Court is unchanged: the goal and timeframe for the TFC pilot is to have a minimum of 40 children and youth licensed TFC homes by April 1, 2018. There is a targeted goal to have a minimum of 100 youth placed by April 1, 2019, with at least 60% of the youth serves in the age group of 12 and older. Since it is unlikely that the interim goal of 40 TFC placements by March 31, 2018 will be met, that goal will need to be the subject of discussion between DCFS, the Expert Panel and plaintiffs' counsel. DCFS has generally targeted goals for recruitment and placement for the agencies by March 31, 2018 are as follows: CH+A: TBD; LSSI: 65 homes and 78 youth served.

YOS and JCFS have been unable to develop TFC placements and place children in TFC homes. Each currently has one youth placed in a TFC home. DCFS is reevaluating these programs at the suggestion of the Expert Panel and plaintiffs' counsel.

LSSI and CH+A have had more encouraging results and DCFS anticipates that the focus will be on increasing placements with those agencies.

In this reporting period, the TFC Evaluation/Implementation subcommittee recommended and the TFC Steering Committee agreed to create a discharge protocol. Youth have both favor and unfavorable exits from the TFC program and DCFS is tracking these exits to better understand the clinical dynamics of therapeutic foster care. Youth with favorable discharges have successfully completed the TFC program. Youth with unfavorable discharges are those require a new placement, a psychiatric hospitalization or a higher level of care. There are times when youth may be re-referred to the program and DCFS will be capturing this information as well. The following information will be documented on the tracking sheets:

1. Each episode of TFC care will be tracked on a unique row of data. For example, if a youth has 3 episodes of care, there will be 3 rows of data.
2. The first episode of TFC care should contain the following comprehensive information:
 - Date of referral
 - Date of response to referral
 - Date of child interview with agency
 - Date of child visit
 - Date Team Leader talks with case manager
 - Date program accepted youth
 - Date foster parent accepted youth
 - Date of referral disposition
 - Disposition outcome
 - Date of placement
3. Subsequent episodes of care, due to discharge from the first episode of care, should contain, at minimum, date of referral and date of placement, in addition to other dates from the above list that are relevant to these follow-up episodes of care.

The primary implementation barrier in this reporting period was the inconsistent timeframe from referral to placement. DCFS took two steps to better understand this barrier and to devise a strategy to address the issue. First, case record reviews were conducted with YOS, JCFS and LSSI. Each provider reported on two cases: one which went smoothly and expediently

and one which encountered barriers. Discussions regarding the cases highlighted issues providers encounter, including the need to balance speed of decision making with the best interest of the youth (e.g., delaying placement to allow a youth to finish a school term), the importance of conducting a thoughtful review of a case before accepting a referral to ensure an appropriate match is made, and the benefit of identifying a discharge resource at the outset of a case, among others. Second, efforts are underway to determine the typical timeframe from referral to placement for other levels of care within DCFS to better understand how the TFC timeline compares. Together, this information will help inform both provider-level and system-level efforts to improve the timeliness and appropriateness of TFC placements.

Finally, efforts continue to ensure that residential staff understand the TFC models and can collaborate with TFC providers to best serve youth in care.

The TFC pilot manager will also work with DCFS Agency Performance Monitoring to ensure that compliance and quality of services are being provided and monitored. DCFS is also in the process of assigning a clinical coordinator assigned to the TFC team who can be available for additional support.

3. Revised Targets / Goals:

DCFS, in consultation with the BH Experts and Plaintiffs' counsel, will continue discussions to revise the TFC placement goals for this pilot and will explore other options for the development of TFC homes.

C. Panel Recommendation #1: Care Management Entity

1. Project Goals / Target:

The planned goals for the Care Management Entity (CME) pilot include: increasing nontraditional, 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:

Extension of the Pilot in FY18: The current plan provides for the conclusion of the CHOICES pilot by June 30, 2018 since youth in care will be covered by a managed care program through the Department of Healthcare and Family Services and Illini Care.

The current efforts related to the CME pilot revolve around the end of the pilot, including identifying an end date for referrals and the transition and continuity of services for youth currently being served in the pilot. There are ongoing discussions regarding a date on which to end referrals to the pilot. Since the pilot follows a high fidelity wraparound model, it requires significant time on the front end to identify youth and family strengths, needs and natural supports that are necessary to develop an individualized comprehensive plan. Consideration must be given to this time requirement in determining the end date for referrals.

Additionally, DCFS is in the process of reviewing CHOICES provided services to identify what services are needed when the pilot ends to ensure continuity of service provision for youth in the pilot.

DCFS led programs, such as Intensive Placement Stabilization Services, System of Care services and the Clinical Intervention for Placement Preservation were removed from the pilot area when it began. DCFS must develop a process for reinstating these programs to the service areas covered by the pilot.

Children Served. During this reporting period, the CME served 188 youth in care, including 22 youth that were enrolled during September to December 2017 and 14 youth that were discharged during September to December 2017. To date, the CME pilot has served 409 youth in care. DCFS met its goal of maintaining a census of approximately 160 youth in the CME pilot during FY 2018. Exhibit E, Four Month Status Report, Case Management Entity Pilot December 2017; Exhibit F, CME DCFS Triannual Data September to December 2017.

In addition, during this reporting period, nine youth assigned to the pilot achieved permanency. Five of the nine youth reunified with family and four youth were adopted; there were no youth who achieved permanency through guardianship. From the commencement of the pilot through December 2017, 88 youth assigned to the pilot achieved permanency and those permanencies were almost evenly split between reunifications (45) and adoptions (42). Exhibit F, CME DCFS Triannual Data September to December 2017.

Youth and families who participated in Child and Family Team meetings (CFTM) as part of the CME pilot continued to approve of the CFTM process. During this reporting period, 89% of the youth and families were satisfied or very satisfied that their voices were being heard during the CFTM process. Exhibit F, CME DCFS Triannual Data September to December 2017.

Addressing Program Barriers. DCFS continued to meet with the CME and POS administration. The CME made efforts to increase integration in the community by participating in local LANS meetings and the Champaign Community Coalition, a group of local community leaders and local police chiefs, and by hosting quarterly Network Advisory Committees. These activities are good faith efforts to integrate community resources and demonstrated continued movement towards this goal. Exhibit E, Four Month Status Report, Case Management Entity Pilot December 2017.

The Program Supervisor and Deborah Keen, DCFS Behavioral Health Specialist completed a review of the CFTMs for youth placed in residential treatment that were held as part of the CME pilot. This review resulted in a recommendation that permanency supervisors periodically request a clinical review and insight into cases that appear to be “stagnant.” The purpose of this review would be to assist permanency staff in viewing the case from a different perspective and engage different strategies to assist moving in youth moving from congregate care settings. The review also recognized that youth enrolled in the CME pilot faced the same challenges as other youth around the statement in identifying step down resources and placements. Exhibit E, Four Month Status Report, Case Management Entity Pilot December 2017.

Foster Parent Recruitment and Improved Communication. Due to the focus on issues related to determining the end date for referrals, CHOICES did not meet with any foster parent groups during this reporting period.

Court Outreach. Court outreach efforts were postponed while DCFS and the CME focus on issues related to the end of the pilot. During this reporting period, there have not been any court related issues for youth involved in the pilot.

Enhancement to the Mobile Crisis Response Process: The service of a mobile crisis response team to assess youth undergoing a behavioral health crisis has been offered through the CME Pilot since April 2016. During this reporting period, the data continues to demonstrate a reduction in the rate of hospitalization for children who received mobile crisis response services. There were 188 youth enrolled during in the pilot between September and December 2017 and 14% (26) of those youth received mobile crisis response services. Of those youth who received mobile crisis response services, 62% did not have any follow up screenings. Exhibit F, CME DCFS Triannual Data September to December 2017.

