Children and Family Research Center
University of Illinois School of Social Work

ILLINOIS ALCOHOL & OTHER DRUG WAIVER DEMONSTRATION

SEMI-ANNUAL PROGRESS REPORT

June — December 2007

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILDREN AND FAMILY RESEARCH CENTER

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Illinois Alcohol and Other Drug Waiver Demonstration
Semi-Annual Progress Report
June - December 2007

Illinois Department of Children and Family Services
Erwin McEwen, Director

I. Overview

This semi-annual 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. The report covers the period June 2007 – December 2007. Unless otherwise indicated, analysis data in the report covers April 2000 through December 2007, the last reporting quarter for which complete data were available from our data collection agency. Client demographic and treatment participation totals are complete through December 2007 unless otherwise indicated. The format for this report follows the requirements for child welfare demonstration projects in the ACF draft Program Instruction issued February 2001 (Log No. ACYF-CB-PI-2001).

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 three waivers (Subsidized Guardianship, AODA and Training) 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. As stated in the evaluation plan, 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.

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.

As of January 2007, IDCFS was granted full approval for a 5-year waiver extension of the IV-E Waiver Project. This extension and expansion enabled additional enhancements to be added to the Recovery Coach program's efficacy and client service delivery capacity in order to address key barriers to reunification such as: 1) *housing*, 2) *mental health*, and 3) *domestic violence*.

In addition, the IV-E AODA Waiver has expanded to the southern part of the state, St. Clair and Madison counties. Project staff was hired and in place by July 2007 and referrals began originating on July 15, 2007.

Eligibility Requirements

In Cook County, eligible families for the demonstration include foster care cases opened on or after April 28, 2000 in Chicago and suburban Cook County. 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 time line 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 research 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 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 appropriate research group.

II. Activities

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, meet monthly to discuss ongoing efforts and 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 in all three counties. In St. Clair and Madison Counties, the department has contracted with TASC to provide the assessments and referrals to all parents and Recovery Coach services to parents assigned to the Demonstration group.

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

Implementation meetings with Treatment Alternatives for Safer Communities (TASC) began immediately after the proposal was approved to expand the Waiver project to two counties, St. Clair and Madison, located in Southern Illinois. TASC offices have been set up in both counties and are located in close proximity to the courthouses. Meetings began to take place in September 2006 in the southern region of the state with TASC, DCFS and the courts to familiarize them with the project, explain how it has worked in Cook County and determine expectations for the implementation of the project in St. Clair and Madison Counties. TASC hired a project administrator, two clinical supervisors, 2 Recovery Coaches and 2 administrative assistants. An orientation and training occurred on April 12, 2007 to introduce the project to Private Agencies and DCFS staff. These two counties began accepting clients into their IV-E Waiver Programs on July 15, 2007.

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. In addition to increasing awareness regarding the project and exploring better ways to collaborate, these trainings have also covered proper completion of the data collection tool (TRACCS Form), as well as the process involved in obtaining signed research consents from parents in the study. These trainings have proven to be beneficial in improving awareness regarding the project and increasing the collaborative efforts between the child welfare worker and Recovery Coach. Project staff continues to provide training upon request as staff turnover occurs at the private agencies. Beginning in March 2007 meetings were held with Private Agency staff to update them on the project, and five-year extension as well as share outcome related data from the previous 5 years. Trainings have continued throughout the fall and winter of 2007. Specifically, on November 14th and 15th, 2007, a training was conducted in conjunction with staff from the Inspector General's office to all child welfare staff in both St. Clair and Madison Counties to discuss the impact of alcohol and other drugs and to discuss how the IV-E AODA waiver will be utilized in these counties.

Trainings with DCFS Personnel

Project staff has provided trainings with the DCFS placement teams carrying 10% of the remaining cases involved with the Department. Beginning in March 2007 meetings were held with DCFS staff to update them on the project and five-year extension, as well as share outcome related data from the previous 5 years. All DCFS workers in St. Clair and Madison Counties were required to attend the November trainings to orientate them to the IV-E AODA waiver in these counties.

Trainings with DASA/DCFS Initiative Treatment providers

Throughout this reporting period and previous reporting periods, project staff conducted individual training sessions with many of the treatment providers contracted through the DASA/DCFS Initiative. Much like the trainings with the child welfare agencies, these trainings provided specific information regarding the IV-E AODA project design such as: eligibility requirements and random assignment; specific project features; projected goals and outcomes, along with clarifying roles and responsibilities of child welfare caseworkers, Recovery Coaches and treatment counselors. The specific goals of these trainings have been to focus on outreach efforts, role of the Recovery Coaches, and how best to collaborate with the treatment counselors to provide optimal and seamless delivery of services to the clients. A meeting with all treatment providers in St. Clair and Madison Counties initially took place in April and continued to take place on an individual basis throughout the year. Meetings are being scheduled with DASA treatment providers in Cook County to update them on the project and five-year extension, as well as share outcome related data from the previous 5 years.

In addition to increasing awareness regarding the project and exploring better ways to collaborate, these trainings have also covered proper completion of the required data collection tool (TRACCS Form) completed each month by the treatment counselor.

Training for Recovery Coach Staff

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

August	2007	Methadone Maintenance
September	2007	JCAP Documentation
October	2007	Service Hour Documentation
November	2007	Stress Management/Self Care
December	2007	Depression

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.

DASA/DCFS Advisory Committee

In 1995 the Illinois Department of Human Services (DHS) Division of Alcoholism and Substance Abuse (DASA) and DCFS jointly developed an array of treatment services and case coordination system for substance abusing parents involved with the child welfare system. Elements of this initiative include increased identification, timely access to treatment, expanded capacity, and removal of any barriers such as childcare and transportation. In an effort to increase communication and collaboration between the two systems an advisory committee was established to discuss joint roles and responsibilities, provide cross trainings and implement a formal process for information sharing. Currently, DASA/DCFS administrators meet on a monthly basis to continue facilitation of collaborative efforts between the two agencies.

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 was completed on December 1, 2006 and is currently being used.

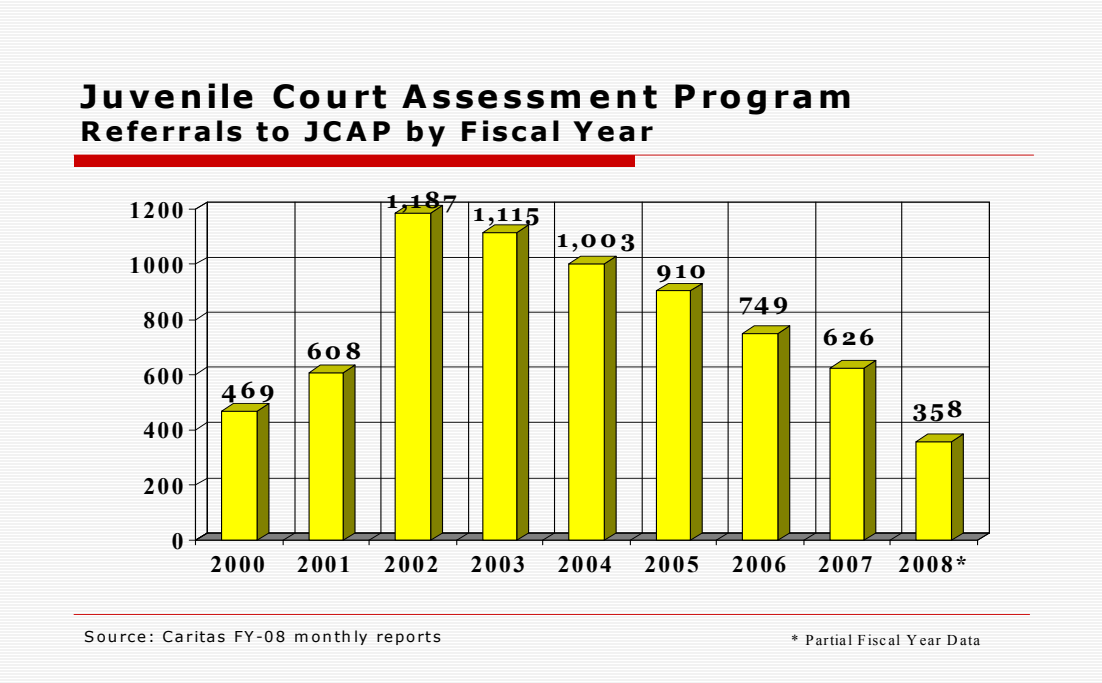
Sources of Referral:

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 JCAP referrals. The availability of assessment services at the Juvenile Court building remains beneficial to DCFS involved clients.

