FOSTER CARE UTILIZATION REVIEW PROGRAM (FCURP)

PROGRAM DESCRIPTION AND REPORT

| JANUARY 2015 |

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Our History

The Foster Care Utilization Review Program (FCURP) is a unit within the Children and Family Research Center at the School of Social Work, University of Illinois at Urbana-Champaign dedicated to providing project management, quality improvement support, training and technical assistance to the Illinois Department of Children and Family Services (DCFS) and its private sector partners.

FCURP was established in 1998 by then IDCFS Director Jess McDonald to conduct independent utilization reviews of private child welfare programs and DCFS teams. FCURP subsequently took on the responsibility of implementing a project for DCFS to prepare the state for the first round of Child and Family Service Reviews (CFSRs). FCURP has since played a key role in the state’s participation in the second round of CFSRs, and in the Illinois CFSR Program Improvement Plans.

FCURP has always worked in collaboration with DCFS Quality Assurance and Research (DCFS QA+R) on all projects.


1. We have established and maintained the only forum in the state for both POS and DCFS quality improvement and child welfare program staff to conduct data analysis and develop performance improvement activities.

2. We have built a reputation in the Illinois child welfare community based on our consistent, effective and high quality work with all levels of DCFS and POS staff statewide.

3. We have demonstrated our capacity to be flexible and supportive with changing priorities in the field and at the leadership level.

Our Expertise

- We have extensive DCFS policy & practice knowledge
- We are have formal training and expertise in CQI processes and systems
- We have significant project management experience directing large-scale projects
- We are collaboration catalysts, facilitating interagency and inter-departmental communication and collaboration
- We have expertise in data reporting and analysis, including facilitating data discussions and development of improvement activities
- We are the repository of expertise and knowledge to support DCFS in the CFSR Process and meeting federal mandates
- We know the Safety/Permanency/Well-being issues at the state and national level, and can facilitate large and small focus groups and conferences
Our Mission

Within a framework that is data-driven and implementation-focused, FCURP’s Mission is to:

- Monitor and report Illinois’ progress toward meeting the safety, permanency and well-being outcomes outlined in the Federal Child and Family Service Review
- Facilitate ongoing collaboration between the Illinois Department of Children and Family Services and its private sector partners, particularly at the field level
- Provide training and education that helps child welfare practitioners translate Federal regulations and state policies into quality practice and movement toward positive outcomes for children and families
- Provide technical assistance and consultation regarding the enhancement of child welfare organizational systems
- Conduct independent, timely, and comprehensive reviews and evaluative studies

Our Approach

FCURP’s work toward implementing our mission and assigned projects for DCFS has placed the program in a unique position to engage both DCFS and its private sector partners (POS) in a common and unified effort to improve the child welfare outcomes in Illinois. Because we are a University partner, collecting and analyzing data increases the independence and objectivity of the work, and bolsters the credibility of the findings.

FCURP’s approach to support the Illinois child welfare community’s efforts to improve casework practices and client outcomes is focused on: helping staff understand the connections between day-to-day work with families and Safety, Permanency and Well-Being outcomes, as well as understanding that achievement of outcomes occurs within an environment of strong supervision, training, and continuous quality improvement activities. Our philosophy is illustrated in the following graphic:
Our Current Projects

1. **Lead the roll-out of the CFSR 3 process (2014-2018).**

   In preparation for the CFSR 3, FCURP is assisting and leading on multiple fronts: assessing the state’s CQI systems and components, with particular attention to private providers (see #4 below); preparing sections of the CFSP that will cover DCFS activities before, during and after the CFSR (including the identification of specific goals to be achieved during the CFSP period which ends in 2019; this document also incorporates elements of the 2018 Statewide Assessment); collaborate on the future of the OER process to include the federal On-Site Review Instrument (OSRI); develop training curricula and materials for the revised OER/OSRI process; train staff on the OER/OSRI process statewide; lead and manage the roll-out of the OER/OSRI process; manage the data entry, analysis and reporting processes.

2. **Continue to coordinate and strengthen the statewide DCFS/POS Regional Program Improvement Planning (PIP) Workgroup Process.**

   As part of Illinois’ first CFSR PIP in 2004, FCURP helped established PIP workgroups in each DCFS region of the state to plan for regional casework practice-related improvements related to federal outcomes performance. These workgroups continue to this day. The workgroups consist of key DCFS staff and key representatives from each POS agency in region, and reflect investigations, placement and intact services. FCURP analysts are assigned to coordinate one or more regional workgroups. The groups are tasked with using data to help the plan, implement and monitor regional PIP strategies to strengthen child welfare practice at the local level and enhance outcomes performance for the state as whole. Each region is currently actively engaged in program improvement, and ongoing monitoring of regional safety, permanency and well-being performance.

3. **Analyze and disseminate data from the POS CQI Capacity Assessment.**

   In August 2012, the U.S. Department of Health and Human Services, Administration for Children and Families (ACF) released an Information Memorandum (ACYF-CB-IM-12-07) which provided guidance to states regarding the importance of establishing and maintaining comprehensive Continuous Quality Improvement (CQI) systems, with an emphasis on ensuring the capacity of states to generate and utilize quality data. FCURP was tasked with developing, implementing and leading a process for assessing the capacity of Illinois’ POS partners to conduct Continuous Quality Improvement (CQI) activities and generate reliable data. The purpose of this intensive and focused project is to inform DCFS and POS providers as to the strength of the Illinois child welfare CQI system, and to inform the State of Illinois as to its overall level of readiness for the next Federal Child and Family Services Review. To-date, 25 agencies have been assessed. FCURP is currently analyzing the data in preparation for a mid-project report to disseminate to DCFS and POS.

4. **Develop and maintain the Regional PIP Workgroup SharePoint Site.**

   The Regional Program Improvement Planning (PIP) Workgroup SharePoint site serves as a platform for the PIP Workgroup members in all regions. Members will be able to communicate, learn and utilize data and resources relating to the improvement and enhancement of casework practices. Inclusive of materials shared, members will also be able to enter Universal Peer Review data. Each PIP representative from the private agencies will be allowed to enter data. This project is currently in development and awaiting the completion of the data entry functionality.
5. Continue to foster and support collaboration and partnerships between key child welfare stakeholders

FCURP will continue to respond to requests for assistance with policy analysis and field perspective on the practice implications of new initiatives and procedures. For example, this has included: supporting the implementation of the Enhanced Safety Model and SACWIS 5.0, and collaborating with the Administrative Case Review (ACR) unit to support recent enhancements to their internal quality improvement efforts.

Our Program Accomplishments

(see our Timeline, following this section)

   
   **Collaborating Partner: DCFS QA+R**

   In 1999, FCURP was asked to create the Illinois’ Federal Preparatory Review tool & processes (designed to mimic the CFSR 1 tool and process) for DCFS. Concurrently, we developed and implemented a plan to introduce the Illinois child welfare community to new child welfare outcomes established by the Federal Government and the new CFSR Process (2000). Through the Federal Preparatory Review process (between 2000-2003), FCURP: trained POS and DCFS staff regarding the tool, federal outcomes, and review process; conducted qualitative reviews of cases from every POS agency in the state, as well as every DCFS office in the state; and conducted ongoing CQI reviews at POS agencies utilizing the Federal Preparatory Review tool, including individual agency PIP development and monitoring.

   
   **Collaborating Partner: DCFS Agency Performance Team (APT)**

   This review was initiated to evaluate the ability of older caregivers to safely care for DCFS wards. FCURP contributed by creating the review tool, developing a training for reviewers, and conducting interviews.

3. Facilitated the CFSR I (2003) and subsequent state PIP development
   
   **Collaborating Partner: DCFS QA+R**

   FCURP facilitated the compilation and editing of the Statewide Assessment compilation and editing, coordinated all aspects of the onsite review, and participated as reviewers. Following the onsite review, FCURP collaborated with DCFS to develop the Illinois CFSR Program Improvement Plan (PIP).

4. Launched the Outcome Enhancement Review (OER, 2004)
   
   **Collaborating Partner: DCFS QA+R**

   In collaboration with DCFS, FCURP led the revision of the Federal Preparatory Review process following the CFSR I, renamed the Outcome Enhancement Review (OER). FCURP established the OER as the only ongoing comprehensive statewide public-private continuous quality improvement activity in Illinois child welfare community. It was the primary measurement method for providing qualitative data to evaluate and monitor the state’s ongoing performance on the federal CFSR outcomes as well as monitor achievement of the state PIP goals. FCURP developed the training curriculum, training materials, and trained reviewers. FCURP team led as well as participated as reviewers when needed. FCURP also managed the OER data analysis and reporting process (developing all reports).
5. Developed and delivered the Practice-to-Outcomes (PTO) training curriculum (2005-present)

**Collaborating Partner: Private Agency Providers**

FCURP developed and implemented the PTO curriculum in 2004 to support the overall effectiveness of the Statewide CFSR PIP. It is designed to help case managers, supervisors, and other child welfare professionals make the link between their day-to-day work, the federal outcomes and indicators measured in the CFSR, and DCFS Rules and Procedures. Over 1,000 POS and DCFS staff have participated statewide in this training. We have continued to provide this training to providers statewide, upon request. See Appendix A.

6. Established the Regional Program Improvement Workgroups, statewide (2005-present)

**Collaborating Partner: DCFS QA+R, DCFS Operations, DCFS ACR**

FCURP developed workgroup structure & established quarterly meeting schedule for all regions; coordinated PIP meeting logistics; Supported DCFS QA+R Facilitators; provided data at each meeting, facilitated data discussions and regional workgroup improvement activities (2005 to present); coordinated the development of the statewide Universal Peer Review (UPR) Process (2013); collected data for UPR (2014); facilitated the steering committees and sub workgroups; developed structure for the foundation of the PIP Workgroup SharePoint site (2014). See Appendix B for two examples of work related to this project.


See Appendix C.


**Collaborating Partner: DCFS Operations, DCFS QA+R**

FCURP was an active facilitator and participant in the strategic planning meetings and in the development of the model.


**Collaborating Partner: DCFS Training**

FCURP was an active participant in the training of more than 3000 DCFS and POS staff on the model statewide.


This conference was focused on providing information to POS about CQI (data and frameworks/tools), and included featured speakers Director McEwen and Dr. Fotena Zirps. See Appendix D.

11. Facilitated the CFSR II (2009) and subsequent state PIP II development

**Collaborating Partner: DCFS QA+R**

FCURP again facilitated the compilation and editing of the Statewide Assessment compilation and editing, coordinated all aspects of the onsite review, and participated as reviewers. Following the onsite review, FCURP collaborated with DCFS to develop the Illinois CFSR II Program Improvement Plan (PIP). The final document can be viewed here:

http://fosteringcourtimprovement.org/CFSR/CFSR2Reports/IL/Statewideassessment2ndRoundCFSR.pdf

*Collaborating Partner: DCFS QA+R*

FCURP led revisions to the OER process to better line up with revised CFSR II expectations. Collaborating with DCFS, FCURP led and managed the implementation of the OER II process statewide. FCURP also managed the OER II data analysis and reporting process. We also collaborated with DCFS to demonstrate achievement of CFSR PIP goals via written analyses prepared for ACF Children’s Bureau to avoid federal financial penalties for the state. *See Appendices E & F for examples of work.*

13. Participated in the Multiple Move Study (2008-2009)

*Collaborating Partners: Children and Family Research Center and DCFS QA+R,*

Collaborated with DCFS and UIUC/SSW/CFRC, FCURP led tool development and the data collection process, as well as contributed to the writing of reports and scholarly articles, and developed and conducted conference presentations. Two scholarly articles were written from this study that FCURP participate in:

Jan 2014 / Journal Publication / *Children and Youth Services Review*
*What Explains Instability in Foster Care? Comparison of a Matched Sample of Children with Stable and Unstable Placements*

Feb 2013 / Journal Publication / *Permanency*
*Why Do Children Experience Multiple Placement Changes in Foster Care? Content Analysis on Reasons for Instability*


*Collaborating Partner: DCFS QA+R, DCFS Legal*

The Cook County Juvenile court requested a targeted review of Visitation Orders and FCURP took the lead in collaboration with DQA&R to complete this project. FCURP facilitated a sample pull and data collection and entry, as well as developed and presenting reviewer training. Following a preliminary test of the data base, tool revisions were made and FCURP completed the project and data entry, conducted data clean up, and compiled a final report with aggregated data and suggestions for improvement of the Visitation Order form and process

15. Participated in the ACR Feedback Review

*Collaborating Partners: DCFS Administrative Case Review (ACR) and DCFS QA+R*

16. Developed and led the POS CQI Capacity Assessment

*Collaborating Partner: DCFS QA+R*

See Current Projects, #4 for more information. *See also Appendix G.*
17. Facilitated the Birth-5 Initiative Data Summits, “Ensuring Timely Permanency for Children aged 0-5”

**Collaborating Partner: DCFS Director’s Office, Casey Family Services, DCFS QA+R, Northwestern University, Chapin Hall, UIC**

At the direction of then-DCFS Director Richard Calica, FCURP collaborated with DCFS QA+R, Casey, and other University partners to execute data summits in all regions of the state between the fall of 2012 and the late spring of 2013. The summits provided DCFS and POS staff with permanency and well-being data specific to children aged 0-5 in substitute care so that participants could strategize ways in which they could expedite permanency for this group. FCURP took the lead in developing the materials and activities for the summits, as well as conducting presentations.


