



Conditions of Children in or at Risk of Foster Care in Illinois

FY2019 MONITORING REPORT
OF THE *B.H.* CONSENT DECREE

I ILLINOIS

Children & Family Research Center

SCHOOL OF SOCIAL WORK



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A REPORT BY THE

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Executive Summary

Since its inception in 1996, the Children and Family Research Center (CFRC) has produced an annual report that monitors the performance of the Illinois child welfare system in achieving its stated goals of child safety, permanency, and well-being. The FY2019 monitoring report uses child welfare administrative data through December 31, 2018 to describe the conditions of children in or at risk of foster care in Illinois. Following an introductory chapter, the results are presented in five chapters that examine critical child welfare outcomes:

- The first chapter on **Child Safety** examines if children are kept safe from additional maltreatment after they have been involved in a child protective services (CPS) investigation. Rates of maltreatment are examined among several different groups of children: 1) all children with substantiated reports during the fiscal year, 2) children served in intact family cases, 3) children who do not receive post-investigation services, and 4) children in substitute care.
- The second chapter, **Family Continuity, Placement Stability, and Length of Time in Care**, examines the experiences of children from the time they enter substitute care until the time they exit the child welfare system. Once removed from their homes, the public child welfare system and its private agency partners have a responsibility to provide children with living arrangements that maintain connections with their family members (including other siblings in care) and community and provide stability. In addition, substitute care should be a temporary solution and children should live in substitute care settings for the shortest period necessary. This chapter examines how well the Illinois Department of Children and Family Services performs in providing substitute care living arrangements that meet these standards. It is organized into three sections: 1) Family Continuity, 2) Placement Stability, and 3) Length of Time in Substitute Care.
- The third chapter examines **Legal Permanence: Reunification, Adoption and Guardianship** with in-depth analyses of each of these three exit types. The chapter examines the likelihood that a child will exit substitute care to reunification, adoption,

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or guardianship within 24 and 36 months of entry. For those children who achieve permanence, the stability of their permanent living arrangement at one year (reunification only), two years, five years, and ten years after exiting the child welfare system is also assessed. This chapter also examines the population of children that remain in care longer than three years, as well as those who exit substitute care without achieving a legally permanent family (e.g., running away from their placement, incarceration, aging out of the substitute care system). In addition, this year's report includes the CFSR permanency indicators, which examine the combined percentages of children who exit to all types of permanence.

- The fourth chapter examines **Racial Disproportionality** in the Illinois child welfare system. Racial disproportionality refers to the over or under-representation of a racial group in the child welfare system compared to their representation in a base population and is often calculated as a Racial Disproportionality Index or RDI. To gain a better understanding of racial disproportionality in the Illinois child welfare system, analyses examine the RDI for African American, Hispanic, and White children at five child welfare decision points: investigated reports, protective custodies, indicated reports, substitute care entries, and substitute care exits. Each analysis is done for the state as a whole and by DCFS administrative region so that differences can be observed.
- The fifth chapter presents results from the 2017 Illinois Study of **Child Well-Being**, which provides an overview of the development, physical health, emotional and behavioral health, education, safety, and resilience of children in out-of-home care.

The first three chapters in this report begin with a summary of the indicators used to measure the Illinois child welfare system's progress toward achieving positive outcomes for children and families, as well as a metric that we have developed that measures the amount of change that has occurred on that indicator between the most recent two years of data that are available. The metric used is the "percent change" and is calculated by subtracting the older value of the indicator from the newer value of the indicator (to find the relative difference), dividing the resulting number by the old value, and then multiplying by 100. If the result is positive, it is a percentage increase and if negative, it is a percentage decrease. In this report, changes of 5% or more are noted as significant. Changes of this magnitude are pictured with an upward or downward arrow, while changes less than 5% are denoted with an equal sign. The following sections highlight the changes in each indicator included in the first three chapters. For additional details, please refer to the full chapters and appendices.

Changes in Child Safety at a Glance

Maltreatment Recurrence Among Children with Substantiated Reports (CFSR)

↑ Of all children with a substantiated report, the percentage that had another substantiated report within 12 months increased from 11.9% in 2016 to 13.0% in 2017 (+9% change).

Maltreatment Among Children Served in Intact Family Cases

↑ Of all children served in intact family cases, the percentage that had a substantiated report within 12 months increased from 13.7% in 2016 to 16.3% in 2017 (+19% change).

Maltreatment Recurrence Among Substantiated Children Who Do Not Receive Services

↔ Of all children with substantiated reports who did not receive services, the percentage that had another substantiated report within 12 remained stable at 11.0% in 2017.

Rate of Victimization Per 100,000 Days Among Children in the Substitute Care (CFSR)

↔ Of all children in substitute care during the year, the rate of substantiated maltreatment per 100,000 days in substitute care remained stable at 13.4 in 2018.

Changes in Continuity and Stability in Care at a Glance

Restrictiveness of Initial Placement Settings

↓ Of all children entering substitute care, the percentage initially placed in the home of parents decreased from 3.6% in 2017 to 3.2% in 2018 (-11% change).

↔ Of all children entering substitute care, the percentage initially placed in a kinship foster home remained stable and was 65.4% in 2018.

↔ Of all children entering substitute care, the percentage initially placed in a traditional foster home remained stable and was 23.8% in 2018.

↔ Of all children entering substitute care, the percentage initially placed in a specialized foster home remained stable and was 2.2% in 2018.

↓ Of all children entering substitute care, the percentage initially placed in an emergency shelter or emergency foster home decreased from 1.9% in 2017 to 1.3% in 2018 (-32% change).

↓ Of all children entering substitute care, the percentage initially placed in an institution or group home decreased from 4.5% in 2017 to 4.2% in 2018 (-7% change).

Restrictiveness of End of Year Placement Settings

↑ Of all children in substitute care at the end of the year, the percentage placed in the home of parents increased from 5.3% in 2017 to 5.7% in 2018 (+8% change).

↔ Of all children in substitute care at the end of the year, the percentage placed in a kinship foster home remained stable and was 50.1% in 2018.

↓ Of all children in substitute care at the end of the year, the percentage placed in a traditional foster home decreased from 26.0% in 2017 to 24.4% in 2018 (-6% change).

↔ Of all children in substitute care at the end of the year, the percentage placed in a specialized foster home remained stable and was 13.5% in 2018.

↑ Of all children in substitute care at the end of the year, the percentage placed in an emergency shelter or emergency foster home increased from 0.2% in 2017 to 0.3% in 2018 (+50% change).

↓ Of all children in substitute care at the end of the year, the percentage placed in an institution or group home decreased from 6.4% in 2017 to 6.0% in 2018 (-6% change).

Placement with Siblings

Of all children entering substitute care and placed in a kinship or traditional foster home, the percentage that was initially placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

↔ remained stable for children initially placed in kinship foster homes and was 80.7% in 2018.

↔ remained stable for children initially placed in traditional foster homes and was 63.8% in 2018.

For children with three or more siblings in care:

↑ increased for children initially placed in kinship foster homes from 44.2% in 2017 to 54.8% in 2018 (+24% change).

↑ increased for children initially placed in traditional foster homes from 9.8% in 2017 to 13.5% in 2018 (+38% change).

Of all children living in kinship or traditional foster homes at the end of the year, the percentage that was placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

↔ remained stable for children in kinship foster homes and was 72.4% in 2018.

↔ remained stable for children in traditional foster homes and was 60.7% in 2018.

For children with three or more siblings in care:

↓ decreased for children in kinship foster homes from 35.9% in 2017 to 33.1% in 2018 (-8% change).

↑ increased for children in traditional foster homes from 9.5 % in 2017 to 12.5% in 2018 (+32% change).

Placement Stability (CFSR)

↓ Of all children entering substitute care during the year, the rate of placement moves per 1,000 days in care decreased from 4.1 in 2017 to 3.7 in 2018 (-10% change).

Children Who Run Away From Substitute Care

↔ Of all children entering substitute care between the ages of 12 and 17 years, the percentage that ran away from a placement within one year of entry remained stable and was 18.2% in 2017.

Length of Stay In Substitute Care

↔ Of all children entering substitute care, the median length of stay remained stable and was 34 months for children who entered care in 2015.

Changes in Permanence at a Glance

Children Achieving Permanence (CFSR)

↓ Of all children who entered substitute care during the year, the percentage that achieved permanence within 12 months decreased from 14.1% of children who entered care in 2016 to 13.0% of children who entered care in 2017 (-8% change).

↑ Of all children who had been in care between 12 and 23 months, the percentage that achieved permanence within 12 months increased from 23.7% of children in care at the beginning of 2016 to 25.1% of children in care at the beginning of 2017 (+6% change).

↑ Of all children who had been in care 24 months or more, the percentage that achieved permanence within 12 months increased from 21.1% of children in care at the beginning of 2016 to 23.6% of children in care at the beginning of 2017 (+12% change).

↓ Of all children who achieved permanence within 12 months, the percentage that re-entered substitute care within 12 months of discharge decreased from 8.2% of children who exited care in 2015 to 7.2% of children who exited care in 2016 (-12% change).



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↓ Of all children who achieved permanence after living in substitute care between 12 and 23 months, the percentage that re-entered substitute care within 12 months of discharge decreased from 2.1% of children who exited care in 2016 to 1.4% of children who exited care in 2017 (-36% change).

↓ Of all children who achieved permanence after living in substitute care 24 months or more, the percentage that re-entered substitute care within 12 months of discharge decreased from 1.9% of children who exited care in 2016 to 1.1% of children who exited care in 2017 (-42% change).

Children Achieving Reunification

↓ Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 12 months decreased from 13.9% of children who entered care in 2016 to 12.5% of children who entered care in 2017 (-10% change).

↔ Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 24 months remained stable and was 27.3% of children who entered care in 2016.

↔ Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 36 months remained stable and was 35.5% of children who entered care in 2015.

↔ Of all children who were reunified during the year, the percentage living with their family at 1 year post-reunification remained stable and was 94.0% of children who were reunified in 2017.

↔ Of all children who were reunified during the year, the percentage living with their family at 2 years post-reunification remained stable and was 89.6% of children who were reunified in 2016.

↔ Of all children who were reunified during the year, the percentage living with their family at 5 years post-reunification remained stable and was 85.9% of children who were reunified in 2013.

↔ Of all children who were reunified during the year, the percentage living with their family at 10 years post-reunification remained stable and was 85.9% of children who were reunified in 2008.

Children Achieving Adoption

↑ Of all children who entered substitute care during the year, the percentage that was adopted within 24 months increased from 4.4% of children who entered care in 2015 to 5.3% of children who entered care in 2016 (+20% change).

↑ Of all children who entered substitute care during the year, the percentage that was adopted within 36 months increased from 12.5% of children who entered care in 2014 to 13.5% of children who entered care in 2015 (+8% change).

↔ Of all children who were adopted during the year, the percentage living with their family at 2 years post-adoption remained stable and was 97.0% of children who were adopted in 2016.

↔ Of all children who were adopted during the year, the percentage living with their family at 5 years post-adoption remained stable and was 95.5% of children who were adopted in 2013.

↔ Of all children who were adopted during the year, the percentage living with their family at 10 years post-adoption remained stable and was 91.3% of children who were adopted in 2008.

Children Achieving Guardianship

↑ Of all children who entered substitute care during the year, the percentage that attained guardianship within 24 months increased from 0.9% of children who entered care in 2015 to 1.3% of children who entered care in 2016 (+44% change).

↔ Of all children who entered substitute care during the year, the percentage that attained guardianship within 36 months remained stable and was 2.9% of children who entered care in 2015.

↔ Of all children who attained guardianship during the year, the percentage living with their family at 2 years post-guardianship remained stable and was 97.1% of children who attained guardianship in 2016.

↔ Of all children who attained guardianship during the year, the percentage living with their family at 5 years post-guardianship remained stable and was 88.7% of children who attained guardianship in 2013.

↔ Of all children who attained guardianship during the year, the percentage living with their family at 10 years post-guardianship remained stable and was 80.1% of children who attained guardianship in 2008.



Racial Disproportionality

This report uses two indices for measuring racial disproportionality. The first is the absolute racial disproportionality index (RDI), which is calculated by dividing a racial group's representation at a specific child welfare decision point by that group's representation in the general child population. The second measure, known as the relative RDI, divides a racial group's representation at a child welfare decision point by that group's representation at a prior child welfare decision point. The relative RDI allows us to examine how disproportionate representation may increase or decrease at subsequent decision points, which is not possible with the absolute RDI. For both absolute and relative RDIs, values between 0 and 0.9 indicate under-representation, values equal or close to 1.0 indicate no disproportionality, and values greater than 1.0 indicate over-representation. Chapter 4 examines racial disproportionality at five child welfare decision points over the past 7 years (2012-2018): investigated/screened-in maltreatment reports, protective custodies, indicated maltreatment reports, substitute care entries, and timely substitute care exits.