Pilot Evaluation. Work continues on data sharing with the researcher assigned to the pilot and DCFS awaits his analysis and the evaluation. The evaluation will answer the question whether youth in care with behavioral health issues who are placed in congregate care settings and foster care with placement stability issues experience higher rates of permanency achievement, shorter lengths of stay in congregate care settings and increased placement stability if they are provided intensive care coordination for behavioral health issues.

3. Revised Targets / Goals:

Extension of the Pilot. Discussions centered on determining the end date for referrals to the pilot and identifying services for youth that would need to continue once the pilot has ended. Those dates and the plan for service continuity will be shared during the next reporting period.

Children Served. The goal for FY 2018 is for Choices to maintain a monthly census of 160 children and at goal remains the same.

Court Outreach. Outreach with court personnel was postponed to focus on issues related to the end of the pilot and the transition to managed care.

Pilot Evaluation. Mark Arber is the identified researcher from the University of Illinois, Urbana-Champaign and he has been provided with guidelines for the comparative research as well as access to the child care information. DCFS continues to compile data on youth in comparison counties.

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:

Program Conversion/Refinement. The Regenerations pilot will continue through FY18. The current program provides that LCFS assumes case management responsibility for a youth new to care when they are placed on the RUR list at the Cook County JTDC or released

from JTDC directly to shelter care. For youth already in care, LCFS assumes case management responsibility when a youth is placed on the RUR list or released directly to shelter care, the youth does not have a placement option and transferring case management is not contraindicated. LCFS case managers are required to have at least three in person visits with each youth every month. Exhibit G, Four Month Status Report, Regenerations Pilot Project for Dually Involved Youth at Cook County Juvenile Temporary Detention Center.

The Youth Advocate Program (YAP) provides in-home supports to both the youth and the caregiver. Youth advocates are typically individuals from the communities in which the youth reside and are available at all times to the youth and to the caregiver. Youth advocates focus on intentional skills building for the youth, family repairing activities, and attendance at court hearings, CIPPS and CFTMs. Clients are targeted to receive an average of 15 advocate hours per week once the case is assigned. The advocate hours can be adjusted and increased if, for example, a youth is experiencing difficulty adjusting to a less restrictive setting, exhibiting risky behavior or experiencing high stress levels. Exhibit G, Four Month Status Report, Regenerations Pilot Project for Dually Involved Youth at Cook County Juvenile Temporary Detention Center.

The Regenerations Implementation Team consists of three DCFS staff, including the Associate Deputy Director for the Office of Delinquency Prevention and Restorative Justice; the Dually Involved Program Manager and the Statewide CIPP Program Manager; two LCFS staff, including the Program Manager and Northern Illinois Regional Director; three YAP staff, including the regional and program directors and three staff from Chapin Hall, the principal evaluator. The Implementation Team meets on a monthly basis and all monthly meetings were held during this reporting period. Exhibit G, Four Month Status Report, Regenerations Pilot Project for Dually Involved Youth at Cook County Juvenile Temporary Detention Center.

Foster Parent Recruitment. During this reporting period, LCFS had to re-schedule some foster parent recruitment events due to a lack of responses. LCFS continues to explore options for recruiting foster parents.

Wraparound Consultants. LCFS and YAP are working together to schedule ongoing wraparound training for direct service staff involved with Regenerations pilot. Monthly trainings have been ongoing and the next training is scheduled for March 20, 2018.

Output Data Analysis. DCFS has data for each of the 13 Program Output metrics for 64 youth who were served in the pilot during FY18. Some highlights of the Program Output metrics include:

Program Output 5 - Individual Service Plans to include In-home Supports, Access to educational and recreational activities, crisis coordination and intervention and placement stabilization services:

- 94% (60 out of 64 youth) of youth had an individual service plan (ISP) in SACWIS. With respect to those ISPs, 75% (48 out of 60 youth) of the ISPs had in-home supports indicated in the Outcome/Action steps, 83% (53 of 60 youth) had educational and recreational activities indicated in the Outcome/Action steps, 86.7% (52 of 60 youth) had coordination of crises intervention services indicated in the Outcome/Action steps and 76.5% (49 of 60 youth) had placement stabilization services indicated in the Outcome/Action steps

Program Output 6 – Quarterly Child and Family Team Meetings and composition at CFTM:

- 84.3% (54 of 64 youth) had at least one CFTM recorded in SACWIS from July 1, 2017 through December 31, 2018
- 44.4% (24 of 54 youth) had a CFTM each quarter they were enrolled in the pilot
- 35.1% (19 of 54 youth) had all key stakeholders present in their first CFTM in FY18

Program Output 7 – Frequency of CASII following home based placement:

- 79.7% (51 of 64 youth) had a post-placement CASII on file

Program Output 13 – Provision of Flex Funds when Appropriate:

- Flex funds were used for 64 youth and a total of \$52,418.65 in flex funds were expended between September 2017 and December 2017

Outcome Data and Analysis.

During this reporting period, DCFS, with the assistance of Chapin Hall, was able to use data from the Cook County Juvenile Court to construct a matched historical comparison group from FY14-FY15. The comparison group was matched to the 64 youth in the pilot that received services in FY18 by age, gender and ethnicity. Using this historical comparison group, DCFS has data on proximal, intermediate and distal outcomes. Some highlights of that data include:

Proximal Outcome 1 - Fewer Days in JTDC after mandatory release date:

- The pilot group on average had a shorter wait time than the comparison group from RUR date to JTDC release date
- The average number of days between RUR date and JTDC release date for the pilot group was 45.2 days and the median number of days between RUR date and JTDC date was 30,5 days while the after number of days between RUR date and JTDC release date for the comparison group was 104.5 days and the mediate number of days between RUR release date and JTDC date was 37 days

Intermediate Outcome 1 – More Discharges to and Days in Family or Family-Like Settings and Days in Family or Family-Like Settings

- The pilot group on average had a higher percentage of youth released from JTDC to family or family like settings than the comparison group
- 76.6% of the youth in the pilot were released to family or family-like settings
- 18.8% of the youth in the comparison group were released to family or family-like settings
- The average number of days that the pilot group (49 of 64 youth) remained in the family or family-like setting was 120.3 days and the mediate number of days that the pilot group remained in the family or family-like setting was 55 days
- The average number of days that the comparison group (12 of 64 youth) remained in the family or family-like settings was 276.3 days and the median number of days that the comparison group remained in the family or family-like settings was 181 days

Intermediate Outcome 2 – From JTDC, fewer discharges to and days in residential care

- The pilot group on average had fewer youth discharged from JTDC to a residential treatment facility than the comparison group
- 18.8% of the youth (12 of 64 youth) in the pilot were discharged JTDC to a residential treatment facility
- 35.9% of the youth (23 of 64youth) in the comparison group were discharged from JTDC to a residential treatment facility

- The pilot group that were released from JTDC to a residential treatment facility had fewer days of care in a residential treatment facility than the comparison group
- The average number of days that youth in the pilot group stayed in residential care was 205.8 days and the median number of days that youth in the pilot group stayed in residential care was 178 days
- The average number of days that youth in the comparison group stayed in residential care was 344.04 days and the median length of stay was 199 days

Exhibit G, Four Month Status Report, Regenerations Pilot Project for Dually Involved Youth at Cook County Juvenile Temporary Detention Center.