**Collaborating Partner: DCFS QA+R, DCFS Division of Monitoring and Regulation**

**Our Future Projects**

FCURP will continue to be a familiar and supportive partner program to multiple DCFS Divisions and private agencies statewide. We expect to:

- Facilitate implementation of the Illinois CFSP goals and initiatives through the Regional PIP Workgroups, as well as track their completion
- Continue supporting the state as it prepares for the CFSR 3 in 2018
- Generate data reports for the Illinois APSR
- Develop and distribute revised Practice Guides, for the field that address federal performance standards
- Assess remaining agencies for the POS CQI Capacity Assessment, and prepare related reports with findings and recommendations
- Provide technical assistance to support POS partners and DCFS, as requested
- Participate in state CQI communities, and support the launch of the first CQI Conference in Illinois
- Complete qualitative reviews/projects as requested
With few exceptions, all projects are in collaboration with DCFS

Technical Assistance
(2000-present)
Our Team

FCURP is currently staffed by four team members: the Program Director and three Research Data Analysts. All team members hold graduate degrees: two have MSWs, one has a Masters in Counseling, and one team member has a Masters in Information Technology. The Program Director is also a Licensed Clinical Social Worker. Each FCURP team member brings unique experience, education and skills to the program which provides the program with much diversity and ability to accomplish a range of tasks/activities. Each team member has over 20 years of experience in child welfare, much of it in direct service. Two staff have been with FCURP for over 14 years.

Christy Levine, MSW, LCSW
Interim Director

Educational/Professional Background
Ms. Levine joined the Foster Care Utilization Review Program in 1999 as a Research Data Analyst. She received her Bachelor’s degree in social work from Southern Illinois University in 1986, followed by attendance at the University of Illinois at Urbana-Champaign, where she earned her Master’s degree in social work, with a concentration in policy, planning, and administration, in 1988. Ms. Levine started her career in Southern Illinois in 1984, and has provided both direct child welfare services and indirect administrative support in all regions of the state over the past 30 years. Ms. Levine received her original certification in Illinois as a Child Welfare Specialist in 1989, and continued to provide direct service through 1999; she received state certification as a Licensed Clinical Social Worker in 2000. Ms. Levine has participated in a number of research activities at both Southern Illinois University and the University of Illinois. For the past 15 years, her work has focused on support for statewide child welfare program improvement by providing training, technical assistance and project management to the Department of Children and Family Services and Private Sector Agencies.

Research/Practice Interests
Ms. Levine’s current practice and research interests focus on building workforce capacity through quality assurance systems, effective training curriculums, and dynamic leadership, to enable and motivate all levels of child welfare staff to improve child protection strategies, and support positive outcomes for families.
Jennifer Eblen Manning, MSW
Research Data Analyst

Educational/Professional Background
Ms. Manning joined the Foster Care Utilization Review Program as a Research Data Analyst in 2000. She holds a B.A. from the University of Wisconsin-Madison, and an M.S.W. from Hunter College School of Social Work in New York City. She has 25 years of child welfare experience in direct service provision (child protection and foster care), and quality improvement. Currently, she supports the child welfare community in the achievement of positive safety, permanency and well-being outcomes for children and families through the provision of project management, training and technical assistance to the Illinois Department of Children and Family Services and private sector partners.

Research/Practice Interests
Ms. Manning’s current research and practice interests are focused on supporting direct service staff and families involved with DCFS achieve positive outcomes through improved data collection, analysis and data-driven decision-making.

Recent Publications
Jan 2014 / Journal Publication / Children and Youth Services Review
What Explains Instability in Foster Care? Comparison of a Matched Sample of Children with Stable and Unstable Placements  Eun Koh, Nancy Rolock, Theodore Cross, & Jennifer Eblen Manning

Feb 2013 / Journal Publication / Permanency
Why Do Children Experience Multiple Placement Changes in Foster Care? Content Analysis on Reasons for Instability  Theodore Cross, Eun Koh, Nancy Rolock & Jennifer Eblen Manning

Nov 2009 / Report / Foster Care
Multiple Move Study: Understanding Reasons for Foster Care Instability  Nancy Rolock, Eun Koh, Ted Cross, Jennifer Eblen Manning
This study sought to understand the reasons for placement instability among children in substitute care in Illinois. A sample of 61 children with a high number of placements (3 placements within 18 months) was selected, and propensity score matching was used to obtain an equal number of children with similar characteristics that who did not experience such high levels of placement instability. An in-depth case file review was completed on all children in the sample, and the two groups were compared to determine the possible causes for placement instability.

Recent Certifications
CQI Training Academy, Full Program
November 2014
The CQI Training Academy was funded by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, under cooperative agreement number 90CA1795. The Academy was designed to advance Continuous Quality Improvement in child welfare specifically. Twenty (20) CEUs were awarded by NASW for completion of the Full Program.
Gerardine Rodriguez, MIS
Research Data Analyst

Educational/Professional Background
Ms. Rodriguez, a graduate from DePaul University, earned her Bachelor’s degree in Psychology in 1993, and her Master’s in Information Systems Technology in 2005. She has over 20 years of experience working in foster care in direct service and quality assurance. For the last 11 years, Ms. Rodriguez’ work focused on quality improvement and involvement in several statewide projects and initiatives. She has worked as a project manager and team lead on several statewide Outcome Enhancement Reviews, which is the primary method by which the state evaluates progress toward federal program improvement plan goals. She has provided the Illinois Department of Children and Family Services, Quality Assurance and Research and Agency Performance Divisions, as well as the private agencies’ quality improvement departments with technical support for case reviews, data collection and data analysis systems. She is currently spearheading the development of a web-based platform that allows quality improvement staff from the state and private sectors to utilize as a forum for data and resource information sharing.

Research/Practice Interests
Ms. Rodriguez joined the Foster Care Utilization Review Program in 2005. With a background in quality assurance in foster care, Ms. Rodriguez’ work centers around providing project management and technical assistance to DCFS and private agency quality improvement staff, as well as facilitating the program improvement planning activities to enhance caseworker outcomes in Cook County regions. She continues to work as FCURP's specialist; Ms. Rodriguez has worked on creating multimedia components to training curriculums and continues to work on developing web related resources for private agency quality assurance staff. Her interest involves learning how technology advances enhances efficiency and structure in organizational management.
Grace Smith, MA
Research Data Analyst

Educational/Professional Background
Ms. Smith earned a B.S. in psychology from Barrington College and an M.A. in counseling from the University of Northern Iowa in addition to Education and Biblical studies at Emmaus Bible College. She has over 20 years of child welfare experience and has worked in the field since 1989, starting in direct service as Therapist and Program Director for Intact Family Services and Relative Foster Care, then as a Supervisor in Adoption/Guardianship Permanency. In 1999 she began work as a research specialist and statewide consultant for the Illinois Subsidized Guardianship Waiver Study. She continued with this project for ten (10) years. In this capacity she assisted with compliance issues, the development of policy and practice, and served as the liaison for cases returning to Juvenile Court. In 2001 she joined the staff of the Children and Family Research Center and brought the project with her.

Following completion of the waiver program, Ms. Smith joined Center staff researchers to work on the Multiple Move Study and Post Permanency Round II Study. Subsequent to that, she took the lead role for the Center in the APAL (Adoption Preservation, Advocacy, and Linkage Program) and MAC (Maintaining Adoption Connections) programs. She joined the Foster Care Utilization Review Program as a Research Data Analyst in 2010.

Research/Practice Interests
Ms. Smith’s research and practice interests are in the area of post-permanency.

Recent Publications
Jul 2003 / Report / Permanency, Program Evaluation
Illinois Subsidized Guardianship Waiver Demonstration: Final Evaluation Report
Mark Testa, Leslie Cohen, Grace Smith, Westat
**Illinois Child and Family Services Review**

**PRACTICE to OUTCOMES TRAINING**

Presented by the University of Illinois at Urbana-Champaign
Foster Care Utilization Review Program (FCURP)

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**TRAINING OBJECTIVES**

- Familiarize direct service child welfare staff with the concepts and components of both the Federal Child and Family Services Review (CFSR) process and Illinois’ Outcome Enhancement Review (OER).
- Provide a framework for understanding the relationship between day-to-day casework practice and child welfare outcomes.
- Identify the critical elements of assessment, case planning, documentation and client contact that promote quality service provision.

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**History**

- Federal Child and Family Services Review (CFSR) in Illinois – week of 9/15/03
- Illinois Program Improvement Plan (PIP) – ACF-approved 12/04
- Outcome Enhancement Reviews (OER) held quarterly in Illinois 01/05 – 12/06

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**Components of the Child and Family Services Review**

- Statewide Assessment
- Systemic Factors
- National Data Indicators
- Interviews with Key State Stakeholders
- On-site case review (3 sites)

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**What Are Systemic Factors?**

As part of the CFSR, the federal government evaluates seven global systems and processes in each state that provide the framework for the delivery of child welfare services. These systems impact how a caseworker carries out their duties each workday.
Systemic Factors

- Agency Information System
- Case Review System (ACR)
- Quality Assurance Processes
- Initial and Ongoing Staff Training
- Service Array
- Agency Responsiveness to Communities
- Foster/Adoptive Parent Licensing, Recruitment, and Retention

What are National Indicators?

National Indicators are statistics taken from each State’s data submissions to the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS).

How are National Indicator Benchmarks Calculated?

Data is collected from all the American States and Territories in 6 specific child welfare performance areas. The benchmark is set by finding the performance level which is at the 75th percentile. States which fall below that measure are found to be out of compliance with Federal Standards.

How Does Illinois Measure Up?

- Recurrence of Maltreatment within 6 months
- Incidence of Child Abuse/Neglect in Foster Care
- Placement Stability
- Re–entries into Substitute Care
- Reunifications Completed within 12 months
- Adoptions Completed within 24 months

OUTCOMES

- Safety
- Permanency
- Well–Being

Federal Outcomes

Safety
- Children are, first and foremost, protected from abuse and neglect
- Children are safely maintained in their own homes whenever possible and appropriate

Permanency
- Children have permanency and stability in their living situations
- The continuity of family relationships and connections is preserved for children

Child and Family Well–Being
- Families have enhanced capacity to provide for their children’s needs
- Children receive appropriate services to meet their educational needs
- Children receive adequate services to meet their physical and mental health needs
Framework for Movement Toward Positive Outcomes

**O U T C O M E**

**T H E O R Y**

**S T A N D A R D S**

established to frame and/or measure performance as it relates to the indicator

**R U L E S & P R O C E D U R E S**

necessary to implement the standards

**D A Y – T O – D A Y   C A S E W O R K   P R A C T I C E S**

implemented by child welfare professionals to apply rules and procedures

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### SAFETY

**SAFETY**

Children are Safely Maintained in their Homes Whenever Possible and Appropriate

**Assessing the Risk of Harm and Managing Safety**

- Service provision to maintain child in own home, or rule-out of in-home services by clearly identified child safety issues
- Assessment and efforts to prevent repeat maltreatment
- Safety plan completion and follow-up
- Pattern and location of caseworker contact
- Ongoing monitoring of children in the home of origin
- Connection of all identified safety/risk issues to specific interventions in cases with reunification goals

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### SAFETY

**SAFETY**

Children are Safely Maintained in their Substitute Care Placements

**Ensuring Safety of Child in Current Placement**

- Pattern of caseworker contacts and efforts to ensure visits
- Ongoing assessment of risks posed by placement
- Thorough observation of caretaker child interaction
- Substantive discussion with both child and caretaker
- Timeliness of efforts/interventions made to ensure safety
- Ensuring safety throughout the reunification process

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### PERMANENCY

**PERMANENCY**

Children have Permanency and Stability in their Living Situations

**Permanency Goal for Child**

- Appropriateness of current permanency goal
- Timely and progressive movement toward permanency
- Assessment and service provision to promote stability
- Assessment and service provision to promote independence
- Casework efforts to overcome legal barriers to permanency
- Thorough assessment and planning on reunification cases

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### WELL-BEING

**WELL-BEING**

Families Have Enhanced Capacity to Provide for their Children’s Needs

**Needs and Services of Child, Parent(s), Caretaker/Guardian, and Foster/Adoptive Parent(s)**

- Initial and ongoing assessment of needs
- Match of services to client needs and ensuring accessibility
- Correlation between service needs and the service plan
- Adequacy of services in place to meet needs
- Timeliness of service referrals

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Well-Being Outcomes

WELL-BEING
Families Have Enhanced Capacity to Provide for their Children’s Needs

Child and Family Involvement in Case Planning

- Ongoing efforts to engage all applicable stakeholders
- Full Disclosure
- Child and Family Team meetings
- Diligent search activities
- Service plan development

The Case Manager as a Change Agent

- Changing children’s environments to ensure their immediate and long term safety
- Changing family functioning to increase positive and appropriate interactions
- Changing legal definitions of family by monitoring and reporting on family relationships
- Changing the support system any child may have to better support their physical, emotional and developmental well-being

One of the most important findings made during the first round of the Child and Family Services Reviews is that caseworker contact is directly correlated to positive outcomes for children and families.