Investigated Reports. At the state level, White children are proportionally represented compared to their representation in the general population, African American children are overrepresented (absolute RDIs = 1.9-2.1), and Hispanic children are underrepresented (absolute RDIs = 0.6-0.7) across all years. There is noticeable regional variation in the disproportionality indices for African American children: absolute RDIs range from 1.8 (Cook) and 1.9 (Southern) to 2.5 (Central) and 3.3 (Northern) in 2018. Relative RDIs cannot be computed for this decision point.

Protective Custodies. At the state level, African American children are overrepresented at this decision point (absolute RDIs range from 2.5 to 2.7) and Hispanic children are underrepresented (absolute RDIs range from 0.3 to 0.5). When the absolute RDIs for protective custodies are examined by region, there is wide variation in the disproportionality among African American children: Northern region has the highest RDI (4.8) in 2018, followed by Central (3.0), Cook (2.6), and Southern (1.6). The relative RDI at the state level shows that African American children are more likely to be taken into protective custody compared to the rate at which they are investigated (relative RDI is between 1.2 and 1.3 in the past 7 years), while Hispanic children are less likely to be taken into protective custody compared to their investigation rates (relative RDI is between 0.4 and 0.7 in the past 7 years).

Indicated Reports. For this decision point, African American children are overrepresented (absolute RDIs range from 1.9 to 2.1), Hispanic children are underrepresented (absolute RDIs range from 0.6 to 0.7), and White children are represented at rates close to their representation in the Illinois child population. The Northern region had the highest overrepresentation of African American children in indicated reports (absolute RDI = 3.4 in 2018), followed by the Central (absolute RDI = 2.7), Cook (absolute RDI = 1.9), and Southern regions (absolute RDI = 1.8). The relative RDIs at this decision point were at or near 1.0 at both state and regional levels, suggesting the degree of disproportionality did not increase or decrease from that at the prior decision point.

Substitute Care Entries. African American children are overrepresented (absolute RDIs were between 2.5 and 2.8) and Hispanic children underrepresented (absolute RDIs were between 0.3 and 0.4) at the state level. At the regional level, absolute RDIs for African American children ranged from 1.7 in the Southern region to 4.8 in the Northern region in 2018. When the relative RDIs are examined, Hispanic children had relative RDI less than 1.0 (0.4 – 0.6). The disproportionality at this decision point increased for African American children in both Cook and Northern regions (relative RDI=1.4).

Substitute Care Exits. When the absolute RDI are examined for children remaining in care longer than 36 months at the state level, African American children are overrepresented, with RDIs around 3.0. Both White (absolute RDIs=0.7) and Hispanic (absolute RDIs between 0.3 and 0.4) children are underrepresented. Disproportionality among African American children was highest in the Northern region (absolute RDI = 4.9), followed by Central (absolute RDI=4.4), Cook (absolute RDI=2.6), and Southern (absolute RDI = 1.9) regions. Relative RDIs were close to 1.0 at both the state and region levels.

Child Well-Being

To conduct the 2017 Illinois Child Well-Being Study, the CFRC drew a stratified random sample of 700 children who were living in substitute care on October 23, 2017, and the Survey Research Laboratory of the University of Illinois at Chicago interviewed caseworkers, caregivers, and children age 7 and older. These interviews were conducted from December 2017 to July 2018 and provided data on multiple domains of well-being.

Child Development. Most children age 0 to 5 did not show signs of developmental difficulties on the Ages and Stages Questionnaire (ASQ), a standardized caregiver measure of children's capabilities. However, on the Communications, Gross Motor, and Fine Motor domains of the ASQ, more than 20% of young children either had scores that indicated of a possible developmental delay or that suggested or a level of developmental risk that needed to be monitored. Just under half (48.4%) of caregivers of 0 to 5 year olds said their child was receiving a developmental intervention, but many children who scored in the delay/monitoring range on the ASQ were not receiving a developmental intervention. A large majority of caregivers of children age 3 to 5 (80.8%) reported that their child was enrolled in some form of preschool or Head Start. Caseworkers identified special needs for 29.2% of children in the entire sample; this percentage was similar in every age group from 0 to 17.

Physical Health. Almost all caregivers (94.1%) said their child was in good to excellent health, and almost all (98%) said that their child was up-to-date on their immunizations. Yet caregivers' responses suggested that 46.8% of children had a serious or chronic health problem, and 32.3% of children and youth interviewed reported that they had an illness, disability, handicap and/or recurring health problem. Almost half of the youth (48.4%) reported suffering an injury in the previous 12 months and 27.7% said that they had seen a doctor or nurse for an injury during that time period. Caseworker reports indicated that the vast majority of children received the health services they needed.



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Emotional and Behavioral Health. According to caregiver ratings on the Child Behavior Checklist (CBCL), 41.5% of children age 6 to 18 scored in the clinical or borderline clinical range and were likely to need intervention. On the Youth Self-Report measure completed by youth age 11 or older, 36.9% fell in the borderline clinical to clinical range on the total problem score. Substantial proportions of youth age 15 to 17 had used alcohol (55.8%), cigarettes (45.1%), and marijuana (47.2%). More than a fifth (20.4%) had used drugs such as cocaine, crack, or heroin, and 32.2% had used prescription drugs illicitly. Two-thirds of youth age 15 to 17 and 11.9% of youth age 11 to 14 had had sexual intercourse.

A majority of children in the sample (60.0%) were currently receiving a behavioral health service and 85.3% of children with a mental health need (as measured in the study) were receiving a service. The most common mental health services currently received were counseling (44.7% of all children and 69.5% of those with mental health need), in-school therapeutic services (22.8%), and outpatient psychiatry (19.0%).

Education. A majority of children (62.2%) had attended two or more schools in the past two years, and 18.1% had attended three or more schools. By far the most common reason for changing schools was the geographic location of a new foster care placement. A large majority of children had no school disciplinary actions against them in the previous year, but 15.9% had detentions, 25.1% in-school suspensions, 8.5% out-of-school suspensions, and 11.4% other disciplinary actions.

The majority of children reportedly had no grades lower than C and were at grade level or higher in reading and math. However, each of the following difficulties applied to about a third of the sample: reading below grade level, doing math below grade level, caregiver being told the child has a learning problem, and child being classified as needing special education. Majorities of children reported that they often or almost always enjoyed being in school, got along with their teacher, listened carefully in school, got homework done, did their best work at school, found class interesting, and got along with other students. On the other hand, majorities reported at least sometimes hating going to school, finding school work too hard, and not completing assignments. Results on education from our caregiver and child interviews were more positive than results from school records in previous Illinois Child-Well Being studies, which raises questions about the accuracy of our data on education.

Child Safety. Almost one-third of all children (32.6%), 53.3% of those age 15 to 17, and 66.7% in groups homes and residential treatment reported being physically hurt by someone in the past year. However, only three children reported being physically hurt in the last year by someone who was responsible for taking care of them. Just over one-tenth of youth (10.2%) reported experiencing a physical attack from someone in the past year that caused injury. Children were exposed to violence at high rates over their lifetime, but the rates at which children in out-of-home care witnessed or experienced violence in their current placement were generally low. However, 20.0% of children age 9 to 11 reported being spanked in their current placement, with children in kinship care at higher risk.

Children's Experience of Out-of-Home Care. Large majorities of children felt their caregiver cared about them, trusted them, helped them, thought they were capable, and enjoyed spending time with them. Almost all youth liked living with the foster family and felt like part of the family. Caseworkers reported that 86.3% of caregivers had expressed interest in adopting the child. More than a third of children (37.5%) never saw their biological mother, 34.2% saw their biological mother at least once a week, and 28.4% saw their mother less than once a week. More than half of children and youth (53.6%) never saw their real father, 2.7% saw him at least once a week, and 23.7% saw him less often. Caseworkers reported that 69.4% of the children in the study had siblings in care. Almost two-thirds of these children (64.1%) lived with their siblings, but 35.9% of them had siblings in another placement. Many children (43.7%) who had a sibling in care in another home did not see that sibling even once a month. The majority of children wanted to see their biological family more.

Resilience. Across a range of questions, 88.7% or more of youth reported that they had a parent, another relative, and/or a non-relative adult who supported them. Almost all youth (97.3%) reported that they had at least one close friend and 49.8% said they had four or more close friends. Life satisfaction scores were usually high. For example, 80.3% of children and 60.6% of adolescents rated their life as excellent or very good, 76.9% of children and 76.0% of adolescents reported their life was going extremely well or very well. However, 35.8% of pre-adolescent children reported always to sometimes wishing they had a different kind of life, 32.8% reported that they had none of what they wanted in life to only some of what they wanted, 39.4% of adolescents rated their life as very poor to fair, and 47.0% of adolescents rated their life situation as very poor to fair.





Introduction

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The Evolution of Child Welfare Monitoring in Illinois

Since its inception in 1996, the Children and Family Research Center (CFRC, the Center; see Box I.1) has been responsible for the annual report that monitors the performance of the Illinois Department of Children and Family Services (DCFS, the Department) in achieving its stated goals of child safety, permanency, and well-being. The *Monitoring Report of the B.H. Consent Decree* (the *B.H.* report) is the culmination of the Center's efforts to provide clear and comprehensive data to a variety of stakeholders who are concerned with the outcomes of abused and neglected children in Illinois. This report is not an evaluation of the Department, the juvenile courts, private providers and community-based partners, or other human systems responsible for child protection and welfare. Rather, it is a monitoring report that examines specific performance indicators and identifies trends on selected outcomes of interest to the federal court, the Department, members of the *B.H.* class, and their attorneys. It is our hope that this report will be used as a catalyst for dialogue between child welfare stakeholders at the state and local levels about the meanings behind these reported numbers and the strategies needed for quality improvement.

The Children and Family Research Center

BOX I.1

The Children and Family Research Center is dedicated to supporting and conducting “research with a purpose” to improve outcomes for children who are either currently involved in the child welfare system or at high risk for future involvement. The Center was created in 1996 through a cooperative agreement between the University of Illinois at Urbana-Champaign School of Social Work and the Illinois Department of Children and Family Services. The original mission of the Center was to conduct research that was responsive to the needs and responsibilities of the Department and contribute to scientific knowledge about child safety, permanency, and child and family well-being. In the two decades since its creation, the Center has emerged as a national leader in conducting research that informs child welfare policy and improves child welfare practice. Center activities are organized around four core areas: 1) outcome monitoring and needs assessment; 2) program evaluation and data analysis; 3) training and technical assistance to advance best practice; and 4) knowledge dissemination.

Outcome monitoring and needs assessment

The Center was created, in part, to monitor the performance of the Illinois child welfare system pursuant to the **B.H. Consent Decree**. Each year since 1997, the Center has compiled a comprehensive report that describes over 40 child welfare indicators related to child safety and permanence. The *B.H.* report is widely distributed to child welfare administrators, researchers, and policy makers throughout Illinois and the nation.

Program evaluation and data analysis

One of the key elements of the success of the child welfare reforms in Illinois and other states has been the ability of child welfare administrators to rely on scientifically rigorous research that demonstrates the effectiveness of the program innovations being implemented. The Children and Family Research Center engages in rigorously-designed experimental and quasi-experimental evaluations of innovative child welfare demonstration projects which have national implication and scope. For instance, the CFRC served as the evaluator for three of the Illinois Department of Children and Family Services **Title IV-E waiver demonstrations projects** and in 2013, the Center began a new partnership with the State of Wisconsin Department of Children and Families (DCF) as the evaluator of its Title IV-E Waiver Demonstration Project. The Wisconsin waiver evaluation, which runs through 2019, tests the effectiveness of a post-reunification support program, known as the P.S. Program, by comparing the rates of maltreatment recurrence and re-entry into substitute care of children who receive P.S. Program services compared to those who did not. In addition to the outcome evaluation, a process evaluation will document the implementation process using the National Implementation Research Network (NIRN) framework, and a cost analysis will compare the costs and savings associated with the program.

In 2009, the Children and Family Research Center, in partnership with DCFS, applied for and received funding from the National Quality Improvement Center on Differential Response (QIC-DR) to implement and evaluate a **Differential Response (DR)** program in Illinois. This comprehensive, 4-year evaluation consisted of a randomized controlled trial that compared outcomes for families randomly assigned to either a traditional child protective services investigation (control group) or non-investigative child protective services response known as a family assessment (treatment group). The evaluation also documented the implementation process so that other states considering Differential Response can learn from the Illinois experience. Finally, a cost evaluation compared the short-term and long-term costs associated with the two CPS responses.

The CFRC was also selected to design and conduct an evaluation of the **Oregon Differential Response Initiative** that included process, outcome, and cost evaluations. Mixed-methods data collection strategies were utilized to gather data from CPS caseworkers, supervisors, administrators, screeners, coaches, service providers, community partners, and parents involved in the child protection system to answer a comprehensive list of research questions related to the effectiveness of the implementation strategies used and the impact of DR on child and family outcomes.