3. Revised Targets / Goals:

Dashboard. The date for completion of the Regenerations dashboard is not yet determined, however Chapin Hall is providing data that is used for the outputs and outcome metrics.

Final Report. Chapin Hall will prepare a final Regenerations report at the conclusion of FY 2018, the final year of the pilot.

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.

Conscience Community Network (“CCN”) was not able to secure the private funding that it was required to secure under the terms of its contract with DCFS. That contract with CCN will terminate effective January 31, 2018, and DCFS and CCN executed a contract extension to wind

down treatment and services for the remaining 19 youth in the pilot. Exhibit H, Illinois Pay for Success Pilot for Dually-Involved Youth, Four Month Status Report, Sept. – Dec. 2017, dated 1/19/2018.

2. Status Report:

Funding. CCN could not meet the required fundraising goal, despite DCFS's agreement to extend the time allowed for fundraising and to decrease the target fundraising goal. Exhibit H, Illinois Pay for Success Pilot for Dually-Involved Youth, Four Month Status Report, Sept. – Dec. 2017, dated 1/19/2018.

Youth Served. CCN's intake was on hold for most this reporting period given CCN's inability to meet the fundraising goal and consequently the number of youth in the pilot decreased. There are currently 19 youth being served in the pilot. The Operations Committee is currently reviewing each youth to determine who will be expected to complete treatment by March 15, 2018, and who will need continued services under a new contract.

Evaluation. The evaluation design originally called for an evaluation three years after treatment. The University of Michigan evaluated the ramp up youth at one year after treatment to ascertain whether there were any trends. A summary of those findings is below and the evaluation is attached along with a description of their interventions. As part of the original pilot, the University of Michigan did an evaluation of the 53 youth in the ramp up phase to compare to the control group. Exhibit I, Appendix A, University of Michigan, Updated Summary of PFS Pilot Data.

- 21% decrease in congregate care days for youth in treatment group compared to control group;
- 58% decrease in detention days for youth in treatment group compared to control group;
- The overall risk of having even one day in congregate care decreased by 22% for the treatment group;

- The overall risk of having even one day in detention decreased by 17% for the treatment group;

3. Revised Targets / Goals:

Due to CCN's inability to raise funds, CCN's intake has been on hold since October 1, 2017. DCFS has permitted services to existing youth to continue until a new contract can be executed. A new contract is being negotiated: the contract will be a performance based contract between CCN and DCFS with no private funding and control group. Success metrics are being revised and negotiated. DCFS hopes to include as many of the existing innovative approaches as possible in the contract including: wraparound services, flex funding, and evidence based therapies. Exhibit I, Appendix B, Summary of CCN Interventions. DCFS will also attempt to include in the new contract on-going use and access to the previously developed database to help identify dually involved youth statewide. The University of Michigan will no longer evaluate the new contract; performance measures will be evaluated within DCFS.

DCFS anticipates that it will know by mid-March 2018 if there will be a new contract with CCN. DCFS's intention is for CCN to service youth in Cook and Lake counties and to receive referrals directly through the DCFS Dually Involved Division.

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, repeat maltreatment, child and family team meetings, supervised and unsupervised visits, family reunification within five and 12 months, permanency within 12 months, total permanency achievements by month and year to date, permanency within 12 months, total permanency achievements by month and year to date, placement moves, time to achieve family reunification and intact service levels. Health data is also tracked for yearly EPSDT and dental checkups. Exhibit B, Outputs and Overarching Outcomes: State, Regions and Immersion Sites Key Findings as of February 7, 2018; Exhibit J, Four Month Status Report Immersion/Innovation Sites Pilot, February 1, 2018.

5. Status Report:

Key Findings for Overarching Outcomes. DCFS continues to review data for the state and the immersion sites on key indicators regarding permanency, maltreatment and stability.

Some of the key findings from the data demonstrate:

Permanency Achievement:

- Adoptions increased by 29% in immersion sites compared to an 11% increase statewide

from Calendar Year 2016 to Calendar Year 2017

- Guardianship increased by 69% in immersion sites as compared to a 28% increase statewide from Calendar Year 2016 to Calendar Year 2017
- Reunifications increased by 9% in immersion sites as compared to a 5% decrease statewide from Calendar Year 2016 to Calendar Year 2017

Maltreatment in Care per 100K Days:⁴

- There was a slight increase in the maltreatment in care rate statewide from Federal Fiscal Year 2016 to Federal Fiscal Year 2017

Permanency Achievement by CFSR Cohorts (12 months, 12-23 months and +24 months)

- Statewide, permanencies increase the longer children remain in foster care

Roll-Out to New Immersion Sites. The parties continue discussions regarding a revised plan for rollout of key components of immersion sites. During this reporting period, the parties discussed and agreed to rollout the Core Practice Model by agencies and a plan for that rollout is currently in development.

FTS Training and Implementation. All staff in the immersion sites received FTS training.

Since March 2017, the DCFS Field Implementation Support Program (FISP) has offered monthly training on FTS practice. These trainings rotate between immersion sites to accommodate staff who have been hired or transferred into the immersion site after the initial round of FTS training. FISP staff works collaboratively with Immersion Site Directors to identify staff that require this training.

Additionally, the self-directed learning module for FTS training is currently available on the DCFS Virtual Training Center. As of November 30, 2017, the following staff have completed the FTS self-directed training:

- 36 residential staff;

⁴ For this Triannual report, statewide CFSR measures by federal financial fiscal year (October to September) were calculated by Chapin Hall due to concerns regarding the continued validation of the dashboards in the Mindshare platform. DCFS anticipates that a more dynamic view of the CFSR measures will be available for the next triannual report.

- 57 out of 58 scheduled non-residential staff (96.55%);
- 85 out of 100 scheduled State Central Register staff (85%);
- 312 community partners

Exhibit K, Four Month Status Report, Core Practice Model (November 2017 update) and Exhibit L, Four Month Status Report, Core Practice Model (October to December 2017).

Procedure 315 Training. As of March 30, 2017, 100% of permanency and adoption staff, including supervisors and managers in the immersion sites have completed training in revised Procedure 315. Makeup sessions are being offered for this training as well, on a rotating basis between Immersion Sites, to account for newly hired staff and staff who need make-up sessions.

MoSP Training. DCFS currently anticipates that MoSP training will begin in March 2018. As currently designed, the training will include a combination of classroom training and individual coaching and will be targeted to occur within the current immersion sites following the completion of the initial four Child and Family Team coaching cycles. Exhibit K, Four Month Status Report, Core Practice Model (November 2017 update); and Exhibit L, Four Month Status Report, Core Practice Model (October - December 2017).

CFTM Training. DCFS and the Child Welfare Group (CWG) continue to work on development of the Master Coaches. In October 2017, CWG advised that identified master coach candidates would receive CWG confirmation as coaches and master coaches concurrently at the close of cycle four. On November 3, 2017, one FISP staff was confirmed by CWG as a master coach a full cycle early. Eleven more staff, including nine FISP staff and two CIPP staff, are on track for achieving master coach confirmation by the end of cycle four. There is an additional FISP staff that missed cycles two and three due to an unexpected leave of absence,

however that staff member returned in November and was able to pick up where she left off by joining the fourth cycle to begin working on development as a coach.

DCFS currently 18 master coaches completed by December 2017. These staff include: ten FISP staff, two CIPP staff, one TRPMI staff and five POS staff. An additional TRPMI staff is in the process of becoming a master coach. DCFS anticipates that the FISP staff and TRPMI staff can achieve master coach status in 2018.