What is the purpose of a home visit?

- Assessing the safety of where the child(ren) play, sleep, eat, and who lives in the home.
- Engaging the caretaker and child in conversation about daily tasks, schedules, and observing their interaction and connection to one another
- Correlating the service plan with the ongoing assessment of family and child needs, and ensuring follow-up of current or previously identified issues
- Observing the appearance of the child(ren) and supporting caregivers to rear healthy children in any way you can
- Speaking to verbal children privately
- Planning for timely and progressive movement toward permanency, emancipation, or case closure with the child and caregiver

Critical Elements of Home Visit Activity and Documentation

Safety Assessment

- Observation of where the child sleeps, plays and eats; ongoing monitoring of household composition
- Assessment of the caretaker’s abilities to handle the child’s physical and emotional needs. This includes how the Caregiver handles problematic behavior and how they interact with the child
- Private conversations with verbal children saying they feel safe and well cared for directly to you
- Ensuring children in the home of origin (of placement cases) are monitored and safe

Critical Elements of Home Visit Activity and Documentation

Safety Planning

- Follow-up on any safety related child events which have occurred, or child behaviors that challenge or put extra stress on the caregiver
- Ensure delivery of services that target safety
- Engage family/community to support caregivers
- CERAP completion and safety plan follow-up
- Adhere to Paramour Policy procedures
- Ensure safety during parent/child/sibling visits
Critical Elements of Home Visit
Activity and Documentation

**Permanency Assessment (Placement)**
- Caregiver involvement in permanency planning
- Child behavior that impacts family functioning
- Caregiver relationship with parents
- Permanency commitment and family composition
- Teaching/supporting independent living skills
- Connecting child with community/extended family
- Appropriateness of current permanency goal

**Well-being Assessment and Planning**
- Follow-up to previously identified service or assessment issues and your efforts to support the Caregiver in accessing needed resources
- Ongoing assessment of the child’s educational/developmental progress by gathering specific information and planning for future success
- Ongoing assessment of the child’s medical and emotional well-being by gathering specific information and coordinating of services when needed

**Major Effects of the CFSR in Illinois**
- Implementation of new processes such as:
  - Integrated Assessment Program
  - Child And Youth Investment Team (CAYIT)
  - Adolescent Stabilization Programs
  - Regional Birth Parent Advisory Groups
  - Expanded Reunification Model and Practice
  - Educational Access Project
  - Regional program improvement activities that strengthen casework practice

**How are Regional PIPs Created in Illinois?**
- Data is gathered by conducting POS/DCFS sub-regional case reviews, using the Outcome Enhancement Review Protocol (OER), where entire case files are read and interviews with clients and staff are conducted.
- Dissemination of regional reports based on the OER data that target casework practices, identify critical elements of supervision, and evaluates casework activities that affect outcomes for children and their families.
- Creation of ongoing DCFS/POS Workgroups in each Region to review and process the data.
- Development of Regional Program Improvement Plans throughout the state that target identified practices, support enhanced training, supervision, and monitoring.

**Practice Areas Highlighted in Regional Program Improvement Plans (PIP)**
- Caseworker Contacts
- Child and Family Team Meeting
- Contact Notes
- Reunification
- Critical Decisions
- Sibling Visitation
- Paramour Policy
- Safety Plans/Assessment
- Independent Living Assessments

SUPERVISION
What You Can Do Now

- Strive for engagement and involvement of the family in permanency planning.
- Be knowledgeable of the casework practices that impact outcomes by using current resources to keep abreast of current policy and procedures.
- Ensure complete case record documentation of all of your efforts to properly assess and serve families.
- Make Service Plans a living document by discussing them with clients as an agreement you’ve made, using realistic timeframes, and updating objectives and tasks to match your assessment.
- Document supervisory input on each issue, even if it may be just 1 or 2 sentences.
- Don’t just count home visits, make them count by covering the areas of safety, permanency and well-being at each contact.
- Document follow-up actions and clear resolution to all identified client needs.

RESOURCES

- U.S. Department of Health and Human Services (DHHS)
- U.S. Administration for Children and Families (ACF)
  http://www.acf.dhhs.gov
- D-Net: Quality Assurance Tab - click on Outcome Enhancement Review (OER)
- Child & Family Services Review - Current and ongoing Illinois activities

1911 S. Indiana, 6th Floor
Chicago, IL 60616
312.315.0984
APPENDIX B

REGIONAL PIP WORKGROUPS
ITEM 3

PIP Goal: 92.5%

PURPOSE OF ASSESSMENT
To determine whether, during the PUR, the agency made concerted efforts to provide appropriate services to the family to prevent children’s entry into substitute care or re-entry after a reunification.

CHILD WELFARE VALUES & PRACTICES
We support parents to keep their children safe through:
- Timely and appropriate provision of services to prevent removal of children
- Appropriateness of the decision to remove and place children in substitute care

DATA

KEY PRACTICE ISSUES IMPACTING REGIONAL PERFORMANCE*
- Service provision to ensure the safety of children remaining in the home of origin on placement cases
- Evidence and documentation of supervisory involvement in reunification planning
- Timely service provision on intact and reunified family cases

* = Regional practice issues that contributed to achievement of LESS THAN the PIP GOAL for the item
ITEM 4

PIP Goal: 85.0%

PURPOSE OF ASSESSMENT
To determine whether during the PUR, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

CHILD WELFARE VALUES & PRACTICES
We believe that every child deserves a safe environment:

- Safety planning
- Paramour policy
- Initial assessment of risk/safety
- Ongoing assessment of risk/safety
- Reunification practices
- Monitoring children remaining in the home of origin

DATA

- Statewide Total (N=264) 80.3%
- Central Region Totals (N=64) 79.7%

KEY PRACTICE ISSUES IMPACTING REGIONAL PERFORMANCE*

- Evidence and documentation of weekly supervision during the initial assessment period of intact and reunified family cases
- Weekly contact with families during the initial 45 days of case opening
- Caseworker assessment, in home visits, and service provision to children remaining in the home of origin on placement cases
- Contacts following reunification
  - Initial and weekly contacts, including unannounced visits
- Procedures on intact cases with paramour involvement

* = Regional practice issues that contributed to achievement of LESS THAN the PIP GOAL for the item
ITEM 18

PIP Goal: 82.2%

PURPOSE OF ASSESSMENT
To determine whether, during the Period Under Review (PUR), concerted efforts were made (or are being made) to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

CHILD WELFARE VALUES & PRACTICES
We acknowledge that partnering with parents and children in decision-making is critical:

- Concerted efforts to actively involve mother, father, paramour, child, and foster parent
- Occurrence of CFTMs per procedure

DATA

KEY PRACTICE ISSUES IMPACTING REGIONAL PERFORMANCE*

- Low levels of involvement of parents on placement cases
- Efforts to engage parents, primarily fathers
- Completion of quarterly Child and Family Team Meetings

* = Regional practice issues that contributed to achievement of LESS THAN the PIP GOAL for the item
ITEM 20
PIP Goal: 74.1%

PURPOSE OF ASSESSMENT
To determine whether the frequency and quality of visits between the assigned caseworker and the mother and father of the child were sufficient to ensure the safety, permanency, and well-being of the child and promote achievement of case goals.

CHILD WELFARE VALUES & PRACTICES
We acknowledge that consistent contact with parents is powerful & valuable:
- Pattern of caseworker visits with parents
- Quality of caseworker visits with parents

DATA

KEY PRACTICE ISSUES IMPACTING REGIONAL PERFORMANCE*
- Pattern of contact with parents in both intact and placement cases
- Contact with parents occurring in their living arrangement per procedures/case dynamics
- Quality of contacts with parents in placement cases
- Pattern and quality of caseworker contacts with paramours on placement cases with Return Home goals

* = Regional practice issues that contributed to achievement of LESS THAN the PIP GOAL for the item
In March 2013, DCFS/POS Regional PIP Workgroups were re-launched around the state on the following dates:

- 3/1/13: Northern Region (38 attendees)
- 3/5/13: Southern Region (26 attendees)
- 3/6/13: Cook South (25 attendees)
- 3/11/13: Cook North (20 attendees)
- 3/12/13: Cook Central (26 attendees)
- 3/13/13: Central Region (42 attendees)

Attendees included DCFS and POS administrators and supervisors from investigations, intact, placement, QI and APT. A total of 177 DCFS/POS staff attended and participated in the meetings across the state.

The agenda for this round of PIP Workgroups was consistent across regions: revisiting the purpose and goals of the workgroups, discussing structural changes to the groups (including new, clearly defined roles and expectations of participants), presentations of data, and small group work examining specific data elements and brainstorming/arriving at a consensus about suggestions for activities that could result in improved regional performance if implemented.

Specifically, the workgroups were presented with OER II data related to the four (4) case-related items where Illinois did not meet the established PIP goal during the 2-year CFSR PIP (2010-2012). These items are:

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Item 3</td>
<td>Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry Into Substitute Care</td>
<td>88.4%</td>
</tr>
<tr>
<td>Item 4</td>
<td>Risk Assessment and Safety Management</td>
<td>80.3%</td>
</tr>
<tr>
<td>Item 18</td>
<td>Child and Family Involvement in Case Planning</td>
<td>72.8%</td>
</tr>
<tr>
<td>Item 20</td>
<td>Caseworker Visits with Parents</td>
<td>63.2%</td>
</tr>
</tbody>
</table>

Analysis of the OER data by UIUC/FCURP and DCFS QA revealed certain practice issues that impacted performance in each Item:

<table>
<thead>
<tr>
<th>Item</th>
<th>Contributing Practice Issues</th>
</tr>
</thead>
</table>
| Item 3 | Services provided to maintain children safely in their home, including children remaining at home following a removal episode of a sibling  
- Rule-out of in-home services prior to removal |
| Item 4 | Assessments of risk and safety (initial and ongoing)  
- Adherence to Paramour Policy  
- Adherence to reunification procedures  
- Monitoring of safety plans  
- Assessments of/monitoring children remaining in the home of origin |
| Item 18 | Concerted efforts to engage parents in service planning  
- Concerted efforts to locate missing parents (rights intact)  
- Occurrence of Child and Family Team Meetings |
| Item 20 | Occurrence of monthly visits in the living arrangement of parent(s)  
- Pattern of contact (not limited to face-to-face visits)  
- Quality of contacts with parents that pertained to the needs of child[ren] and achievement of case goals |
Participants in the workgroups were asked to break into small groups (reflecting a mix of DCFS and POS, and Investigations/Intact/Placement). Each group was given an Item to consider and discuss in detail. Each group was asked to identify at least one (1) improvement strategy that they felt as a group would help improve performance if implemented. Below is a summary of suggested improvement activities from all six (6) PIP workgroups organized around observed common themes (4):

I. SUPERVISION: Participants consistently noted improved, qualitative supervision as a needed area of improvement across all Items. Participants stated a need for educational and supportive supervision as understood in schools of social work and in literature. Below are specifics of suggested improvement strategies identified by workgroup participants:

- Establish protected time for documentation and supervision-processing feedback
- Creating a Practice Memo for Supervisors; cover quality and context
- Strengthen the supervisors’ ability to respond to risk and safety questions from CWs and direct questions to ask about risk and safety during supervision
- Supervisor takes time to prepare for each supervision session
- Construct a checklist for use during supervision reminding of areas to ask about
- Define quality supervision
- Supervision should provide support for the understanding of paramour policy
- Develop standard format and tickler for supervisors including quality indicators, where new cases and post reunification cases are set for weekly supervision
- Supervisors in initial CFTM to set the stage and model for CWs
- Supervisors to be better at monitoring occurrence and timeliness of CFTMs
- Stress the importance of engagement and the CFTM in supervision
- Mentoring of supervisors and using Advanced Specialists to cover for supervisors to assist them
- Importance of supervision to assist caseworkers who may feel intimidated or threatened meeting with families in their homes
- Add to the focus of supervision to address visit location with parents, and model a good service plan driven meeting with parents for CWs. Use team meeting to talk about engagement

Analysis: Improvements in supervision will affect performance in all items. Develop a required statewide DCFS/POS model of supervision that includes elements of administrative, educational, and supportive supervision. Provide new supervisor training, particularly for POS (higher turnover rates, POS carries more of the cases), and ongoing, periodic support (perhaps through STEP or Regional PIP Workgroup Supervisory Forums, or both).