CFRC researchers also have expertise in **predictive analytics**. As part of our work on the Wisconsin waiver demonstration evaluation, CFRC researchers developed a predictive model that identified which families were at highest risk of having a child re-enter substitute care within 12 months of reunification. The model, known as the Re-entry Prevention Model or RPM, was integrated into the Wisconsin SACWIS and generates a score that corresponds to a family's risk of re-entry. Families whose scores fall above a threshold are eligible to enroll in a post-reunification support program that provides case management and supportive services to families for a year after reunification. Following the success of this predictive tool, the CFRC is currently developing a second predictive model for the Wisconsin Department of Children and Families that will identify which children are at highest risk for being re-referred to child protective services.

Training and technical assistance to advance best practice

For almost 20 years, the CFRC's Foster Care Utilization Review Program (FCURP) has worked with DCFS to prepare for, conduct, and respond to the federal Child and Family Services Review (CFSR). The CFSR is the means by which the federal government ensures state compliance with federal mandates. Using a continuous quality improvement process, FCURP has played a vital role in building and maintaining a viable public-private framework for supporting ongoing efforts to enhance child welfare outcomes in Illinois. FCURP supports DCFS and its private sector partners by 1) monitoring and reporting Illinois' progress toward meeting the safety, permanency, and well-being outcomes outlined in the Federal Child and Family Services Review; 2) providing training and education to help child welfare practitioners translate federal

regulations and state policies into quality practice; and 3) providing technical assistance regarding the enhancement of child welfare organizational systems to promote system reform and efficiency of operations.

More recently, the CFRC has collaborated with the Illinois Department of Children and Family Services to provide Quality Service Reviews (QSR) in the four immersion sites throughout the state. QSRs are a case-based practice improvement approach designed to assess current outcomes and system performance by gathering information from a randomly selected sample of case file as well as interviews with children, families, and service team members. The Illinois QSR review instrument will examine the Family-centered, Trauma-focused, Strength-based (FTS) model of practice that includes a model of supervision and utilization of Child and Family Team meetings.

Knowledge dissemination

Dissemination of the Center's research findings is widespread to multiple audiences within Illinois and throughout the country. Using a variety of information sharing strategies, the Center's researchers strive to put knowledge into the hands of both policy makers and practitioners, including:

- The Children and Family Research Center website, through which interested parties can access and download all research and technical reports, research briefs on specific topics, and presentations given at state and national conferences.
- The CFRC Data Center, which provides summarized tables of DCFS performance data on child safety, stability, continuity, and family permanence. Each of the indicators reported on in the *B.H.* report (with the exception of the well-being indicators) can be examined by child demographics (age, race, and gender) and geographic area (Illinois total, DCFS region, DCFS sub-region, and county). Outcome data for each indicator are displayed over a seven-year period, so that changes in performance can be tracked over time. In addition to the outcome indicator data, the Data Center also provides interested individuals with information on the number of child reports, family reports, and substantiation rates for the entire state and each county (see Box 1.2 for additional information about the CFRC's Data Center).
- Data summits and forums on topics of interest to DCFS and the child welfare community. Previous summits have focused on the nexus between juvenile justice and child welfare, effective early childhood and child abuse prevention programs, and the use of risk adjustment in performance outcomes for children's residential centers. The most recent summit, which gathered experts on the use of predictive analytics in child welfare, occurred in May 2019. Presentation from the predictive analytics forum can be found here: <https://pa2019.cfr Illinois.edu/index.php>
- Publication of research findings in peer-reviewed academic journals and presentations at state and national professional conferences.

The Origin and Purpose of Child Welfare Outcome Monitoring in Illinois

The foundation of this report can be traced directly to the *B.H.* consent decree, which was approved by United States District Judge John Grady on December 20, 1991, and required extensive reforms of the Illinois Department of Children and Family Services over the subsequent two and a half years.¹ According to the Decree:

“It is the purpose of this Decree to assure that DCFS provides children with at least minimally adequate care. Defendant agrees that, for the purposes of this Decree, DCFS’s responsibility to provide such care for plaintiffs includes an obligation to create and maintain a system which assures children are treated in conformity with the following standards of care:

- a. Children shall be free from foreseeable and preventable physical harm.
- b. Children shall receive at least minimally adequate food, shelter, and clothing.
- c. Children shall receive at least minimally adequate health care.
- d. Children shall receive mental health care adequate to address their serious mental health needs.
- e. Children shall be free from unreasonable and unnecessary intrusions by DCFS upon their emotional and psychological well-being.
- f. Children shall receive at least minimally adequate training, education, and services to enable them to secure their physical safety, freedom from emotional harm, and minimally adequate food, clothing, shelter, health and mental health care.

In order to meet this standard of care, it shall be necessary for DCFS to create and maintain a system which:

- a. Provides that children will be timely and stably placed in safe and appropriate living arrangements;
- b. Provides that reasonable efforts, as determined based on individual circumstances (including consideration of whether no efforts would be reasonable) shall be made to prevent removal of children from their homes and

¹ *B.H. et al. v. Suter*, No. 88-cv-5599 (N.D. Ill., 1991). It should be noted that the name of the Defendant changes over time to reflect the name of the DCFS Director appointed at the time of the entry of a specific order. Susan Suter was the appointed Director at the time of the entry of the original consent decree in this case.

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to reunite children with their parents, where appropriate and consistent with the best interests of the child;

- c. Provides that if children are not to be reunited with their parents, DCFS shall promptly identify and take the steps within its power to achieve permanency for the child in the least restrictive setting possible;
- d. Provides for the prompt identification of the medical, mental health and developmental needs of children;
- e. Provides timely access to adequate medical, mental health and developmental services;
- f. Provides that while in DCFS custody children receive a public education of a kind and quality comparable to other children not in DCFS custody;
- g. Provides that while in DCFS custody children receive such services and training as necessary to permit them to function in the least restrictive and most homelike setting possible; and
- h. Provides that children receive adequate services to assist in the transition to adulthood.”

Under the terms of the *B.H.* Consent Decree, implementation of the required reforms was anticipated to occur by July 1, 1994. However, it became clear to the Court and to both parties that this ambitious goal would not be achieved in the two and a half years specified in the agreement. Consultation with a panel of child welfare and organizational reform experts led to the recommendation, among other things, to shift the focus of the monitoring from technical compliance (process) to the desired outcomes the parties hoped to achieve.² Both the plaintiffs and the defendants were in favor of a more results-oriented monitoring process, and together decided on three outcome categories: permanency, well-being, and safety.³ The two sides jointly moved to modify the decree in July 1996,⁴ outlining a series of new strategies based on measurable outcomes:

“The parties have agreed on outcome goals for the operation of the child welfare system covering the three areas of child safety, child and family well-being, and permanency of family relations.

² Mezey, S.G. (1998). Systemic reform litigation and child welfare policy: The case of Illinois. *Law & Policy*, 20, 203-230.

³ Puckett, K.L. (2008). *Dynamics of organizational change under external duress: A case study of DCFS's responses to the 1991 consent decree mandating permanency outcomes for wards of the state*. Unpublished doctoral dissertation, University of Chicago.

⁴ *B.H. et al. v. McDonald* (1996). Joint Memorandum in Support of Agreed Supplemental Order, No 88-C-5599 (N.D. Ill 1996).

- a) The outcome goals agreed upon by the parties include the following:
- i) Protection: Promptly and accurately determine whether the family care of children reported to DCFS is at or above a threshold of safety and child and family well-being, and if it exceeds that threshold, do not coercively interfere with the family.
 - ii) Preservation: When the family care of the child falls short of the threshold, and when consistent with the safety of the child, raise the level of care to that threshold in a timely manner.
 - iii) Substitute care: If the family care of the child cannot be raised to that threshold within a reasonable time or without undue risk to the child, place the child in a substitute care setting that meets the child's physical, emotional, and developmental needs.
 - iv) Reunification: When the child is placed in substitute care, promptly enable the family to meet the child needs for safety and care and promptly return the child to the family when consistent with the safety of the child.
 - v) Permanency: If the family is unable to resume care of the child within a reasonable time, promptly arrange for an alternative, permanent living situation that meets the child's physical, emotional, and developmental needs."⁵

In addition to specifying the outcomes of interest, the Joint Memorandum outlined the creation of a Children and Family Research Center "responsible for evaluating and issuing public reports on the performance of the child welfare service system operated by DCFS and its agents. The Research Center shall be independent of DCFS and shall be within an entity independent of DCFS."⁶ The independence of the CFRC was an essential component of the settlement which was consistent with a growing national trend first identified by Senator Orrin Hatch as a means by which the autonomy of research universities would ensure that governmental programs could be held accountable for ensuring that authorized work is actually being done and whether programs were successful in addressing the perceived needs of the clients the program served.⁷ The CFRC was also tasked, in consultation with the Department and counsel for the plaintiff class, with the development of outcome indicators to provide quantitative measures of progress toward meeting the goals set forth in the consent decree: "The Research Center will develop technologies and methods for collecting data to accurately report and

⁵ Ibid, p. 2-4

⁶ Joint Memorandum, p. 2

⁷ Hatch, O. (1982). Evaluations of government programs. *Evaluation and Program Planning*, 5, 189-191.

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analyze these outcome indicators. The Research Center may revise these outcome indicators after consultation with the Department and counsel for the plaintiff class to the extent necessary to improve the Center's ability to measure progress toward meeting the outcome goals."⁸

The Joint Memorandum also specified the process through which the results of the outcomes monitoring would be disseminated: "The Research Center shall also provide to the parties and file with this Court an annual report summarizing the progress toward achieving the outcome goals and analyzing reasons for the success or failure in making such progress. The Center's analysis of the reasons for the success or failure of DCFS to make reasonable progress toward the outcome goals shall include an analysis of the performance of DCFS (including both DCFS operations and the operations of private agencies), and any other relevant issues, including, where and to the extent appropriate, changes in or the general conditions of the children and families or any other aspects of the child welfare system external to DCFS that affect the capacity of the Department to achieve its goals, and changes in the conditions and status of children and plaintiffs' counsel as the outcome indicators and data collection methods are developed..."⁹

The Evolution of Outcome Monitoring in Illinois

Safety, Stability, and Permanence

The *B.H.* parties agreed to give discretion to the Center in developing the specific indicators used to measure progress in achieving the agreed upon outcome goals. They also recognized the importance of exploring the systemic and contextual factors that influence outcomes, as well as the need for outcome indicators to change over time as data technology grows more sophisticated and additional performance issues emerge. The first *B.H.* monitoring report was filed with the Court in FY1998 and included information on outcomes for children in the custody of the Department through FY1997. The indicators in the first monitoring report were simple, and included safety indicators of 1) maltreatment recurrence among intact family cases at 30, 180, and 300 days, and 2) maltreatment reports on children in substitute care (overall rate and rates by living arrangement, region, child age, child race, and perpetrator). The indicators for permanence in the first report included: 1) rate of children who entered substitute care from intact cases; 2) percentage of children returned home from substitute care within 6, 12, 18, and 24 months; 3) percentage of reunified children who re-enter foster care; 4) percentage of children adopted from substitute care and median length of time to adoption; 5) adoption disruptions; and 6) percentage of children moved to legal guardianship from substitute care.

The indicators included in the *B.H.* monitoring report were significantly expanded and the overall organization of the report was given a major overhaul in FY2005. Indicators were added

⁸ Joint Memorandum, p. 4

⁹ Joint Memorandum, p. 4

that examined placement stability in substitute care, running away from placement, placements with kin, placements in group homes and institutions (both within Illinois and outside of Illinois), placement with siblings, and placement close to home. In FY2010, the indicator that examined the placements outside of Illinois was eliminated from the report because the number of children placed outside the state had been negligible for several years and it no longer provided useful information.

Following this major update in FY2005, only minor changes were made to the indicators in the *B.H.* monitoring report through FY2017. Careful thought goes into the selection of the indicators that are used to monitor system performance in the report, and we strive to keep the indicators as consistent as possible from year to year so that any changes in the results reported in the chapters and appendices signify actual changes in performance. However, occasionally it is necessary to make changes to how certain indicators are measured, either because the administrative data used in the analysis has changed, because the Department's policies or procedures have changed, or because of special requests made by the plaintiff or defendant attorneys or the court. When deciding whether to modify, add, or eliminate indicators in the *B.H.* monitoring report, the benefits of the change are weighed against the loss of continuity and potential for confusion in interpreting the results.

Last year's (FY2018) report included several significant changes that made the results non-comparable to those presented in prior reports. These changes, which continue in this year's report, are listed below.

1. Prior to FY2018, the CFRC utilized DCFS administrative data provided by Chapin Hall at the University of Chicago to compute the indicators included in the *B.H.* report. Beginning in FY2018, the CFRC switched from using this Integrated Database to using DCFS data [including data from the Statewide Automated Child Welfare Information System (SACWIS) and the Child and Youth Centered Information System (CYCIS)] to compute the indicators in the report. Although the data contained in the two databases are similar, they are not equivalent. Therefore, the results in the current report will not be the same as those in previous reports.
2. Several years after the CFRC began monitoring the Department's performance on child safety and permanence in the *B.H.* monitoring report, the Children's Bureau implemented a review process to monitor state child welfare programs' conformity with the requirements in titles IV-B (Child and Family Services) and IV-E (Federal Payments for Foster Care and Adoption Assistance) of the Social Security Act. These reviews, known as the Child and Family Services Reviews (CFSR), are used to assess performance on seven outcomes and seven systemic factors. There have been three rounds of CFSR to date: Round 1 (2001–2004), Round 2 (2007–2010), and Round 3 (2015–2018). As part of the CFSR process, the Children's Bureau has developed statewide data indicators to determine if states are in substantial conformity with certain child welfare outcomes based on national standards. Statewide data indicators are aggregate measures that are calculated using administrative data available from the state's submissions to the



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Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), or an approved alternate source of safety-related data.