The third round of CFTM classroom trainings was completed in November 2017 in each immersion site. Ten FISP staff have been approved by CWG as trainers of CFTM curriculum going forward. There are several FISP staff awaiting CWP approval to develop other trainers of this curriculum.

The following chart details the number of participants trained in the three day classroom based CFTM training; coached as facilitators, coaches and master coaches; and trained as the trainers for the three day class:

Total All Immersion Sites		
	Trained to Date	Currently in Training
CFTM - 3 Day Training	148	
Supervisors	36	
Caseworkers	111	
Other	0	
Facilitators Trained	55	29
Coaches Trained	12	9
Master Coaches Trained	18	1
Training of Trainers		
1st Observation	12	12
1st Delivery	11	11
Trainer Approval	10	1

Exhibit L, Four Month Status Report, Core Practice Model (October to December 2017).

QSR Training and Implementation. During September, the DCFS QSR reviewers paired up to complete a total of four QSR reviews in each immersion site and attended two QSR Team Meetings via teleconference. During October, a new dedicated QSR reviewer was hired and was trained along with two additional non-dedicated QSR reviewers. There was a fourth on-site review with CWG mentors during the week of October 16 to 19, 2017. QSR staff also participated in a case swap and attended team meetings via teleconference. Additionally, QSR reviewers paired up and completed an additional two paired reviews in the Rock Island Immersion site.

During November and December, QSR reviewers paired up on their own and conducted a series of reviews in East St Louis, Rock Island, Mt. Vernon and Waukegan. During December the QSR reviewers also completed a case swap of completed cases and attending several team meetings.

In addition, during this reporting period, QSR reviewers regularly met with immersion site directors and attended CQI ted activities. These meetings are detailed below by each individual reviewer:

Karen (RI) = Sept 11, 25, Oct 11, 18 and 23.

- November, 2 2017 - In Person QSR Team Meeting & Case Swap
- November 4, 2017 - Adoption Module
- November 6, 2017 - Stakeholder Meeting-present QSR
- November 27, 2017 - CFTM Prep
- December 1, 2017 - CFTM
- December 6, 2017 - QSR in person team meeting
- December 11, 2017 - CFTM Entrance Meeting
- January 2, 2018 - Immersion Site Director meeting regarding site reports
- January 3, 2018 – Immersion Site Director Meeting to discuss QSR data and cases
- January 9, 2018 – Immersion Site Director meeting regarding special project for 0 to 3
- January 10 to 12, 2018 – CFTM training
- January 22, 2019 – Immersion Site Director project (0-3 intact teams)

Chris (Waukegan) =Sept 15, Oct 9,15,

- November 2, 2017 – Second In Person QSR Team Meeting and Case Swap
- November 17, 2017 - Stakeholders Meeting at CASA and presentation on QSR

- November 20, 2017 - CFTM (Master Calendar) with mentor
- November 20, 2017 - Wraparound Program Planning with mentor and immersion site director
- November 20, 2017 - Teleconference QSR Team Meeting
- November 27, 2017 - CFTM Entrance
- November, 27, 2017 - meeting with immersion site directors to present data and discuss cases
- November 27, 2017 - Wraparound Services w/Mentor-Present QSR
- November 30, 2017 - Meeting with immersion site directors regarding logic model
- December 1, 2017 – First CFTM and Nicasa Wraparound Services
- December 6, 2017 - QSR in person team meeting
- December 15, 2017 - QSR Team Meeting and stakeholder meeting
- January, 10, 2018 - Meeting with immersion site directors and present QSR data and discuss cases
- January 17, 2018 - QSR in person team meeting
- January 19, 2018 - Stakeholders meeting-Present QSR

Jouya (ESL) =Sept. 21, Oct. 6, 10

- November 2, 2017 - in person QSR Team Meeting and Case Swap
- November 27, 2017 - CFTM entrance with mentor
- November 27, 2017 - Prep Meeting with mentor
- November 29, 2017 - Record Case Review for CFTM
- December, 6, 2017 - QSR in person team meeting
- December 15, 2017 - QSR Team Meeting
- January 5, 2018 - Meeting with immersion site directors to discuss QSR data and cases
- January 11, 2018 - CFTM training
- January 18 2018 - Site Meeting presented QSR
- January 17, 2018 - QSR In Person Team Meeting

Becky (Mt. Vernon) = Sept 5, 28, Oct 5, 16, 20 and 30

- November 2, 2017 - in person QSR Team Meeting and Case Swap
- November 3, 2017 - CFTM exit conference
- November 4, 2017 - Meeting with immersion site director to discuss QSR data and cases
- November 4, 2017 - Stakeholders meeting at Caritas-Present QSR
- November 7-9, 2017 - CFTM training
- November 27, 2017 - CFTM entrance
- November 27, 2017 - Meeting with immersion site director to discuss data, and cases
- November 27, 2017 - CFTM prep work with mentor
- December 1, 2017 - CFTM exit
- December 6, 2017 - QSR in person team meeting
- December 8, 2017 - All Staff Meeting-Present QSR
- December 11, 2017 - CFTM Entrance
- December 15, 2017 - CFTM exit
- December 15, 2017 - Meeting with immersion site director, discuss data, and cases
- December 20, 2017 - CFTM
- January 4, 2018 - Meeting with immersion site director

- January 5, 2018 - Meeting with immersion site director regarding CFTM
- January 10, 2018 - Meeting with immersion site director
- January 19, 2018 - Meeting with immersion site director to discuss CFTM activities (scheduling/prep)
- January 22, 2018 - CFTM Exit

During the last week of January 2018, the fifth on-site review with the CWG mentors was held and advanced training for the four dedicated QSR reviewers was also held. Exhibit M, Four Month Status Report, QSR.

Service Provision. Contracts for lead agencies in each of the Immersion Sites continue to be in place. The lead agencies are: Spero Family Services in the Mount Vernon Immersion Site, Lessie Bates Davis in the East St. Louis Immersion Site, Bethany in the Rock Island Immersion Site and NiCASA in the Lake County Immersion Site.

IV-E Waiver. The Administration for Children and Families asked DCFS to provide a detailed plan for implementation of the IV-E waiver by April 2017 and this was completed. Plaintiffs' counsel and the Expert Panel have been provided copies of all submissions to the Administration for Children and Families

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. DCFS continues to discuss revisions to the immersion site process with plaintiffs' counsel and the Expert Panel. The parties have reached agreement to roll out the Core Practice Model by agency and DCFS is currently developing a plan for this rollout.

FTS Training and Implementation. This has been completed in the four initial Immersion Sites and monthly training sessions are being held to train staff new to immersion sites.

Procedure 315 Training. All staff in the Immersion Sites have completed this required training.

MoSP. The MoSP training is projected to begin in March 2018.

Child and Family Team Training. DCFS continues to work with CWG to train Master Coaches and coaches.

Quality Service Review Process. The four dedicated QSR reviewers have engaged in numerous activities during this reporting period. During the next reporting period, the fifth round of coaches will be held.

Program Evaluation. Details of the outputs and proximal and distal outcomes are stated in considerable detail in the status report on Immersion Sites.

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: 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. Implementation Plan, pp. 39-40.

2. Status Report:

DCFS is in the final process of completing the rulemaking process with the updated definition of fictive kin with respect to DCFS Rules 300, 301, 302, 304, 309, 315, 328, 337, 338, 359 and 402. It is anticipated that these rules will be finalized in February 2018. Exhibit N, Four Month Status Report Amended Expanded State Funded Guardianships, Amended Definition of “Fictive Kin: and Family Finding (SG-HFK-FF) Projects February 2018.

