Illinois Alcohol and Other Drug Abuse Waiver Demonstration

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Illinois Department of Children and Family Services (IDCFS)
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Executive Summary

The following report summarizes outcomes of the Illinois Alcohol and other Drug Abuse (AODA) waiver demonstration implemented between 2000 and 2016 in Cook County, IL. The waiver demonstration seeks to improve reunification and other family permanency and safety outcomes for foster children from drug-involved families through the utilization of Recovery Coaches, a mobile assessment unit, and an AODA assessment service at the Juvenile Court building (JCAP). Our research found that:

- The addition of a mobile assessment unit led to an increase in parent screening, an increase in the number of parents eligible for waivers, and a decrease in the time between temporary custody and screening.
- Children of Cook County demonstration participants achieved family reunification within 12 months of their parent's JCAP assessment more quickly than those in the control group.
- Children in the demonstration group took, on average, 5.6 fewer months to achieve reunification, compared to children in the control group.
- The demonstration and control groups did not significantly differ on the proportions of children that re-entered foster care, and did not significantly differ on the proportions of children experiencing subsequent allegations of abuse/neglect. This finding indicates that reunifications in the demonstration group were not premature and did not compromise safety.
- Recovery coaches significantly increased the odds of achieving a stable reunification for substance abusing families.
- The use of recovery coaches eliminated racial disparities in family reunification, likely due to the comprehensive assessment and the provision of specialized services that help to address unique family needs and eliminate biases that may impact reunification decisions.
- Improved reunification outcomes are limited to families quickly assessed and connected with services, indicating that innovative services (like the recovery coach) are effective in improving family reunification - but only only when delivered in a timely manner.
- As of June 30, 2017 (latest cost estimate available), the waiver demonstration has generated approximately $10,587,174 in savings for the State of Illinois.

I. Introduction & Overview

This report is submitted by the Illinois Department of Children and Family Services as required by the Terms and Conditions of its child welfare demonstration project with the Children's Bureau of the Administration for Children and Families. This report covers both process and summative findings to date. Unless otherwise indicated, data in the report include outcomes as of June 30, 2017. This is the most recent updated provided by IDCFS and Chapin Hall.

In addition to the analysis and presentation of permanency and safety data overall, this report also includes more targeted analyses that focus on reentry and early engagement. The purpose of these more targeted analyses is to better understand where the intervention is producing the biggest impact (reentry is one example) and which aspects of the intervention (early screening and engagement efforts is one example) are proving to be most effective.

The Department's application for a Title IV-E waiver project was submitted in June 1999, approved by ACF for a five-year demonstration on September 29, 1999, and implemented starting April 28, 2000. This was the second of four waivers (Subsidized Guardianship, AODA, Training and IB3) granted to Illinois by ACF. The Title IV-E AODA waiver demonstration is designed to improve reunification and other family permanency and safety outcomes for foster children from drug-involved families. The proposal as approved by ACF seeks to improve child welfare outcomes by providing an on-site AODA assessment service located at the Juvenile Court building (JCAP) and by utilizing Recovery Coaches to assist birth parents with obtaining AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and concurrent permanency planning. The program theory underlying the Illinois AODA Waiver Demonstration is a basic access-linkage model that pose that programmatic outcomes improve when the program elements include (a) careful assessment of client AODA and other problems surrounding the family (b) tailored treatment plans so that specific services are matched with or designed to address specific problems and (c) specific linkage mechanisms (e.g. referral, onsite services or intensive case management) that increase access to these services.

The design is experimental, in that parents are randomly assigned to either a control or experimental (demonstration) condition. Parents that are randomly assigned to the demonstration group receive traditional services plus the enhanced services provided by a Recovery Coach. The Recovery Coach works with the parent, child welfare caseworker, and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary, and provide ongoing support to the parent and family through the duration of the child welfare case. Parents that are randomly assigned to the control group receive services as usual. This is not a "no treatment" intervention design.

As of January 2007, IDCFS was granted full approval for a 5-year waiver extension of the IV-E Waiver Project and has expanded to the southern region of the state, St. Clair and Madison counties. Although the program was successful in its first five years, 2000 – 2006, evaluators identified three obstacles to it achieving maximum efficacy which became the additional focus of the first 5 year extension. Data indicated that the majority of families were confronted by co-occurring challenges, especially domestic violence, mental health issues, and housing-related problems. Additional efforts were focused on

assessing for these issues on a quarterly basis with each family and making the appropriate linkages with services to address these needs. The five year extension ended December 31, 2011 and two short term extensions were issued through September 2013. The second five year extension was granted in September 2013.

In September 2013, the Children's Bureau approved amendments that extended this demonstration for an additional five years through September 30, 2018 to focus serious efforts on early family engagement in order to improve reunification. The historical data indicated that the recovery coach model was more effective when there was only a short time period between temporary custody and the JCAP assessment. To improve the effectiveness of the recovery coach model (specifically improve the reunification rates for families), this 5 year extension focuses on *closing the gap* between temporary custody and screening by adding an aggressive outreach component to the JCAP model . A staff member now serves as a "mobile assessor" to take the assessment out into the field to the parent's home and have immediate contact with the parent(s). This strategy is designed to engage families earlier in the process by making contact as soon as Temporary Custody is determined and to provide an assessment in the parent's residence to increase their overall chances of achieving reunification.

Eligibility Requirements

In Cook County, eligible families for the demonstration include foster care cases opened on or after April 28, 2000. To qualify for the project, parents in substance-affected families are referred to the Juvenile Court Assessment Program (JCAP) at the time of their Temporary Custody hearing or at any time within 90 days of the hearing. (As of January 1, 2007 the eligibility timeline has been extended from 90 days to 180 days from the Temporary Custody hearing.) JCAP staff conducts an AODA assessment and makes referrals for treatment, if indicated. Of all those eligible, parents are then randomly assigned to a demonstration or control group based on the child welfare agency or team that serves the family.

In St. Clair and Madison Counties, eligible families include foster care cases opened on or after July 15, 2007. To qualify for the project, parents in substance-affected families are referred to the TASC Court Assessment Program (TCAP) at the time of their Temporary Custody hearing or at any time within 180 days of the temporary custody hearing. In St. Clair and Madison Counties, cases are not randomly assigned by the child welfare team or agency serving the family as in Cook County. Due to fewer subjects, the parents are assigned on an individual random basis using a computerized system at the time of the assessment to determine assignment into the demonstration or control group. The random assignment system was updated in the most recent quarter and is now accessed via the web. *Following the updated Terms and Conditions (as of January 2017), St. Clair County will be excluded from the outcome study for AODA because the Immersion Site initiative will also be implemented in St. Clair County (began August 2016). This report also excludes Madison County due to small sample size.*

http://illinoisaoda.org/users/login

Eligibility requirements remain the same as above throughout the current extension period. One of the key tasks in executing the expansion of the IV-E AODA Waiver Program is the addition of two additional JCAP staff members to specifically make early engagement efforts within a few days of the Temporary Custody determination. One staff member serves as an outreach worker to make contact with

the DCFS investigator within days of the Temporary Custody hearing and if the parent fails to attend the TC hearing will offer support and logistical assistance, such as transportation to the court for the assessment. In addition, a second staff member serves as a "mobile assessor" to take the assessment out into the field to the parent's home and have immediate contact with the parent(s); this approach is often referred to as a suitcase assessment. This strategy is designed to engage families earlier in the process by making contact as soon as Temporary Custody is determined and to provide an assessment in the parent's residence to increase their overall chances of achieving reunification. Early screening and engagement should also help shorten the length of time children spend in foster care.