II. DCP (Investigations): Participants noted the need for more information to be collected and shared during the early stages of the case. Below are specifics of suggested improvement strategies identified by workgroup participants:

- Documenting and tracking service referrals made or services offered to family (and status) at the onset of the case (before transition to intact or placement). It is not clear in SACWIS where this documentation can be easily done.
- Early identification of custodial and non-custodial parents as well as maternal and paternal relatives (helps set the stage for and facilitate engagement and visits/contact during the life of the case). It is not clear in SACWIS where this documentation can be easily done.
- Attend to parents needs, in addition to children
- Discuss with family that CFTMs will occur, what their purpose is, how parental involvement is critical, and what to expect at a CFTM
- Ensuring all known information and documentation is passed to ongoing caseworker at time of handoff/transition so that the new worker has all needed information to work the case seamlessly and progressively

Analysis: Capitalizing on the authority of investigators at the onset of the case and expanding the role of investigators to include some social work skills around engagement and determining family composition is expected to improve the overall experience of the family and increase parental involvement in case planning/visitation throughout the life of the case.
III. PRACTICE/TRAINING ISSUES: Participants noted several areas of practice concerns and the need for additional training to teach and support improved practices. Below are specifics of suggested improvement strategies identified by workgroup participants:

Trainings:
- Conduct training on how to conduct client interviews
- Implement critical thinking training
- Conduct training on what procedures are specific to caseworker responsibilities when there are children in the family who are both at home and in foster care: what is expected regarding the children remaining in the home and how to assess based on case dynamics
- Conduct training on how to work with parents who had not been custodial prior to DCFS involvement
- Staff development to recognize/understand the difference between risk and safety, and the proper use of tools
- Training on writing qualitative assessments and case/contact notes
- Training on the Paramour Policy (definitions and understanding expectations)
- Align CFTM training (online) with policy
- Provide a format for CFTMs
- How to make CFTMs more strengths-focused, ensure meetings are at a time that is convenient for parents, ensure meetings are documented
- Training on facilitating parent engagement throughout the LIFE of the case, starting with DCP
- Training on attending to the needs of the parents as well as the children (not just what they have to do to get their kids back, but underlying reasons for why they need specific services/treating them as equals)
- Train foster parents to be engaging with biological parents
- Training on conducting diligent searches – all elements and ways to complete this as well as frequency expectations.

Practice Memos (re-issue existing ones with needed revisions based on changes to policy, if any)
- Update Practice Memos with specific questions for staff to ask during interviews in order to collect as much information as possible about location of parents (initial and ongoing)
- Update the Paramour Policy Practice Memo with any changes or make it easier to understand
- Re-issuing Practice Memos related to CERAP, contacts and supervision

Practice Memos (new ones)
- Create and distribute a Practice Memo on the responsibilities of a lead worker on split cases
- Create and distribute a Practice Memo re: DCP supervisor’s accountability of timeliness of service referrals
- Create a Practice Memo on conducting diligent searches and how to document all efforts/ attempts.
- Create a Practice Memo about required caseworker-parent visitation elements

Analysis: Several suggested activities for improvement identify the need for current (revised/updated) and additional Practice Memos to support the day-to-day implementation of policy and procedures. Practice Memos are practice-specific, based only on policy, and presented in easy to read and user-friendly format, and are well-liked by users.

IV. OTHER: Participants noted other system-related improvement strategies that could help improve performance by facilitating organization of the work:

- SACWIS changes: creating flexibility (e.g. in case/contact entry notes “contact with” drop-down, allow for contact with specific types of parent [mother, father, paramour, non-custodial, etc] versus just “parent”; having a template for all contacts, CFTMs and Supervision notes (with specific required fields to complete and document); creating a caseworker-parent monthly visit report (similar to the existing cw-child report); creating a CFTM tickler; create a CERAP tickler

- Resource development: there is a need to contract with available and timely service providers particularly downstate, where services are not easily accessible in rural areas. Staff do not utilize the Statewide Provider Database. Reasons include: the database is not updated, providers listed do not contract with DCFS, no service providers in rural areas per database.

- Foster parent recruitment: Require foster parents to meet and work with parents in order to facilitate engagement, visitation and permanency achievement. This may require a change in recruitment procedures or criteria.

- Assignment issues: Assign POS agencies who operate closer to families/clients. Have CAPU assign cases timely or decentralize CAPU.
PROPOSED NEXT STEPS:

Analysis of the practice issues impacting performance related to the four (4) remaining PIP items and the consistency between the solutions put forth by the workgroups reveals that the practice issues are **statewide** and **systemic**, and thus would require a **statewide response** versus numerous region specific responses.

As such, input and approval from DCFS executive staff is needed in order to move forward with planning and implementing activities for the improvement strategies proposed by the field. **It is imperative that we move forward as quickly as possible to create performance improvement during this non-overlapping CFSR PIP year in order to support DCFS in avoiding federal financial penalties for not meeting established PIP goals.** The non-overlapping year ends March 31, 2014.

Between now and the next PIP meetings we would like to be able to pull together each PIP Workgroup’s Steering Committee and get them working on regional action plans related to statewide improvement activities, preferably related to supervision (through the use of supervisory forums) and revising/drafting new practice memos.

**Next PIP Workgroup Meeting Dates and Agenda:**

All of the regional PIP workgroups are scheduled for mid- to late-July 2013.

Our proposed agenda for the July meetings would include reviewing and responding to Round 4 OER II data, approving draft Practice Memos (revised existing ones and adding a few new ones), and planning for Supervisory Forums in September 2013. We will collaborate with DCFS Training and STEP as needed to move forward.
Six regional PIP Workgroup Meetings were held throughout the state in September. The purpose of the regional PIP process is to review performance results and quality improvement at both the state and regional level through a data driven perspective, and to develop regional improvement activities designed to impact performance. Each PIP Workgroup is facilitated by FCURP and DCFS QA & R staff, and maintains a Steering Committee of DCFS and POS members. DCFS and private agency staff were in attendance at each of the September meetings.

**Universal Peer Review (UPR)**

Universal Peer Review has been a designated activity of the PIP Workgroups as an improvement activity to address areas of ongoing need based on the findings from the Federal Child and Family Services Review (CFSR) and the state’s Outcome Enhancement Review (OER). The UPR process was reinstated in 2014 with the first round of data collection in April 2014 (for FY14 Q3), followed by a second round of data collection in July 2014 (for FY14 Q4). Ten (10) key questions related to safety, permanency and supervision were chosen for data collection in an effort to bring focus to qualitative casework practices in order to improve regional and statewide practice results for both DCFS and POS at the regional level. Generally speaking, data related to safety, engagement of fathers and paramours, and supervision were the lower performing data. *(See region-specific UPR data reports included in email accompanying this document.)*

Feedback was received on both the tool and the process, and minor updates to the guidance section were presented and discussed. Overall, this process is assisting agencies to capture data related to quality of practice (in addition to procedural compliance) to compliment their existing peer review system. **The next data submission date (for FY15 Q1) is 11/15/14.** This has been scheduled later to allow agencies more time to collect and submit the data following the end of the previous quarter. FCURP continues to be available to assist agencies requesting help with the process.

**Regional Improvement Activities**

Each workgroup was tasked with choosing and creating regional improvement activities, which would be aimed at impacting Placement and Intact casework performance. These activities are based on data results that were presented at the PIP meetings (see attachments in email accompanying this document). After choosing an activity, each group was responsible to create a work plan to implement the activity and prepare a first level plan to present at the December PIP meeting. Ongoing data collection and analysis will be used to monitor the effectiveness of each activity. The following are the activities by region chosen by each workgroup:

<table>
<thead>
<tr>
<th>Region</th>
<th>Case Type</th>
<th>Selected Practice Area</th>
<th>Regional Improvement Activity</th>
</tr>
</thead>
</table>
| Central      | Combined  | UPR Question #4 Parental Engagement | Focus: Use of the Client Service Plan  
Reintroduce, support, and monitor the use of the SACWIS Service Plan Action Steps and Comments Page, the “Refrigerator Plan”, with parents. |
| Northern     | Intact    | UPR Question #4 Parental Engagement | Focus: Fathers and Paramours  
Develop a structured supervision note that guides the CWS to engage mom, dad and/or paramour using bullets from Intact Family procedures and a DCFS Hand-Off Checklist. |
|              | Placement | DCFS Dashboard Measure #4 CW Contact with Parents | Focus: Substantive Discussion  
Develop a conversation guide for caseworkers that details specific topics to discuss during the first 4 weeks when caseworkers engage with and assess parents in keeping with Rule & Procedure. |
| Southern     | Combined  | UPR Question #10 Supervision | Focus: Support for Supervision  
Reinitiate the use of supervisory forums to support supervisory practices and to provide POS/DCFS networking and learning opportunities. |
## Additional Performance Data Presentations

Regional DCFS Dashboard data on four measures was presented at the meetings, which compared the previous fiscal year (FY14) with the first month of the current fiscal year (FY15, July), and with the statewide established performance goals. These measures were chosen for continuing PIP Workgroup attention because they correspond with areas of chronic low performance in the state, and failure to meet established federal goals. The target measures include:

- Measure 1 - % of Children Achieving Legal Permanence
- Measure 4 - % Monthly In-person Caseworker Contact with Parents
- Measure 6 - % of Absence of Maltreatment While in Substitute Care
- Measure 9 - % of Children Placed w/Less Than 2 Paid Providers Over a 12-Month Period

Data from these four measures will continue to be collected and presented quarterly. Specific questions and feedback about the DCFS Dashboard were discussed. ([See region-specific data reports accompanying this document.](#))

Additional data presented included:

- **National Child Abuse & Neglect Data System (NCANDS) data**, which illustrated declining state performance in both the indicator related to the absence child abuse/neglect in foster care (last 12 months), as well as with the indicator related to the absence of maltreatment recurrence.

- **Adoption & Foster Care Analysis & Reporting System (AFCARS) data**, that showed the states’ continued struggle to attain timely reunifications (within 12 months of entry) and timely adoptions (within 24 months of entry).
In January 2015 all staff, DCFS and POS, will be expected to participate in a mandatory training conducted by DCFS QA on the importance of data quality, with particular emphasis being placed on core AFCARS data elements.

**Child and Family Services Plan (CFSP)**

The Child and Family Service Plan is a five-year strategic plan that all states are required to submit to the Children’s Bureau. Illinois submitted their CFSP on 7/31/14 and it is in the process of being reviewed and amended. The plan includes a review of the previous CFSP (2009-2014) including PIP strategies, as well as a plan for improving outcomes for children and families in the upcoming five years. Illinois will likely focus on three target areas in the new plan:

- Reducing the occurrence of maltreatment in out of home care, especially relative care
- Improving timeliness of permanencies
- Increasing families’ capacity to provide for their children’s needs

**Administrative Case Review – Feedback Response/Action Plan (FRAP)**

ACR staff made a presentation on the Feedback Response/Action Plan, a time-sensitive process to be used by agencies to respond to critical feedbacks received following ACR reviews. The FRAP is a QI measure designed to increase the completion rate and timeliness of corrective action plans. A HowTools PowerPoint document (also available on the D-Net/Training/How-Tools/FRAP) was handed out and reviewed.

There were several other updates given at the meeting:

- Office of Child & Family Policy (OCFP) – Important changes to state legislation and impending changes to Rule and Procedure including (see attachment included in email accompanying this document):
  - Sibling Contact/Placement Procedure and Public Act 97-1076 - Information and pamphlet availability
  - Procedures 300 - Comprehensive revisions currently out for policy review
  - Procedures 315 - Permanency Planning Procedures revision
  - Pending Fictive Kin Legislation

- PIP Workgroup SharePoint site – Update on the pending status of the site where agencies will be able to find regional PIP announcements, projects, and meeting information, and enter their own PIP UPR data.

- POS CQI (Continuous Quality Improvement) Capacity Project – an update was provided on the status of this project. (See update included in email accompanying this document.)

**Upcoming Regional Meeting Dates and Locations**

<table>
<thead>
<tr>
<th>REGION</th>
<th>DATES</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook North</td>
<td>12/3/14 9:30am-12:00pm</td>
<td>DCFS 1911 S. Indiana</td>
</tr>
<tr>
<td>Cook South</td>
<td>12/4/14 9:30am-12:00pm</td>
<td>Harvey Office</td>
</tr>
<tr>
<td>Northern</td>
<td>12/5/14 10am-12:30pm</td>
<td>DCFS 8 E. Galena Blvd, 3rd Fl.</td>
</tr>
<tr>
<td>Central</td>
<td>12/8/14 10:00am-12:30pm</td>
<td>The Baby Fold Training Center</td>
</tr>
<tr>
<td>Southern</td>
<td>12/9/14 10:00am-12:30pm</td>
<td>DCFS Mount Vernon Office</td>
</tr>
<tr>
<td>Cook Central</td>
<td>12/11/14 10:00am-12:00pm</td>
<td>DCFS Maywood Office</td>
</tr>
</tbody>
</table>

**FY’15 Q1 UPR Data Due:** 11/15/14
APPENDIX C

NASW CONFERENCE, 2005

HELPING THE HELPERS: A PRACTICE-BASED APPROACH TO ENHANCING CHILD WELFARE OUTCOMES
NASW Conference Intensive Workshop

“Helping the Helpers: A Practice-Based Approach to Enhancing Child Welfare Outcomes”
September 2005

1. **Description of Proposal**
   As child welfare professionals struggle with the complexities of measuring and monitoring progress, identifying the day-to-day casework practices that impact outcomes for children and families becomes imperative. This intensive workshop will provide participants with a framework for conceptualizing outcome-based child welfare practice and provide practical tools for measuring progress.