In FY2018, the Department asked the CFRC to include the Round 3 CFSR statewide data indicators in the *B.H.* monitoring report. This request was accommodated by:

- a. replacing our existing measure of maltreatment recurrence with the Round 3 CFSR measure of maltreatment recurrence;
- b. replacing our existing measure of maltreatment in care with the Round 3 CFSR measure of maltreatment in care;
- c. replacing our existing measure of placement stability with the Round 3 CFSR measure of placement stability;
- d. adding the three Round 3 CFSR measures of permanence to our existing measures of permanence;
- e. adding the Round 3 CFSR measure of re-entry into substitute care to our existing measures of stability of permanence; and
- f. adding two additional measures of re-entry into substitute care based on a request from the *B.H.* Expert Panel.

Although we recognize the value in including the CFSR statewide data indicators in the *B.H.* monitoring report, these indicators are limited and do not provide any information on outcomes of critical interest to the Department, such as child safety in intact family cases, the number and percentage of children placed in institutions and emergency shelters, and the number and percentage of children who run away from their substitute care placements. We therefore have kept the indicators used in previous *B.H.* monitoring reports in the current report. The CFSR measures are noted in parentheses in the appendix tables. Please note that the results presented for the CFSR indicators in this report will not be identical to those reported by the Children's Bureau; the Children's Bureau applies risk-adjustment strategies to the indicator data that the CFRC does not. In addition, this report uses the state fiscal year as the reporting period and the federal outcome report uses the federal fiscal year.

3. Based on conversations with the Department, data on children's legal status is now taken into consideration when computing indicators related to permanence. Reunifications are now counted if the child returns home *and* legal custody is transferred back to the parents. In prior reports, all children returned home were counted as reunifications, regardless of whether legal custody was transferred back to the parents. A number of children each year are returned home and their cases are closed without legal custody transferring back to the parent(s). These cases are also counted as reunifications in the current report.
4. Based on the consideration of children's legal status, "home of parent" was added as a type of placement in the report. Children were included in a home of parent placement if they were placed in the home of their parent(s) but legal custody was placed with the

Department. In previous years, children placed in home of parent placements were not included in the overall population of children in substitute care.

5. This year's report excludes substantiated reports of Allegation 60 that occurred October 1, 2001 to July 12, 2012; July 13, 2012 to December 31, 2013; and May 31, 2014 to June 11, 2014, as a result of the *Julie Q.* and *Ashley M.* court decisions. Reports prior to FY2018 did not exclude these reports.

Child Well-Being

The measurement of child well-being has experienced a dramatic evolution since the publication of the first *B.H.* report. The earliest reports contained no information about child well-being at all, because the child welfare administrative data systems did not contain information on child physical and mental health, development, and education. In 2001, the Department was court-ordered to fund a comprehensive study that examined the well-being of children in substitute care. Three rounds of data were collected for the *Illinois Child Well-Being Studies*, conducted by the Children and Family Research Center in 2001, 2003, and 2005. This comprehensive study collected interview data from caseworkers, caregivers, and the children themselves, in addition to data collection from school records and child welfare case files. Information was collected on a variety of well-being domains, including development, mental health, physical health, and education. The results of the Illinois Child Well-Being Studies were included in the *B.H.* monitoring reports published in FY2005–FY2009.

In 2009, data collection began on a new study called the *Illinois Survey of Child and Adolescent Well-Being (ISCAW)*. ISCAW was a component of the second cohort of the National Survey of Child and Adolescent Well-Being (NSCAW), a longitudinal probability study of well-being and service delivery of children involved with the child welfare system. The sample for ISCAW included 818 children sampled to be representative of the entire population of Illinois children involved in substantiated investigations. Two waves of data were collected on the children in the ISCAW sample—baseline data were collected approximately 4 months following the substantiated investigation and follow-up data were collected approximately 18 months later. During both waves of data collection, data were collected from several informants on a variety of well-being domains. Caregivers (biological parents or foster parents) completed measures of child health, development, social skills, and behavior. School-aged children completed measures of depression, anxiety, relationships with peers and adults, substance use, sexual activity, extra-curricular activities, and future expectations. Teachers completed measures of academic progress and behavior in school. The results of the ISCAW data collection were included in the *B.H.* monitoring reports published in FY2010–FY2014.

In October 2015, Judge Jorge Alonso ordered the Department to “restore funding for the Illinois Survey of Child and Adolescent Wellbeing that uses standardized instruments and assessment scales modeled after the National Survey of Child and Adolescent Wellbeing to monitor and evaluate changes in the safety, permanence, and well-being of children for a representative



sample of DCFS-involved children and their caregivers.”¹⁰ This order followed the recommendation of a panel of child welfare experts that was convened after the *B.H.* plaintiff attorneys filed an emergency motion to enforce the Consent Decree in February 2015 (for more information on the recent court activity involving the *B.H.* Consent Decree, see Box I.2). A steering committee, chaired by CFRC senior researcher Theodore Cross, was formed to design and implement the new well-being study. Data collection for the 2017 Illinois Study of Child Well-Being concluded in September 2018 and a final report is available on the CFRC website.¹¹ The current *B.H.* monitoring report contains a chapter with highlighted findings from the study.

***B.H.* Consent Decree Implementation Plan**

BOX I.2

In February 2015, the plaintiffs’ attorneys for the *B.H.* Consent Decree filed an emergency motion with the Court in order to require DCFS to comply with the terms of the Consent Decree, alleging that DCFS was in “gross violation of numerous, critically important provisions of the Decree.”¹² More specifically, the plaintiffs’ attorneys claimed that “severe shortages of necessary services and placements for children have risen to crisis proportions” and that children were being placed in “dangerously inadequate residential treatment facilities,” “warehoused in temporary shelters, psychiatric hospitals and correctional facilities for extended periods of time,” and “waiting months and even years to receive the essential mental health services and specialized placements that DCFS itself has determined they need.” In the motion, the plaintiffs asked that DCFS take specific actions to address these problems, including the retention of child welfare experts to make additional recommendations and the use of independent clinicians to monitor the adequacy of services and conditions at residential treatment facilities.

On April 10, 2015, Judge Jorge L. Alonso appointed a panel of four experts to make recommendations to assist the Court in determining how to improve the placements and services provided to children in the *B.H.* Consent Decree plaintiff class.¹³ After reviewing data and interviewing stakeholders, the expert panel made several recommendations for reforms to improve the safety, permanence, and social-emotional well-being of children in the care and custody of the Department:

1. Initiate a children’s system of care demonstration program that permits child welfare agencies and DCFS sub-regions to waive selected policy and funding

¹⁰ Testa, M.F., Naylor, M.W., Vincent, P., & White, M. (2015). *Report of the Expert Panel: B.H. vs. Sheldon Consent Decree*.

¹¹ Cross, T.P., Tran, S.P., Hernandez, A., & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

¹² *B.H. et al. vs. Tate*. (February 23, 2015). *Plaintiffs’ Emergency Order to Enforce Consent Decree*, No. 88-cv-5599 (N.D. Ill 2015), p.1.

¹³ Testa, M.F., Naylor, M.W., Vincent, P., & White, M. (2015). *Report of the Expert Panel: B.H. vs. Sheldon Consent Decree*.

restrictions on a trial basis in order to reduce the use of residential treatment and help children and youth succeed in living in the least restrictive, most family-like setting.

2. Engage in a staged immersion process of retraining and coaching front-line staff in a cohesive model of practice that provides children and their families with access to a comprehensive array of services, including intensive home-based services, designed to enable children to live with their families or to achieve timely permanence with adoptive parents or legal guardians.
3. Fund a set of permanency planning initiatives to improve permanency outcomes for adolescents who enter state custody at age 12 or older either by transitioning youth to permanent homes or preparing them for reconnecting with their birth families.
4. Retain an organizational consultant to aid the Department in rebooting a number of stalled initiatives that are intended to address the needs of children and youth with psychological, behavioral, or emotional challenges.
5. Restore funding to the Illinois Survey of Child and Adolescent Well-Being that uses standardized instruments and assessment scales modeled after the National Survey of Child and Adolescent Well-Being to monitor and evaluate changes in the safety, permanence, and well-being of children for a representative sample of DCFS-involved children and their caregivers.

The Court approved these recommendations, either in part or in whole, on October 20, 2015.¹⁴ It also extended the role of the expert panel to provide assistance to the Department in the development of an implementation plan for reform and assess the Department's progress in making the required reforms. The Department was ordered to develop an enforceable implementation plan that identifies the tasks, responsibilities, and timeframes necessary to accomplish the objectives of the Consent Decree as addressed in the expert panel's findings and recommendations. The Department submitted its *B.H. Implementation Plan* to the Court on February 23, 2016.¹⁵ The plan outlines the Department's strategies to address each of the expert panel recommendations.

¹⁴ B.H., et al. vs. Sheldon. (October 20, 2015). *Order*, No. 88-cv-5599 (N.D. Ill 2015).

¹⁵ B.H., et al. vs. Sheldon. (2016). *DCFS B.H. Implementation Plan*. No. 88-cv-5599 (N.D. Ill 2015).

The Current Monitoring Report of the *B.H.* Consent Decree

The FY2019 *B.H.* monitoring report¹⁶ is organized into five chapters. **Child Safety** is the first chapter. A child's first contact with the child welfare system is typically through a Child Protective Services (CPS) investigation. Investigators make several decisions related to child safety, including whether the child is in immediate danger of a moderate to severe nature, whether there is credible evidence that maltreatment has occurred, whether to remove the child from the home and take the child into protective custody, and whether the family's needs indicate that they would benefit from ongoing child welfare services. Regardless of whether additional child welfare services are provided, the child welfare system has a responsibility to keep children from additional maltreatment once they have been investigated. The first chapter of the report examines the Department's performance in fulfilling this obligation by examining indicators related to maltreatment that occurs *after* a screened-in and investigated report of maltreatment. It is organized into four sections: 1) Maltreatment Recurrence Among Children with Substantiated Reports, 2) Maltreatment Among Children in Intact Family Cases, 3) Maltreatment Recurrence Among Children Who Do Not Receive Services, and 4) Maltreatment in Substitute Care.

The second chapter, **Family Continuity, Placement Stability, and Length of Time in Care**, examines the experiences of children from the time they enter substitute care until the time they exit the child welfare system. Once removed from their homes, the public child welfare system and its private agency partners have a responsibility to provide children with living arrangements that maintain connections with their family members (including other siblings in care) and community and provide stability. In addition, substitute care should be a temporary solution and children should live in substitute care settings for the shortest period necessary to ameliorate the issues which brought the children into care. This chapter examines how well the Illinois Department of Children and Family Services performs in providing substitute care living arrangements that meet these standards. It is organized into three sections: 1) Family Continuity, 2) Placement Stability, and 3) Length of Time in Substitute Care.

The third chapter examines **Legal Permanence: Reunification, Adoption, and Guardianship** with in-depth analyses of each of these three exit types. The chapter examines the likelihood that a child will exit substitute care to reunification, adoption, or guardianship within 12, 24, and 36 months of entry. For those children who achieve permanence, the stability of their permanent living arrangement at one year (reunification only), two years, five years, and ten years after exiting the child welfare system is also assessed. This chapter also examines the population of children that remain in care longer than three years, as well as those who exit substitute care without achieving a legally permanent family (e.g., running away from their placement, incarceration, aging out of the substitute care system). In addition, this year's report includes the CFSR permanency indicators.

¹⁶ There is typically a one year lag time between the most recent administrative data used for the *B.H.* monitoring report and the publication date. For instance, this year's report, published in FY2019, monitors outcomes through the end of FY2018.

The fourth chapter contains an analysis of **Racial Disproportionality** in the Illinois child welfare system. Racial disproportionality refers to the over or under-representation of a racial group in the child welfare system compared to their representation in a base population and is often calculated as a Racial Disproportionality Index or RDI. To gain a better understanding of racial disproportionality in the Illinois child welfare system, analyses examine the RDI for African American, Hispanic, and White children at five child welfare decision points: investigated reports, protective custodies, indicated reports, substitute care entries, and substitute care exits. Each analysis is done for the state as a whole and by DCFS administrative region so that differences can be observed. In addition, RDI are calculated for the past seven years so that changes over time can be identified.