Theory of Change

The Title IV-E AODA waiver demonstration is designed to improve child welfare outcomes by providing enhanced alcohol and other drug abuse services in substance-affected families served by the Illinois child welfare system. The program theory underlying the Illinois AODA Waiver Demonstration is a basic access-linkage model that poses that programmatic outcomes improve when the program elements include (a) careful assessment of client AODA and other problems surrounding the family, (b) tailored treatment plans so that specific services are matched with or designed to address specific problems, and (c) specific linkage mechanisms (e.g. referral, onsite services or intensive case management) that increase access to these services.

The demonstration project incorporates three core components to achieve the improvement of outcomes:

- The provision of an on-site AODA assessment service located at the Juvenile Court building (JCAP). This on-site screening decreases the time it takes child welfare professionals and family court staff to (1) identify substance abuse as a problem and (2) connect families (parents) with services.
- The utilization of Recovery Coaches to assist birth parents with obtaining AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and permanent planning. Recovery Coaches increase the odds of achieving a stable reunification for substance abusing families by providing individualized services and support (such as removing barriers to treatment) to parents throughout the duration of the child welfare case.
- The addition in 2013 of a mobile assessment unit, which involves aggressive outreach to the parent's home to provide an assessment and achieve immediate contact as soon as Temporary Custody is determined. Earlier screening and parent engagement enhance the effectiveness of Recovery Coaches, increases the overall chances of achieving reunification, and should help shorten the length of time that children spend in foster care. The outreach efforts should also identify more families in need of services – as some families would historically skip on-site court related activities – and thus be ineligible for the wavier demonstration.

Additionally, data indicates that the majority of families participating in the AODA demonstration faced co-occurring challenges, especially domestic violence, mental health issues, and housing-related problems. Efforts were focused on assessing for these issues on a quarterly basis with each family and making the appropriate service referrals in order to achieve maximum project efficacy.

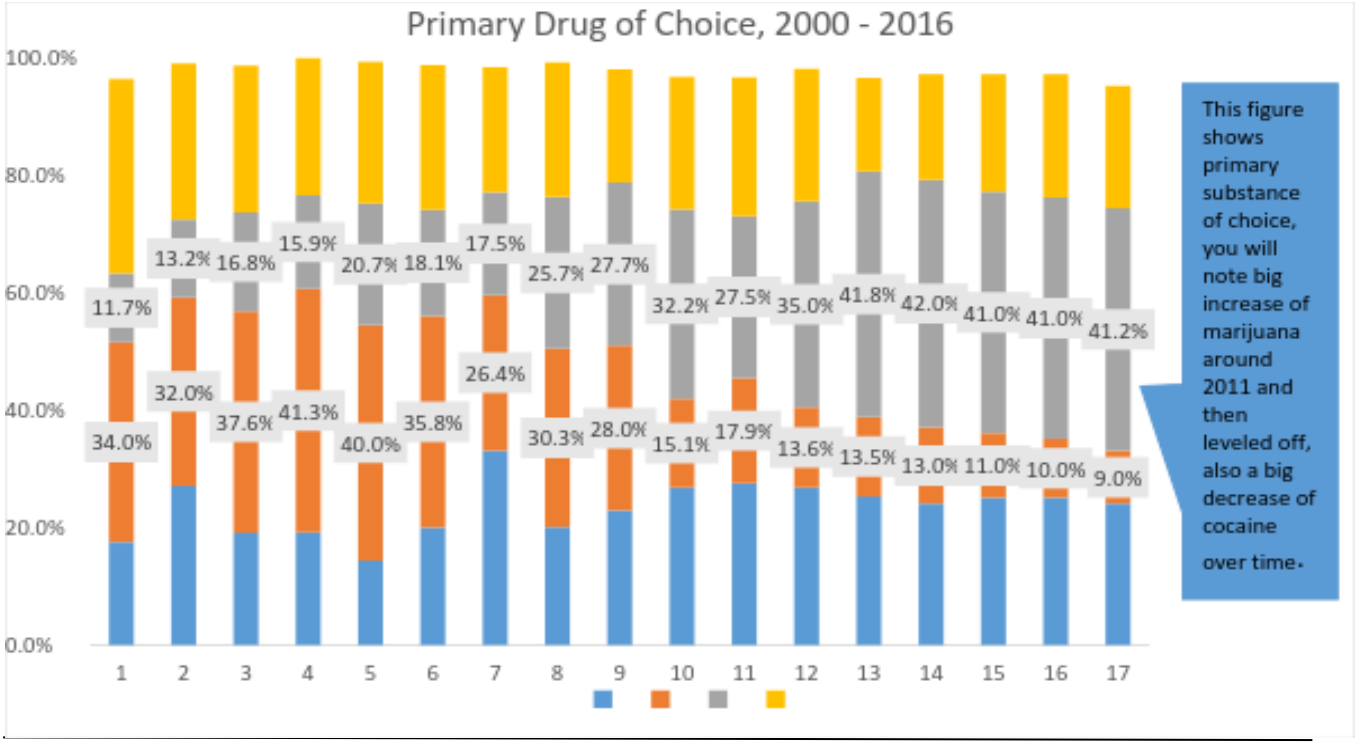
Data Sources and Data Collection Methods

Unless otherwise indicated, data in this report include all children and families associated with the Illinois Alcohol and other Drug Abuse (AODA) waiver demonstration between April 2000 and February 2017. The safety and permanency data run through June 2017. The evaluation staff at the University of Michigan access the IDCFS administrative from Chapin Hall. These data include child and family demographics, allegations of maltreatment (allegation type, disposition, allegation dates) and placement information (placement start/stop dates, placement type).

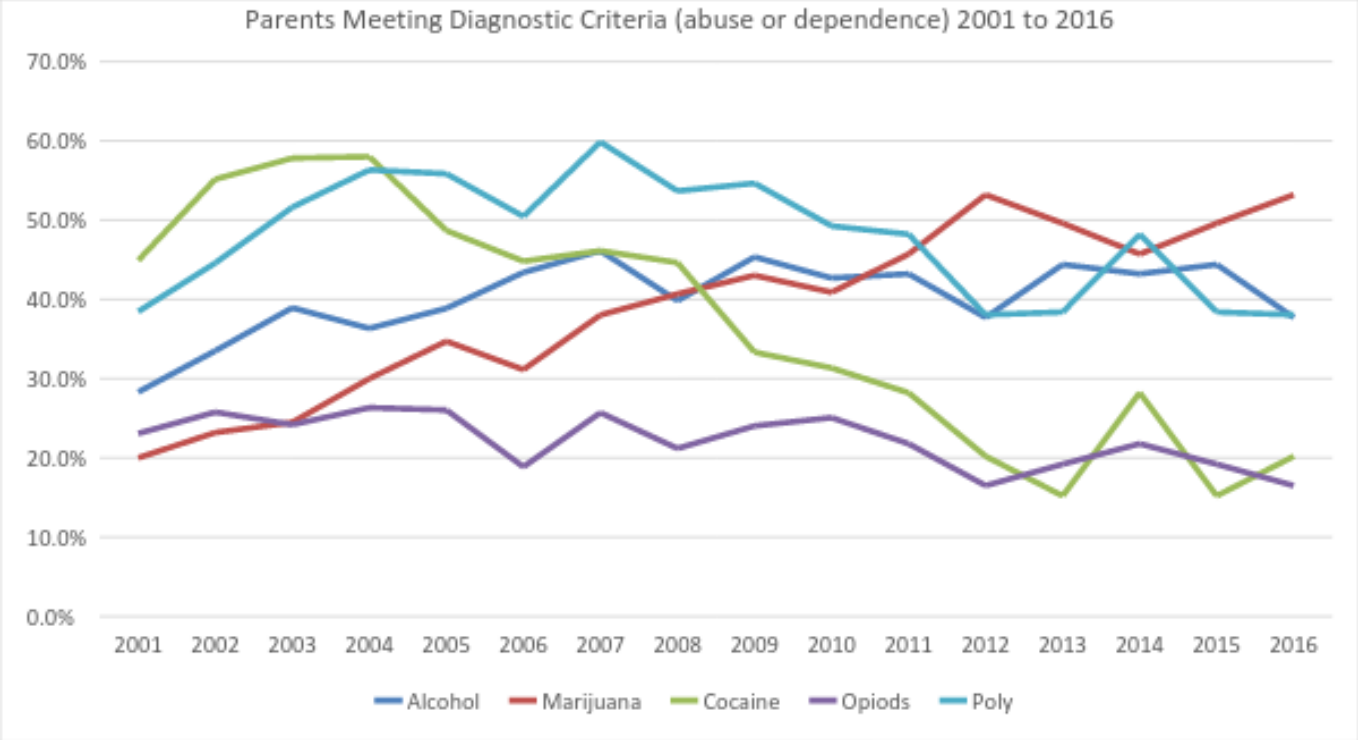
SIGNIFICANT EVALUATION FINDINGS

Changes in Drug Use over Time:

We have been monitoring the changing nature of substance use over time. The following figures highlight changes as reported by parents. In particular and specific to the "primary drug of choice", one will note the declining presence of cocaine (color coded in orange) (since peaking at 41.3% in 2004) and the increasing prevalence of marijuana (color coded in gray) (constituting 41.2% of the population in calendar year 2016).



As part of the JCAP assessment, there are questions that map on to DSM IV clinical diagnoses (including both abuse and dependence). An individual can be abusing substances (i.e. using to the point as to create difficulties at work or with personal relationships) but not dependent on substances. The following figure displays the percent of parents that meet the diagnostic criteria for either substance abusing or substance dependent. At least two important findings are worth noting. First, alcohol and marijuana abuse/dependence is steadily increasing over time. Second, a substantial proportion of parents meet the diagnostic criteria with more than one substance (i.e. poly substance use).



The most recent development associated with the Illinois waiver demonstration is the addition of the mobile assessment unit. The concept of the mobile unit emerged from a recognition that many parents were not attending court hearings (temporary custody or otherwise) and thus IDCFS workers were (1) unable to assess for substance abuse problems and (2) unable to quickly connect families with much needed services. Rather than wait for parents to come to court and make their way to JCAP, the mobile unit brings the assessments into the field and to the families. We hypothesized that this programmatic development would increase the overall number of parents screened for substance abuse issues, increase the overall number of parents associated with the waiver demonstration, shorten the time between

temporary custody and assessment and finally – and perhaps most importantly – improve the effectiveness and outcomes associated with the recovery coach model. Given the slow rate of family reunification, we are yet to estimate the impact of the mobile unit on child welfare outcomes. However, it is clear that the mobile unit is responsible for a significant increase in the overall number of parents screened (up 27% since 2012, just prior to waiver extension), number of parents eligible for the waiver demonstration (as approximately 68% of parents are identified as having a substance abuse problem) and a decrease in the time between temporary custody and screening.

Outcome Study

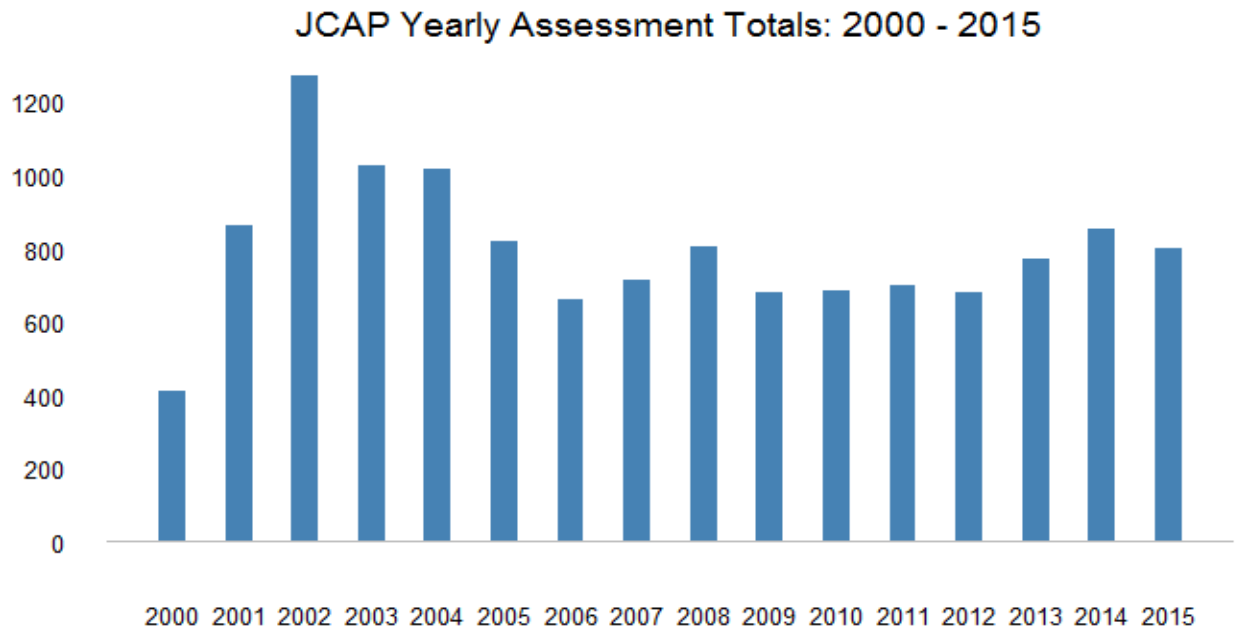
In order to understand the efficacy of the recovery coach intervention, a set of outcomes related to child safety and permanency were measured for children with parents enrolled in the study. A key assumption of the intervention is that the additional assistance of recovery coaches will help parents affected by substance abuse regain custody of their children more quickly. Second, by working to address one of the contributing factors that prompted removal, children from parents in the demonstration group should be less likely to experience subsequent allegations of abuse/neglect or re-enter out of home care.

We track these outcomes using administrative data describing Illinois's foster care system, provided by IL DCFS. Curation and updates of a relational database representing Illinois's child welfare system is maintained by Chapin Hall at the University of Chicago, which provides quarterly downloads to the evaluation team. Enrollment information from JCAP assessments, provided to the evaluation team by Caritas Family Solutions, is used to identify parents/children within the IL DCFS database. Families were included in the analysis if their research assignment code belonged to the demonstration or control group, the enrolled parent was located in Cook county, and maintained a valid (non-missing) DCFS family and DCFS individual ID number.

Children are grouped based on the assignment status of their parent(s), and are measured on the following:

a) % reunified within 12 months of JCAP assessment
b) % reunified within 24 months of JCAP assessment
c) % that are ultimately adopted
d) Time (days) to reunification & time (days) to adoption
e) % that re-enter care following placement (return) to the parental home.
f) % that experience a subsequent allegation of abuse or neglect following JCAP assessment

Reunification was defined as a child's placement in a setting marked as "Home of Parent"; adoption was defined as a child's placement in a setting marked as "Home of Adoptive Parents". Time to reunification or adoption was determined by taking the difference between the parent's JCAP assessment date and the start of their stay at the parental or adoptive home. Subsequent allegations are defined as any substantiated report of abuse/neglect that occur following JCAP assessment.



Sample Size

The following tables display the number of parents assigned to the control and demonstration groups by county. As of February 2017, 3,811 parents are associated with the Cook County site.