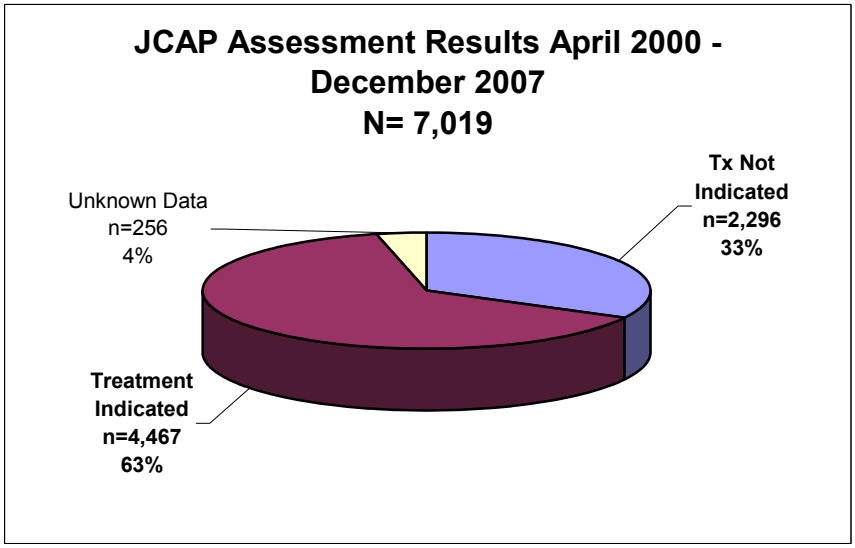
Cook County Juvenile Court Assessment Program Data as of December 31, 2007

The following graphs and chart refer to Cook County – JCAP Subjects only.



As you can see from the chart above, JCAP referrals have continually declined since FY 03. This trend is consistent with the decline in temporary custody cases in Cook County. Judges, court personnel and child welfare workers refer clients to JCAP for AODA assessments for two main reasons: 1) to determine the level of care 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.

The pie chart below indicates that from April 2000 through December 2007, there were a total of 7,019 assessments conducted at JCAP. And of the total assessments conducted 7,019 (63%) resulted in referrals to treatment providers indicating that treatment was necessary for the parent.



The JCAP assessors conduct a thorough screen and assessment to determine if the client is appropriate for a treatment recommendation and referral. As of December 31, 2007 an average of 33% of all assessments conducted at JCAP do not result in a treatment referral based on clients' self-reports. Often due to the inaccuracy of his/her self-report, the client does not meet ASAM criteria and therefore a treatment recommendation is not indicated at the time of the assessment. A juvenile court judge, however, may issue a court order for the client to participate in a urinalysis screening. The results of the urinalysis screen take several days to reach the court, caseworker and client. If the results are positive, the caseworker makes every attempt to bring the client back to JCAP for another assessment.

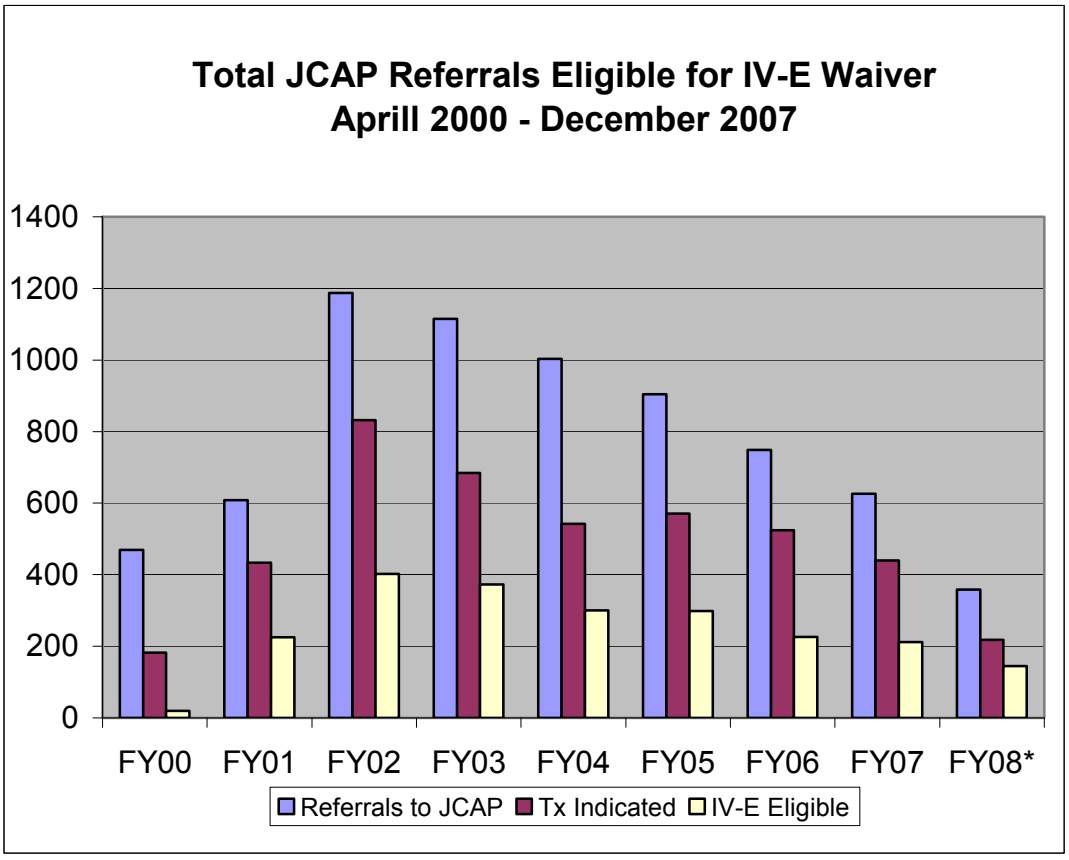
The chart below designates the total number of JCAP assessments that had been given treatment referrals, along with the number of those referrals that met eligibility requirements for the IV-E AODA Waiver. As stated earlier in this report, the eligibility time requirement has been extended from 90 to 180 days from the temporary custody date with the expectation that more parents will be eligible for the project. Extending the eligibility period has increased the numbers of clients who are eligible for the IV-E project. At the end of FY 07, 44% of those indicating a need for treatment met eligibility requirements for the waiver. As of December 31, 2007 the percentage rose to 53%.

JCAP Referrals for AODA Assessments – April 2000 – December 2007

	Referrals to JCAP	TX Indicated	% of TX Indicated	IV-E Eligible	% IV-E Eligible
FY00*	469	182	39%	20	11%
FY01	608	433	71%	225	52%
FY02	1187	832	70%	402	48%
FY03	1115	684	61%	373	55%
FY04	1003	542	54%	300	55%
FY05	904	571	63%	297	52%
FY 06	749	524	70%	227	43%
FY 07	626	440	70%	193	44%
FY 08*	358	259	72%	138	53%

*Partial data available- the 1st two quarters of current Fiscal Year

The percentage of clients eligible for the IV-E Waiver Project and Recovery Coach services is increasing as evidenced by the chart below. It is also important to note that ineligible parents for the project still benefit from the on-site accessibility of an AODA assessment and a same day intake appointment being arranged for them.



The table below designates the type of court hearings referring clients for alcohol and other drug dependence assessments to JCAP throughout the past six fiscal years. As mentioned earlier, JCAP has experienced a persistent decline in court referrals due to a statewide decrease in the number of children placed into temporary custody. The majority of referrals originate from the temporary custody hearings.

JCAP Referrals by Court Hearings:

	FY -03	FY -04	FY - 05	FY - 06	FY - 07	FY – 08*
Temporary Custody	375	328	299	177	205	**129**
Court Family Conference	207	177	143	114	58	**45**
Dispositional Hearing	53	61	42	38	25	**7**
Status Hearing	223	215	227	235	167	**80**
Permanency Hearing	159	131	117	123	117	**68**
Other	85	89	82	60	44	**16**
Unknown	13		0	2	10	**5**
Total JCAP Referrals	1,115	1,003	910	749	626	**358**

* Denotes 1st two quarters of Fiscal Year

The table below indicates the status of the referral at the time of the assessment. A successful treatment referral takes place when an intake appointment has been made within 24 hours of the JCAP assessment. As the chart indicates below, since FY 2004, referrals have met this time requirement between 72-78% of the time.

Follow Referrals to Treatment	FY -03	FY -04	FY - 05	FY - 06	FY - 07	FY – 08*
Successful Treatment Appointments	418 61%	413 76%	432 78%	380 72%	322 73%	182 74%
Placed on Waiting List	37	43	33	17	16	4
Referred and refused Treatment	43	35	30	43	28	18
Pending Medical/Psych Clearance	34	20	19	32	18	12
Other	40	31	31	53	56	29
Missing Data	112	0	7		0	0
Sub-total	684	542	552	525	440	245
Treatment not Indicated	431	461	358	224	186	113
Total	1,115	1,003	910	749	626	358

*Denotes 1st two quarters of Fiscal Year

Sources of Referral: (Continued)
St. Clair and Madison Counties:

TASC Court Assessment Project - TCAP

The TASC Court Assessment Project (TCAP) provides alcohol and drug assessments for adults 18 years and older in the St. Clair and Madison Counties to parents who have lost custody of their children. Referrals are often made by the presiding judges, attorneys and case workers once a case has been scheduled for a shelter care hearing to determine if alcohol and other drug use is a part of the family dysfunction. After the referral has been made to TASC, an assessment is scheduled and a recovery coach will make outreach attempts to contact and engage the parent to conduct the assessment.

Once the assessment is conducted, the TASC assessor makes the treatment recommendation regarding the level of care appropriate for the parent. At that point the TASC Recovery Coach Supervisor randomly assigns the parents into either the control or demonstration group using the computerized selection program designed by the program's independent evaluator. Once assigned, the recovery coaches begin outreach efforts to engage parents in the project and arrange transportation and engagement into treatment services. As seen in the chart below, 55 total referrals were made to both counties and 43 (78%) resulted in AODA assessments being conducted.