The fifth chapter presents results from the 2017 Illinois Study of **Child Well-Being**, which provides an overview of the development, physical health, emotional and behavioral health, education, safety, and resilience of children in substitute care in Illinois. Descriptive statistics (percentages, means, standard errors) are provided to profile the well-being of children in out-of-home care. Bivariate statistics (crosstabs with Pearson χ^2 or exact significance tests, analyses of variance) are used to look for differences in well-being by placement setting, child age group, sex, race-ethnicity, region, and sexual orientation (LGBTQ+ vs. heterosexual).

Chapters 1 through 4 contain figures that allow the reader to easily visualize Illinois' performance on the indicators over time. Readers interested in examining the results more closely will find additional information in the appendices to this report. Appendix A contains detailed **Indicator Definitions** for each of the indicators included in Chapters 1 through 3. Appendix B contains the **Outcome Data** for the indicators over the past seven years for the state, along with breakdowns by child age, race, gender, and geographical region. Appendix C contains **Outcome Data by Sub-Region** for a selected number of indicators. Appendix D provides **Racial Disproportionality Data** for the analyses included in Chapter 4. The data provided in Appendices B and C are also available online via the CFRC Data Center (<https://cfrc.illinois.edu/outcome-indicator-tables.php>).

Chapters 1 through 3 also contains a summary of the indicators used to track the Department's progress in achieving positive outcomes for children and families, and the amount of change that has occurred on that indicator between the two most recent years that data are available. These summaries, titled **Changes at a Glance**, are presented near the beginning of each chapter and list each of the outcome indicators in that chapter and an icon that denotes whether the indicator has significantly increased, decreased, or remained stable during the most recent monitoring period. To create these summaries, two decisions were made: 1) What time period is of *most* interest to policy-makers and other child welfare stakeholders? 2) How large must a change be to be a "significant" change?

- Improvements in administrative data now allow us to track outcomes over long periods of time—some data can be traced back decades. Many of the figures in the chapters present outcome data over a 15-year period to show long-term trends. However, when trying to determine which child welfare outcomes may be starting to improve or

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decline, a more recent time frame is informative. Therefore, the summaries focus on the amount of change that has occurred during the *most recent 12 month period* for which data are available on a particular indicator. Significant changes (defined below) in either direction may indicate the beginning of a new trend or may be random fluctuation, but either way it is worthy of attention.

- To measure the change in each indicator, we calculated the “percentage change” in the following manner: the older value of the indicator was subtracted from the more recent value of the indicator (to find the relative difference), divided by the older value, and then multiplied by 100 to determine the percentage change. To illustrate this process, if the percentage of children who achieve reunification within 12 months was 16% in 2016 and 24% in 2017, the percentage change would be:

$$\frac{\text{new value} - \text{old value}}{\text{old value}} \times 100 \quad \text{OR} \quad \frac{24 - 16}{16} \times 100 = 50\%$$

If the result is positive, it is a percentage increase; if negative, it is a percentage decrease. In this fictional example, the change from 2016 to 2017 represents a 50% increase in the percentage of children reunified within 12 months.

- Looking at the percentage difference ($a - b / a$) rather than the actual difference ($a - b$) allows us to compare indicators of different “sizes” using a common metric, so that differences in indicators with very small values (such as the percentage of children maltreated in substitute care) are given the same attention as those of larger magnitude.
- Determining what counts as a “significant” amount of change in one year is subjective. In the current report, increases or decreases of 5% or more were noted as significant. Changes of this magnitude are pictured with an upward or downward arrow, while changes of less than 5% are pictured with an equal sign and described with the term “remained stable.” Please note that the phrase “remained stable” does not mean that the indicator did not change at all, only that the percent change was less than 5% in either direction. In addition, though the word “significant” is used to describe the percentage changes, this does not mean that tests of statistical significance were completed; it merely suggests that the amount of change is noteworthy.

The Continued Importance of the *B.H.* Monitoring Report in Illinois

In 1991, the *B.H.* consent decree required extensive reforms of the Illinois Department of Children and Family Services in order to create and maintain a child welfare system that provides children with safe and appropriate living arrangements; reasonable efforts to reunite them with their families; timely permanence through other means if reunification is not

possible; timely access to adequate medical, mental health, and developmental services; public education that is of similar quality to other children not in DCFS custody; and services and training to permit them to function in the least restrictive and most homelike setting possible. After several years of efforts failed to produce any appreciable changes in the Department's performance, the *B.H.* parties agreed to a more results-oriented monitoring process as well as the creation of a Children and Family Research Center that would be "responsible for evaluating and issuing public reports on the performance of the child welfare service system operated by DCFS and its agents."¹⁷ The independence of the Research Center from the Department was seen as a critical component of its mission to analyze data and produce an unbiased "annual report summarizing the Department's progress toward achieving the outcome goals and analyzing the reasons for the success or failure in making such progress."¹⁸

The *B.H.* consent decree and the establishment of an independent research center laid the foundation for a results-oriented process for reform in Illinois. The results of the Department's data-driven approach to reform were impressive. By implementing and rigorously evaluating innovative reforms such as subsidized guardianship, performance-based contracting, and structured safety assessment, Illinois safely and effectively reduced the number of children in care from 51,596 in FY1997 to 17,481 at the end of FY2018.¹⁹ This was accomplished by both reducing the number of children who were taken into substitute care and by increasing the number of children who exited the system to reunification, adoption, and subsidized guardianship. The transformation of the Illinois child welfare system from one of the worst in the country to one considered to be the "gold standard" was held as a model for other states' efforts to improve performance.²⁰

Unfortunately, the Department's successes in the late 1990s and early 2000s in moving children to safe and permanent homes have not been sustained in more recent years. Rates of reunification, which were not as strongly impacted by the permanency initiatives implemented in the late 1990s, lag far behind the national average and have seen little change in the last 15 years. Following their peak in the late 1990s, rates of adoption within 24 months fell to around 3%, although there has been some indication of an upward trend in the most recent years. The use of subsidized guardianship, which was promoted as a form of legal permanence and an alternative to long-term foster care, has dwindled in the past decade and is now rarely used—only 58 of the 4,640 children who entered substitute care in 2016 exited to guardianship within 2 years (see Appendix B, Indicator 3.E.1).

In addition to the gradual erosion of progress in moving children to permanent homes, the annual *B.H.* monitoring reports have highlighted several areas of serious concern in recent reports. One ongoing and significant concern that was first noted by the CFRC in the FY2015 monitoring report is the increase in substantiated maltreatment among children in intact family

¹⁷ Joint Memorandum, p. 2

¹⁸ Joint Memorandum, p. 4

¹⁹ The number of children in care at the end of FY2018 was taken from the DCFS FY2020 Budget Briefing, available at https://www2.illinois.gov/dcf/aboutus/newsandreports/Documents/FY20_BudgetBriefing.pdf

²⁰ Price, T. (2005). Child welfare reform. *The CQ Researcher*, 11, 345-367.

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cases. After first being noted in FY2015, this trend was also reported as a “serious concern” in the FY2016 and FY2017 monitoring reports. The FY2017 report also noted that “even more worrisome, the youngest children are at highest risk: 18.5% of children ages 0 to 2 served in an intact family case experienced indicated maltreatment recurrence within 12 months of their initial report” (p. 1-11).²¹ The CFRC recommended additional study of the specific factors that increased children’s risk of maltreatment in intact families years before a Chicago Tribune article speculated that the increase in child deaths among intact family cases was related to the privatization of the agencies providing the services.²² The CFRC conducted an analysis in response to that article that found no differences in the risk of child death among children in intact family cases served by the Department versus those served by private agencies.²³

The *B.H.* monitoring reports have also highlighted serious concerns about the rates of maltreatment in substitute care, which have been increasing each year for the past seven years. The monitoring reports noted that maltreatment rates were highest in kinship foster homes, which prompted the Department to request two special analyses that examined the factors that increased a child’s risk of maltreatment in substitute care. The results found that younger children, African American children, children with mental health diagnoses, children in unlicensed kinship foster homes, children with prior indicated reports, and children that did not have any contact with their caseworkers within the past 60 days were at higher risk for maltreatment in care.²⁴ Rates of maltreatment in substitute care have continued to climb since the publication of these reports, which suggests that additional intervention may be required to reverse the trend (see Appendix B, Indicator 1.D).

As these examples demonstrate, the importance of the annual *B.H.* monitoring report in identifying worrisome trends in child welfare outcomes cannot be overstated. By examining the a set of indicators that has been developed specifically for the Illinois child welfare system at frequent intervals over long periods of time, we are able to identify trends as they emerge, track them over time, and highlight areas that need additional scrutiny. Our hope is that the *B.H.* report both serves its intended purpose of informing the *B.H.* parties on the performance of the Illinois Department of Children and Family Services, and that also it provides other child welfare stakeholders within the State with information that is useful to them and encourages further discussion on how to improve outcomes for children and families. We welcome feedback on the report, as well as suggestions for additional areas of study.²⁵

²¹ Children and Family Research Center. (2017). *Conditions of Children in or at Risk of Foster Care in Illinois: 2016 Monitoring Report of the B.H. Consent Decree*. Urbana, IL: Author.

²² Jackson, D., & Marx, G. (October 23, 2017). Child deaths spike after DCFS privatizes intact family services. *Chicago Tribune*.

²³ Nieto, M., Wakita, S., Fuller, T., & Wang, S. (2018). *An Analysis of Child Deaths and Intact Family Services*. Urbana, IL: Children and Family Research Center.

https://cfrc.illinois.edu/pubs/rp_20190603_AnAnalysisofChildDeathsandIntactFamilyServices.pdf

²⁴ Nieto, M., Lei, X., & Fuller, T. (2015). *Predicting maltreatment in substitute care*. Urbana, IL: Children and Family Research Center.

²⁵ Contact information for the Children and Family Research Center can be found on the Acknowledgements page.



Chapter 1

Child Safety

Child safety is the paramount concern of the child protection system. According to the most recent federal child welfare monitoring report, “Public child welfare agencies are responsible for ensuring that children who have been found to be victims of abuse or neglect are protected from further harm. Whether the child is placed in out-of-home care or maintained in the home, the child welfare agency’s first concern must be to ensure the safety of the child” (p. 17).¹ Once a child becomes involved in a substantiated report of child abuse or neglect, the child welfare system assumes partial responsibility for the safety and protection of the child from additional abuse or neglect.

1

Measuring Child Safety

In some ways, child safety is the most straightforward of all child welfare outcomes—safety is the *absence* of child maltreatment. Even so, there are many different ways to measure child safety, which can lead to inconsistencies in results and confusion when comparing or interpreting them. With that in mind, it is important to specify the way child safety is measured in this chapter (see Appendix A for detailed definitions of the indicators used in this report).

Maltreatment recurrence is the most common indicator used to assess child safety within the context of public child welfare. Typically, a recurrence is defined as a substantiated² maltreatment report following a prior substantiated report that involves the same child or family. Other measures, called re-referrals or re-reports, take a broader view and include *all*

¹ U.S. Department of Health and Human Services, Administration on Children and Families, Children’s Bureau. (2018). *Child Welfare Outcomes 2015: Report to Congress*. Washington, DC: Child Welfare Information Gateway.

² In Illinois, maltreatment reports are indicated or unfounded, rather than substantiated or unsubstantiated. The current report uses the more widely used term “substantiated” instead of “indicated” and “unsubstantiated” instead of “unfounded.”

subsequent reports following an initial report, regardless of whether the subsequent report was substantiated. Although recognizing the importance of all future contacts with child welfare, the current chapter uses the definition of maltreatment recurrence used in the Child and Family Services Reviews (CFSRs), which includes additional substantiated maltreatment reports that occur within 12 months of an initial substantiated maltreatment report.

Changes in Child Safety at a Glance

Maltreatment Recurrence Among Children with Substantiated Reports (CFSR)

↑ Of all children with a substantiated report, the percentage that had another substantiated report within 12 months increased from 11.9% in 2016 to 13.0% in 2017 (+9% change).

Maltreatment Among Children Served in Intact Family Cases

↑ Of all children served in intact family cases, the percentage that had a substantiated report within 12 months increased from 13.7% in 2016 to 16.3% in 2017 (+19% change).

Maltreatment Recurrence Among Substantiated Children Who Do Not Receive Services

↔ Of all children with substantiated reports who did not receive services, the percentage that had another substantiated report within 12 remained stable at 11.0% in 2017.