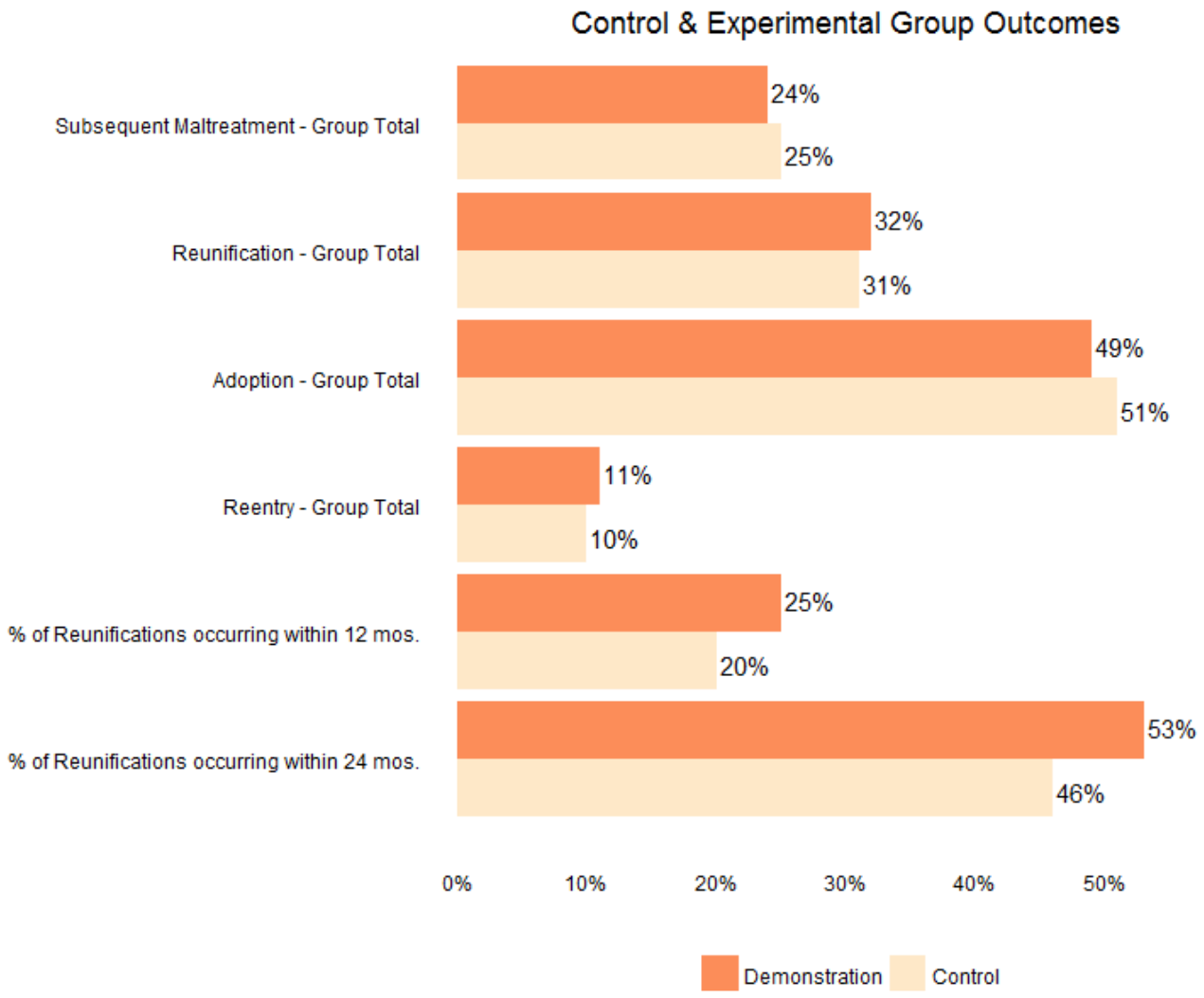
COOK COUNTY		
Group	**Total**	**% of Total**
Control	1,318	33.6%
Demo	2,493	65.4%
Totals	**3,811**	**Parents**

Permanency, Reentry and Safety

The following figure displays the relative percentage of children that have achieved permanency since the beginning of the AODA waiver (April 2000). This includes families from Cook county enrolled in the demonstration as of February 13, 2017. The permanency data run through June 2017. The figure also includes rates of reentry and rates of subsequent maltreatment. The bars marked as "Group Total" reflect all children who experienced a given outcome in the numerator, against the total group size in the denominator. Overall, children in the demonstration group were significantly more likely to be reunified at 12 and 24 months. The time to reunification is another important metric to explore. Children in the experimental group were reunified in significantly less time than children in the control group (817 days vs. 985 days). That is a difference of 168 days or approximately 5.6 months.

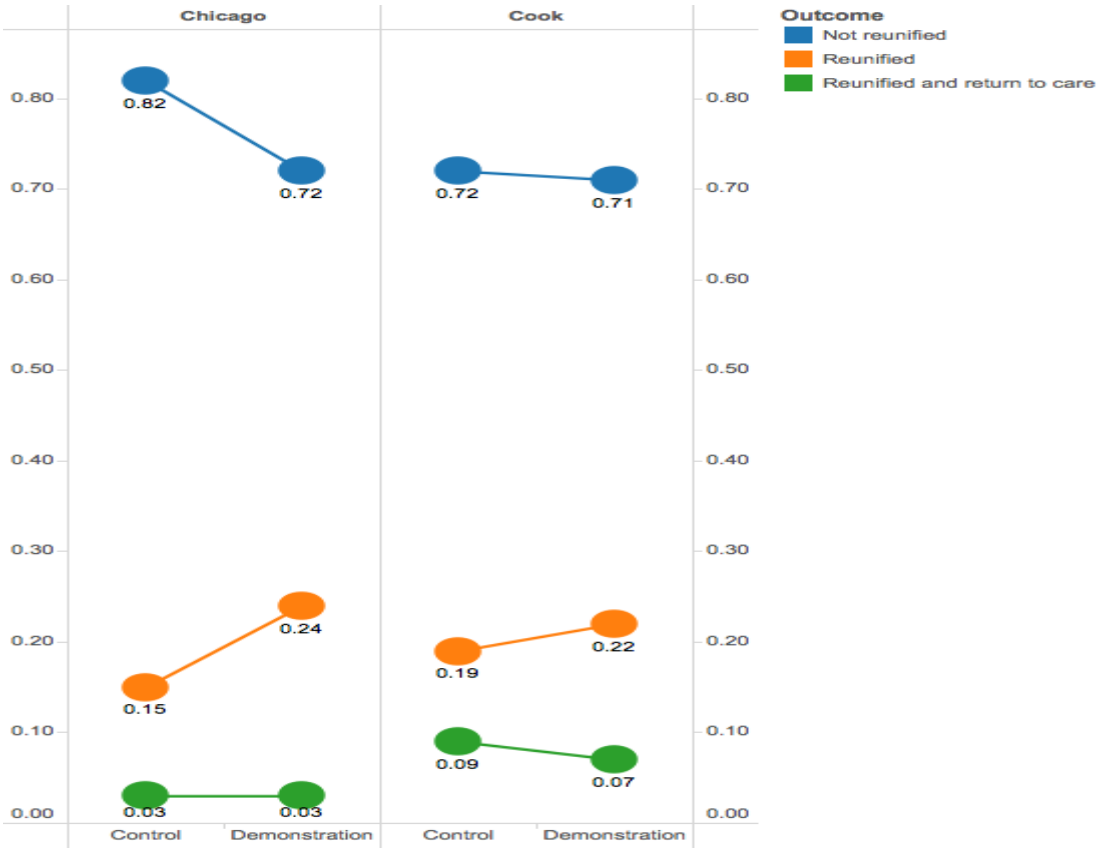
Regarding adoption, children in the demonstration group showed lower rates of adoption, but the differences are not statistically significant. Children in the demonstration group had slightly longer times to adoption, but this difference was not significant (1682 days vs. 1599 days).