Fiscal Year 2008	St. Clair	Madison	Total
Referred to TCAP			
July	6	1	7
August	16	8	24
September	1	5	6
October	7	4	11
November	4	2	6
December	1	0	1
TOTAL	35	20	55
Assessed by TASC	**St. Clair**	**Madison**	**Total**
July	2	1	3
August	13	7	20
September	4	4	8
October	6	1	7
November	2	2	4
December	1	0	1
TOTAL	28	15	43

Of the 43 assessments resulting from the initial referral from court, a total of 37 (86%) met eligibility requirements for the IV-E AODA waiver project. Of the 37 parents enrolled in the IV-E project, specifically, 12 (32%) parents were randomly assigned into the Control group and 25 (68%) were randomly assigned into the Demonstration group. The chart below indicates the numbers by county and months.

Fiscal Year 2008	St. Clair	Madison	Total
IV - E CONTROL			
July	0	0	0
August	3	2	5
September	3	0	3
October	3	0	3
November	1	0	1
December	0	0	0
TOTAL	10	2	**12**
IV-E DEMO	**St. Clair**	**Madison**	**Total**
July	1	1	2
August	10	3	13
September	1	3	4
October	3	0	3
November	1	2	3
December	0	0	0
TOTAL	16	9	**25**
Assessed Ineligible			
No SA Problem	**St. Clair**	**Madison**	**Total**
July	1	0	1
August	0	2	2
September	0	1	1
October	0	1	1
November	0	0	0
December	1	0	1
TOTAL	2	4	**6***

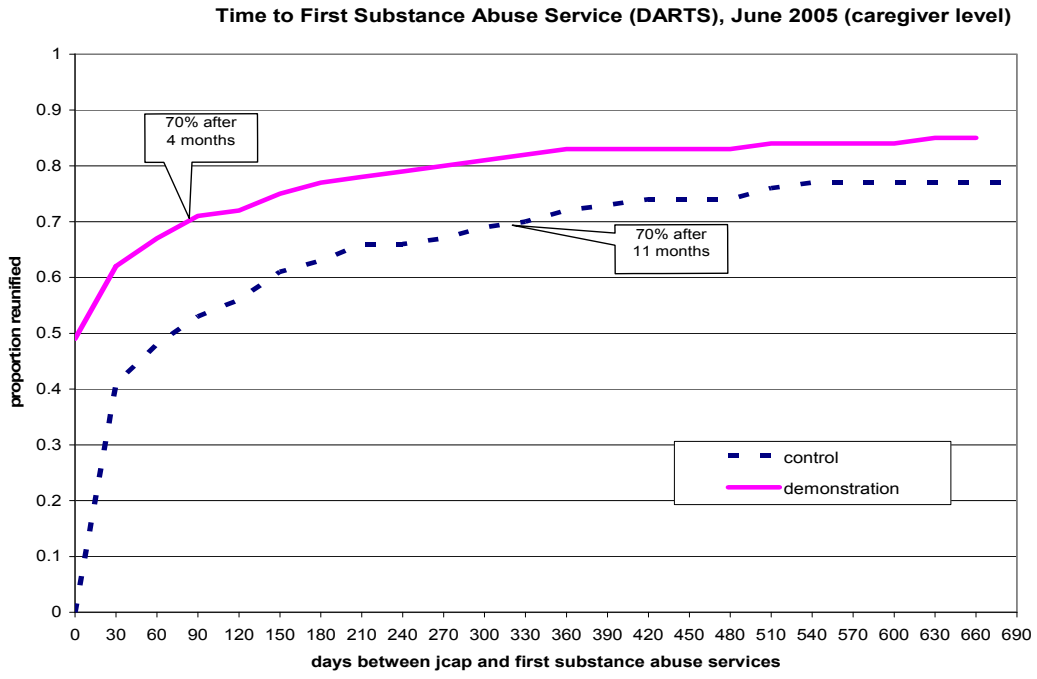
There were 6 (14%) parents who were assessed as not having a substance abuse problem and therefore were not eligible for the IV-E AODA waiver. It is important to note that 100% of the 43 assessments completed were conducted within the 180 day requirement to meet the eligibility mark.

Time between JCAP and First Treatment Episode: DARTS Data 2005

This is the most recent data available from the DARTS database. At this time, there is no current data available for Cook, St. Clair or Madison Counties but the information below does show significance regarding the time it takes for clients to enter treatment. A primary goal of the recovery coach is to accelerate the treatment process. This goal is achieved, in part, by facilitating a timely entry into a substance abuse service setting. To monitor the time between initial assessment and date of first treatment episode, we utilize the State of Illinois' Automated Reporting and Tracking System (DARTS). This database includes a variety of treatment related information including (but not limited to) intake date, termination date, level of care, and reason for service closing. For the purposes of this graph, we are primarily interested in the time between the JCAP assessment and the first treatment episode. The graph below displays comparisons between the demonstration and control groups.

Life Table: Comparing Time to First Treatment Episode:

As of June 2005, the survival lines for both the control and demonstration group are displayed in the following chart. One will note that shortly after the JCAP assessment (represented as 0 days), the two lines begin to diverge. At one month (30 days), the difference is quite noticeable. The Wilcoxon (Gehan) statistic (3.83, df = 1, $p<.05$) indicates that the trajectories of these lines are significantly different. After four months, approximately 70% of the caregivers in the demonstration group accessed substance abuse services – compared with the eleven months it took the caregivers in the control group to achieve this same level of access. Thus, it appears from the chi-square and life table analyses that although caregivers in the demonstration group are not significantly more likely to access substance abuse treatment, these caregivers are more likely to access services more quickly.



III. Status of Demonstration

A. 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 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 next court date.

In Cook County, from the onset of the project through December 31, 2007, JCAP has provided 2,175 assessments to DCFS involved family members in the IV-E AODA project. With increased awareness of the project, caseworkers and court personnel are referring clients to JCAP earlier in the case and meeting the 180-day eligibility time requirement of the project. Of those eligible for the project, 602 parents have been assigned to the Control Group and 1,573 parents have been assigned into the Demonstration group.

In St. Clair and Madison Counties, from July 15, 2007 through December 31, 2007, TCAP has provided 37 assessments to involved family members in the IV-E AODA project. With increased awareness of the project, caseworkers and court personnel are referring clients to TCAP. Of those eligible for the project, 12 parents have been assigned to the Control Group and 25 parents have been assigned into the Demonstration group.

Cook County		
Group	Total	% of Total
Control	602	28%
Demo	1,573	72%
Totals	**2,175**	**Parents**

St. Clair and Madison Counties		
Group	Total	% of Total
Control	12	32%
Demo	25	68%
Totals	**37**	**Parents**

Recovery Coach Services Provided in Cook, St. Clair and Madison Counties

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. Significant improvements to treatment outcomes are noted within Section III: D of this report.

The primary goals for the Recovery Coach AODA enhancement are to actively assist parents of substance affected families to address their AODA problems and to help parents move towards 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.

In St. Clair and Madison Counties, 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 TASC Court Assessment Program (TCAP) has completed the AODA assessment.

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.

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. 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:

Beginning in January of 2007, The IV-E AODA Project integrated additional key enhancements to increase the Recovery Coach program's efficacy and client service delivery capacity. Program partners have used client outcomes and feedback as opportunities to identify ways in which the project can improve service delivery and provide the most effective service(s) possible. As evidenced in the final report from our independent evaluator, there are three principal areas in which enhancement of service delivery should have a positive impact on permanency and reunification rates: 1) *housing*, 2) *mental health*, and 3) *domestic violence*.

Recovery Coaches are able to access substance abuse treatment for parents, communicate with treatment providers and relay information from treatment providers to interested parties. Yet, it had been found that when a client had additional service needs such as mental health, domestic violence or housing, the likelihood of reunification decreased. For the first five years of the program design, Recovery Coaches identified these issues and made recommendations to the caseworker and the court. At times delays in linking clients to these services had occurred, and delays had the potential to negatively impact parents' ability to access needed support and assistance.

Due to the ongoing, individual relationship that they have established with the parents, Recovery Coaches are well positioned for ongoing assessments of their clients' needs above and beyond substance abuse treatment. With Recovery Coaches being able to make more timely referrals specifically concerning mental health, housing, and domestic violence, the program will be able to respond more quickly to these critical barriers to recovery and reunification.

As of September 2007, the Recovery Coaches in Cook County implemented a quarterly Clinical Client Services review packet. The packet consists of screening tools developed to identify non-substance abuse client issues. Specifically the packet consists of a Domestic Violence Screen, Mental Health Screen and a Housing screen, also included in the packet is the Master Recovery plan. The Master Recovery Plan is a TASC clinical tool that incorporates client and staff input to develop and implement service delivery. The Recovery Coach Staff are currently using this packet to identify service needs and to initiate referrals in these areas. This reflects the expanded service delivery protocol. The Recovery Coaches in Cook County have started to see an increase in client receiving these ancillary services and feedback from clients has been positive overall.

- *Increased Access to Housing Resources*. Inadequate and/or unsafe housing is a barrier to reunification, and in some instances to recovery. The enhanced *RCP* model includes increased access to DCFS housing related resources, including Norman housing assistance and Reunification funds, which are available for families in the process of reunifying. In addition to increasing access to DCFS resources, the *RCP* has expanded its efforts to identify other local housing resources that can be accessed for clients.