2. **Description of How the Presentation Fits Within the Conference Theme**
   Managing outcomes is often thought of as the sole responsibility of upper-level management. However, in the current outcome-focused human services environment, helping social work practitioners at all levels understand their role in enhancing child and family outcomes is critical if they are to be the helpers they strive to be.

3. **Presentation Format**
   A Power Point presentation will be used. Participants will receive a copy of the slides along with additional handouts. There will be four trainers presenting the material.

4. **Specific Learning Objectives**
   - Participants will explore a framework for understanding the relationship between day-to-day casework practice and the child welfare outcomes evaluated in the federal Child and Family Services Review (CFSR).
   - Participants will learn how progress toward child welfare outcomes can be measured using the new Outcome Enhancement Review (OER) process, currently being implemented by the Illinois Department of Children and Family Services and its private sector partners.
   - Participants will learn how outcomes data can be used to support program improvement activities.

5. **Practice Level**
   This intensive workshop would be appropriate for tracks II and III. Direct service child welfare staff, as well as supervisors, administrators and quality improvement staff will all benefit from the concepts and tools covered in the presentation.
“Helping the Helpers: A Practice-Based Approach to Enhancing Child Welfare Outcomes”

Using the child welfare outcomes measured in the federal Child and Family Services Review (CFSR) as a foundation, this intensive workshop will explore a framework, put forth by the Foster Care Utilization Review Program (FCURP), for conceptualizing movement toward positive outcomes. As a starting point, the presentation will summarize the work done by FCURP over the past five years, in conjunction with the Illinois Department of Children and Family Services (IDCFS) Division of Quality Assurance, to increase awareness of the CFSR outcomes and develop tools and methods of measuring progress toward outcomes.

The main focus of the presentation will be identifying the day-to-day casework practices that are the building blocks for achieving positive results. The information presented will help child welfare practitioners at all levels, i.e., direct service staff, supervisors, quality improvement staff, and program directors, organize their work to achieve better outcomes for the children and families they serve. The workshop will include the presentation and discussion of an outcome-focused process questionnaire capable of measuring qualitative progress toward identified outcomes. The questionnaire is based on the new Outcome Enhancement Review (OER) process currently being implemented by IDCFS and its private sector partners to measure statewide performance across all federal outcomes and indicators. The session will conclude with a discussion on the various ways in which the data gathered using the outcome focused process questionnaire could be used to support program improvement activities.
EXTERNAL PRESSURES ON CHILD WELFARE ORGANIZATIONS TO ACHIEVE SPECIFIC OUTCOMES

- Federal & State Laws (e.g., ASFA, CCA, ICWA)
- State Rules & Policies
- Federal Review Processes (e.g., CFSR, Title IVE, Medicaid)
- Performance-Based Contracting
- Accreditation Requirements (e.g., COA, CARF, JACHO)
- Grants (e.g., funding for specific activities)
Framework for Movement Toward Positive Outcomes

**Outcome**

**Indicator**

**Standards**
established to frame and/or measure performance as it relates to the indicator

**Rules & Procedures**
necessary to implement the standards

**Day-to-Day Casework Practices**
implemented by child welfare professionals to apply rules and procedures
**FEDERAL OUTCOME:**

Children will have permanency and stability in their living situations.

**FEDERAL INDICATOR:**

Stability of substitute care placement.

**STANDARD(S):**

**RULES & PROCEDURES**

- S21.3.02 – Pre-placement visits
- S21.3.06 – Placement stability/ documentation of reasons for placement changes
- S21.8.02 – Caregiver/child matching criteria/procedures

**CASEWORK COMPETENCIES**

- P300, App. F: Casework responsibilities in minimizing the effects of separation and loss in substitute care
- P300.80 Taking children into protective custody
- P301 Placement Services
- R301.5 Emergency Placement

**COA**

- P300.60 Placement selection criteria
- P301.66 System of Care (SOC) Services
- P302 Services Delivered by the Department, specifically: Child and Youth Investment Teams (CAYIT)
- Integrated Assessment
- Foster Parent Bill of Rights

**National Standard**

- Of all children who have been in foster care less than 12 months from the time of the latest removal, 86.7% or more children had no more than two placement settings

**Performance Based Contracting**

- Placement stability (all foster care contracts – no penalty)

- Consideration of child's safety, permanency & well-being needs
- Knowledge of child/youth's needs and foster parents abilities / level of commitment
- Placement matching activities
- Pre-placement visits when possible
- Provide stabilization services when appropriate, including referral to SOC (when applicable)
- Participation in CAYIT staffings / facilitating participation in CAYIT by all significant stakeholders
- Provide ongoing assessment, monitoring and support to foster parent(s) to maintain placement / prevent any move
- Discuss Foster Parent Bill of Rights in order to best ensure their understanding of their rights
- Documentation of placement changes
- Supervisory conferences to ensure stability for child
- Complete all required documentation, with qualitative information related to efforts to prevent placement moves, within required timeframes [Placement Matching Tools, case entry notes; supervision notes; 906s; Notice of Decision; updated assessments; service plans; PRTs; service referrals/reports; Levels of Care]
APPENDIX D

ILLINOIS INTEGRATED CQI FRAMEWORK CONFERENCE
(2007)
**DCFS/POS Regional Program Improvement Plan (PIP) Workgroups**

Collaborative workgroup consisting of key DCFS staff and key representatives from each POS agency in a region; reflects investigations, placement, and intact services. The workgroup monitors and plans for regional casework practice-related improvements as they relate to federal outcomes performance. (Quarterly meetings)

- Examines Outcome Enhancement Review (OER) results and other performance data, and responds by developing practice-related local PIPs that include actions steps and structured implementation plans targeted for field staff.
- Advances a structured system of accountability for all agreed upon program improvement activities by all POS and DCFS teams in the region.
- Emphasizes collaboration & information sharing between DCFS and POS at the local level on critical policy and practice issues.
- Establishes a system to identify and address performance and systemic issues as well as barriers to compliance with policy and procedure.

**POS Regional Quality Councils**

Private agency workgroup consisting of POS staff who are primarily responsible for executing child welfare related quality improvement activities within their agency. The workgroup discusses and plans for the consistent application of CQI concepts and the implementation of data driven improvement efforts within the Illinois private child welfare community. (Bi-annual meetings with web-based interim support).

- Establishes a forum for ongoing support, education and information-sharing regarding quality improvement processes and tools.
- Examines varying types of state and regional performance data, i.e., OER, peer review, APT protocols, etc., and discusses the implementation and efficacy of internal agency feedback loops and improvement efforts as they relate to the data.

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APPENDIX E

OUTCOME ENHANCEMENT REVIEW (OER) TEAM LEADER MANUAL
# OER TEAM LEADER MANUAL

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I. History and Overview of the Outcome Enhancement Review (OER) Process

In September 2003 and August 2009, Illinois participated in the Federal Child and Family Services Review (CFSR). The CFSR process measures each state’s compliance with the State Plan requirements under titles IV-B and IV-E of the Social Security Act and focuses on two primary areas: (1) outcomes for children and families served by the child welfare system, including performance on specific national data indicators, and (2) systemic factors that directly affect each state’s capacity to deliver services leading to improved outcomes. Outcomes are focused on children’s safety, permanency, and child and family well-being. Systemic factors address the extent to which a state has successful operating systems in place for reviewing the cases of children in foster care at required intervals, training child welfare staff, licensing foster care providers, and recruiting prospective adoptive parents. Quality assurance and state information systems are also evaluated as part of the CFSR process.

Like other states participating in the CFSR process, The Illinois Department of Children and Family Services (‘Department’; DCFS) was not found in substantial conformity with many of the Federal outcomes and systemic factors measured. Federal legislation requires states to develop and implement Program Improvement Plans (PIPs) to fully address all of the outcomes, national indicators or systemic factors determined not to be in substantial conformity as a result of a Child and Family Services Review. Program Improvement Plans are two years in duration and legislation requires states to submit quarterly status reports to the Administration for Children and Families (ACF), informing ACF of the state’s progress in implementing the provisions of the PIP.

The monitoring plan for the Illinois PIP is multi-faceted and will involve quarterly reports to ACF on: (1) progress made on the achievement of action steps or benchmarks that are scheduled to be completed each quarter, and (2) data collected through various Department data systems and review processes that reflect progress made toward meeting established outcome goals in the PIP. The Illinois PIP utilizes two primary methods for measuring improvement: (1) ongoing National Child Abuse and Neglect Data System (NCANDS) and Adoption and Foster Care Analysis Reporting System (AFCARS) data submissions to ACF specific to the national data indicators not met by Illinois during the CFSR, and (2) qualitative case record reviews via the state’s Outcome Enhancement Review (OER) Process. The OER process serves as the only review process in the state currently capable of measuring performance across all Federal outcomes and indicators in a manner that is consistent with the CFSR review process.

The OER is an adaptation of the Department’s Federal Preparatory Review process, which was established in 1999 in an effort to prepare the state for the CFSR. As with the CFSR, the OER process is outcome-focused and involves a thorough review of intact and foster care case files, followed by stakeholder interviews. The combination of reviewing case file documentation along with conducting case-specific stakeholder interviews is intended to provide an accurate and comprehensive portrait of service provision to the child and family, and the extent to which Federal outcomes are being satisfactorily met. The Protocols used to review cases in the OER process are unique because they incorporate casework process questions that measure compliance with Illinois policies and procedures, and provide vital information on program improvement, performance, and compliance with Federal mandates.

The OER process involves the review of a random sample of intact and placement cases from both the Department and private sector. A total of 66 cases will be reviewed bi-annually: Thirty (30) cases from the Cook region, sixteen (16) cases from the Central Region, 10 from each of Northern and Southern regions.
This ensures the ongoing evaluation of a sizeable number of cases from the state’s largest metropolitan area, as well as from downstate areas. Following each OER, a statistical report will be generated for each region detailing the casework practice areas and outcomes either found to be strengths (compliance levels at or above 95%) or areas in need of enhancement (compliance levels below 95%). Regional PIP workgroups comprised of DCFS and Purchase of Services (POS) staff from the regions reviewed have been formed for the purpose of analyzing the region-specific OER data and supporting joint (DCFS and POS) regional program improvement planning. The implementation of a collaborative, continuous, quality improvement process involving the Department and its private sector partners is one of the hallmarks of the OER process, and should have a positive effect on outcome achievement levels for children and families statewide.

### II. Schedule of Reviews 2011 - 2014

<table>
<thead>
<tr>
<th>Phase</th>
<th>Region/Sub-Region</th>
<th>Baseline</th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
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<td>12/5/11-12/16/11</td>
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III. OER Ramp-Up Timeline

The preparation for the OER begins 8 weeks prior to the review.