The proportions of children experiencing subsequent maltreatment, and children experiencing re-entry did not significantly differ between the demonstration and control groups. This can be seen as a positive finding, in light of the other results regarding timing; children in the demonstration group are more likely to be reunified within the first two years, but are not more likely to experience a return to out of home care.



Recovery Coaches and Risk of Reentry

We constructed a measure of reunification that captures the concept of permanency. Specifically, the measure of permanency included both unstable and stable reunifications, thus reflecting the field's evolution in how it regards reunification. Only recently did the federal government introduce estimates of reentry into states' performance indicators. Overall, 28.8% of the sample achieved reunification within three years. Unfortunately 23% of the families that achieved reunification failed to maintain that reunification for at least 12 months. Thus, in the final analyses, only 22% of the overall sample achieved both family reunification and then permanency through 12 months subsequent to discharge from foster care. In comparison, the national standard (median rate determined by the CFSRs) is 15 percent. The encouraging news, as it relates to recovery coaches and the Illinois waiver, is that the process of reunification is responsive to intervention. The recovery coaches significantly increases the odds of achieving a stable reunification for substance abusing families. Specifically, families who were assigned a recovery coach were nearly twice as likely to achieve a stable reunification as compared with families who received only traditional child welfare services (see following figure). Still, there remains a lingering concern about the high likelihood (approximately 1 out of every 4) of disrupted reunifications, even with the recovery coach. We will look to learn more about reentry in the coming quarters.



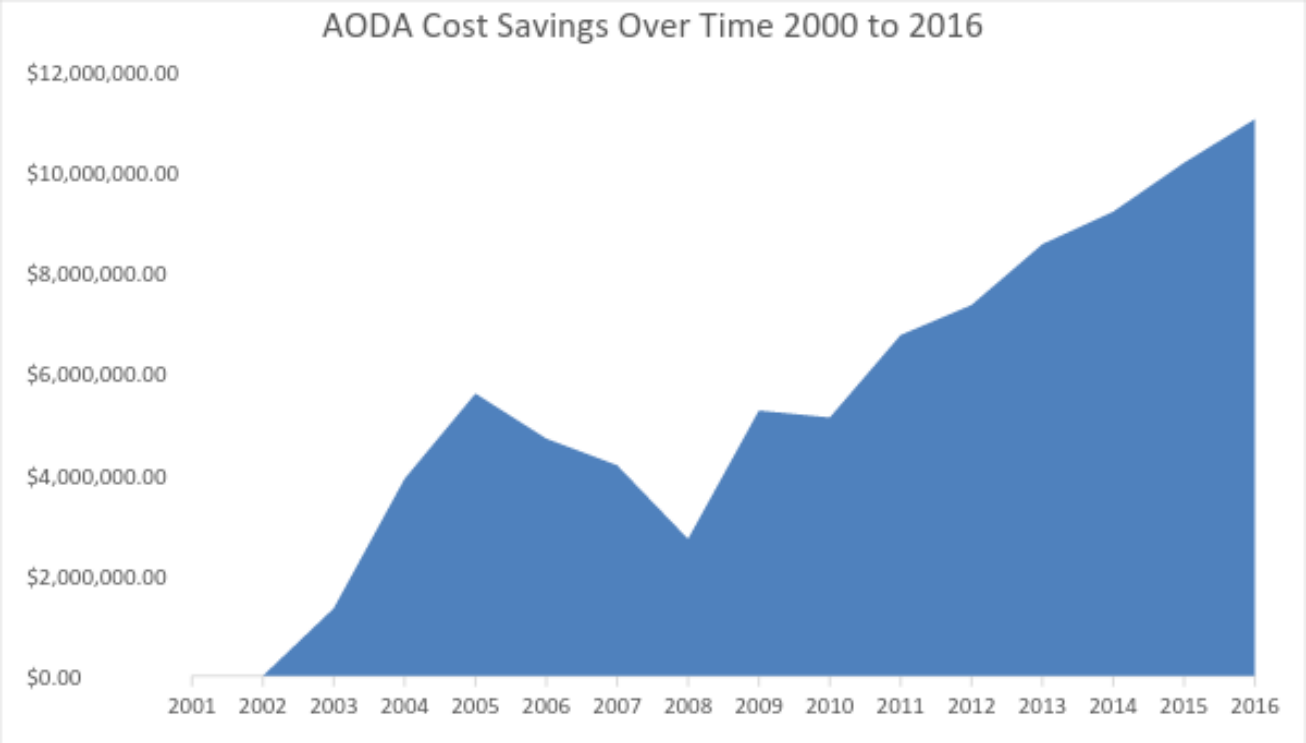
Timing Matters:

We constructed a measure of service access (or more accurately the timing of service access) to test whether a foundational belief in social work – early engagement – improves outcomes for vulnerable populations. The focus of this work directly reflects the Illinois' waiver extension – that is – deploy the mobile JCAP unit so that we can screen and connect families with services in a more timely manner. The hypothesis is that closing this gap (or lag) will improve outcomes. Approximately 75% of parents were screened by JCAP within 2 months. This estimate has increased over time with the introduction of the mobile JCAP unit. Overall, 19.2% of the sample achieved reunification within three years. Bivariate analyses indicate that the assignment of a recovery coach significantly improved the likelihood of achieving reunification (16% vs. 21%, an increase of 31%). What we learned from subsequent bivariate and multivariate analyses is that not only does the recovery coach model improve reunification, but that this effect is limited to families that are quickly assessed and connected with services. The relative likelihood of achieving reunification for children in the experimental group that did not experience a timely screening and service connection (14%) is no different than the children associated with the control group. In comparison, 22% of the children in the experimental group associated with an early screening/access achieved reunification. The take home message from this finding is clear; a timely assessment in and of itself will not produce improved outcomes for substance abusing families in child welfare. Similarly, innovative services (like the recovery coach) can move the needle with regard to improving family reunification but only when delivered in a timely manner. For reasons largely unknown, the effects of the recovery coach program seem to dissipate or even vanish the further families and caseworkers get from the temporary custody hearing.

A surprising yet compelling finding that emerged from the timing study pertains to racial disparities. For children assigned to "services as usual" group, relatively large effects emerged for both race and age. Specifically, African American children and young children were less likely to achieve reunification. Yet, in the multivariate analysis of experimental group families, no racial disparities emerged. That is, *with the help of a recovery coach, African American children were just as likely to achieve reunification.* Racial disparities have been a long standing concern and a quite stubborn problem for child welfare systems. African American children are overrepresented at every point within the child protection and child welfare system. Moreover, despite decades of systematic efforts, few interventions have been developed and tested to eliminate racial disparities and decrease over-representation. The finding that racial disparities are non-existent for families associated with the recovery coach model in encouraging. Perhaps there is something about the comprehensive assessment and the provision of specialized services *that helps to address unique family needs and thus eliminate biases* that may impact reunification decisions. This is an important area of research that warrants additional attention.

Cost Data

The Illinois AODA waiver demonstration is cost neutral and more specifically has generated approximately $10,587,174 in savings for the State of Illinois. This estimate capture all costs as of June 30, 2017. These savings come from (1) significantly higher rates of family reunification within the first 24 months and (2) more-timely (quick) reunification.



Demonstration Status, Activities and Accomplishment

IV-E AODA Project Staff Work Group

The IV-E AODA project is a collaboration of concerted efforts by both DCFS personnel and private agency staff contracted to provide direct services to IV-E AODA clients. A work group, consisting of DCFS staff from the Division of Service Intervention, along with private agency administrators and coordinators, discuss ongoing efforts and monitor continual implementation of the project.

In Cook County, the Department has contracted with Caritas to provide assessments and referrals at the JCAP site. An additional contract exists with Caritas to coordinate the computer-based data collection integrated system called TRACCS (Treatment Record and Continuing Care System). In addition, the Department contracts with TASC (Treatment Alternatives for Safe Communities) to provide the complete array of Recovery Coach Services and supervisory staff.