There are currently 7,010 youth in care placed in fictive kin homes. With respect to youth who entered care in FY18, 1,423 of those youth have been placed in fictive kin homes. While there is no data regarding whether family finding activities are occurring during child abuse and neglect investigations, the large number of youth placed with relatives and fictive kin clearly demonstrates strides in DCFS practice in terms of locating and placing youth with relatives or with individuals with whom they have a connection. Exhibit N, Four Month Status Report Amended Expanded State Funded Guardianships, Amended Definition of “Fictive Kin” and Family Finding (SG-HFK-FF) Projects February 2018.

3. Revised Targets / Goals:

Tracking Outcomes. DCFS will continue tracking placements and outcomes of youth in fictive kin homes to monitor for safety, stability and permanency. The mechanism for tracking youth in fictive kin placement was originally identified as a dashboard in the Mindshare platform. Efforts to complete this dashboard were delayed in light of the need to complete the dashboards for the CFSR measures. However, DCFS program and IT staff have worked to obtain some preliminary data in the Mindshare data in the interim. DCFS has preliminary and unvalidated data regarding: the number of children who are placed in fictive kin homes, who have been in care three to five years, the number of youth entering care in FY17 and FY18 with family findings activities and the number of permanencies by type in FY8. See Exhibit N, Four Month Status Report Amended Expanded State Funded Guardianships, Amended Definition of “Fictive Kin” and Family Finding (SG-HFK-FF) Projects February 2018.

H. Panel Recommendation # 3: Expanding State Funded Guardianship

1. Project Goals/Target: The Implementation Plan contemplates that DCFS will amend its administrative rules to expand the eligibility for state funded guardianship. DCFS committed to completing the amendments by December 2016. Implementation Plan, p. 39.

2. Status Report: DCFS is completing final rule making on DCFS Rule 302.410 which includes the expanded definition of state funded guardianship. The Second Notice was filed on November 27, 2017 and a hearing before the Joint Committee on Administrative Rules was held in December 2017. Exhibit N, Four Month Status Report Amended Expanded State Funded Guardianships, Amended Definition of “Fictive Kin” and Family Finding (SG-HFK-FF) Projects February 2018.

Beginning April 1, 2017, Administrative Case Review (ACR) staff have been required to implement questions during every ACR to assure that state-funded guardianship is being pursued for all eligible youth 12 years of age and older where the goals of return home and adoption have been ruled out. ACR reviewers are asking whether state funded guardianship is being pursued for all children who have a goal of guardianship and are placed in a non-licensed or licensed relative home. ACR reviewers are also exploring this option if siblings under the age of 12 are placed in the same home as an eligible youth. On August 1, 2017, the ACR instrument was been revised to open the population to include all children with permanency goals other than adoption and to take out any age restriction. The changes were implemented to ensure that information about whether a child meets the criteria for either KinGap or state funded guardianship is captured and appropriate feedback is provided to the field.

DCFS has data from ACR from July 1, 2017 through January 31, 2018. Data regarding the state funded guardianship questions are reflected below:

E-02 State funded guardianship is being pursued for a youth placed in a non-licensed relative home

State funded guardianship was being pursued in 2.13% of the cases reviewed (339 out of 15,608)

State funded guardianship is not being pursued in 1.86% of cases reviewed (295 out of 15,883)

Youth did not meet the criteria for state funded guardianship in 96.01% of the cases reviewed (15,249 out of 15,883)

E-03 State funded guardianship is being pursued for a youth placed in a licensed non-relative home

State funded guardianship was being pursued in 2.39% of the cases reviewed (379 out of 15,881)

State funded guardianship was not being pursued in 1.75% of cases reviewed (278 of 15,881)

Youth did not meet the criteria for state funded guardianship in 95.86% of the cases reviewed (15,224 of 15,881)

E-04 Youth has consented to state funded Guardianship

Eligible youth consented to state funded guardianship in 3.17% (503 of 15,878) of the cases reviewed

Eligible youth did not consent to state funded guardianship in 3.09% (491 of 15,878) of cases reviewed

In 93.74% of the cases reviewed (14,884 of 15,878), youth did not meet the criteria

E-05 State funded Guardianship was also considered for a sibling placed in the same home with an eligible youth

State funded guardianship was also considered for a sibling placed in the same home with an eligible youth in 3.55% (502 of 14,126) of the eligible youth reviewed.

There were 0.82% (116 of 14,126) cases not considered per DCFS policy

In 95.63% (13,508 of 14,126) of the cases reviewed were rated as not applicable as the youth did not meet the criteria.

Exhibit XX, Four Month Status Report Amended Expanded State Funded Guardianships, Amended Definition of “Fictive Kin” and Family Finding (SG-HFK-FF) Projects February 2018.

3. Revised Targets / Goals:

Efforts to complete this dashboard were delayed in light of the need to complete the dashboards for the CFSR measures. The ACR process is relatively new and yielding a variety of data. There are no other changes to the revised targets and goals.

I. Panel Recommendation # 3: Family Finding

1. Project Goals/Target: One of the initiatives DCFS is undertaking to ensure that no youth ages out of foster care without some permanent family connection is Family Finding. The Implementation Plan requires DCFS to implement specific “family finder” strategies as part of permanency planning for adolescents who do not have an obvious reunification plan. Implementation Plan, p. 40. The goal of DCFS’s Family Finding strategy is

to improve permanency outcomes for all youth by identifying family that can serve as potential placements, supports or resources for youth. Implementation Plan, pp. 40-42.

2. Status Report: Beginning April 1, 2017, ACR staff are required to ask questions at every ACR to assure that family finding activities have been completed. DCFS has data from ACR from July 1, 2017 through January 31, 2018. Exhibit O, Data Report. Data regarding the family findings activities is reflected below:

C-12 Family/fictive kin relationships have been explored for this youth for placement/permanency on an ongoing basis.

In 15.85% (2451 out of 15,465) of cases reviewed, it was deemed that the caseworker did not follow procedure regarding the on-going exploration of family/fictive kin

C-13 Family finding activities were completed upon each placement change since the last ACR.

Caseworkers completed Family Finding efforts 20.79% (382 out of 16,266) of the time

In 4.72% of cases reviewed (767 out of 16,266, cases), it was deemed that the caseworker did not follow procedure regarding Family Finding efforts

There were 74.49% cases (12,117 out of 16,266) rated as not-applicable meaning the child had not changed placements

C-14 There is evidence that the youth is connected to a relative/fictive kin relationship for support.

In 85.63% (13,337 cases of 15,575) of the cases reviewed, there was evidence that the child/youth was connected to a relative/fictive kin relationship for support

In 14.37% (2,238 of 15,575) of cases reviewed, it was deemed that the child/youth was NOT connected to a relative/fictive kin relationship for support

CC-07 Family Finding/Fictive Kin Efforts

In 82.16% (13,561 of 16,308) of the children/youth reviewed, there was evidence of continued Family Finding efforts

Caseworkers failed to produce the CFS 458-B at the ACR in 15.47% (2,523 out of 16,308) of the cases reviewed

3. Revised Targets / Goals:

There are no revised targets and goals.

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 is 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: The target number of children to be served through the program is 2,400 and currently 2,230 children have been referred to the program. There have been 303 new cases during Fiscal Year 2018. There is a balance of those cases across the intervention group and the comparison group. Exhibit P, Four Month Status Report, Illinois Birth Through Three Project (January 2018).