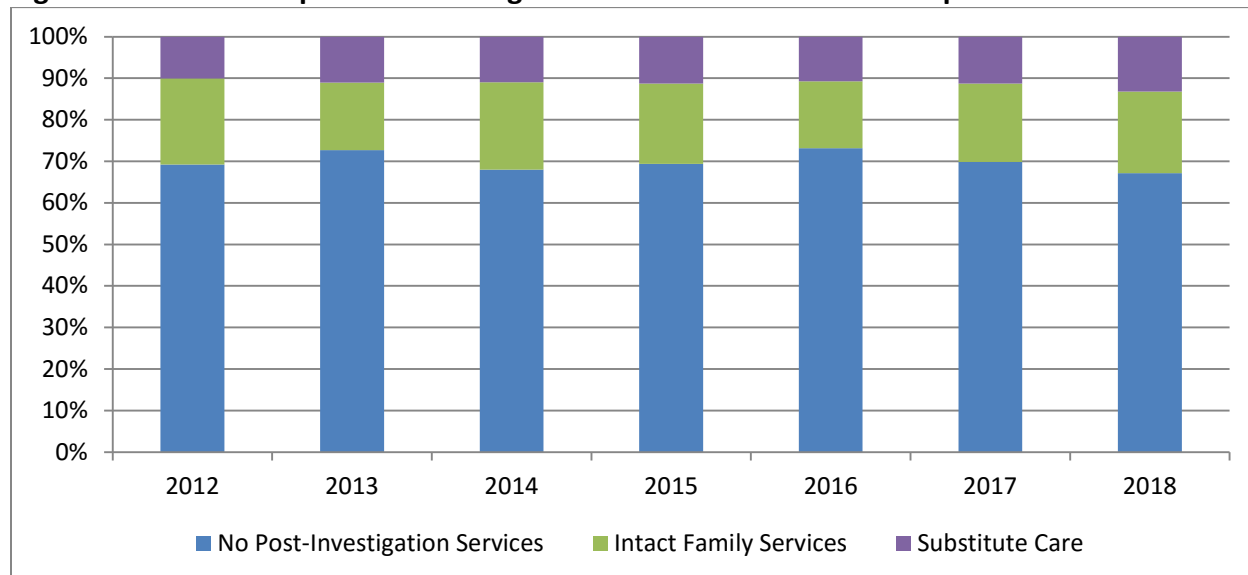
Rate of Victimization Per 100,000 Days Among Children in the Substitute Care (CFSR)

↔ Of all children in substitute care during the year, the rate of substantiated maltreatment per 100,000 days in substitute care remained stable at 13.4 in 2018.

An additional consideration when selecting indicators of child safety is the population to be monitored. In Illinois, the mandate for ensuring child safety extends to all children investigated by the Department, regardless of whether post-investigation services are offered. Not all families—even those in which maltreatment is substantiated—receive post-investigation services. Figure 1.1 shows the service dispositions of children with substantiated reports each year from 2012 to 2018. The majority of children with substantiated reports do not receive any post-investigation services, and this percentage has ranged between a current low of 67.2% in 2018 to a high of 73.1% in 2016. The percentage of children served at home in what are known as intact family cases (i.e., children remains at home while the family receives supportive services rather than being placed into substitute care) has fluctuated between a high of 21.1% in 2014 to a low of 16.1% 2016; in 2018, it was 19.6%.³ In 2018, 13.2% of children with substantiated maltreatment were placed in substitute care, an increase from the previous 6 years that had remained steady between 10.0% in 2012 to 11.3% in 2017.⁴

³ This percentage includes those children with substantiated reports that occurred while the child was already being served in an intact family case as well as children served in an intact family case within 60 days of the initial substantiated report.

⁴ This percentage includes those children with substantiated reports that occurred while the child was in substitute care as well as children placed in substitute care within 60 days of a substantiated report.

Figure 1.1 Service Dispositions Among Children with Substantiated Reports

The relationship between post-investigation service provision and risk of maltreatment recurrence is complex. Many studies have found that families who receive child welfare services are at higher risk of maltreatment recurrence than those who are not provided with services; this may seem counter-intuitive, since services are provided to reduce family risk factors and decrease future maltreatment. The relationship between child welfare service provision and increased recurrence has been attributed to both increased surveillance by caseworkers and to the fact that families who receive services typically have more risk factors than families not recommended for services.⁵ Monitoring child safety without regard to service disposition ignores the fact that children served in one setting may be more or less safe than those served in another. Therefore, in this chapter, we use the following separate indicators to examine child safety: 1) all children with substantiated reports; 2) children served in intact family cases; 3) children who do not receive any post-investigation services; and 4) children removed from the home and placed into substitute care (see Appendix A for the technical definition of these indicators).

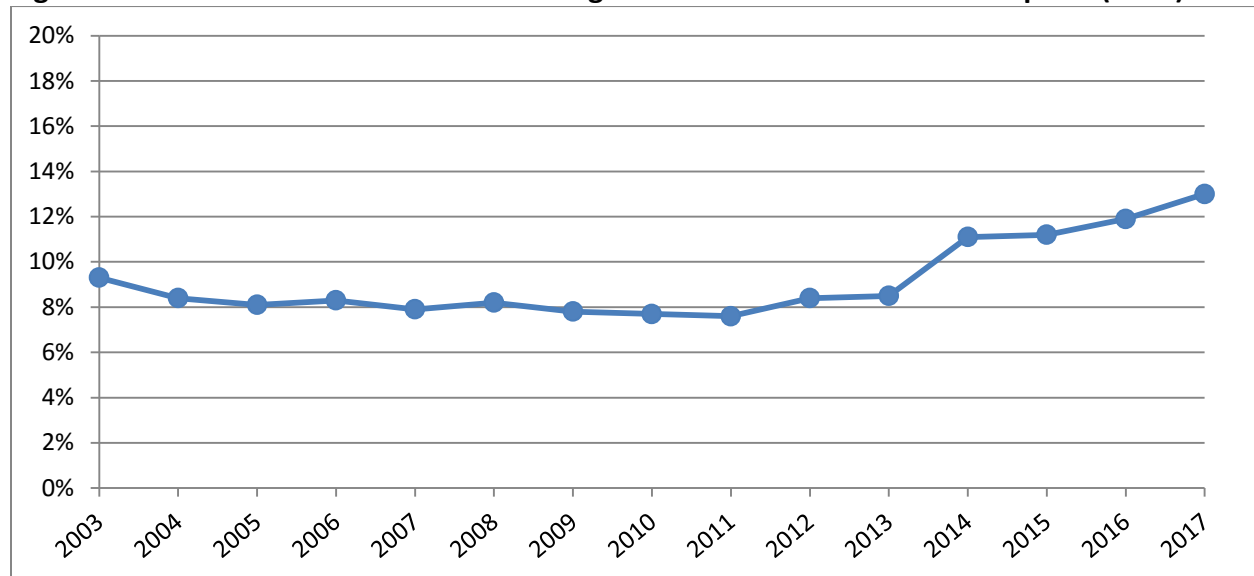
1

⁵ Fuller, T., & Nieto, M. (2014). Child welfare services and risk of child maltreatment re-reports: Do services ameliorate initial risk? *Children and Youth Services Review*, 47, 46-54.

Maltreatment Recurrence Among Children with Substantiated Reports (CFSR)

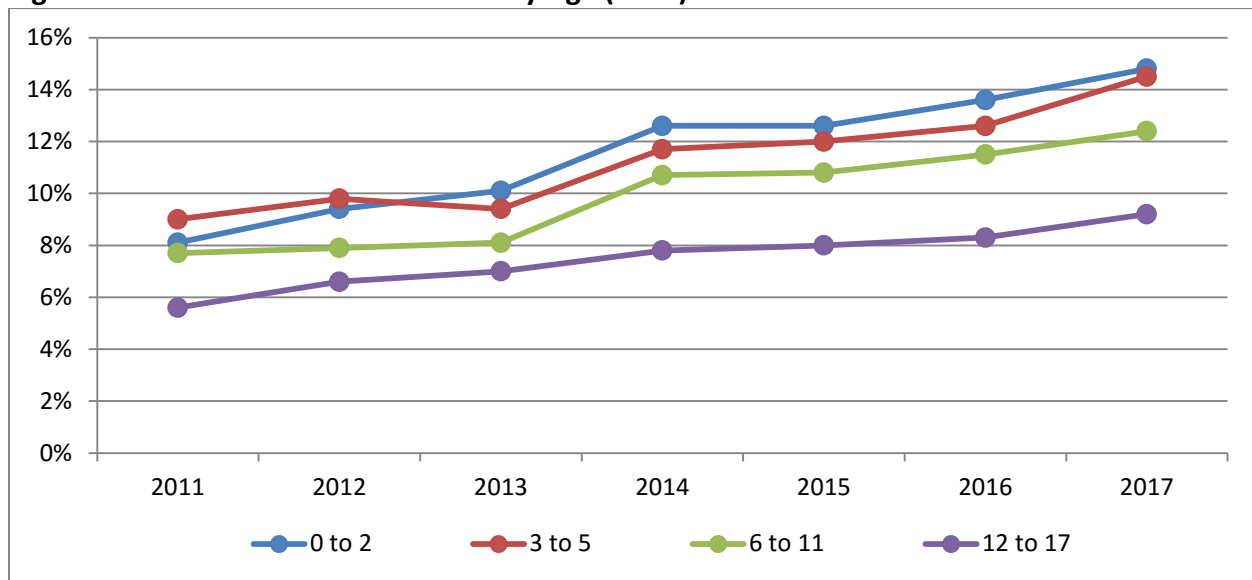
Figure 1.2 displays the 12-month maltreatment recurrence rate for all children with a substantiated maltreatment report over the past 15 years (see Appendix B, Indicator 1.A). The recurrence rate was at its lowest in 2011 (7.6%); it has been increasing since then and is currently at its highest point in 15 years (13.0% in 2017).

Figure 1.2 Maltreatment Recurrence Among Children with Substantiated Reports (CFSR)



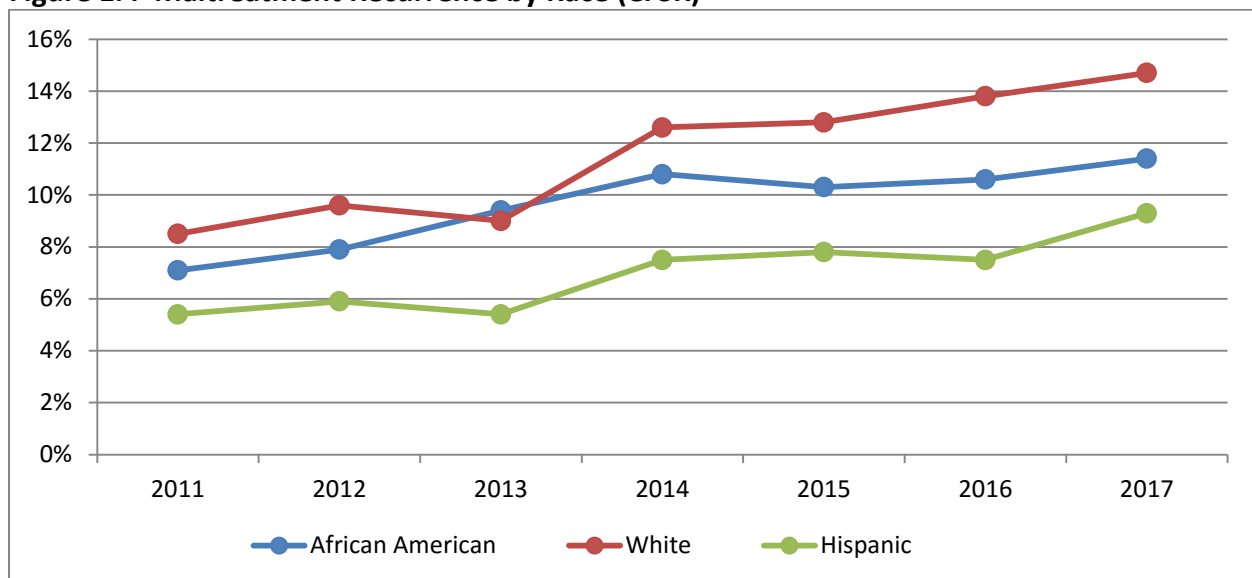
Past research has found that younger children are much more likely to experience maltreatment recurrence than older children,⁶ a finding that holds true in Illinois. For example, of children with a substantiated report in 2017, 14.8% of children 0 to 2 years and 14.5% of children 3 to 5 years had an additional substantiated report within 12 months, compared to 9.2% of those 12 to 17 years (see Figure 1.3 and Appendix B, Indicator 1.A). Maltreatment recurrence has increased among all age groups over the past several years.

⁶ Bae, H., Solomon, P.L., & Gelles, R.J. (2009). Multiple child maltreatment recurrence relative to single recurrence and no recurrence. *Children and Youth Services Review*, 31, 617-624. Connell, C.M., Bergeron, N., Katz, K.H., Saunders, L., & Tebes, J.K. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse & Neglect*, 31, 573-588. Kahn, J.M., & Schwalbe, C. (2010). The timing to and risk factors associated with child welfare system recidivism at two decision-making points. *Children and Youth Services Review*, 32, 1035-1044. Fluke, J.D., Shusterman, G.R., Hollinshead, D.M., & Yuan, Y.T. (2008). Longitudinal analysis of repeated child abuse reporting and victimization: Multistate analysis of associated factors. *Child Maltreatment*, 13, 76-88.