- *Increased Mental Health Services.* The enhanced model includes increased Recovery Coach expertise and involvement in mental health services for *RCP* clients. In January 2007, TASC hired a Clinical Supervisor with mental health and substance abuse expertise to lead a specialized Dual Diagnosis Team and to work with current MISA coaches to supervise mental health service delivery in Cook County. This team consists of 5 mental health workers. TASC has hired a contractual Clinical Case Consultant, who evaluates cases with mental health issues and provides recommendations and support. The Mental Health team has assumed responsibility of intake and case assignment. This has increased the level of consistency in case assignment and clinical assessment. In addition, a mental health screen was developed and implemented as a part of the waiver extension. All new clients are screened using this tool and all existing clients have been screened as of August 2007. These screenings take place every three months.

- *Domestic Violence Services.* Domestic violence is another significant barrier to reunification for the parents of the *RCP*, as well as to overall achievement of the program's permanency goals. In reviewing program evaluation data to date, and through interviews with current Recovery Coaches, it is hypothesized that this issue will be most effectively addressed through two areas: improved assessment of the parent, and increased Domestic Violence training for Recovery Coaches. A protocol has been developed and implemented for service delivery. Recovery coaches have been trained to utilize the DCFS Domestic violence screen on all parents to assist them in identifying both victims and batterers. If a parent is found to have issues of domestic violence, the Recovery Coach is to notify the DCFS worker to ensure a direct referral is made to a service provider.

B. Population Served to Date

As of December 2007, 2,175 parents are enrolled in the project in Cook County. Of the 2,175 parents, 602 (28%) have been randomly assigned to the control group and 1,573 (72%) have been assigned to the demonstration group. In Madison & St. Clair Counties, of the 37 parents assigned, 12 parents have been assigned to the Control Group and 25 parents to the Demonstration group.

Cook County totals as of December 2007			
	Control Group	Demo Group	Total
Parents	602	1,573	2,175

Madison & St. Clair totals as of December 2007			
	Control Group	Demo Group	Total
Parents	12	25	37

Children's Living Arrangement and Permanency Goals in Cook County only:

The following table provides a detailed description of the living arrangements of children involved in the IV-E waiver project. These numbers include counts for both currently open and closed cases.

Children's Living Arrangement Type	Control	%	Demo	%	Total
Home of Parent (HMP)	204	22%	549	25%	**753**
Home of Adoptive Parent (HAP)	290	21%	467	21%	**667**
Subsidized Guardianship (SGH)	87	9%	190	9%	**277**
Foster Home Adoptive (FHA)	17	2%	28	1%	**45**
Foster Home Private (FHP)	114	12%	251	11%	**365**
Foster Home Specialized (FHS)	103	11%	148	7%	**251**
Home of Relative Foster Care (HMR)	172	18%	433	20%	**605**
*Institutional Settings	44	5%	126	6%	**170**
**Other (OTH)	6	1%	20	1%	**26**
Missing	0	0%	0	0%	**0**
Total	**947**		**2,212**		**3,159**

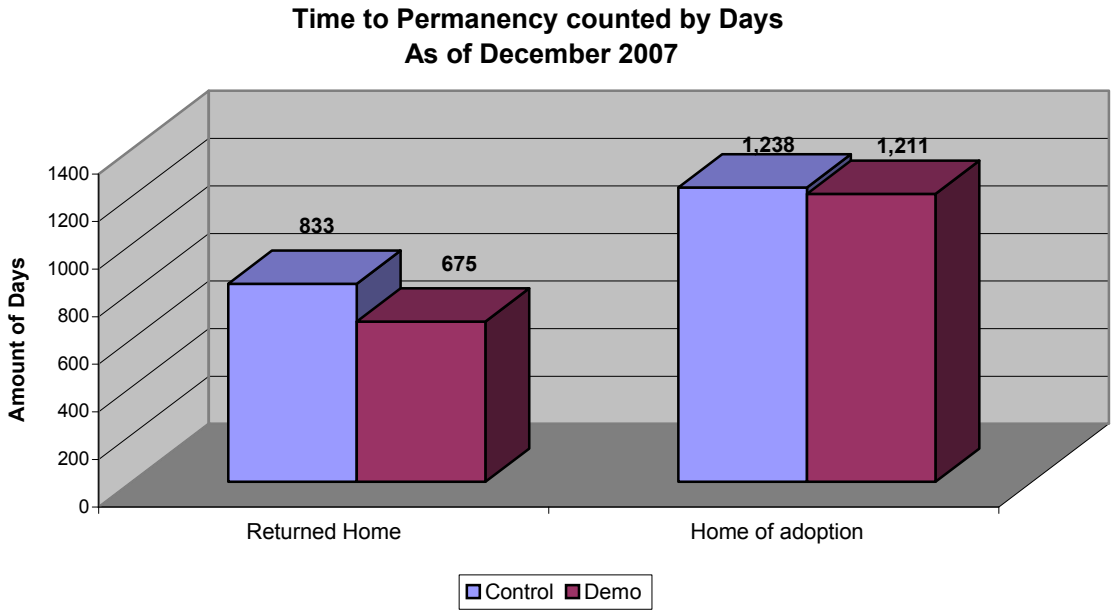
A description of the children in Cook County permanency outcomes as of December 2007 is presented in the following table. The table displays the permanency outcomes of children whose DCFS cases have closed (children coded for IV-E AODA project as of December 2007). A total of 119 (13%) children in the Control Group have been returned home and are living with a biological parent as compared to 340 (15%) children in the Demonstration group as of December 2007.

IV-E AODA Children Permanency Outcomes as of December 2007 **(Point in time)**

Permanency Outcomes - Closed Cases	Control	% Closed	Demo	% Closed	Total
Home of Parent (HMP)	120	13%	355	16%	475
Home of Adoptive Parent (HAP)	200	21%	465	21%	665
Other	18	2%	39	2%	57
Total Closed	338	36%	859	39%	1,197
Subsidized Guardianship (SGH)	4	0%	6	0%	10
Total Permanency Outcomes	342	36%	865	39%	1,207

The percentage of children adopted is the same in both research groups, but the statistical significance is evident in the percentage of children returning home. Even though a child has returned home or has been placed in an adoptive or subsidized guardianship home, the case will often remain open for approximately 6 months to provide on-going services and to ensure that the children are safe before the Department will officially close the case.

Time between JCAP and Family Reunification:
In addition to the overall proportion of children returning home, it is also important to look at the timing of such events. There are at least two important items to note. First, though reunification is a slow and infrequent event for substance abusing caretakers in the child welfare system, the rate of reunification is significantly faster for the children in the demonstration group. So, although the overall percentage of children returning home is not significantly different between the control and demonstration group, children in the demonstration group experience a shorter time period between JCAP and reunification (i.e., for those returning home – they spend less time in foster care). As of December 2007, on average, children in demonstration group achieve reunification in significantly fewer days as compared with children in the control group (675 days for the demonstration group vs. 833 for the control group.) In other words, children in the demo group are in care for approximately 22.5 months before returning home compared to children in the control group who do not return home for at least 28 months.



This difference is less significant, but still almost 30 days different with regard to average number of days to adoption. The control group averaged 1,238 days as compared to the demonstration group 1,211 days in terms of time to adoption (1,238 days for control group vs. 1,211 for demonstration group).

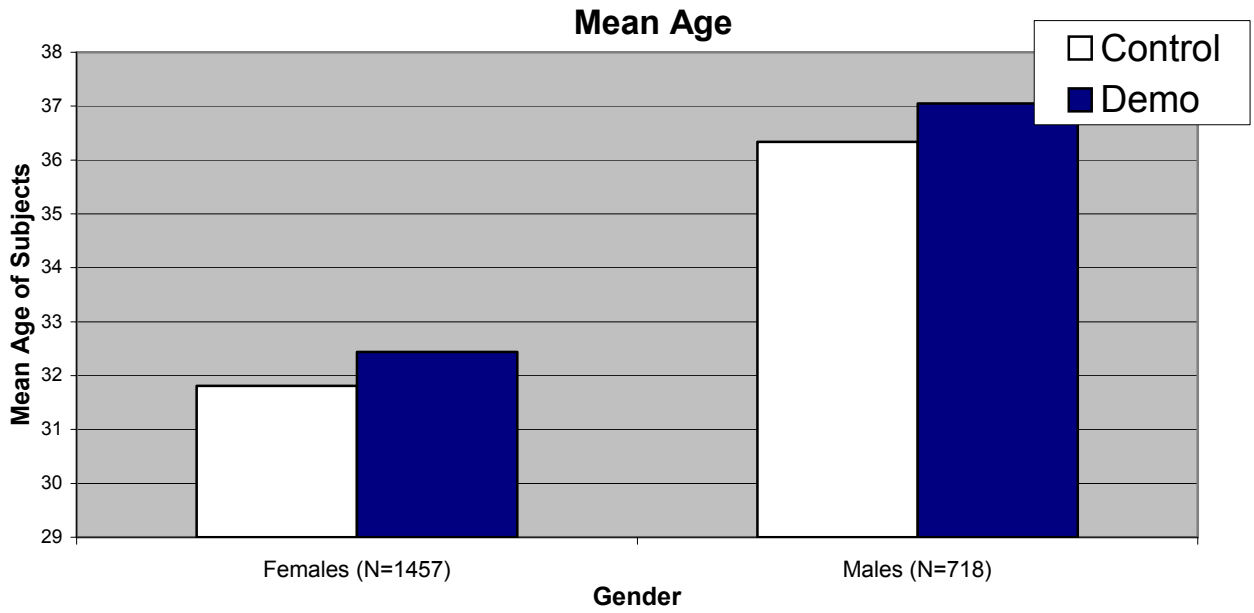
Cook County DEMOGRAPHICS:

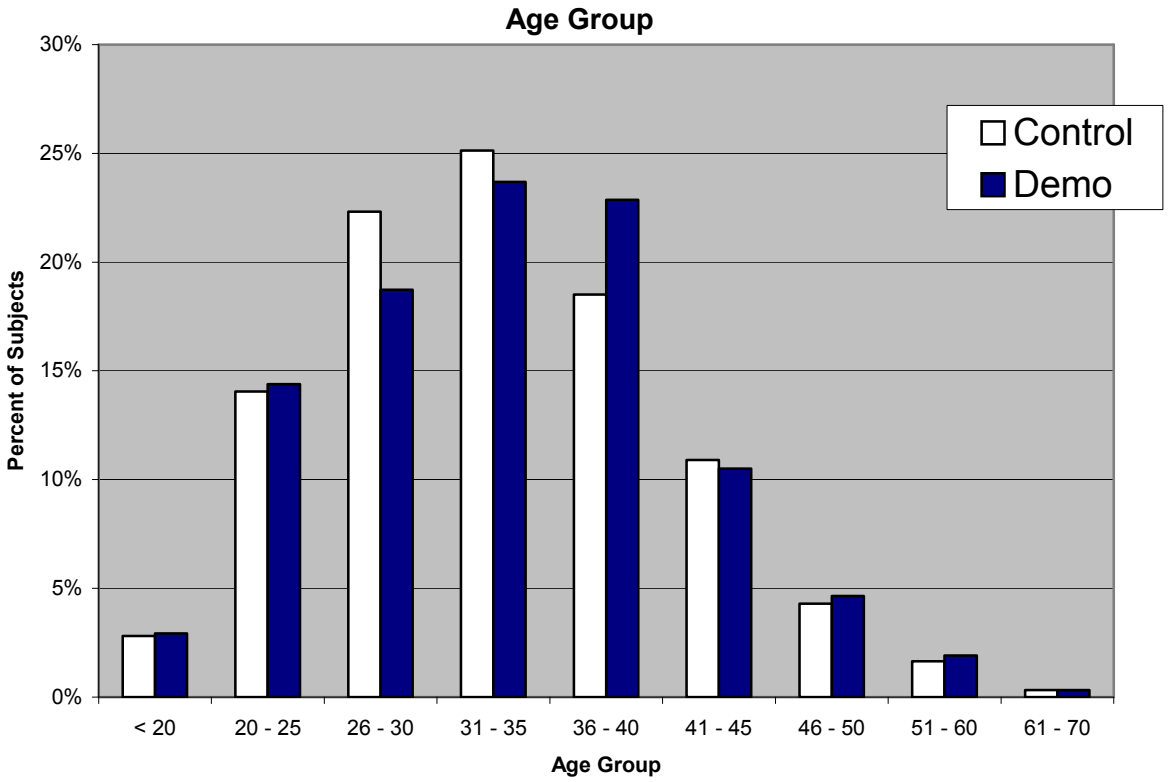
The following tables and charts portray various demographics for the participants in the study such as age, gender, race, living arrangements of the adult participants, and primary and secondary drugs of choice. **There are no significant differences when comparing the demographics of the control and experimental groups**.

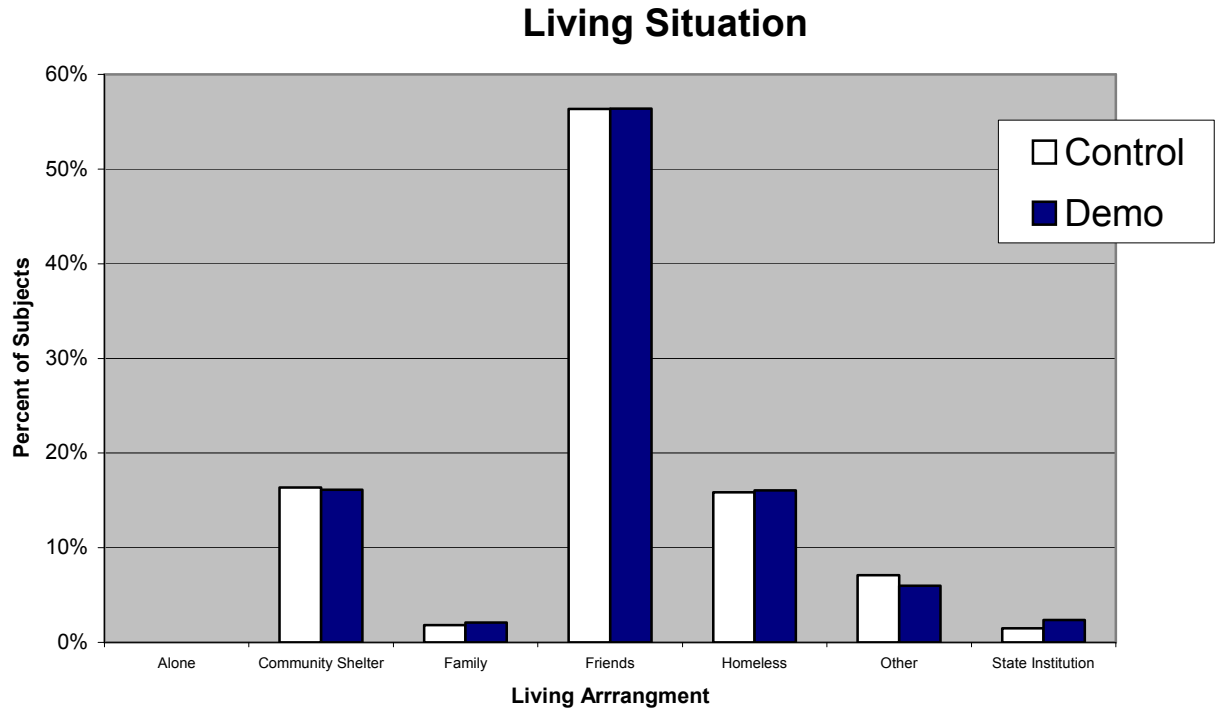
As of December 2007	Control		Demo		Overall	
Age Group (N=2175)						
< 20	17	3%	46	3%	63	3%
20 - 25	85	14%	226	14%	311	14%
26 - 30	135	22%	294	19%	429	20%
31 - 35	152	25%	372	24%	524	24%
36 - 40	112	19%	359	23%	471	22%
41 - 45	66	11%	165	11%	231	11%
46 - 50	26	4%	73	5%	99	5%
51 - 60	10	2%	30	2%	40	2%
61 - 70	2	0%	5	0%	7	0%
Gender (N=2175)						
Female	407	67%	1050	67%	1457	67%
Male	198	33%	520	33%	718	33%
Race (N=2175)						
African American	490	81%	1201	76%	1691	78%
Asian/Pacific Islander	3	0%	5	0%	8	0%
Caucasian	70	12%	225	14%	295	14%
Hispanic: Cuban	1	0%	2	0%	3	0%
Hispanic: Mexcan	17	3%	65	4%	82	4%
Hispanic: Puerto Rican	16	3%	51	3%	67	3%
Native American	1	0%	5	0%	6	0%
Other	7	1%	16	1%	23	1%
Living Arrangement (N=2175)						
Missing	0	0%	0	0%	0	0%
Alone	99	16%	253	16%	352	16%
Community Shelter	11	2%	33	2%	44	2%
Family	341	56%	885	56%	1226	56%
Friends	96	16%	252	16%	348	16%
Homeless	43	7%	94	6%	137	6%
Other	9	1%	37	2%	46	2%
State Institution	6	1%	13	1%	19	1%
Unknown	0	0%	3	0%	3	0%
Primary Drug (N=2175)						
Missing	0	0%	0	0%	0	0%
Alcohol	123	20%	340	22%	463	21%
Cocaine	211	35%	552	35%	763	35%
Marijuana	112	19%	272	17%	384	18%
Opioids	152	25%	383	24%	535	25%
Other	3	0%	11	1%	14	1%
PCP	3	0%	11	1%	14	1%
Sedatives/hypnotics	0	0%	2	0%	2	0%
Unknown	0	0%	0	0%	0	0%