### Timeline and Overview

| 8 Weeks Prior | Run the sample for the phase and specific region  
|               | For Placement cases, pull 2 cases with like goal, team assignments, and case opening dates, following the sampling criteria  
|               | For Intact/Reunification, pull 2 cases with similar dynamics and agency assignments  
|               | First Team Leader Meeting on sample  
|               | Confirm review site logistics and review team |

| 7 to 6 Weeks Prior | Review preparation activities  
|                   | o Run and confirm OER Face Sheet accuracy against SACWIS information  
|                   | o Prepare, update and save review site specific documents:  
|                   |   - Preliminary Case Acceptance Form  
|                   |   - Top information on the Interview Scheduling Form  
|                   |   - Case Confirmation Form  
|                   |   - Update sample workbook information as needed  
|                   |   - Follow-up on review site arrangements and reviewer schedules |

| 5 to 4 Weeks Prior | Prepare Preliminary Case Evaluation Form with all sample information  
|                   | Confirming email recipients of the Preliminary Case Evaluation Form  
|                   | Enable read receipt function on email system  
|                   | Send out Preliminary Case Evaluation Form  
|                   | Follow up on Preliminary Case Evaluation Form that are not returned on the required date  
|                   | Team Leader meeting to confirm the sample and discuss sampling/site issues  
|                   | Collect information on clients with special communication needs |

| 3 to 2 Weeks Prior | Send out Interview Scheduling Form  
|                   | Monitor and follow up on the Interview Scheduling Form that have not returned on the required date  
|                   | Review Team confirmed and email logistics to reviewers  
|                   | Finalize Sample based on sampling criteria and interviewers  
|                   | Send out Case Confirmation letters for each case  
|                   | o This should include case file drop off and pick up instructions  
|                   | Create separate OER Face Sheet documents for each case  
|                   | Begin filling the FINAL Interview Scheduling Forms of the reviewers for each case  
|                   | Determine reviewers who have/need SACWIS access  
|                   | Review SACWIS file information for each confirmed case |
| 1 Week Prior | - Final Team Leader Meeting to discuss review logistics, assign cases to reviewers and assign discussion points for entrance conference  
- Prepare email with attachments for reviewers which includes the following:  
  o Interview Scheduling Form  
  o Face Sheets  
  o Interview Introduction Information Form  
  o Interview Discussion Points  
  o Most current Protocol and Q by Q  
  o Entrance Teleconference Information |
| Review Week 1 | - Entrance Teleconference  
- SACWIS portion of review begins  
- 1st level staffing |
| Review Week 2 | - Onsite Entrance Conference  
- Onsite review of case files  
- Interviews  
- Final debriefing/2nd Level Staffing |
| Post Review Week | - QC Swap  
- Data entry and clean up  
- Prepare reports for Region |
IV. Stratification of OER II Samples by Sub-Region

CENTRAL REGION
16 CASES

1B: PEORIA
6 CASES
- 4 sub care cases:
  - 2 POS
  - 2 DCFS
- 2 family cases:
  - 1 POS
  - 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 2-OPPLA

3A: SPRINGFIELD
5 CASES
- 3 sub care cases:
  - 2 POS
  - 1 DCFS
- 2 family cases:
  - 1 POS
  - 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

3B: CHAMPAIGN
5 CASES
- 3 sub care cases:
  - 2 POS
  - 1 DCFS
- 2 family cases:
  - 1 POS
  - 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

COOK CENTRAL AND COOK NORTH
20 CASES

6C: COOK CENTRAL
10 CASES
- 6 sub care cases:
  - 4 POS
  - 2 DCFS
- 4 family cases:
  - 2 POS
  - 2 DCFS
- Goals:
  - 2-RH
  - 2-AD
  - 2-OPPLA

3B: COOK NORTH
10 CASES
- 6 sub care cases:
  - 4 POS
  - 2 DCFS
- 4 family cases:
  - 2 POS
  - 2 DCFS
- Goals:
  - 2-RH
  - 2-AD
  - 2-OPPLA
SOUTHERN REGION AND NORTHERN REGION (AURORA) 16 CASES

4A: MARION 5 CASES
- 3 sub care cases:
  - 2 POS 1 DCFS
- 2 family cases:
  - 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

4A: EAST ST. LOUIS 5 CASES
- 3 sub care cases:
  - 2 POS 1 DCFS
- 2 family cases:
  - 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2A: AURORA 5 CASES
- 3 sub care cases:
  - 2 POS 1 DCFS
- 2 family cases:
  - 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

NORTHERN REGION (ROCKFORD) AND COOK SOUTH 15 CASES

1A: ROCKFORD 5 CASES
- 3 sub care cases:
  - 2 POS 1 DCFS
- 2 family cases:
  - 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

6D: COOK SOUTH 10 CASES
- 6 sub care cases:
  - 4 POS 2 DCFS
- 4 family cases:
  - 2 POS 2 DCFS
- Goals:
  - 2-Intact
  - 2-Reunified family

3 sub care cases:
- 2 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-Ad
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA

2 family cases:
- 1 POS 1 DCFS
- Goals:
  - 1-RH
  - 1-AD
  - 1-OPPLA
V. Sampling Rules and Case Acceptance Criteria

**General Sampling Rules:**

1. The sampling period is the 10 months prior to the sample pull date. Samples are to be pulled 8 weeks prior to the onsite review date.

2. Eligible cases must be open at least 24 hours during sampling period.

3. Not more than 1 case per worker, team, and agency per region. Team Leaders must communicate with each other about their sub-regional sample lists and the agencies involved.

4. No cases where we can’t interview the child/youth, the foster parent(s), and the caseworker/supervisor. For Intact/Reunification and Return Home cases, the parent(s) must also be available for interviewing. Attempts should be made to arrange interviews with parent(s) on all cases where the parents are still involved with the child(ren). Parents with rights that have been terminated and that have no contact with the child(ren) do not need to be scheduled for interviews.

5. All interviews should be arranged to take place by phone unless the stakeholder does not have a phone, in which case the Reviewer must conduct the interview in person, preferably at the review site or at the office closest to the parent. Phone interviews with children should only be scheduled for children 12 years old or older.

6. The Period Under Review (PUR) is the 12 months prior to the Friday before the review. For example, if the review starts on February 15, 2012, the PUR will end on the Friday prior to the review, which will be February 12, 2012. Twelve months prior will be February 10, 2011. The start date for this PUR should be February 1, 2011 rounded off to the beginning of the month. Your PUR will be February 1, 2011 to February 12, 2012.

**Placement Sampling Rules:**

1. No children 18 years or older during the PUR.

2. No cases with the goal of “Return Home Pending Status,” only cases with the goal of Return Home within 5 months or 12 months.

3. No cases with the goal of Guardianship Assistance or Adoption Assistance.

4. No courtesy supervision cases. Check the OER face sheet to ensure that the child is placed in Illinois.

5. IPAs are OK in the DCFS sample, regardless of the goal. If an IPA case shows up in the POS sample, make sure the POS agency has FULL case management responsibility for the case, i.e., no DCFS worker involved. Make efforts to obtain all relevant files from all known locations (i.e., files may be split among agencies and they will all be needed, especially for RH cases). Monitor the number of IPAs per region. Highlight these cases for discussion at the Team Leader meeting.

6. Keep good balance of gender (female + male) and age (pre-school + older youth) ratios.

7. Pull one child case that opened during the PUR per site

8. Pull an oversample (backup) case with the same goal for each case, preferably with the same team/agency (Return Home within 12 months/Return Home within 5 months = same, SCPTPR/Adoption = same, Independence/OOHC/HENA = same).
Intact/Reunification Sampling Rules:

1. For Intact/Reunification and Return Home cases, the parent(s) must also be available for interviewing. Attempts should be made to arrange interviews with parent(s) on all cases where the parents are still involved with the child(ren). Parents with rights that have been terminated and that have no contact with the child(ren) do not need to be scheduled for interviews.

2. For Reunification sample cases, ensure that the reunification is current [i.e. the child is still in the home of origin] and has lasted at least 30 days in order to accept it into the final sample. The reunification must have occurred during the PUR.

3. Ok to review Intact cases where the parent(s) is also a ward. Use the Intact Protocol if pulled from the Intact sample; Placement Protocol if pulled from the Placement sample.

**PLEASE NOTE:**

At the end of a round of reviews, we must ensure that there are enough applicable cases for:

- Item 3 (a minimum of 39 cases: 26 Intact and 13 Placement [at least 2 Placement cases open new during the sampling period per site, including 1 RH case]).
- Item 18 (a minimum of 61 cases: 25 Intact and 36 Placement [ensure the whereabouts are known for at least one parent in 36 of the 40 Placement cases in the sample]).
- Item 20(a minimum of 53 cases: 25 Intact and 28 Placement).
VI. Running the Sample

1. Establish sampling dates: The sampling period is 10 months prior to the sample pull date which allows 8 weeks to ramp up to begin the actual review. (Example: If the review start date is February 15, 2012, the sampling date is 2 months prior – December 15, 2011. The sampling period is then February 1, 2011 – December 15, 2011.

Baseline

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<td>10/17/11 – 10/28/11</td>
<td>10/22/10 – 8/22/11</td>
<td>10/13/10 – 10/14/11</td>
<td>Cook North: 10/17/11 Cook Central: 10/18/11</td>
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<td>10/10/11</td>
<td>12/5/11 – 12/16/11</td>
<td>12/10/10 – 10/10/10</td>
<td>12/1/10 – 12/2/11</td>
<td>Rockford: 12/5/11 Cook South: 12/6/11</td>
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<td>Cook South: 6/18/13</td>
</tr>
</tbody>
</table>
### Round 5

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Central Region (3 sites)</td>
<td>8/19/13</td>
<td>9/23/13-10/4/13</td>
<td>9/1/12-7/23/13</td>
<td>9/1/12-9/20/13</td>
<td>Champaign: 9/23/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Springfield: 9/24/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Peoria: 9/25/13</td>
</tr>
<tr>
<td>Cook North &amp; Cook Central</td>
<td>9/9/13</td>
<td>10/14/13-10/25/13</td>
<td>10/1/12-8/14/13</td>
<td>10/1/12-10/11/13</td>
<td>Cook North: 10/14/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cook Central: 10/15/13</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Marion: 11/5/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Aurora: 11/6/13</td>
</tr>
<tr>
<td>Northern 1A &amp; Cook South</td>
<td>10/28/13</td>
<td>12/2/13-12/13/13</td>
<td>12/1/12-11/29/13</td>
<td>12/1/12-11/29/13</td>
<td>Rockford: 12/2/13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cook South: 12/3/13</td>
</tr>
</tbody>
</table>

### Round 6

<table>
<thead>
<tr>
<th>Review Sites</th>
<th>Review Dates</th>
<th>Period Under Review (PUR)</th>
<th>Review Dates (for database)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook North</td>
<td>2/3/13-2/14/14</td>
<td>2/1/13-1/31/14</td>
<td>Cook North: 2/3/14</td>
</tr>
<tr>
<td>Cook Central</td>
<td></td>
<td></td>
<td>Cook Central: 2/4/14</td>
</tr>
<tr>
<td>Cook South</td>
<td></td>
<td></td>
<td>Cook South: 2/5/14</td>
</tr>
<tr>
<td>Northern</td>
<td></td>
<td></td>
<td>Northern: 2/6/14</td>
</tr>
<tr>
<td>Central</td>
<td>2/18/14-2/24/14</td>
<td>2/1/13-1/31/14</td>
<td>Central: 2/18/14</td>
</tr>
<tr>
<td>Southern</td>
<td></td>
<td></td>
<td>Southern: 2/19/14</td>
</tr>
</tbody>
</table>
APPENDIX F

ITEM 4 ASSESSMENT
CLOSE-OUT OF THE 2009 CFSR ILLINOIS PIP
SEPTEMBER 2014 ADDENDUM
Item 4 Assessment
Close-Out of the 2009 CFSR Illinois PIP
September 2014 Addendum

Illinois’ Process for Monitoring Progress toward PIP Goals:

The Illinois review process that has long mirrored the Federal CFSR process is referred to as the Outcome Enhancement Review (OER). At the conclusion of the 2009 CFSR, DCFS updated its OER process and tools to reflect (then) current interpretations and measures so that the OER data could be used to monitor progress toward negotiated PIP goals (“OER II,” to differentiate from the original OER that had been established after the first CFSR in 2003). In the Illinois Outcome Enhancement Review, two review tools are utilized: one for Placement cases (children in substitute care), and one for Intact families (In-Home, i.e., families that have been receiving intact family services, as well as families that have been reunified). Thus, ongoing assessment of risk and safety and addressing/monitoring continued risks in the home are evaluated in two different tools.

The structure of the OER tools is that each Item is evaluated first by answering “process questions” (yes, no or not applicable). Process questions are designed to collect data about specific casework practices that are procedurally required and that relate to a specific federal Item. Process questions inform how “Exploratory Items” are rated (strength, weakness, not applicable) for each item, which then directly inform how an item is rated (strength, weakness, not applicable).

The following basic processes are evaluated in Item 4:

- Initial assessments of risk and safety, ongoing assessments of risk and safety
  - Both initial and ongoing assessments of risk and safety include: formal assessments (such as the risk assessment, CERAP, domestic violence screen, substance abuse screen, integrated assessment, paramour checklist, and home safety checklist), informal assessments by the caseworker or others in the home, and the frequency and quality of caseworker contacts with the child and caregiver(s)
  - All reviewed cases apply for the evaluation of ongoing assessments of risk and safety
- Assessments of the home and caregiver(s) (including frequency of visits with the substitute caregiver)
- IF safety concerns were identified whether safety plans were developed, implemented and monitored (all cases)
- Evidence of supervisory involvement in the assessment of risk/safety and guiding caseworker efforts to ensure safety for all children in the home (all cases)

In the placement review tool, the above-mentioned processes are evaluated for two environments: the substitute care setting (for the child in care being reviewed), and for any children who might remain in the home of origin. Thus for Item 4, placement, ongoing assessment of risk and safety is assessed in what are considered two Exploratory items in the OER tool (E11: child in substitute care; and E14: children remaining
in the home of origin). If either of these Exploratory items is rated a weakness, then the Item is rated a Weak.