On November 2, 2017, an IBE Summit was held and approximately 120 professionals participated. A highlight of the summit was a panel of foster parents that shared their experiences with the Nurturing Parenting Program. The foster parents shared that while they were initially resistant to the program, they did find new information that was necessary for the care of their young children. They also found the support of fellow group members to be critical for the challenge task of fostering Exhibit P, Four Month Status Report, Illinois Birth Through Three Project (December 2017).

At the end of the calendar year, Cheryl Lawrence, who served as the project manager since the inception of the waiver retired. Additionally, Latiffany Connelly, who supported project coordination, moved to a new position. Responsibilities have been reallocated while a replacement for the coordinator position is being sought. Exhibit P, Four Month Status Report, Illinois Birth Through Three Project (January 2018).

The Medicaid analyst completed an analysis of Medicaid data pertaining to the Child-Parent Psychotherapy contracts during this reporting period. The report found there was a 69% increase in Medicaid billing and a 79% increase in the number of cases served from FY16 to FY17. Exhibit P, Four Month Status Report, Illinois Birth Through Three Project (January 2018).

With respect to the interventions, approximately 33% of the children that have been served by IB3 have been recommended for our most intensive therapeutic intervention. With respect to the Child Parent Psychotherapy (CPP) part of the project, there are currently 81 open cases that are currently assigned to CPP providers. There have been a total of 94 CPP referrals in FY18 as of December 31, 2017, which is the highest number of referrals within a six month reporting period since the start of the demonstration. Additionally, successful case closures over the lifetime of the demonstration are now at 30%; 30 child cases (45%) have been closed successfully with a foster parent and 37 child cases (55%) have been closed successfully with a biological parent. Exhibit P, Four Month Status Report, Illinois Birth Through Three Project (January 2018)

With respect to the Nurturing Parenting Program (NPP) part of the project, the implementation support team focused on referrals of biological parents to the NPP-PV, the program focusing specifically on biological parents. During this reporting period, there were 131 referrals which is a 54% increase in referrals from the last reporting period. The NPP-CV

program, which is the intervention for foster parents continues to make substantial progress. During this reporting period, 31 foster parents have completed the program. Exhibit P, Four Month Status Report, Illinois Birth Through Three Project (January 2018)

The Implementation Support Team continues to work to build capacity and engage caseworkers and supervisors on issues of permanency for IB3 families. The Implementation Support Team met with individual workers, supervisors and teams and provided IB3 training and education on issues such as engagement, court testimony and documentation. The Implementation Support Team conducted 359 case status reviews in November.

The IB3 evaluation team is preparing the semi-annual report that is due in January 2018. The current plan is to provide more detailed descriptive data on the population as well as new outcome data. DCFS has contracted with the University of Illinois at Chicago Survey Research Laboratory to do the evaluation. The final caseworker interviews reflect an 80% response rate. Caregiver interviews are now underway.

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>
Program Output 1-CPP	Mean for engagement = 72 % Mean for successful case closure =31%	0	Engagement reflects 30-day intervals. 2% increase in successful case closure.
Program Output 2-NPP-PV	Successful completion for those enrolled across the 3 agencies reporting data is 62%.	0	Retention rates reflect enrolled participants who complete intake and attend the initial session.
Program Output 3-NPP-CV	Successful completion for those enrolled for FY' 18 is 77%.	0	Retention rates reflect enrolled participants who complete intake and attend the initial session.

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: Since November 2017, when Cook County was taken out of the pilot, referrals to SAFE Families have decreased. During September 2017 through October 2017, six cases were referred to SAFE Families by the downstate regions. In November 2017, as a result of the low number of referrals, the DCFS Deputy Director for Child Protection sent an email to staff regarding the SAFE Families program and highlighting the value and use of this program. Meetings were also scheduled in various offices to provide staff information on the program.

From November 2017 through February 2018, nine referrals have been received from downstate regions. The DCFS Deputy Director of Child Protection, SAFE Families staff and the evaluators engaged in discussions to attempt to determine the reason for the number of referrals. One potential issue is that many new child protection investigators have been hired and training. DCFS agreed to schedule another round of meetings with staff in individual offices. The focus of these meetings will be slightly different than the prior round of meetings DCFS held with staff. The upcoming meetings will be presented in a round table discussion and seek to get local staff

to honestly identify any barriers that may prevent utilization of this program. The Deputy Director of Child Protection also requested that the SAFE Families local supervisor drop in at various local offices so that investigative staff he can build a relationship with local investigative staff. This process commenced during this reporting period and the SAFE Families local supervisor reported positive feedback regarding his office visits and the SAFE Families program. The Deputy Director of Child Protection also plans to be in touch with the evaluator regarding suggestions for the referral issue during the next reporting period. Exhibit Q, Four Month Status Report, SAFE Families for Children Project (March 2018).

3. Revised Targets / Goals:

There are no revised targets or goals as the focus during the next reporting period will be on increasing referrals to the SAFE Families program downstate.

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) continues its work on the feasibility study for the new CCWIS system. PCG completed all five of the deliverables for Phase 1, Initiation for the CCWIS Feasibility Study and Roadmap and Phase 2, Planning. Phase 3, Requirements: As Is and To Be, is currently underway and includes contact with youth in care, adoptive parents, DCFS licensing and DCFS IT. PCG also conducted information sessions to identify requirements for the computer system with the Birth Parent Council and Performance Based Contracting (Residential) staff. The next steps including development of the Business Requirement Documents and the Gap Analysis Deliverable Expectation Document. Exhibit R, Information Technology/CCWIS Status Report (December 2017).

Mindshare. DCFS extended the contract with Mindshare for one year and is continuing to work with Mindshare to complete validation on the CFSR dashboards. DCFS will also build dashboards, beginning with the CFSR dashboards using internal DCFS IT staff.

Short Term Improvement of Existing SACWIS: The Significant Event Report system was launched on February 24, 2017 and continues to be in place.

Mobile Applications: Version 2 of Case Access mobile app was released in April 2017 and continues to be in use for DCFS staff.

OnLine Licensing Application: The online licensing application remains in a pilot stage given the priority list for It projects.

Predictive Analytics: DCFS did not renew its contract with outside vendors for predictive analytics and provided notice of that to plaintiffs' counsel.

3. Revised Targets / Goals:

Replacement of SACWIS. PCG continues work on the feasibility study for the new CCWIS system and completion date is anticipated to be in the fall of 2018.

Predictive Analytics. DCFS will be building predictive analytics into the new CCWIS system and that will be included in the request for proposal that is issued for the CCWIS system.

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: The study is underway and as of January 2017, 117 caseworker interviews and 26 caregiver interviews have been completed. Data collection is anticipated to be completed in the spring and the initial report from the data is anticipated to be completed by June 30, 2018. Exhibit S, Four Month Status Report ILSCAW (January 2018).

University of Illinois Survey Research Lab (SRL) has been collaborating with staff at Northwestern University to enrich the study by adding baseline CANS data from the integrated Assessment. SRL staff is also currently exploring how to integrate educational data available into the well-being study. Exhibit S, Four Month Status Report ILSCAW (January 2018).

Some issues with the initial sample files have recently been resolved. The initial sample files contained names of caseworkers that SRL determined were not accurate. When this issue was brought to the attention of DCFS IT staff, they were able to provide updated sample files that corrected the issue. In January 2018, SRL began contacting caseworkers and foster parents. Exhibit S, Four Month Status Report ILSCAW (January 2018).