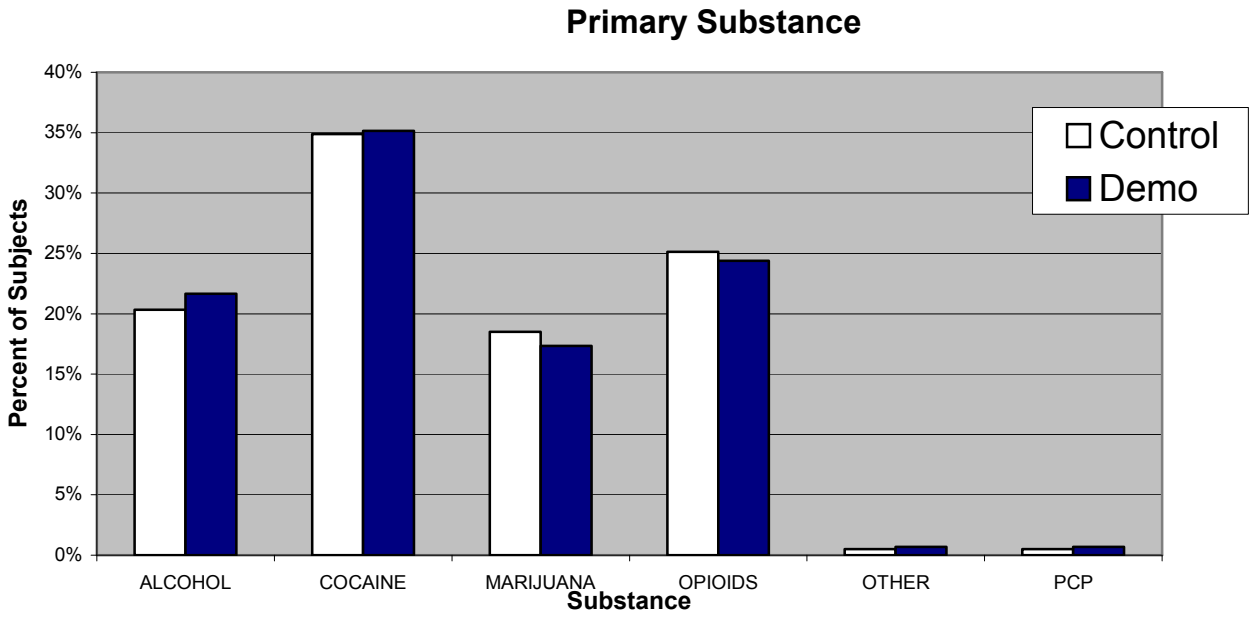
Secondary Drug (N=2175)						
NONE	194	32%	555	35%	749	34%
ALCOHOL	152	25%	400	25%	552	25%
COCAINE	141	23%	361	23%	502	23%
MARIJUANA	96	16%	196	12%	292	13%
OPIOIDS	20	3%	50	3%	70	3%
OTHER	0	0%	1	0%	1	0%
PCP	1	0%	3	0%	4	0%
SEDATIVES	1	0%	1	1	2	0%
STIMULANTS	0	0%	3	0%	3	0%
Totals	**605**		**1570**		**2175**	

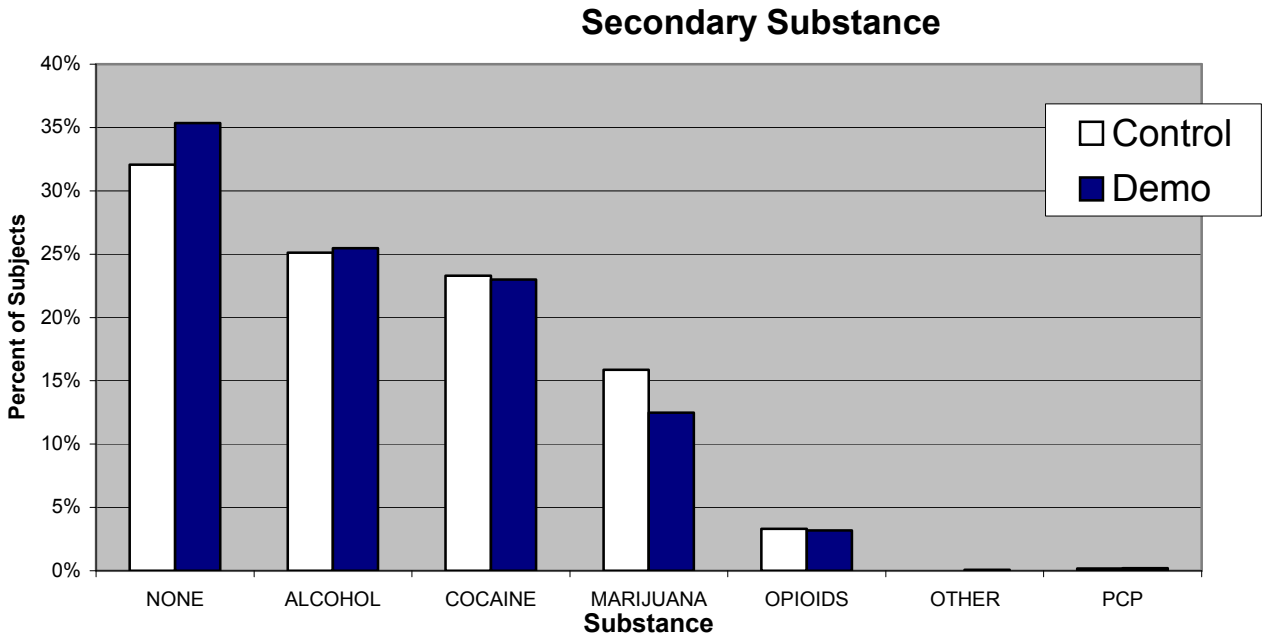
Demographic Graphs:




Age Group
30%
25%
20%
15%
10%
5%
0%
Percent of Subjects
Control
Demo
< 20
20 - 25
26 - 30
31 - 35
36 - 40
41 - 45
46 - 50
51 - 60
61 - 70
Age Group


Living Situation
60%
50%
40%
30%
20%
10%
0%
Percent of Subjects
Control
Demo
Alone
Community Shelter
Family
Friends
Homeless
Other
State Institution
Living Arrrangment

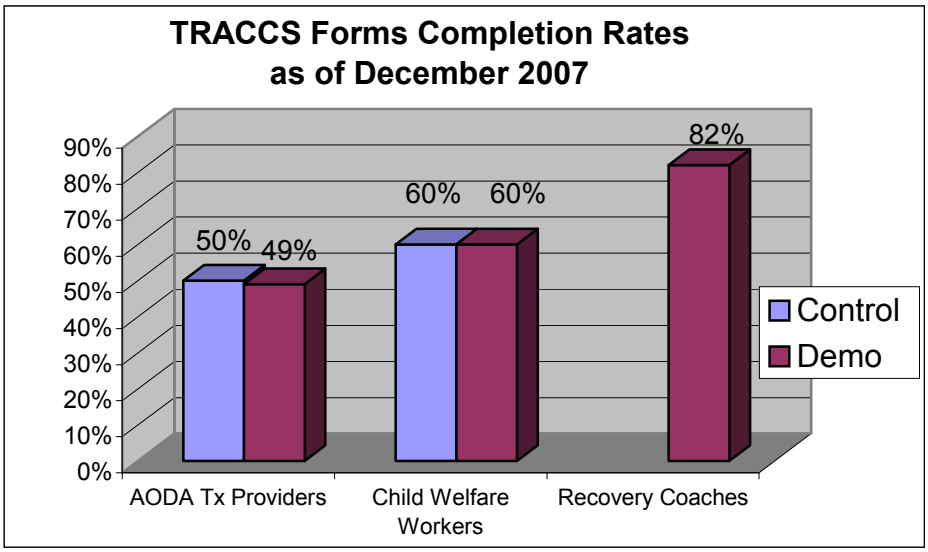

Primary Substance
40%
35%
30%
25%
20%
15%
10%
5%
0%
Percent of Subjects
Control
Demo
ALCOHOL
COCAINE
MARIJUANA
OPIOIDS
OTHER
PCP
Substance


Secondary Substance
40%
35%
30%
25%
20%
15%
10%
5%
0%
Percent of Subjects
Control
Demo
NONE
ALCOHOL
COCAINE
MARIJUANA
OPIOIDS
OTHER
PCP
Substance

C. Barriers Encountered

Service Collection Tool - TRACCS Forms in Cook County only:

The service collection tool is being integrated into a system called Treatment Record and Continuing Care System (TRACCS). The chart below indicates the expected number of forms and the percentage of forms returned from the AODA treatment provider, the Child Welfare Worker, and the Recovery Coach. The data below reflects forms that were due through December 2007 and received as of October 2007.



TRACCS forms are sent to the AODA Treatment providers for data collection on a monthly basis. Even though trainings at these sites did not begin until July 2002, the first forms were sent in April 2002. As of December 2007, an overall 50% of the AODA TRACCS forms were returned. Additional trainings have been scheduled with the AODA treatment providers to provide technical assistance and increase the return rate of the TRACCS forms.

TRACCS forms are sent quarterly to the child welfare workers for data collection purposes. Training on these forms began in January 2002, and the first forms were sent to the agencies in February 2002. As of December 2007, an overall 60% of the TRACCS forms have been completed and returned by the Child Welfare Workers.

The Recovery Coaches have been completing TRACCS forms on a monthly basis since the implementation of the project. As of December 2007, an overall 82% of the TRACCS forms were returned. Previously, most of the outstanding forms were cases that are no longer being served by Recovery Coaches.

Trainings have been conducted for both Child Welfare Workers and Recovery Coaches to improve compliance and completion rates.

TRACCS forms have not yet been implemented in Madison & St. Clair Counties. Trainings will need to be conducted with Child Welfare Workers, Recovery Coaches and Treatment providers to introduce the TRACCS tool and instructions as to how to complete them.