Of additional importance in placement cases reviewed, questions and Exploratory Issues specific to children who remain in the home of origin are answered regardless of whether risk exists for those children. Ongoing assessment of risk and safety of children remaining in the home of origin is contingent on the procedural expectation that caseworkers visit those children once per month, not based on whether or not risk actually exists.

In the intact review tool, the same processes related to assessments of risk and safety are also evaluated and assessed overall, in Exploratory Issue E10.

When safety issues are identified, evaluations of whether issues were adequately addressed occurs in three Exploratory Issues: E12 and E15 for placement cases (E12 for the child in care, E15 for children remaining at home), and E10 for intact/reunified families.

This set of data is a sub-set of the total number of cases that are evaluated in Item 4, and only reflect those cases in which there is an identified safety concern that requires the development, implementation and monitoring of a safety plan. Thus, the denominator is much smaller for this set of data, and is completely dependent on the sample itself. No stratification of the sample is conducted in order to ensure a consistent number of cases in which a safety concern exists.

**Illinois’ Performance in Item 4 during the CFSR2 PIP Period:**

Toward the end of 2013, Illinois (with approval by the Children’s Bureau) determined that it would be prudent to conduct a special review of Items 4, 18 & 20 (the remaining PIP Items at the time for which the negotiated PIP goal had not been achieved). The only change to the review process (other than limiting the items reviewed per above) was doubling the sample size from 66 cases reviewed to 132. The special review occurred in all regions of the state during the month of February 2014. At the conclusion of the special review, Illinois was able to demonstrate achievement of the PIP goals for Items 18 and 20 in the special review, but fell just short for Item 4. Chart 1 demonstrates Illinois’ performance in Item 4 from Baseline (June 2011) through to the end of the non-overlapping year (February 2014), all cases combined:

**Chart 1:**
Charts 2 & 3 demonstrate Illinois’s performance in Item 4 by case type (placement versus in-home):

**Chart 2:**

**Chart 3:**

2009 CFSR Findings:

In the final report of Illinois performance in the 2009 CFSR, the following practice issues were documented as having contributed to a rating of Area Needing Improvement for certain cases in Item 4: (presented here are the two most frequently occurring ones):

- Continued risks in the home not addressed or monitored (12 of 18 cases, or 66%)
- No ongoing risk and safety assessments (9 of 18 cases, or 50%)

Overall, Illinois’ performance in Item 4 was 72% strength in the 2009 CFSR. The state opted to establish its baseline based upon findings from its first Outcome Enhancement Review II, completed over the course of 3 months (April – June 2011), and including all regions of the state. Thus, Illinois’ performance in the baseline OER II for Item 4 was established at 80.3% strength, and the negotiated PIP goal to achieve over the course of the 2-year state PIP period was 85% strength.
Illinois' Performance and Analysis:
Table 1 demonstrates Illinois’ performance in areas that correlate with the 2009 CFSR findings:

<table>
<thead>
<tr>
<th>Table 1: (OER II Data)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

The data above is displayed in four ways: data specific to children in their placement settings (P-E11 and P-E12), children remaining in the home of origin (P-E14 and P-E15), intact/in-home families (I-E10 and I-E11), and (in the bottom, gray rows) combined Exploratory Issue data regardless of case type (placement or intact).

PLACEMENT DATA DISCUSSION:

The data in Table 1 suggest that for placement cases, the main reason for why cases were rated a Weakness for the Item overall is related to the ongoing assessment of children who remain in the home of origin. Reviewers followed strict instructions to mark the case a weakness if visits to children in the home of origin were not made, versus whether risk or safety concerns were identified and addressed. Thus the data related to children remaining in the home informs the state more about the lack of visits to the home than anything else. There are several known reasons for why visits are not made as required to children remaining at home, mainly: the agency does not typically have legal authority over children still at home, which is compounded by a lack of clarity in policy about what the monitoring requirements are (particularly in delinquency cases, juvenile justice cases, and children with other parents). Additional factors include: the lack of a common definition for what constitutes the “home” in cases such as these, the lack of clear contractual expectations and reimbursements for serving families/children still at home, and agencies not always having complete information at case assignment/hand-off as to whether there are children still at home or not.

As noted above, reviewers participating in the OERs have been strict overall in their rating of this item for cases involving children who remain in the home of origin: i.e. if monthly visits were not occurring, the answers, exploratory issues and Item were typically rated a Weak whether or not actual risk or safety concerns exist, or whether continued risks in the home were addressed or monitored. An in-depth exploration of the cases reviewed in all OERs (between Round 1 and Round 6) revealed that 28 cases involved a child remaining at home. Only 7 of these 28 cases involved continued risks that were not addressed or monitored (25% of the 28 cases, or 2% of the total number of cases reviewed during the OER II...
post-baseline period, n=280). The rest of the 28 cases involved continued risk/safety that was both addressed and monitored (rated a Strength), or there was no identified risk/safety concerns but visits were not monthly (rated a Weakness).

Had reviewers rated cases based solely on continued risk, the state’s performance for placement cases would have been 91.7% strength (aggregate, Rounds 1-6, 257/280), versus 88.9% (249/280). Additionally, among the placement-only cases, 2 cases were rated a Weakness for the Item solely because the reviewer could not locate sufficient documentation to answer whether the initial risk/safety assessments were completed. (It is important to note that reviewers in the OER do not typically interview investigators, therefore evaluation of initial assessments is based strictly on the presence of documentation.) All ongoing assessments of risk/safety had occurred and there were no safety concerns for these children. If these two cases had been rated a Strength for the item, the state’s performance for placement cases would have risen to 92.5% (aggregate, Rounds 1-6, 259/280).

Illinois is requesting that additional consideration be given in reference to the very small number of cases that are reviewed involving children at home and their disproportionate impact on the rating for the state (see Table 2 below). Cases involving a child remaining in the home of origin therefore, on average, represent 11% of the total number of substitute care cases being reviewed per round (4.7/40), and yet represent the main reason why placement cases are rated Weak for Item 4 (in aggregate, 15 of the 28 cases [53.5%] involving a child remaining in the home of origin were rated W for the item, versus 13 of the remaining 252 [5%] placement cases).

<table>
<thead>
<tr>
<th>Table 2: Number of placement cases involving a child(ren) remaining in the home of origin, and those involving continued risk  (OER II Data)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>2 involving risk (1 rated a strength); 3 rated a S with no risk.</td>
</tr>
</tbody>
</table>

Other data regarding practices that contribute to whether ongoing assessments of risk and safety occur suggest that the state is making strides toward improvements, particularly as it relates to the frequency of caseworker visits to the child:

<table>
<thead>
<tr>
<th>Table 3: Caseworker Visits for Children in Foster Care*</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFY2010</td>
</tr>
<tr>
<td>Children receiving monthly visits (%)</td>
</tr>
<tr>
<td>Numerator</td>
</tr>
<tr>
<td>Denominator</td>
</tr>
<tr>
<td>Children receiving visits in the home (%)</td>
</tr>
<tr>
<td>Numerator</td>
</tr>
<tr>
<td>Denominator</td>
</tr>
</tbody>
</table>
*from the federal outcomes site: As of 2012, there was a new methodology used to calculate the caseworker visits measures. Because the new methodology limits data comparisons with prior years, caseworker visits data from 2010-2011 are not included in this table. All states have the option of using an approved sampling procedure for the caseworker visits reporting requirement.

DCFS’s Agency Performance Data Site provides additional data regarding caseworker visits with the child that support performance improvement:

Table 4:

<table>
<thead>
<tr>
<th>STATE PERFORMANCE</th>
<th>FY’13</th>
<th>FY’14</th>
<th>GOAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measure 2, % in-person contacts with the children</td>
<td>95.48%</td>
<td>96.96%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Moreover, the quality of contacts with children and parents has improved:

Table 5: Substantive observation/discussion by the caseworker (OER II Data)

<table>
<thead>
<tr>
<th>With Child(ren)</th>
<th>Baseline</th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Round 4</th>
<th>Round 5</th>
<th>Round 6 (Double sample)</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement</td>
<td>92.5% (37/40)</td>
<td>97.5% (39/40)</td>
<td>100% (40/40)</td>
<td>97.5% (39/40)</td>
<td>95% (38/40)</td>
<td>97.5% (39/40)</td>
<td>97.5% (39/40, R1-R5)</td>
<td>97.5% (39/40, R1-R5)</td>
</tr>
<tr>
<td>Intact</td>
<td>79.2% (19/24)</td>
<td>92.3% (24/26)</td>
<td>80% (20/25)</td>
<td>100% (26/26)</td>
<td>92.3% (24/26)</td>
<td>80.8% (21/26)</td>
<td>88.4% (23/26, R1-R5)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With Parent(s)</th>
<th>Baseline</th>
<th>Round 1</th>
<th>Round 2</th>
<th>Round 3</th>
<th>Round 4</th>
<th>Round 5</th>
<th>Round 6 (Double sample)</th>
<th>AVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placement</td>
<td>61.5% (16/26)</td>
<td>75% (18/24)</td>
<td>61.5% (16/26)</td>
<td>82.6% (19/23)</td>
<td>76.2% (16/21)</td>
<td>80.8% (21/26)</td>
<td>92.3% (24/26)</td>
<td></td>
</tr>
<tr>
<td>Intact</td>
<td>88.5% (23/26)</td>
<td>88.5% (23/26)</td>
<td>96.2% (25/26)</td>
<td>92.3% (24/26)</td>
<td>88.5% (23/26)</td>
<td>88.5% (23/26)</td>
<td>98.1% (51/52)</td>
<td>92.3% (24/26)</td>
</tr>
</tbody>
</table>

Rationale for Reconsideration:
1. Performance in Item 4 for placement cases is strong
2. If all Exploratory Issues evaluating ongoing assessment of risk/safety and addressing/monitoring continued risk/safety in the home are combined, the state passes the benchmark for Item 4 (grey rows, Table 1)
3. Data regarding the frequency and quality of caseworker visits is very strong and improving
4. The number of cases involving children who remain in the home of origin is very small and has a disproportionate impact on the data for placement cases

INTACT (IN-HOME) DATA DISCUSSION:

The data in Table 1 (page 4) suggests flat performance for intact (in-home) cases related to ongoing assessments of risk and safety (69.2% in the baseline and in Round 6, with a high in between of 73.1% and a low of 61.5%), and improvements in practice related to adequately addressing identified safety concerns (80% at baseline and 90.9% in Round 6, with in-between highs of 100% and a low of 62.5%). As with the placement data, all cases apply (or are answered) for ongoing assessments of risk and safety, whereas a subset of those cases (with identified risk/safety concerns, a much smaller number of cases) are answered to evaluate whether those risk/safety concerns are adequately addressed.

The performance data related to in-home cases has a large impact on the state’s overall performance in Item 4 (as indicated in the charts on page 1). There are several reasons for the disparity in performance with in-home cases. It is important to note that in Illinois two types of cases are considered “in-home:” intact family
cases (no child in substitute care, served by intact family caseworkers), and reunified families (children recently in substitute care but reunified at home at the time of the review, served by placement caseworkers). The Outcome Enhancement Review II process, approved by the Children’s Bureau, samples 26 in-home cases per round (out of a total of 66 cases per round), half of which are intact and half of which are reunified families.

An analysis of the in-home data indicates that intact family cases perform better in Item 4 than do reunified family cases, yet there has been improvement in both types of case performance since the Baseline:

Table 6: Item 4 ratings for In-Home cases, by case type (OER II Data)

<table>
<thead>
<tr>
<th>Item 4 Rating</th>
<th>Baseline N</th>
<th>R1 N</th>
<th>R2 N</th>
<th>R3 N</th>
<th>R4 N</th>
<th>R5 N</th>
<th>R6 N</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Intact</td>
<td>13</td>
<td>9</td>
<td>69.2%</td>
<td>13</td>
<td>10</td>
<td>76.9%</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>7</td>
<td>53.8%</td>
<td>13</td>
<td>7</td>
<td>53.8%</td>
<td>13</td>
</tr>
<tr>
<td>Reunification</td>
<td>13</td>
<td>8</td>
<td>61.5%</td>
<td>13</td>
<td>9</td>
<td>69.2%</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>7</td>
<td>53.8%</td>
<td>13</td>
<td>7</td>
<td>53.8%</td>
<td>13</td>
</tr>
</tbody>
</table>

Reasons for why reunified cases tend to be rated Weak more often than intact cases include:

- Reviewers strictly rate the Item Weak for reunified families if weekly visits did not occur during the first month of reunification (even if some visits occurred but were not weekly) which is overall a narrow period of time in the life of these cases (most are several years old) and in the PUR (12 months);
- Placement staff are more likely to view reunification cases as low risk because of their extensive and prolonged contact with, and assessment of, these families. Therefore staff do not always increase visits from monthly to weekly in order to support the transition; and
- Placement staff often express having challenges with balancing weekly case contact with what can be considered more pressing priorities/crises (on other cases) at the time of reunification.