Training for individuals conducting interview of youth in care has been completed. SRL had to modify the protocol to send consents for interviews of youth in care through the DCFS secure document transfer system instead of an email mailbox. This requires an amendment that is currently being reviewed by the Institutional Review Board. Exhibit S, Four Month Status Report ILSCAW (January 2018).

SRL has developed a protocol for obtaining consents, where necessary, for interviews of children in care. Exhibit S, Four Month Status Report ILSCAW (January 2018).

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. TRPMI has recently been able to hire external staff for the Clinical Specialist positions. In July 2017, two Clinical Specialists were hired and in October 2017, three Clinical Specialists were hired. These Clinical Specialists replace the DCFS Clinical staff who were previously assigned to the TRPMI pilot and who subsequently returned to their regular positions. TRPMI also hired a Statewide QI Specialist, who began in early November 2017. It is anticipated that once the Statewide QI Specialist is acclimated to her position, she will initiate hiring of the additional QI specialists to join each of the three TRPMI teams. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

The DCFS Team Coordinator positions in the Southern and Northern regions remained vacant during this reporting period. In October 2017, the DCFS Team Coordinator for the Southern Team resigned. Although interviews were conducted for this position in late October 2017, no candidate was identified. DCFS has re-posted the position. The DCFS Team Coordinator for the Northern Team ended his role in TRPMI in August 2017 by mutual agreement. DCFS has initiated the process to create an additional position, however this process may take up to one year. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

The current TRPMI staffing is as follows:

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		
Data Systems Dev Specialist	Chris Davidson		
	Northwestern - .50 FTE		
Statewide Training Coord	Linda Karfs		
	Northwestern -.50 FTE		
Team Coordinator	Vacant	Vacant	Chuck Redeker
	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
	Tricia Stottler	Pamela Slane	Deanna Hall
	Northwestern - 1.00 FTE	Northwestern - 1.00 FTE	Northwestern - 1.00 FTE
QI Specialist	Vacant	Vacant	
	Northwestern - 1.00 FTE	Northwestern - 1.00 FTE	

Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

Step-Down and TRPMI Involvement in CFTs. TRPMI's goal include improvements in the identification and process for stepping youth down from congregate care settings and using the Child and Family Team meeting process as the driver of discharge planning.

TRPMI staff participated in 61 CFTMs between August and November 2017. TRPMI developed a form to measure fidelity of CFTMs to the DCFS model and this process has been partially implemented with the completion of 25 forms. A review of the forms indicates that all of the CFTMS took place on weekdays during business hours, all but one CFTM occurred at the residential treatment facility and there was a lack of evidence demonstrating the CFTM participants were prepared prior to any of the CFTMs. Additional review of data from SACWIS indicates that 44% of the current TRPMI youth never had a CFTM and that when only youth with return home goals are considered, 40% of those youth had a CFTM in the last 12 months and 50% of the youth have never had a CFTM. TRPMI will complete additional analyses of these data to develop an initiative that promotes effective CFTM planning for these youth who will soon be returning to their parents. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

TRPMI Completion of CASIIs

Between August and November 2017, a total of 20 CASIIs were completed for prioritized youth. During the last months of this reporting period, relatively few number of CASIIs were completed due in large part to numerous staffing changes. It is anticipated that the three new Clinical Specialists hired in October 2017 will be fully trained to complete CASIIs by January 2018. A first draft of a CASII fidelity tool has been implemented and will be used to further support development of the Clinical Specialists. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

Additionally, one Clinical Specialist from the Cook Team is currently in training to be a master coach in Rock Island. It is anticipated that this individual will achieve master coach status shortly after she completes her training in January 2018. At that time, it will be necessary to develop a plan about how to best leverage her new skills. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

Youth Connections, Communication Protocol and Youth Advisory Council

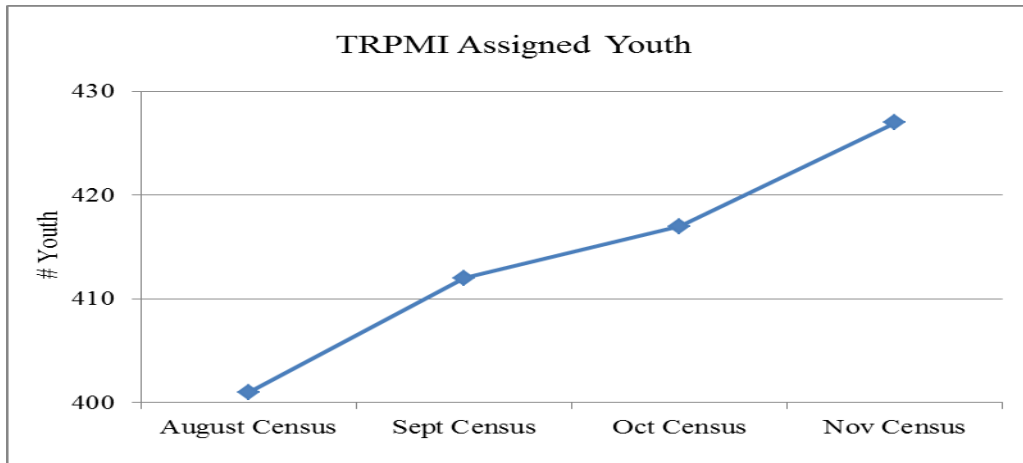
Goals related to developing a standardized assessment process for measuring the status of youth connections, full implementation of the Communication Protocol and engagement of a youth advisory council continue to be postponed and will be addressed in January 2018. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

Program Outputs

The program outputs below are based on the August 2017 logic model. However, the TRPMI activities and outputs in the Logic Model are being revised and percentages will be provided once the output definitions are finalized.

Description of the TRPMI population (Number of youth assigned to the TRPMI pilot by site as of 12/1/17)

TRPMI Assigned Youth August - November 2017					
Team	Provider	August Census	Sept Census	Oct Census	Nov Census
Cook	CHASI Rice	35	35	33	33
	Ibukun	4	4	5	5
	Lawrence Hall	32	35	34	35
	Thresholds	21	22	23	24
	UCAN	64	67	65	65
	Subtotal	156	163	160	162
Northern	Allendale	54	62	67	72
	Arden Shore	7	6	7	7
	Little City	13	13	14	14
	Lutherbrook	0	0	0	0
	One Hope United - Northern	11	12	14	15
	Subtotal	85	93	102	108
Southern	Catholic Childrens Home	7	6	4	4
	Five Star	4	3	3	3
	Hoyleton	41	41	42	41
	One Hope United - Hudelson	28	27	28	29
	Spero Family Services	14	14	15	18
	St. John Bosco Children's Ctr	27	26	27	28
	Transitional Center	39	39	36	34
	Subtotal	160	156	155	157
Total		401	412	417	427



Number of Priority Youth assigned to the TRPMI Pilot (as of 11/20/17).

Note: In the below chart, priority youth are those who are designated with a CASII.

TRPMI Designated Youth through November 2017						
Team	Phase 1 Youth	Designated Youth	Designated Youth with CASIs	Phase 2 Youth	Designated Youth	Designated Youth with CASIs
Cook	127	18	5	35	24	7
Northern	56	10	5	52	34	15
Southern	109	13	7	48	31	15
Total	292	41	17	135	89	37

TRPMI Assigned Youth (August - November 2017) From Immersion Sites									
Team	Lake		Mount Vernon		East St Louis		Rock Island		Total
	Phase 1	Phase 2	Phase 1	Phase 2	Phase 1	Phase 2	Phase 1	Phase 2	
Cook	4	1	0	0	0	0	5	3	13
CASII	1	0	0	0	0	0	1	0	2
Northern	4	3	1	0	1	2	3	2	16
CASII	0	2	0	0	0	0	1	2	5
Southern	1	0	13	2	9	2	2	0	29
CASII	0	0	0	1	0	1	0	0	2
Total Youth	9	4	14	2	10	4	10	5	58
Total CASIs	1	2	0	1	0	1	2	2	9

Number and Percentage of CFTMs

TRPMI staff participated in a total of 15 Child and Family Team Meetings in November 2017.