Currently in Illinois, DCFS provides child welfare contracts to private agencies to serve approximately 80% of the families in Cook County who have open cases with the department. (In the IV-E Waiver in Cook County, 90% of the parents are served by private agencies.) The private agency or DCFS team serving the client at the time the parent is assessed at JCAP and TCAP to determine eligibility for the waiver project. The majority of cases are now assigned within the same day of the JCAP and TCAP assessment and cases are coded by the end of the following week. As a result of timely case assignment, a Recovery Coach liaison meets with the caseworkers and clients on the day of the assessments to begin the engagement process immediately.

IV-E AODA Project Expansion

In July of 2013, implementation meetings with Caritas began and continued after the proposal was approved to include a mobile JCAP unit. In addition, TASC named an additional outreach worker to also go out and meet the parent in the home to begin the Recovery Coach early engagement process to all parents assigned to the Demonstration group. Quarterly meetings with JCAP and JCAP mobile unit has given supervisors the opportunity to converge on project expansion challenges on converge on ideas to best reach clients early. *As noted in the findings, this new practice has increased the overall number of parents screened, increased the number of parents eligible for the demonstration waiver and shortened the time between temporary custody (hearing) and substance abuse screening (JCAP).*

Trainings with Private Agency Personnel

Throughout previous reporting periods, project staff continued conducting individual training sessions with private agency placement teams contracted to serve DCFS involved families. These trainings provided specific information regarding the IV-E AODA project design.

Training for Recovery Coach Staff

TASC's Recovery Coaches have participated in the following professional development seminars during this reporting period:

August	2014	Substance Abuse and Parenting
September	2014	Community Care Alliance/ County Care
October	2014	Clinical Interventions (Dr. Eisenberg)
November	2014	Holiday Stress
December	2014	Dual Diagnosis
January	2015	Survey of Training Needs
February	2015	Safety in the Field

January	2016	Women's Treatment Center Presentation on Treatment Services Available
February	2016	Opioid Use Disorders & Heroin Crisis Act
March	2016	Above and Beyond Presentation on Outpatient Treatment Services
April	2016	Cook County Mental Health Court presentation
May	2016	Trauma Informed Care
June	2016	Domestic Violence
July	2016	Affordable Care Act & Medicaid Eligibility
August	2016	Medication Assisted Treatment/Suboxone
September	2016	ASAM Criteria
October	2016	Olive Branch presentation
November	2016	Review of Quarterly Report procedures/Data Day
December	2016	Holiday gathering/Helping Clients Cope with Holiday Season

January:	2017	Community Treatment Options/Above and Beyond Recovery Center
February	2017	Managing Critical Incidents/Individual Crisis Plan Development
March:	2017	Understanding Toxicology Reports/Presentation by Bill Salas/TASC Lab Director
April:	2017	JCAP Services & Collaboration/Cheryl Newsome, JCAP
May:	2017	Updates to ASAM/Peter Gubbe, TASC Recovery Coach
June:	2017	Data Collection & RCP Reports/Donald Rankin, TASC Data Coordinator
July:	2017	Community Treatment Options/The Olive Branch
August:	2017	CARF Accreditation & Preparation/Quality Assurance/Sheryl Hedgley, TASC Compliance Manager
September:	2017	Services at Christian Community Health Center/Amani House
October:	2017	Client Advocacy & Medicaid/Sherie Arrazolia, TASC Healthcare & Strategy Director
November	2017	(to be presented 11/28) Managing Holiday Stress, Client & Self Care During the Season
December:	2017	(to be presented 12/19) Understanding Treatment & Recovery/CADC Preparation

Recovery Coaches new to the staff participate in staff orientation and clinical series training for two weeks: topics include understanding addiction, relapse prevention, fundamentals of assessment, ethics, service hours, TRACCS client tracking system, service planning, and case management and counseling skills.

IV-E AODA Waiver Standard Operating Procedural Manual:
Project staff from both Caritas and TASC compiled a Standard Operating Procedure manual complete with policies, procedures and protocols encompassing all aspects of the IV-E AODA Waiver project. This manual is used for training new staff and also ensures continuity, consistency and standardization of approaches employed when working with clients on a daily basis. TASC has recently revised some of their protocols, which were approved by their quality assurance team. The manual is updated periodically in conjunction with current practice. The manual is used in Cook County and continues to be a great training manual and reference piece. Within this last reporting period, project staff evaluated the sections that needed to be updated. This was completed in May 2014 and is currently being used with all newly hired personnel.

Evaluation Status

Referrals to Cook County Juvenile Court Assessment Project

The Juvenile Court Assessment Project (JCAP) provides alcohol and drug assessments for adults 18 years and older in Cook County. JCAP is located on site at the Juvenile Court Building in Chicago in order to provide convenient and easy accessibility for parents who have lost custody of their children and who are in need of an assessment to determine if a referral to drug treatment is appropriate and necessary. The charts and table on the following page represent data regarding all JCAP referrals. The availability of assessment services at the Juvenile Court building remains beneficial to all DCFS involved clients who have lost custody of their children.

DCFS involved parents can be referred to JCAP by judges, court personnel and child welfare workers for AODA assessments for two main reasons: 1) to determine the level of care needed and to arrange an intake appointment for a client with a known substance abuse problem; or 2) to rule out a substance abuse issue for clients where this has not yet been determined or evaluated effectively.

Services provided: The AODA demonstration project utilizes the existing DASA/DCFS Initiative treatment services as the foundation for enhanced services. Since the implementation of the AODA waiver, an on-site AODA assessment project, JCAP (Juvenile Court Assessment Project) serves DCFS involved family members immediately following the temporary custody hearing at Juvenile Court. Judges, attorneys, and child welfare workers may refer parents for an assessment and a same day treatment referral. Court personnel and caseworkers receive feedback regarding the results of the assessment within one day of the referral. A more in depth narrative report is submitted to the court prior to the parent's next court date.

Recovery Coach Services provided in Cook
The Recovery Coach services offered to the demonstration group clients are provided by Treatment Alternatives for Safe Communities (TASC). Recovery Coaches provide a proactive case management strategy that emphasizes continual and aggressive outreach efforts to engage and retain parents in treatment and other services needed for recovery. These services outlined below continue to be refined.

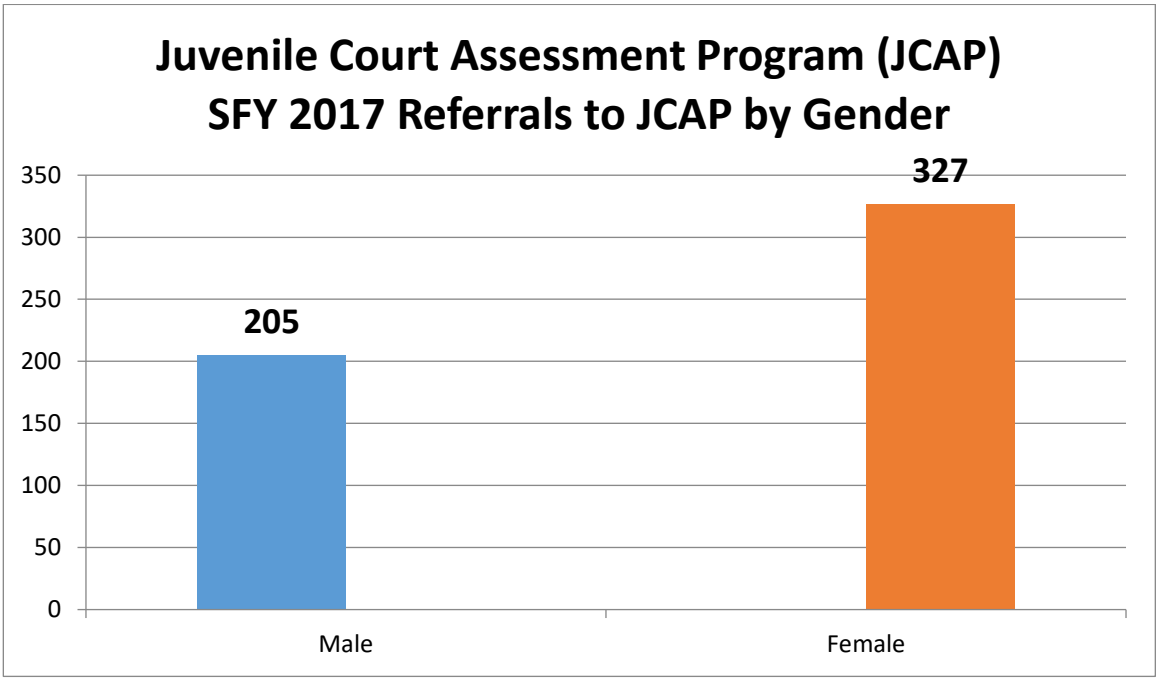
The primary goals for the Recovery Coach are to actively assist parents of substance affected families to address their AODA problems and other issues affecting the family in order to help parents move towards