Figure 1.3 Maltreatment Recurrence by Age (CFSR)

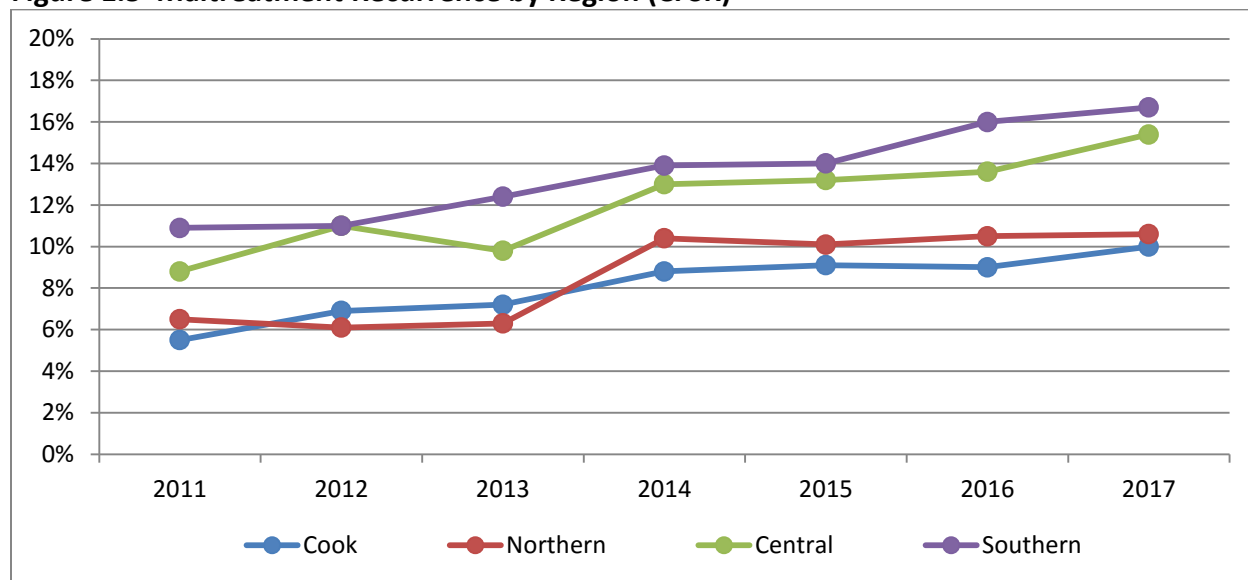
When recurrence rates are examined by child race, White children generally have higher rates of maltreatment recurrence than African American children and Hispanic children (see Figure 1.4 and Appendix B, Indicator 1.A). Although their rates remain lower than those of African American and White children, the relative increase in maltreatment recurrence rates is seen most noticeably among Hispanic children. Their rates have increased from 5.4% in 2013 to 9.3% in 2017, a relative increase of 72%. During the same time period, the relative increase among White children has also been notable (63%).

1

Figure 1.4 Maltreatment Recurrence by Race (CFSR)

Recurrence rates among children with substantiated reports in 2017 were higher in the Southern region (16.7%) and Central region (15.4%) compared to the Northern region (10.6%) and Cook region (10.0%), a pattern that has persisted for many years (see Appendix B, Indicator 1.A, Figure 1.5).

Figure 1.5 Maltreatment Recurrence by Region (CFSR)



To gain a more complete picture of these regional differences, Figure 1.6 displays a sub-regional “heat map” showing 12-month maltreatment recurrence rates among all children with a substantiated report (see Appendix C, Indicator 1.A for corresponding data). To create the heat map, recurrence rates in each sub-region of Illinois for each year in the 7-year period were compared to one another and ranked. The sub-regions and years in the top 25th percentile—those with the *best performance* on this indicator—are shown in the lightest shade. Those sub-regions and years in the bottom 25th percentile—those with the *worst performance* on this indicator—are shown in the darkest shade. Those that performed in the middle—between the 26th and 74th percentiles—are shown in the medium shade. The heat map provides a visually simple way to compare a large amount of information on sub-regional performance both over time and across the state. It is possible to quickly tell if a region or sub-region is doing well (relative to the other regions in the state over the past 7 years) by looking for the areas with the lightest shade. It is important to note that these “rankings” are relative only to the performance within the ten sub-regions over the 7-year timespan and not to any national or state benchmarks. Thus, even though a given sub-region may be performing “well” compared to other sub-regions in the state (as indicated by a light shade on the heat map), this does not necessarily mean that its performance should be considered “good” or “excellent” compared to a standard or benchmark.

Examination of Figure 1.6 reveals that the highest recurrence rates (i.e., the worst performance) in the state are in the Marion and Springfield sub-regions; performance has been consistently poor in Marion throughout the 7-year observation period. In addition, the highest

recurrence rates are concentrated in the past four years. The lowest recurrence rates are in the Cook North and Cook Central sub-regions and occurred between 2011 and 2013 (see Appendix C, Indicator 1.A).

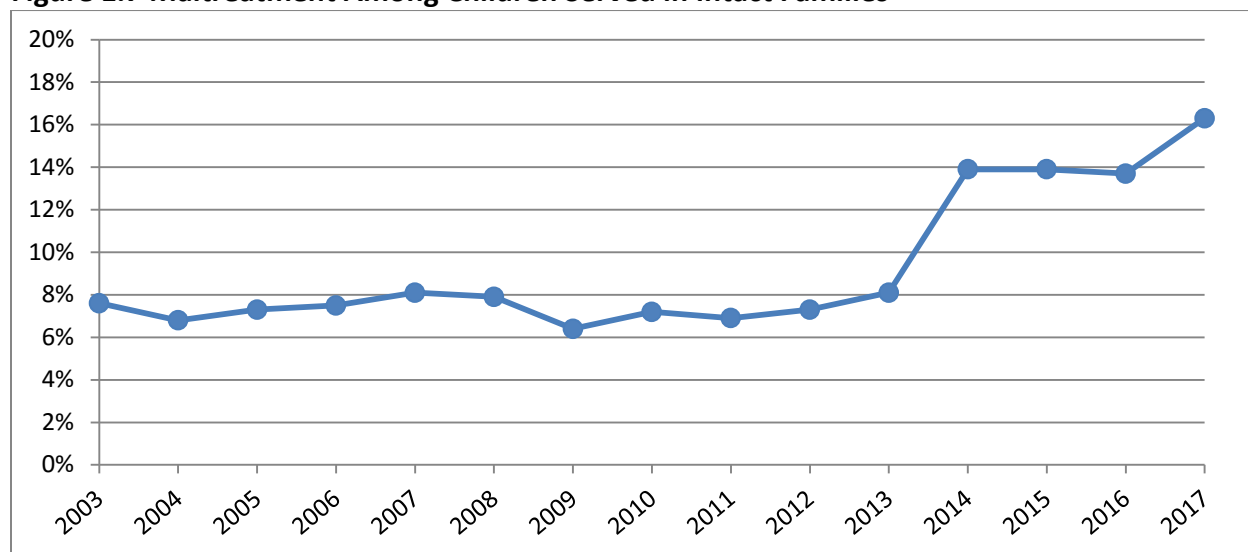
Figure 1.6 Maltreatment Recurrence Sub-region Heat Map (CFSR)

	2011	2012	2013	2014	2015	2016	2017
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

1

Maltreatment Among Children in Intact Family Cases

In some instances, the Department will substantiate child maltreatment in a family but decide that it is in the best interest of the child(ren) to remain at home while the family receives supportive services rather than place them into substitute care. Families in these intact family cases are of special interest to the Department because their history of substantiated maltreatment places them at increased risk of repeat maltreatment compared to families with no history of maltreatment. Figure 1.7 displays the percentage of children served in intact family cases that experienced a substantiated maltreatment report within 12 months of their case open date (see Appendix B, Indicator 1.B). Maltreatment rates among children served in intact family cases increased sharply in fiscal year 2014 (from 8.1% of children in intact family cases in 2013 to 13.9% of children in 2014) and then remained at that level for three years. Most recently, the recurrence rate increased even further from 13.7% in 2016 to 16.3% in 2017, which is the highest it has been in well over a decade.

Figure 1.7 Maltreatment Among Children Served in Intact Families

Maltreatment among children served in intact family cases is more likely to occur among younger children (see Figure 1.8 and Appendix B, Indicator 1.B). The youngest children served in intact family cases have the highest rate of maltreatment recurrence, 19.8% in 2017, compared to 18.1%, 15.7%, and 10.8% for children ages 3–5, 6–11, and 12–17, respectively. Maltreatment recurrence among children in intact families has been increasing among all age groups, with the largest increase occurring among children 0 to 2 years. Rates of maltreatment among this group have more than doubled since 2013.

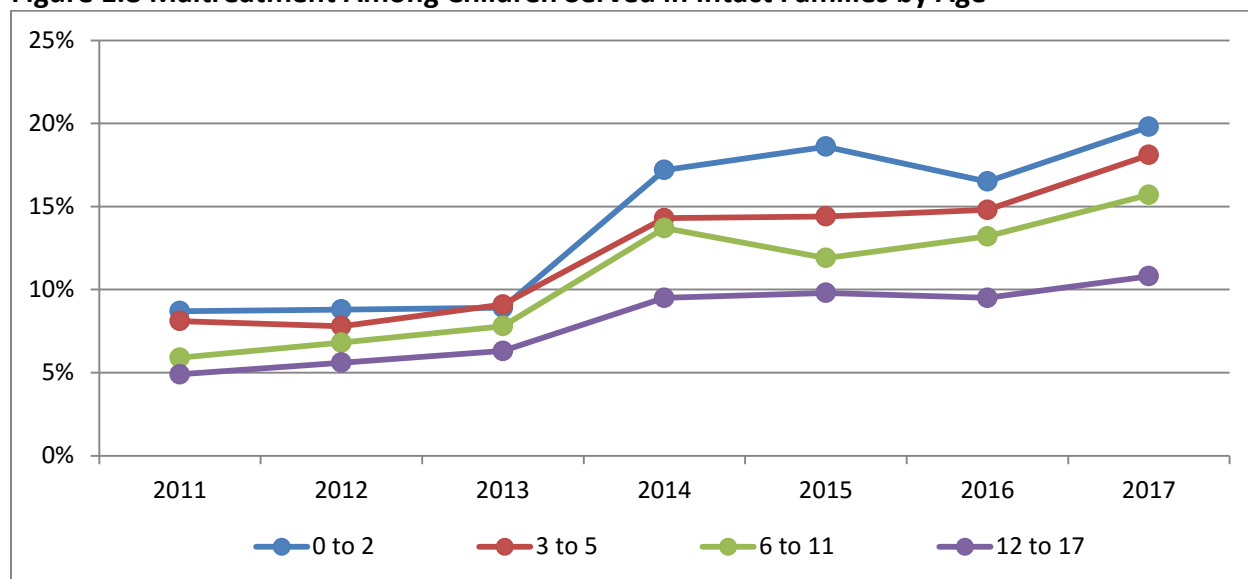
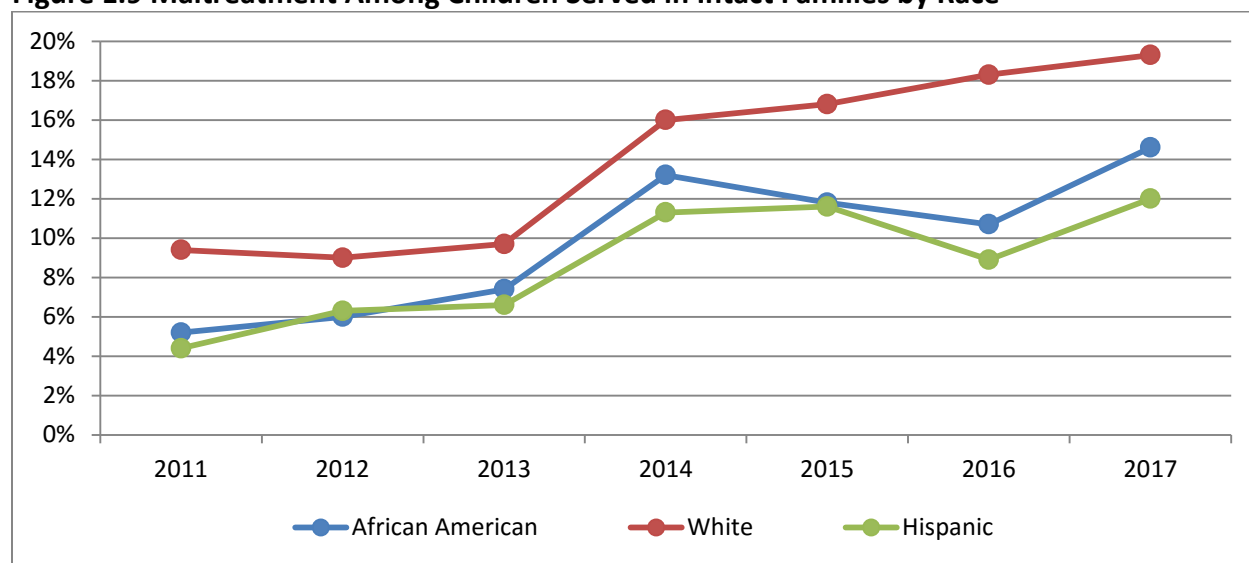
Figure 1.8 Maltreatment Among Children Served in Intact Families by Age

Figure 1.9 displays the maltreatment rates among children served in intact families by racial-ethnic group. White children served in intact families were more likely to experience maltreatment than African American children and Hispanic children. The maltreatment rates for White children have been increasing since 2013 and reached their highest point of 19.3% in 2017. In contrast, Black children and Hispanic children saw decreases in between 2015 and 2016 but saw an increase in 2017 (see Appendix B, Indicator 1.B).