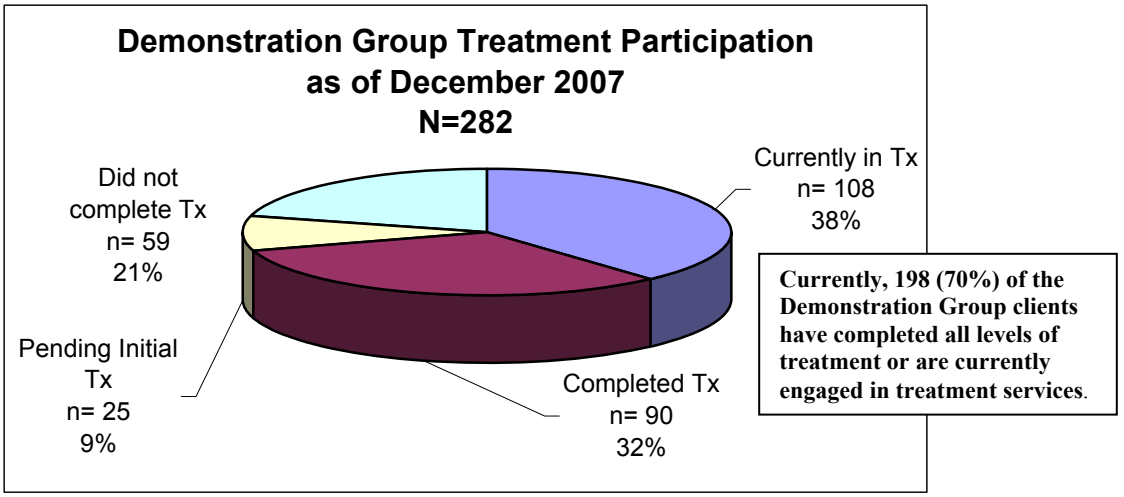
D. Innovative Practices

Cook County Current Status and Treatment Participation:

The on-site availability of AODA assessments and the assertive outreach and engagement practices of the Recovery Coaches are proving to show positive treatment engagement outcomes. As stated earlier in this report, as of December 31, 2007, recovery coaches have served 1,468 clients.

Of these, currently there are 282 active clients. These cases are defined as parents who are either currently in treatment, recently completed treatment, pending initial engagement into treatment or parents who had been in treatment and have failed to complete treatment. Active cases do not include cases no longer being served by TASC staff due to having closed for reasons discussed later in this report.

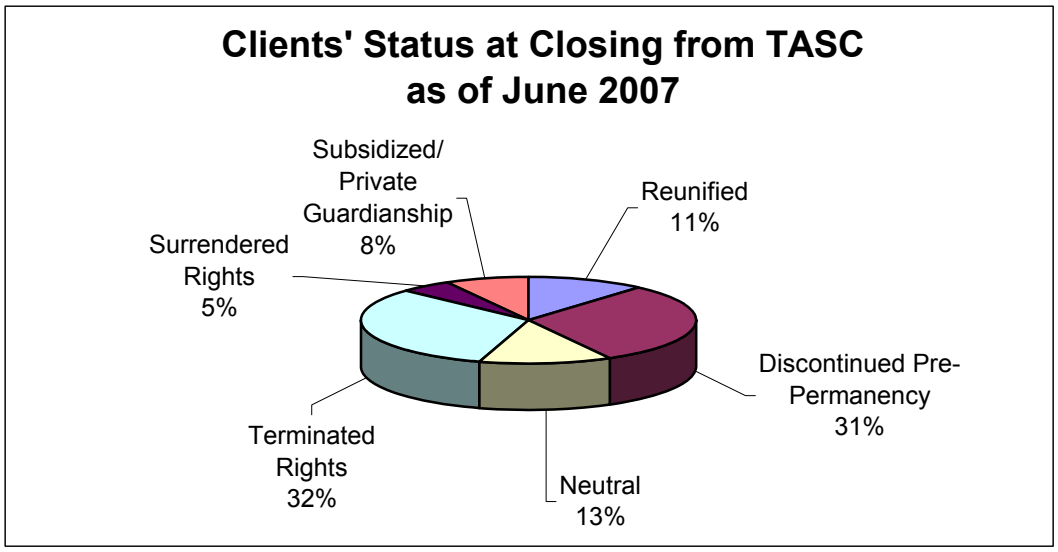
The graph below indicates the current treatment progress and status of the 282 active demonstration group clients who are being served by the Recovery Coaches. As of December 31, 2007, 108 (38%) clients are currently engaged in treatment services and 90 (32%) clients have completed all levels of service. Indicated below, 198 (70%) of the active clients have either completed all levels of treatment or are currently engaged in treatment. Conversely, currently there are 25 clients (9%) who are pending initial treatment, and 59 clients (21%) who had entered treatment but have dropped out of treatment services. Recovery coaches will continue to work with these clients in order to engage them into the appropriate level of care. In addition, outreach attempts will continue to be made to clients who are difficult to locate and engage in services for a consecutive six months before services are discontinued and the case closed with the Recovery Coach.



The chart below represents the total number of days the active clients have remained in treatment. Of the total 198 clients who participated in treatment, 42 clients (21%) have been engaged in treatment for more than 1 year and 49 (25%) clients have been involved in services between 6 and 12 months. An additional 51 clients (26%) remained in treatment for 3 to 6 months and 56 clients (28%) have been in treatment for less than 90 days. Recovery Coaches have found that if a parent is able to remain engaged in treatment for at least 90 days, the chances of the client completing treatment are high.

Demonstration Group Case Closings: Most recent data collected is as of June 2007

As of June 30, 2007, Recovery Coaches have discontinued services to 1,232 clients. The chart below indicates the permanency goal status for the client's child(ren) at the time recovery coach services were discontinued. The largest percentage of cases are closed "pre-permanency" which means that a parent has disappeared and has not been available for contact for six or more months. If these clients resurface, their case is reopened, services are offered and outreach attempts are employed once again. If an outreach worker locates this parent, the recovery coach will resume services to the parent. Of all the demonstration group cases that have closed, 11% of the parents have reunified with their children, and 8% of parents have had their children placed in subsidized/private guardianship. The neutral category indicates parents whose case has been closed due to situations such as clients moving out of state, incarceration, death, the case was unfounded for abuse and neglect or the child returned home to the other biological parent. Finally, recovery coach services cease when a parent's rights are terminated or a parent voluntarily surrenders such rights. As of June 30, 2007, 32% of demonstration group parents have had their rights terminated and 5% have voluntarily surrendered their rights. DCFS cases, however, do not close until permanency is achieved or the child ages out of the system.



IV. Evaluation Status – Summary excerpts from the AODA Waiver Demonstration Evaluation Plan dated July 30, 2007. New data is currently being evaluated but has not been published since the January 2006 final report.

Target Population: Eligible families for the demonstration include foster care cases opened on or after April 28, 2000 in Chicago and suburban Cook County. To qualify for the project, parents in substance-involved families are referred to the Juvenile Court Assessment Program (JCAP) at the time of their Temporary Custody hearing or at any time within 180 days of the hearing. JCAP staff conducts AODA assessments and refer families for treatment.

- *Evaluation Design:* An experimental design is the best way to determine causal connections between interventions and outcomes. Prior to JCAP assessment, potential participants have been referred to child welfare agencies that were randomly assigned to either the demonstration or cost neutrality (control) group. The parents that are assigned to agencies serving only the control group receive substance abuse services that were available prior to the demonstration waiver (it is not a "no-treatment" control group). The parents that are assigned to agencies serving the demonstration group receive the regular services plus the services of 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. Thus, the evaluation studies the effects of the availability of Recovery Coach services relative to the substance abuse service options that would have been available in the absence of the waiver. The evaluation is designed to test the hypothesis that the provision of Recovery Coach Services positively affects the drug-recovery process and key child welfare outcomes.

Data Sources: The evaluation of the demonstration project will utilize multiple sources of data and multiple methods of data collection. Data pertaining to placement, permanency, and child safety will come from the Department of Children and Family Services' integrated database. Substance abuse assessment data will come from the Juvenile Court Assessment Program (JCAP). Subsequent to the temporary custody hearing, JCAP staff complete the AODA assessment and make initial treatment referrals. In addition to a wide variety of demographic information (e.g., employment status, living situation, public aid recipient), these assessment data will include substance abuse histories and indications of prior substance exposed infants. Substance abuse treatment data will come from the Treatment Record and Continuing Care System (TRACCS). This system is managed by Caritas and includes surveys completed by child welfare workers, recovery coaches, and treatment providers. Additional services data will come from the Department's Automated Reporting and Tracking System (DARTS). This system is managed by the Division of Alcoholism and Substance Abuse (DASA) and includes service dates and levels of care. Our final source of data will come from interviews with caseworkers and the review of case records. These data will supplement the administrative analyses and provide additional insights into the treatment process.

Implementation and Services: 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. The primary goal for the Recovery Coach is to actively address the substance abuse problems of caregivers. We hypothesize that by addressing the substance abuse problem in a timely manner, immediately connection families with substance abuse treatment providers and helping to re-engage families as necessary will help parents achieve family reunification more quickly – as compared with families in the control group.

Evaluation Questions of Greatest Interest: The following questions will drive the evaluation. Many questions are similar to those addressed in previous years (i.e. the first five years of the waiver demonstration). Yet with an additional region joining the evaluation we will also investigate county and regional specific effects. That is we will explore whether or not the findings related to treatment progress, child safety, and permanency vary between the various project sites.

Questions Related to Substance Abuse Services

1. Are parents in the demonstration group more likely to access AODA treatment services compared with parents in the control group?

2. What percent of caregivers are completing substance abuse treatment? Does the progress achieved in substance abuse treatment increase the likelihood of achieving family reunification?

3. What factors help explain the likelihood of completing AODA treatment services?

Questions Related to Safety

1. Are families in the demonstration group less likely to experience subsequent reports of maltreatment?

2. Are families in the demonstration group less likely to have a subsequent SEI?

Questions Related to Visitation and Permanence

1. Are children in the demonstration group more likely to achieve family reunification and/or permanence compared with families in the control group?