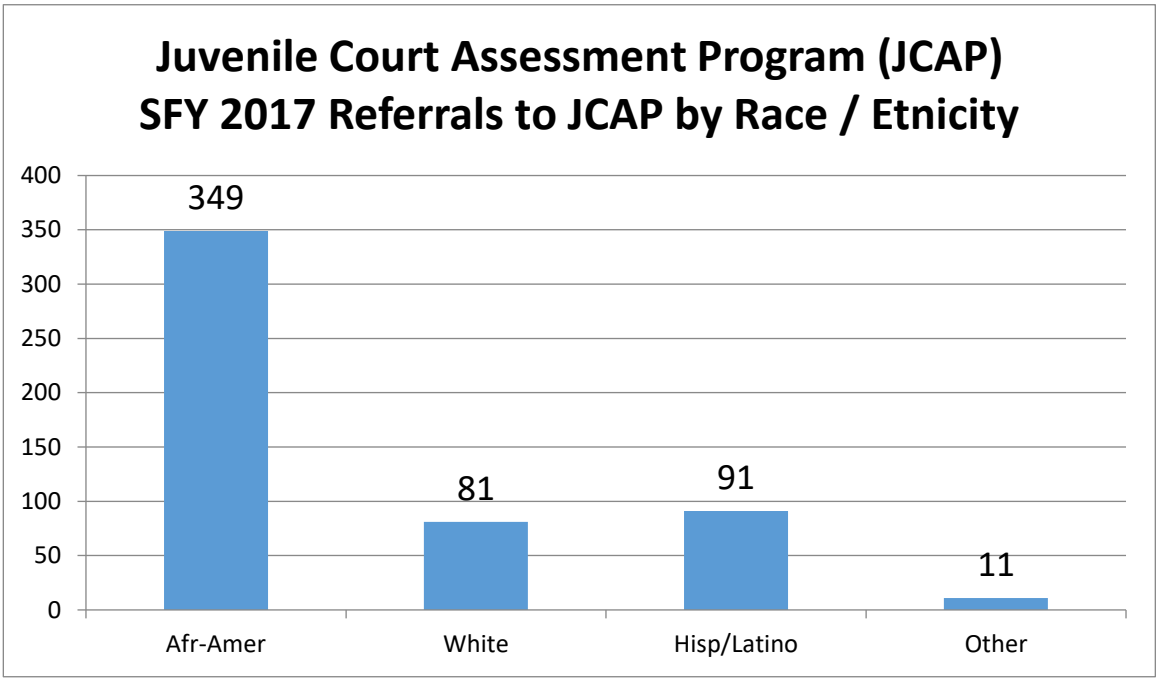
family reunification as safely and quickly as possible. A secondary goal is to facilitate information sharing between child welfare, AODA providers and court systems so that permanency decisions are based on accurate and timely information.

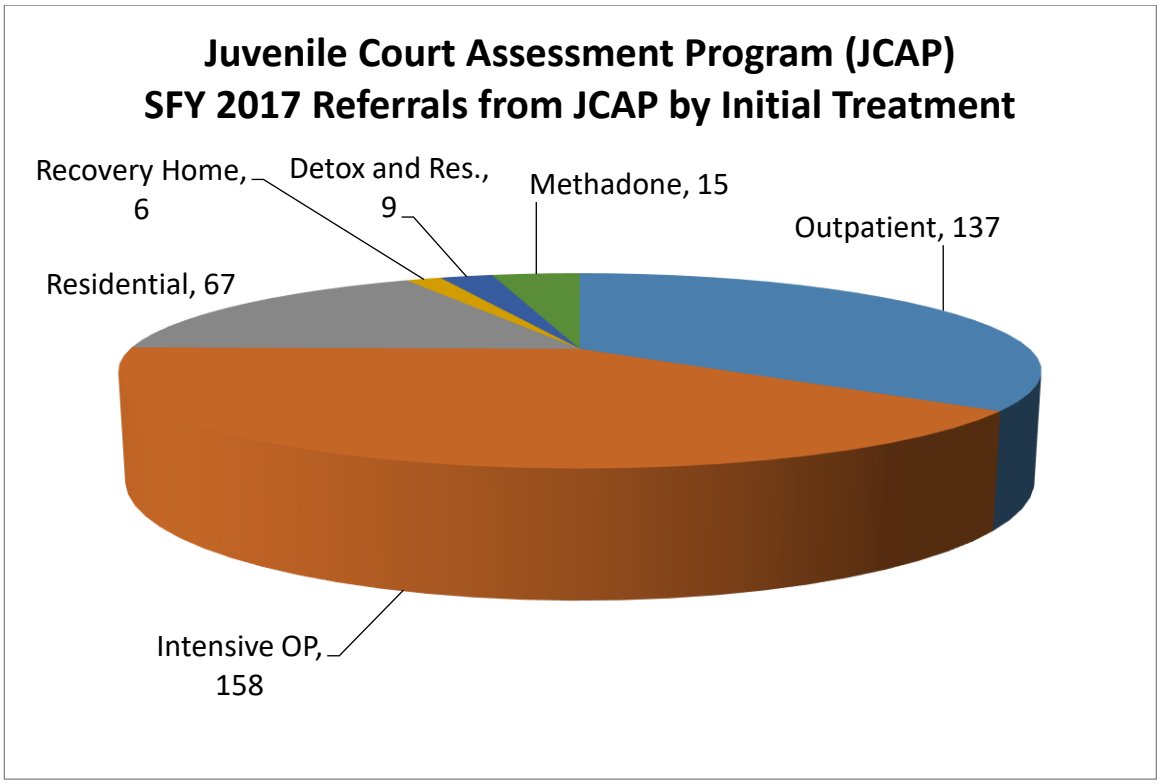
In Cook County, cases are randomly assigned to the Demonstration group and are referred to the Recovery Coaches after the parent has met eligibility requirements for the project and the Juvenile Court Assessment Program (JCAP) has completed the AODA assessment. A Recovery Coach liaison meets with the parent, JCAP assessor, and child welfare worker at the conclusion of the assessment to discuss referral arrangements and initial service planning. The Recovery Coach liaison is stationed each day at the JCAP office in Juvenile Court to expedite initial engagement with parents.

Clinical Assessment
Recovery Coaches ensure that a comprehensive range of assessments in addition to the AODA assessment is completed, either through the child welfare caseworker or as designated by the Recovery Coach. Depending on the needs of the parent, these assessments can evaluate need for mental health, parenting, housing, domestic violence, and family support services.