Although weekly visits with reunified families (during the first 30 days following reunification) is an area in need of improvement, ongoing monthly visits with children and parents is good and has improved since the baseline:

Table 6: Frequency of caseworker visits, reunification cases (OER II Data)

<table>
<thead>
<tr>
<th>Reunification Cases</th>
<th>Baseline</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
<th>R5</th>
<th>R6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly visits with child(ren)</td>
<td>84.6%</td>
<td>92.3%</td>
<td>84.6%</td>
<td>84.6%</td>
<td>92.3%</td>
<td>92.3%</td>
<td></td>
</tr>
<tr>
<td>Monthly visits with parent(s)</td>
<td>76.9%</td>
<td>92.3%</td>
<td>76.9%</td>
<td>92.3%</td>
<td>84.6%</td>
<td>92.3%</td>
<td>92.3%</td>
</tr>
</tbody>
</table>

Reasons for why intact family cases were rated Weak include: lack of weekly visits during the initial assessment period and/or not ALL children seen, lack of adherence to the paramour policy, and safety plans not implemented when needed. Cases often involved domestic violence and/or substance abuse concerns with one or more parents. Fathers, if involved, were sometimes not fully engaged in the assessment process when determining safety/risk concerns.

Although weekly visits with intact family members during the initial 45-day assessment period were a primary reason for the item being rated a Weak, the OER data below demonstrate improvement in ongoing visits with children and parents (twice-per-month, per policy):

Table 7: Frequency of caseworker visits, intact cases (OER II Data)

<table>
<thead>
<tr>
<th>Intact Cases</th>
<th>Baseline</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
<th>R5</th>
<th>R6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twice-per-month visits with child(ren)</td>
<td>64.3%</td>
<td>38.5%</td>
<td>61.5%</td>
<td>69.2%</td>
<td>92.3%</td>
<td>91.7%</td>
<td></td>
</tr>
<tr>
<td>Twice-per-month visits with parent(s)</td>
<td>71.4%</td>
<td>38.5%</td>
<td>69.2%</td>
<td>69.2%</td>
<td>69.2%</td>
<td>92.3%</td>
<td>96.2%</td>
</tr>
</tbody>
</table>
Likewise, OER II data specific to the quality of caseworker contacts with children and families in all in-home cases has shown some improvement since the baseline:

### Table 8: Substantive observation/discussion by the caseworker, all in-home cases (OER II Data)

<table>
<thead>
<tr>
<th>Reunification Cases</th>
<th>Baseline</th>
<th>R1</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
<th>R5</th>
<th>R6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantive observation/discussion with the child(ren)</td>
<td>79.2%</td>
<td>92.3%</td>
<td>80%</td>
<td>100%</td>
<td>92.3%</td>
<td>80.8%</td>
<td></td>
</tr>
<tr>
<td>Substantive observation/discussion with the parent(s)</td>
<td>88.5%</td>
<td>88.5%</td>
<td>96.2%</td>
<td>92.3%</td>
<td>88.5%</td>
<td>88.5%</td>
<td>98.1%</td>
</tr>
</tbody>
</table>

**Rationale for Reconsideration:**
1. The frequency and quality of caseworker visits with children and families in intact/in-home families is strong and improving. Caseworker visits are the foundation of good practice as it relates to fully assessing safety and risk.
2. During OER Rounds 3-5, there was significant disruption in the field of intact family services as the procedures were changed twice and there was assignment of all intact cases to the private sector.

**Summary Analysis**

DCFS believes the state is on a good trajectory in terms of practice performance in Item 4. The following initiatives have been implemented, and have supported Illinois performance in the areas of ongoing assessment of risk/safety and addressing safety concerns when identified. DCFS further believes that these and other initiatives will continue to enhance performance moving forward:

1. Implementation of the Enhanced Safety Model
2. Roll-out of SACWIS 5.0
3. Assignment of more Intact cases to POS
4. Usage of the Home Safety Checklist
5. Usage of ACR Alerts, and a focus on CERAPS and assessments of the home of origin for children who remain at home, and for those return home cases in which the reunification is scheduled to occur
6. Data Performance Measures and Benchmarks for private agency providers that are being monitored monthly (DCFS Performance Dashboard)
7. APT Levels of Monitoring – holding agencies accountable for their performance relative to the DCFS Dashboard measures through increased monitoring
8. Implementation of Universal Peer Review (UPR) Questions and Data – all agencies are submitting data specific to PIP-related questions, specifically assessments of safety and risk in cases of reunification and where one or more child remains in the home of origin while at least one other child is in substitute care
9. Regional Program Improvement Plan (PIP) Workgroups – all regional PIP workgroups are working on addressing key performance concerns stemming from the collection of the UPR data (see #8 above). For example, one region is addressing the issue of how to identify cases involving children who remain in the home of origin so as to ensure that monitoring and assessment of risk/safety occur for that population, and to then observe improvement in the data
10. Assemblage of CWAC Sub-Committee on Children Remaining in the Home of Origin – this subcommittee met monthly during the spring of 2014 and recommended a common definition of “home” and highlighted ways in which private agencies could submit for reimbursement of costs associated with serving this population
Although Illinois has not yet met the overall Item 4 goal of 85%, it appears from the data presented in this analysis that two specific issues of procedural compliance may have disproportionately affected the states’ ability to be in full compliance. In considering the data examined in its’ entirety, DCFS did demonstrate that primary casework practices that support risk assessment and safety management were reached and/or maintained, above the benchmark, over the six rounds of the OER II review:

- In placement cases, the Item 4 goal was met or exceeded in each round of OER II reviews
- In both intact family and placement cases, identified safety issues were appropriately addressed by the caseworker, on average, over 90% of the time across all six rounds
- Substantive observation and discussion occurred by the caseworker, in all case types, with children and parents, averaged over all six rounds, exceeded the PIP goal
- Although weekly contact during the 30 days following reunification was identified as a procedural compliance issue, a minimum of monthly caseworker contact with both children and parents on reunification cases averaged over 85% across the six OER Rounds
- The frequency and quality of caseworker visits with intact/in-home families is strong, and shows improvements through OER Rounds 5 and 6 ending at over 90% for both children and parents
- Monthly contact with children remaining in the home of origin on placement cases was rated solely based on procedural compliance and not on an assessment of existing risk or safety issues in the family home. Only 7 of the 28 cases involved continued risks that were not addressed or monitored (2% of the total number of cases reviewed during the OER II post-baseline period, n=280)

DCFS is requesting consideration by the Children’s Bureau of the additional data analysis contained within this report in making a determination of Illinois’ achievement of its Item 4 PIP goal, as it represents a more qualitative summation of Illinois practice related to Risk Assessment and Safety Management.
APPENDIX G

POS CQI CAPACITY ASSESSMENT PILOT REPORT
POS Agency CQI Capacity Assessment

PILOT REPORT & FINDINGS

September 2013
POS CQI Capacity Assessment: EXECUTIVE SUMMARY (Pilot Phase)

PURPOSE The purpose of the POS Agency Continuous Quality Improvement (CQI) Capacity Assessment is to gauge the ability of individual agencies to carry out key functional components of a CQI system and to produce reliable data for specific child welfare performance indicators. This effort will also support the state in determining its overall level of readiness for the next federal Child and Family Services Reviews (CFSR).

The CQI Capacity Assessment is comprised of five (5) profile indicators that are based on CQI standards and expectations derived from the following sources:


The five (5) profile indicators that are assessed as part of this project are:

- Profile Indicator A: Agency Leadership and Support for CQI
- Profile Indicator B: The Quality Improvement (QI) Plan & Process
- Profile Indicator C: Analysis and Dissemination of Quality Data
- Profile Indicator D: Decision-Making and Adjustment of Programs and Processes
- Profile Indicator E: Ability to Evaluate Key Child Welfare Compliance Performance Indicators

The assessment also explores the ability of agencies to evaluate key child welfare quality performance indicators.

PILOT DELIVERABLES Between January 2013 and June 2013, five (5) volunteer POS agencies participated in the pilot phase of this project.

The assessment process and deliverables included the following activities and products:

1. Initial contact with the agency QI Director and CEO
2. A review of key agency QI documents
3. Onsite interviews with key agency staff (QI Director and QI staff; child welfare managers, supervisors and caseworkers
4. An Exit Conference with key agency staff to review findings and agree on final review tool and report
5. Final review tool and report including agency ratings, Indicator findings, and Enhancement Opportunities (specific to QI activities and processes)
6. An evaluation form completed by willing pilot agencies to provide additional feedback

Attached to this document are three Appendices: A summary of findings for each individual Indicator (see Appendix A); a compilation of provided Enhancement Opportunities (see Appendix B); and a compilation of each pilot agency report (see Appendix C).

AGENCY PROFILE CHARACTERISTICS The pilot agencies were varied and representative of the larger pool of agencies in the following ways:

- All provide Traditional/HMR services; most provide Intact; and a few provided specialized foster care and residential
- Were a mix of large, medium and small agencies
- Were agencies that provide child welfare services to the entire state, just a few DCFS regions (downstate and Cook), or just one DCFS sub-region (e.g., Peoria or Cook Central)
- Were agencies that are multi-service agencies and community-based agencies
Characteristics of the pilot agencies include:
- All agencies are COA accredited in the last 2 years
- 4 of the 5 agencies have a dedicated QI department and QI staff
- Half of the agency QI Directors report directly to the agency CEO or President
- Most agencies do not have a dedicated QI budget – most QI staff are paid through program budgets
- QI activities cover all DCFS-contracted programs
- 4 of the 5 agencies have a centralized QI structure. Some also have a separate QI department or staff within the agency’s child welfare program

SUCCESS OF THE PILOT  The pilot was very useful in terms of testing out the tool and process, and ensuring that both were achieving intended purposes. The tool was found to be specific enough to determine capacity yet broad enough to allow for individuality in terms of internal structure and processes, and also allowed us to evaluate whether the stated plan was fully functional. Slight adjustments were made to the tool (two questions were deleted as redundant; others were tightened up to clarify intent). The rating system appeared to be fair and accurate. We were able to obtain the full range of agency ratings within the pilot, as well as a good range of agency sizes and types.

Participants completed an evaluation form following the receipt of their final documents. Participants were very helpful with providing constructive feedback, and all felt that the tool and process were executed in a professional and respectful manner. Most importantly, they all felt that the tool and process accurately collected data relevant to the agency’s CQI system and to its capacity for reliable data collection, questions were appropriate, the rating system was appropriate (reliable, fair), and Exit Conference documents were considered helpful.

Pilot agencies participated in a final, joint Exit Conference in October 2013 to hear aggregate results from the pilot phase (the Executive Summary, Appendices A & B). Participants noted that the process was “great;” that the enhancement opportunities were helpful and already being incorporated; that FCURP ensured that the process was collaborative, supportive and non-threatening while still being objective and honest; and that the assessment process was advantageous to QI staff because program staff heard the importance and value of QI within their agency. An off-shoot of this assessment process is that a QI Learning Network is being established, lead by One Hope United, to support QI staff.

AGENCY RATINGS  Two (2) of the five (5) agencies received an overall agency score of “4,” which indicates they have an “excellent” capacity for conducting CQI activities and producing reliable data. A “4” is the best score possible. Both of these agencies were large, statewide agencies.

The remaining three (3) agencies received an overall score of a “3,” a “2,” and a “1” respectively.
Data collected during the pilot phase of this project suggests that:

- **Capacity for conducting CQI activities and producing reliable data is most highly related to agency size and access to resources** (medium to large agencies have better overall capacity than smaller agencies)
- There is not a coordinated and consistent distribution process, and use of, external data within agencies (data from DCFS rarely goes directly to agency QI staff; external data is not consistently used to evaluate performance and inform data-driven decision-making)
- Agency QI staff do not consistently have access to their agency files on SACWIS
- Agencies do not evaluate permanency achievement activities and performance through aggregate data collection and analysis (i.e., through peer record review or some other tracking and monitoring system)

**Commonly recommended “Enhancement Opportunities”** Each agency was provided with suggestions that could be used to improve areas that impacted the overall agency rating negatively. In order of frequency, they were centered around *(for a complete list, see Appendix B)*:

- **Data collection tools**: Enhancing tools to collect more qualitative information versus just compliance information; that they include collection of data that informs performance related to permanency achievement; and that they include guidance for each question to support data integrity and reliability
- **The QI Plan**: Enhancing the existing plan to ensure that it is alive in child welfare, or creating an addendum specifically for child welfare; clarifying relationships between agency QI and child welfare staff; involving stakeholders in determining QI processes, outcomes and measures/measurement tools; ensuring data analysis steps and processes, and the use of the data (feedback loop development); establishing how external data is integrated and utilized for planning; implementing processes for tracking and monitoring action plans and improvement activities
- **Case review processes**: Ensuring that sampling is adequate and includes stratification to more comprehensively collect data related to population served; establishing quality control processes to ensure data reliability and integrity; developing an electronic database that can easily generate aggregate data in a variety of ways and for a variety of audiences