Team	CFTMs				
	August	September	October	November	Total
Cook	7	6	2	5	20
Northern	2	0	0	1	3
Southern	9	11	9	9	38
Total	18	17	11	15	61

Additional outputs that are not currently being measured include:

- Percentage of youth whose permanency worker regularly visits/participates;
- Number and percentage of priority youth for whom an individual plan has been developed, with goals, services and timeframes; and
- Number of youth receiving post-discharge services as indicated by the individual plan.

November 2017 Agency Monitoring Plans					
Team	Agency	Census 12/1/17	Regular Monitoring	Enhanced Monitoring	Intensive Monitoring
Cook	CHASI Rice	33	XX		
	Ibukun	5	XX		
	Lawrence Hall	35		XX	
	Threshold's	24	XX		
	UCAN	65		XX	
Northern	Allendale	72		XX	
	Arden Shore	7		XX	
	Little City	14	XX		
	One Hope United	15		XX	
Southern	Catholic Children's Home	4		XX	
	Five Star Industries	3	XX		
	Hoyleton	41		XX	
	One Hope United Hudelson	29	XX		
	Spero	18	XX		
	St. John Bosco	28		XX	
	TCI	34		XX	

Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

Implementation Barriers

TRPMI continues to identify both systemic and implementation barriers to full implementation of the pilot. The systemic barriers identified by TRPMI include significant delays in the central matching process, especially with respect to youth being discharged from residential treatment facilities to foster home placements, the access to and availability of services for youth with mental and behavioral health issues and lack of staff and adequate residential treatment options for challenging youth. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes). TRPMI has taken a number of steps to address these systemic issues, including surveying states with mature systems of care similar to Illinois, such as North Carolina and New Jersey, to identify how such states maintain an array of residential services that provide more intensive treatment options than exist in Illinois, review of DCFS data regarding youth who experience lateral and step up moves and negative

discharges, such as out of state placements and conducting a survey of Illinois residential providers, DCFS leadership and DCFS staff and other stakeholders for insight on the matching and placement process for residential treatment facilities.

The implementation barriers include data systems and staffing issues. In addition, nine of the sixteen residential agencies currently involved in the TRPMI Pilot require enhanced levels of monitoring intervention. As safety concerns with respect to these programs must be prioritized, TPMI continues to devote significant resources to these agencies, which diverts TRPMI from its primary mission of effectively connecting youth to families and community resources. Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

November 2017 Agency Monitoring Plans					
Team	Agency	Census 12/1/17	Regular Monitoring	Enhanced Monitoring	Intensive Monitoring
Cook	CHASI Rice	33	XX		
	Ibukun	5	XX		
	Lawrence Hall	35		XX	
	Threshold's	24	XX		
	UCAN	65		XX	
Northern	Allendale	72		XX	
	Arden Shore	7		XX	
	Little City	14	XX		
	One Hope United	15		XX	
Southern	Catholic Children's Home	4		XX	
	Five Star Industries	3	XX		
	Hoyleton	41		XX	
	One Hope United Hudelson	29	XX		
	Spero	18	XX		
	St. John Bosco	28		XX	
	TCI	34		XX	

Exhibit T, Four Month Status Report, TRPMI (Monitoring Residential and Group Homes).

3. Revised Targets / Goals:

Staffing. TRPMI will continue to track efforts to fill the Team Coordinator positions for the Southern and Northern teams.

Step-Down and TRPMI Involvement in CFTMs. TRPMI will continue to analyze data to develop an initiative that promotes effective CFT planning for these youth who will soon be returning to their parents.

Program Evaluation. Members of the Evaluation Subcommittee are participating in an ad hoc workgroup with the Implementation Subcommittee to refine, organize, and link team activities to measurable outputs. Output definitions are currently being finalized.

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. Regular Tuesday bi-

weekly calls were held during which DCFS project managers provided updates on the pilot projects in the B.H. Implementation Plan. Generally, attendees included the project managers, some of the evaluators, other DCFS employees, the Expert Panel members and Plaintiffs' counsel. The Expert Panel members provided "coaching sessions" for various project managers who would go through their projects in great detail. In addition, there are regular bi-weekly teleconferences with the parties and the Expert Panel. The Expert Panel routinely prepares an agenda for these calls.

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 January 9 and February 5, 2018, and the next monthly meeting is scheduled for March 15, 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; Exhibit U, Enhanced IPS for Youth That Are at Risk to Become Beyond Medical Necessity Pilot, Four Month Status Report, September – December

2017, dated 2/1/2018; Exhibit V, Enhanced IPS Flow Chart. 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.

This pilot is projected to end June 30, 2019.

2. Status Report:

Hiring. A second Placement Stabilization Consultant started in September 2017. Jill Tichenor, Associate Deputy Director for Clinical Assessment and Monitor, is now assisting Leslie Berg, the Project Manager, with this pilot. The decision has been made to hire one additional Placement Stabilization Consultant.

Tracking and Assessment. Kaleidoscope has also established clearer timeframes and developed an assessment tool and a Child and Family Team action plan to formalize this process. A process has been developed to identify and track the control and experimental group, to include working with Northwestern University on CANS comparison data, the Illinois Department of Information Technology on CFTM frequency for both the control and experimental group, and with Kaleidoscope’s quality improvement staff on CANS completion, comparison data and outcome data collection.

Children Served. Seven youth have been assigned to the pilot since September, one of which was assigned in December. The numbers below include youth that were identified by Kaleidoscope’s participation in the Psychiatric Hospitalization Staffings.

Total population of youth assigned as of 12/31/17	Amount
Youth Assigned since May 2017	15**
Youth discharge from Pilot due to success and stability in home	0
Youth discharged from Pilot due to a recommendation for congregant care	1

**one youth involved in the pilot is now receiving residential treatment and is no longer part of the pilot

*** 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:

- Percent of youth where a recommendation is made to remain with the previous caretaker: 47% of youth in the pilot; 60% of youth in the comparison group.
- Percent of youth where recommendation is to reside in a home environment with community and agency supports other than in his or her pre-admission placement: 53% of youth in the pilot; 40% of youth in the comparison group.

Proximal and distal outcome data also discloses the following comparison for youth who receive Kaleidoscope Enhanced IPS Services:

Proximal/Distal Outcome	Program	Comparison
Youth re hospitalized since identified hospitalization	5 =33%	3 = 20%
Youth who remain in same placement prior to hospitalization	8=53%	10= 67%
Youth who remain with the same agency since psychiatrically hospitalized	12=80%	10=67%
Youth who remain with the same agency and child welfare specialist since psychiatrically discharged.	8= 53%	8= 53%

3. Revised Targets / Goals

Hiring. Kaleidoscope will pursue hiring of the third Stabilization Consultant.

Tracking Outputs, Proximal and Distal Outcomes. There are ongoing discussions concerning tracking. The pilot currently uses the Psychiatric Hospitalization Tracking Database to track data regarding all youth that are psychiatrically hospitalized. Since the pilot at this time involves only a small segment of the total population of psychiatrically hospitalized youth, information is tracked on an Excel tracking sheet. Continued discussions are needed regarding formulating business rules and completed validation measures.