JCAP Data




Juvenile Court Assessment Program (JCAP)
SFY 2017 Referrals to JCAP by Race / Etnicity
400
350
300
250
200
150
100
50
0
349
81
91
11
Afr-Amer
White
Hisp/Latino
Other


Juvenile Court Assessment Program (JCAP)
SFY 2017 Referrals from JCAP by Initial Treatment
Recovery Home, 6
Detox and Res., 9
Methadone, 15
Outpatient, 137
Residential, 67
Intensive OP, 158

Benefits Identification and Advocacy
Recovery Coaches work with the parent to identify any entitlement or other program resources that the family may be eligible to receive. Recovery Coaches assist the parent in obtaining benefits and in meeting the responsibilities and mandates associated with the benefits.

Service Planning
Recovery Coaches work with parents to prioritize issues identified in the clinical, benefits, and other assessments. The parent and the Recovery Coach collaboratively develop a plan with goals and tasks that will meet the requirements and demands of the multiple agencies and systems involved with the family. The Recovery Coaches help ensure that the DCFS service plan, the AODA agency's treatment plan and other requirements are coordinated. A significant component of the service planning and case management efforts undertaken by Recovery Coaches relates to assisting families to respond to and coordinate the numerous service providers involved in their lives.

Outreach
Recovery Coaches work with the substance affected families in their communities making regular home visits and visits to AODA treatment agencies. Joint home visits with the child welfare caseworkers and/or AODA agency staff are also conducted. At least one Recovery Coach is always on call during evenings, weekends, and holidays to address emergencies as they may arise. In Cook County, Recovery Coaches also have access to Outreach/Tracker staff that specializes in identifying and engaging hard to reach parents. Each team of Recovery Coaches is assigned a Tracker.

Case Management
Proactive case management with and on behalf of the parent is a priority of the Recovery Coach. Case management activities are intended to remove any barriers to a parent engaging in AODA treatment, retaining a parent in treatment, and re-engaging parents who may have dropped out of treatment. A Recovery Coach is assigned to a parent throughout and beyond the treatment process to help ensure a parent is actively engaged in aftercare services in their community and in recovery support activities. The range of support from the Recovery Coach extends through the time period after children have been returned to a parent's custody. Recovery Coaches stay involved with a family through this potentially stressful time, as it has been identified as a vulnerable time for parents often correlated with relapse.

In addition to working directly with the parent, the Recovery Coach's case management responsibilities include regular contact with the AODA treatment agency and child welfare worker. This includes attending or preparing reports for child and family team meetings, joint and interagency staffings, and administrative case reviews and court appearances.

Drug Testing
Through the DCFS contract with TASC, Recovery Coaches have access to random urine toxicology testing to monitor a parent's compliance with program requirements. Recovery Coaches are able to obtain toxicology samples at their offices or in parent's homes as necessary. Results are typically available the next day and can be readily available and communicated to the caseworker and/or the

courts.

Reporting
Recovery Coaches provide a written report to the child welfare caseworker regarding the parent's progress in AODA treatment and recovery on a monthly basis. This report to the caseworker helps ensure that the necessary information from AODA treatment is provided to the courts and other involved agencies.

Permanency Assessment and Recommendations
In addition to the regular monthly progress reports to the child welfare caseworker, Recovery Coaches also prepare a Permanency Assessment and Recommendation report for the caseworker. This comprehensive report assesses the parent's progress in treatment and recovery as well as other areas identified in the service plan. The report also provides a recommendation to the caseworker regarding the safety of the child if custody is returned to the parent. The caseworker can then incorporate the permanency assessment and recommendation into their report to the court at the permanency hearing.

Quarterly Meetings with Caseworkers
Based on a recommendation from the DCFS Inspector General, the Recovery Coach and caseworker meet quarterly to discuss progress and clinical decisions in each case.

Clinical Program Enhancements:

Although the recovery coach model has proven successful, we continually seek to utilize the empirical findings to date and systematically improve the AODA Waiver Demonstration so that the interventions for the coming years are both more effective and more efficient.

As noted and demonstrated with the mobile JCAP assessor, we are making a deliberate and concerted effort to make contact with DCFS workers in order to get parents assessed for AODA issues more expeditiously. Two days a week, program staff are accessing administrative data with temporary custody information and forwarding it to the outreach mobile unit at JCAP. Intake and outreach workers at JCAP are making calls within 2-3 days of custody having been taken and are setting up potential AODA assessments either in the home or transporting to the office.

A major continued thrust is the focus on early family engagement in order to improve reunification. We need parents to be present at the temporary custody hearing (or at least shortly thereafter) for at least two reasons (1) the more time that passes, the less likely we are to engage families, (2) the more time that passes the more likely caseworkers and judges are to establish negative (e.g. noncompliance, lack of concern) opinions about the parents that will undoubtedly influence subsequent decisions to reunify and (3) the more time that passes without family contact the less able caseworkers are to assess family progress with regard to parenting. This relatively recent focus is paying off in terms of improved outcomes.

Recommendations and Activities for Next Reporting Period

IDCFS waiver staff plan to continue trainings with child welfare agencies and with AODA treatment facilities to talk about the project and to do TRACCS (data collection) tracks trainings since many agencies have had staff turnover.

IDCFS waiver staff plan to connect with the Cook county judges to schedule a meeting to provide training and report outcomes regarding the waiver. We would like to report the findings specific to early engagement – so that judges are aware of the importance of screening and service connections.

In the coming reporting period, the evaluation team will spend a considerable amount of time investigating how and why racial disparities seems to vanish with the recovery coach intervention. The issue of overrepresentation for African American families has been a long standing problem for child welfare systems. Identifying programs that help address this concern remains a priority.

Effective January 2017 Illinois' existing two waivers (AODA and Illinois Birth-Three [IB3]) will be combined into a single waiver with the Department's new intervention that implements Immersion Sites. The cost neutrality methodology for the consolidated waivers will change from an experimental design to a statewide capped allocation of IV-E dollars. The new end date for the consolidated waiver will be June 30, 2018 unless an extension is requested. If the state requests an extension and one is approved the waiver could continue through September 30, 2019 or an earlier mutually agreed date.

The Immersion Site intervention will attempt to reduce the time in foster care and achieve quicker permanencies. It will provide stable placements in home like settings, rather than group or congregate care while children are in placement. The core practice model to be implemented in the Immersion Sites will be a Family Centered Trauma Informed Strengths based (FTS) practice model. The FTS model will be supported by the Model of Supervisory Practice (MoSP). The MoSP will train supervisors to support and coach front line workers in the implementation of FTS. Child and Family Teams (CFT) will be the primary vehicle in the Immersion Sites to engage youth, families, and community members in the ongoing planning and organizing of the services and supports children and families need to move to permanency. Enhanced services and flexible funding will be available in the Immersion Sites to support the work of the Child and Family Teams.

The AODA waiver will continue to be implemented as before in Cook, Madison, and St. Clair Counties. The AODA waiver evaluation will not include St. Clair County since that county is one of the initial Immersion Site interventions along with Lake County, Rock Island and surrounding counties, and Mt. Vernon and surrounding counties.

In addition to this interim evaluation report, DCFS will submit a final AODA evaluation within six months following the conclusion of the demonstration. The final report will include process, outcome, and cost analysis components. The AODA evaluation will continue to compare the experimental and control groups for significant differences in access to treatment, participation in treatment, time in treatment, and completion of treatment. The evaluation will also compare permanency rates, placement duration, placement re-entry, and child safety and well-being.

Project evaluators will also continue to prepare journal articles and other reports based on evaluation data from the waiver project. Two papers and an infographic summary produced by the evaluators are submitted with this evaluation report.