2. When reunification does occur, are children in the demonstration group likely to be reunified in a shorter period of time?

3. Are families in the demonstration group more likely to visit (unsupervised and supervised) their children in foster care?

Additional Questions Related to the Recovery Coach Model and Reunification

1. Does the turnover of recovery coaches impact key outcomes?

2. Are AODA families experiencing problems in addition to substance abuse?

3. Are multiple problem families less likely to achieve reunification?

4. Is more better? Is the amount or type of services provided by recovery coaches related to the completion of AODA treatment and/or family reunification?

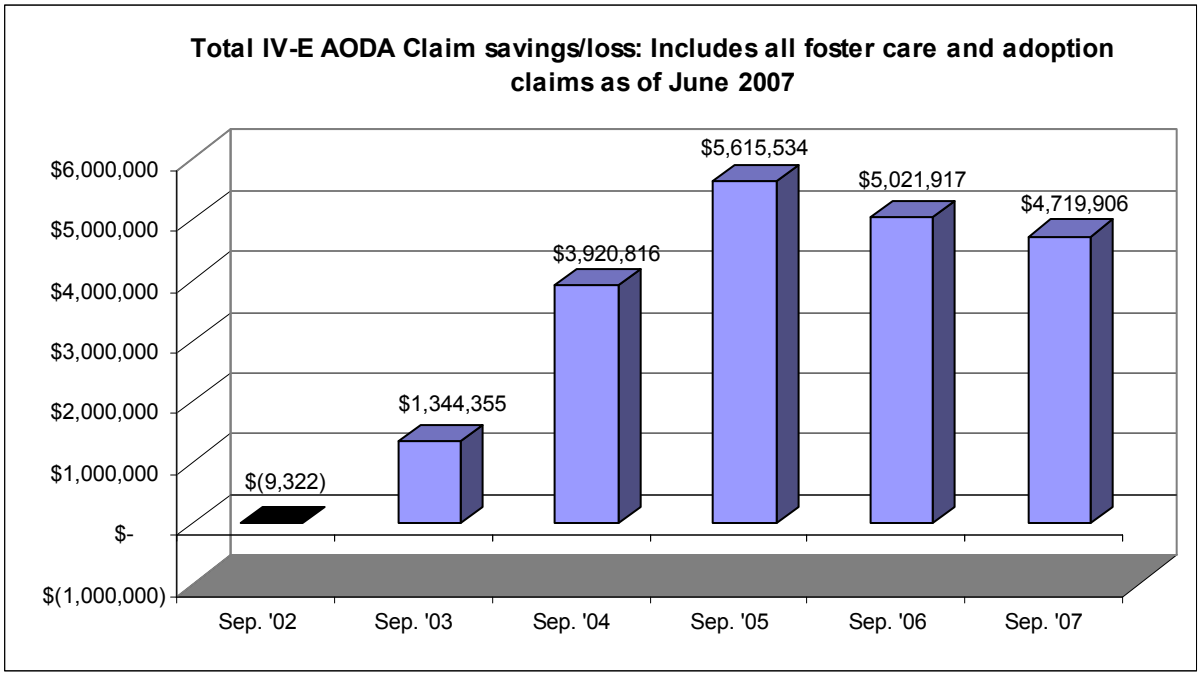
5. Are there differences in treatment progress and family reunification rates based on the drugs of abuse being used by the birth parents?

Question Related to Cost Neutrality

Is the waiver demonstration cost neutral?

Cost Neutrality Status

The graph below represents the cost savings generated by the IV-E waiver as of September 30th, 2007. This cost savings includes the additional costs of the expansion to St. Clair and Madison Counties. Specifically, the TASC costs nearly doubled this past quarter compared to all previous quarters.



IV-E AODA Extension Update:

Overall, the Illinois AODA waiver was successful and the findings to date are encouraging. Caregivers in the demonstration group (those receiving recovery coach services) accessed substance abuse services more quickly, were more likely to achieve family reunification and were less likely to be associated with a subsequent report of maltreatment as compared with caregivers in the control group. Yet, one might still consider the likelihood of achieving reunification low (11.6% for the control group and 15.5% for the demonstration group). Beyond simply comparing the outcomes associated with the control and demonstration group it appears that at least two issues are limiting or obstructing the reunification process (1) co-occurring problems and (2) lack of progress within problem areas. The majority (62%) of families are dealing with at least three major problems simultaneously. Such problems include domestic violence, mental health and problems associated with housing. Moreover and perhaps of greater concern is the lack of progress being made within each problem area – including substance abuse. As rated by child welfare caseworkers only 42% of caregivers are making "substantial" or "complete" progress in substance abuse. The estimates for progress are even lower for domestic violence (24%), housing (23%) and mental health (23%). The multivariate models indicate that this lack of progress within co-occurring problem areas is significantly decreasing the likelihood of achieving family reunification. Thus, even if AODA interventions resolve or sufficiently address addiction issues, it appears family reunification will remain unlikely unless other co-occurring problems are addressed.

Cook County, Illinois

As mentioned earlier in this report, the IV-E AODA Project is integrating an additional key component to the Recovery Coach services, which will result in a richer model, as well as increase client service capacity within the current Cook County program. Program partners have also used client outcomes and feedback as opportunities to continually identify ways in which the project can improve service delivery and provide the most effective service(s) possible. As evidenced in the final report from our independent evaluator, there are three principal areas in which enhancement of service delivery will have a positive impact on permanency and reunification rates: 1) *housing*, 2) *mental health*, and 3) *domestic violence*.

Recovery Coaches are able to access substance abuse treatment for parents, communicate with treatment providers and relay information from treatment providers to interested parties. Yet, it has been found that when a client has additional service needs such as mental health, domestic violence or housing, the likelihood of reunification decreases. In the current program design, when Recovery Coaches identify these issues they make recommendations to the caseworker and the court. At times delays in linking clients to these services have occurred and have the potential for negatively impacting their ability to access support and assistance needed by the parent at a very stressful juncture. As of January 2007, Recovery Coach services will include both assessing and referring for housing, mental health and domestic violence services.

St. Clair & Madison County

In addition to the expansion in Cook County, IDCFS has expanded the IV-E AODA project to the southern part of the state taking what has been learned in Cook County to St. Clair and Madison counties, located in southern Illinois.

Due to the success of the demonstration group during the first 5 years, as demonstrated by the initial five-year program outcomes, the expansion of these important services will result in improved treatment participation, improved recovery outcomes for more substance-abusing parents, and reunification of more Illinois families. It is also believed that the State will continue to see increased cost benefits due to faster achievement of safety and permanency for more children.

Although the intent is complete replication of the Cook County model, there will be flexibility to accommodate any unique geographic nuances including differences in DCFS caseload, availability and/or accessibility of resources, etc.

Program Expansion. The expansion sites are St. Clair and Madison Counties, both located in the Southern Region of DCFS. The Southern Region has the same structure as the enhanced Cook County model, with the flexibility to respond to any local needs as identified by DCFS. It also has the following key component modifications:

- *Referral.* Cook County Assignment: Random assignment will continue to occur at the agency level. Child welfare agencies and IDCFS offices were stratified by program size and geographical or language service area and randomly assigned to control and demonstration groups within strata. These procedures resulted in a control group consisting of 19 agencies and a demonstration group consisting of 41 agencies. The agency or office designation determines the group assignment. To evaluate differences at the agency level, we tested for differences in the size of the foster care population, kinship care population, caseload size, and permanency performance rate. There are no significant differences between the agencies assigned to the control group and the agencies assigned to the demonstration group.

Southern Illinois Assignment: There are far fewer treatment providers in Southern Illinois. Thus random assignment will occur at the individual level rather than the agency level. Following the TCAP assessment – for those caregivers with an identified substance abuse problem – caseworkers will access a secure website (AODA random assignment calculator) developed by the Children and Family Research Center to determine group assignment.

- *Eligibility.* The following eligibility criteria has been established for the waiver:
    - Cook County, St. Clair and Madison County permanency case in Illinois
    - Temporary Custody of their child (ren) had been granted to DCFS
    - Parents were assessed at JCAP or TCAP within 180 days of the Temporary Custody Hearing

Outreach efforts continue to be made to the child welfare private agencies, DCFS teams and to court personnel encouraging referrals of parents and family members in need of AODA assessments, especially for those parents whose temporary custody date is within the 180 day eligibility mark.

- *Assessment*. Each open case in the St. Clair and Madison Counties abuse and neglect court that demonstrates a need for a substance abuse assessment will be referred by the presiding Judge to the TASC Court Assessment Project (TCAP) for an assessment and will be randomly assigned to a research group. In most instances, it is anticipated that the assessment will be completed within 24 hours of referral. The assessment will result in a DSM-IV diagnosis, which will be given immediately to the parent, the judge and other members on the team (States Attorney, Public Defender). If the results indicate parental substance abuse or dependency, the Recovery Coach will make an intake appointment for the parent to the appropriate level of treatment, at which point support services will also begin. Copies of the completed assessment(s) will be forwarded to the assigned Recovery Coach, the court and the caseworker that will forward a copy to the person completing the Integrated Assessment to ensure case collaboration.

- *Data Collection*. For evaluation and outcome based objectives, a database will be built to collect data on both control and demonstration groups. The evaluation will be conducted by the Children and Family Research Center of the University of Illinois at Urbana-Champaign.