Figure 1.9 Maltreatment Among Children Served in Intact Families by Race



For the past several years, maltreatment among children serviced in intact families has been higher in the Southern and Central regions of the state compared to the Cook and Northern regions (see Figure 1.10 and Appendix B, Indicator 1.B). Both the Central and Cook regions had a notable increase in maltreatment among children in intact families in 2017 compared to the previous year.

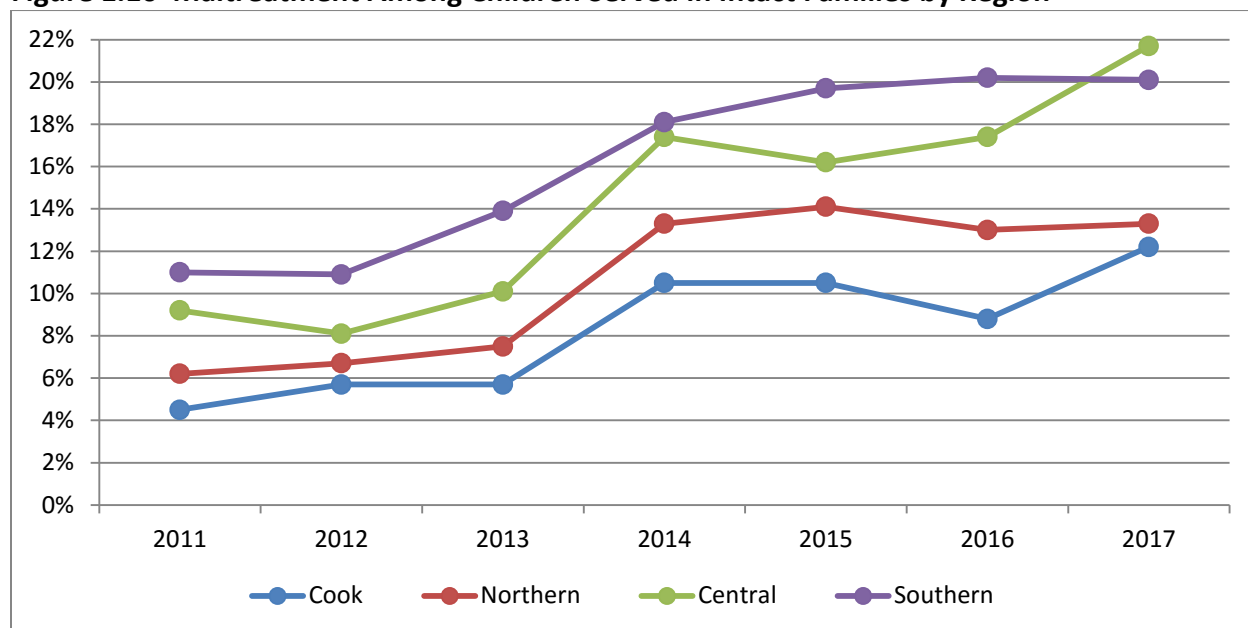
Figure 1.10 Maltreatment Among Children Served in Intact Families by Region

Figure 1.11 displays a sub-regional heat map showing 12-month maltreatment recurrence rates among children served in intact family cases (see Appendix C, Indicator 1.B for corresponding data). Examination of the figure reveals that the highest recurrence rates in the state are in the Marion and Springfield sub-regions; in addition, the highest recurrence rates are concentrated in the past four years. The lowest recurrence rates are in the Cook sub-regions and occurred between 2011 and 2013.

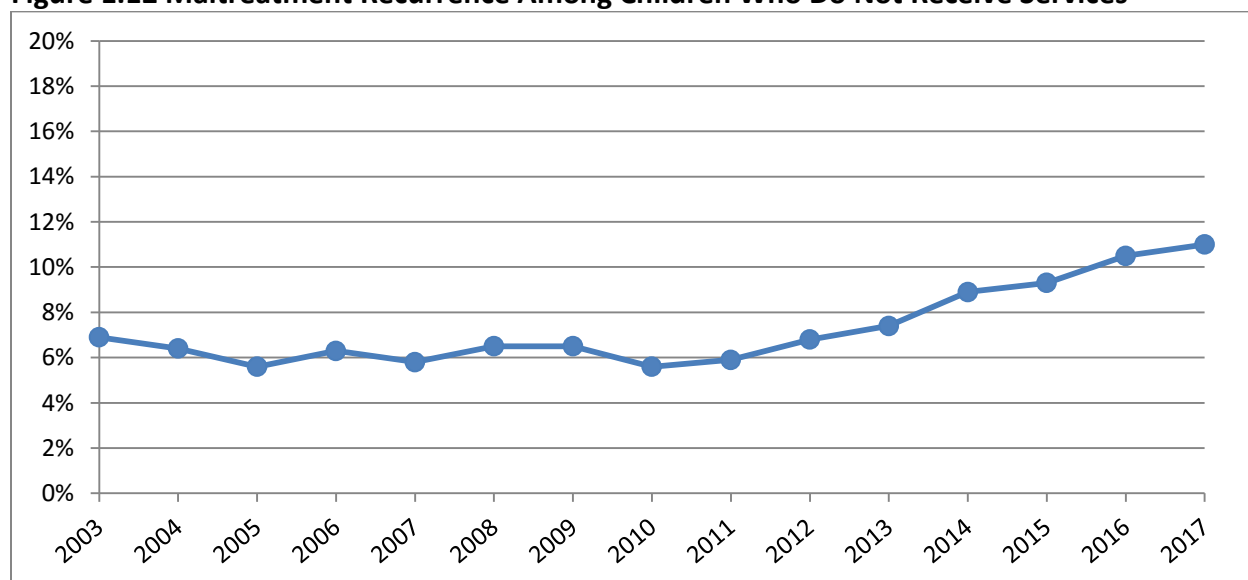
Figure 1.11 Maltreatment Among Children Served in Intact Families Sub-region Heat Map

	2011	2012	2013	2014	2015	2016	2017
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Maltreatment Recurrence Among Children Who Do Not Receive Services

Almost three quarters (69.8%) of children that had substantiated reports of maltreatment in 2018 did not receive any post-investigation child welfare services (see Figure 1.1). Figure 1.12 displays the 12-month maltreatment recurrence rates for children with a substantiated report who did not receive services (either intact family services or substitute care) following the investigation (i.e., the case was substantiated and closed; see Appendix B, Indicator 1.C). When observing data from the past 15 years, we see that rates have had an upward trend since the early 2010s. The maltreatment recurrence rate in the most recent year (11.0%) is at its highest point in the past 15 years. Examination of the recurrence rates by subgroup reveals that similar to the other safety indicators, rates are highest among children 0 to 2 years, White children, and children living in the Southern region of the state (see Appendix B, Indicator 1.C).

Figure 1.12 Maltreatment Recurrence Among Children Who Do Not Receive Services



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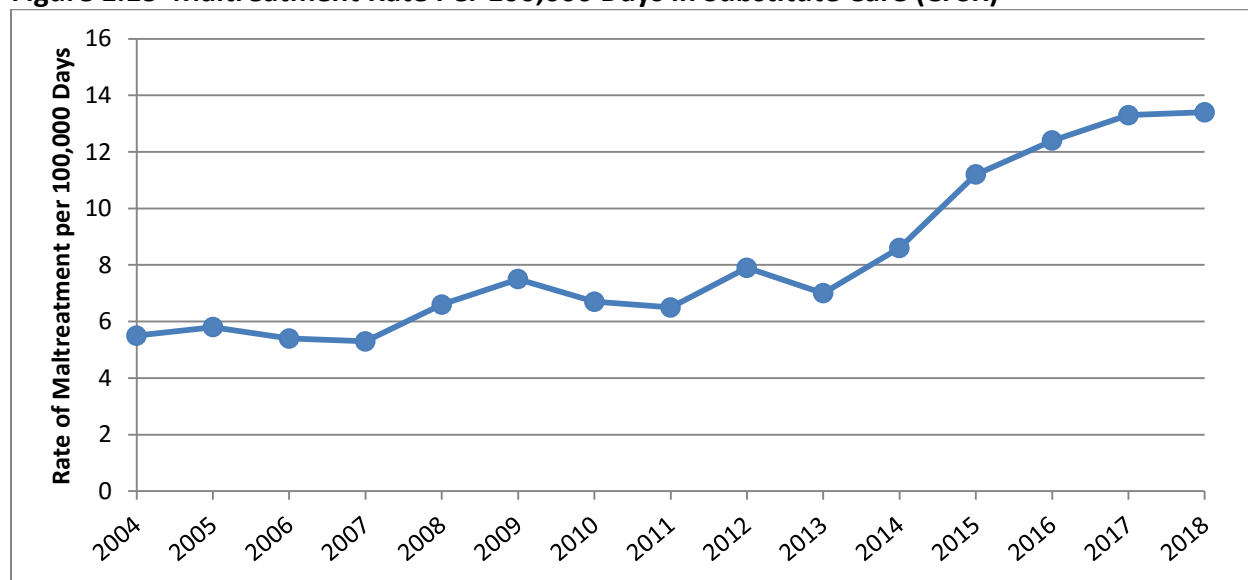
Maltreatment in Substitute Care (CFSR)

Children should only be removed from their parents' care and placed into substitute care when it is necessary to protect their well-being and safety, and it is essential that children are safe while they are in state care. In order to assess child safety in substitute care, we use the measure that has been developed for the Round 3 CFSR.⁷ This measure looks at the children in substitute care during the fiscal year and calculates the total number of days these children were in substitute care. Then, the total number of substantiated reports of maltreatment for these children within this period is determined. In order to make the results easier to interpret, the results are multiplied by 100,000 and are described as the rate of maltreatment per 100,000 days of substitute care (see Appendix A for the technical definition). Figure 1.13 shows

⁷ Children's Bureau (n.d.). CFSR Round 3 Statewide Data Indicator Series: Maltreatment in Foster Care. Retrieved on March 20, 2019 from <https://training.cfsrportal.acf.hhs.gov/resources/3105>

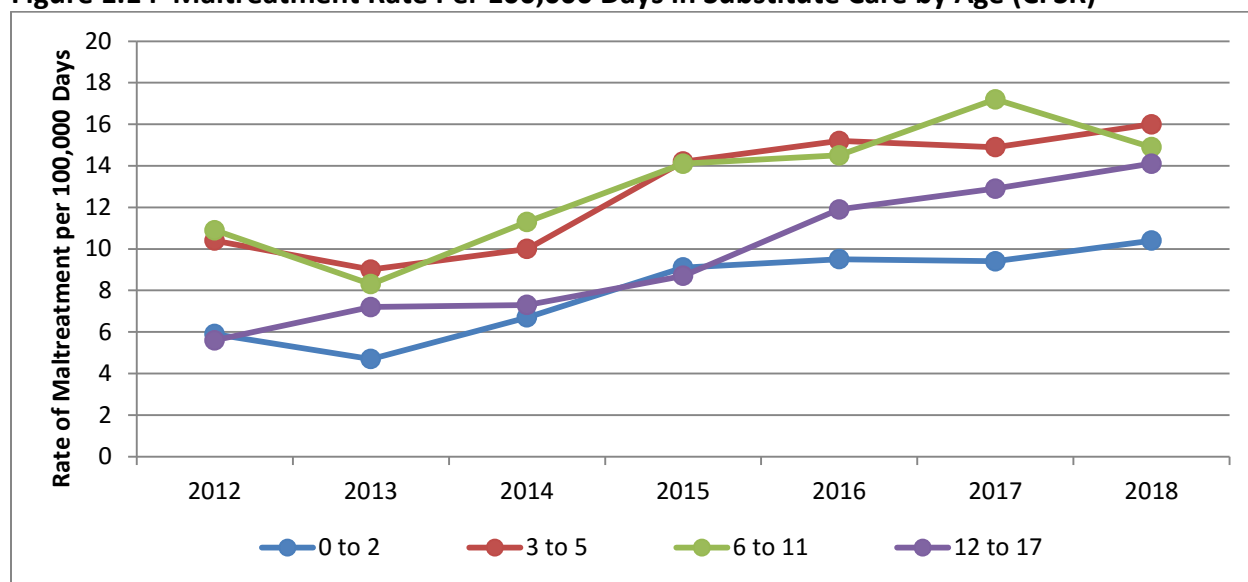
the rate of substantiated reports per 100,000 days in care over the past 15 years. Maltreatment rates were lowest 2007 (5.3) and are highest in the most recent year (13.4 in 2018).

Figure 1.13 Maltreatment Rate Per 100,000 Days in Substitute Care (CFSR)



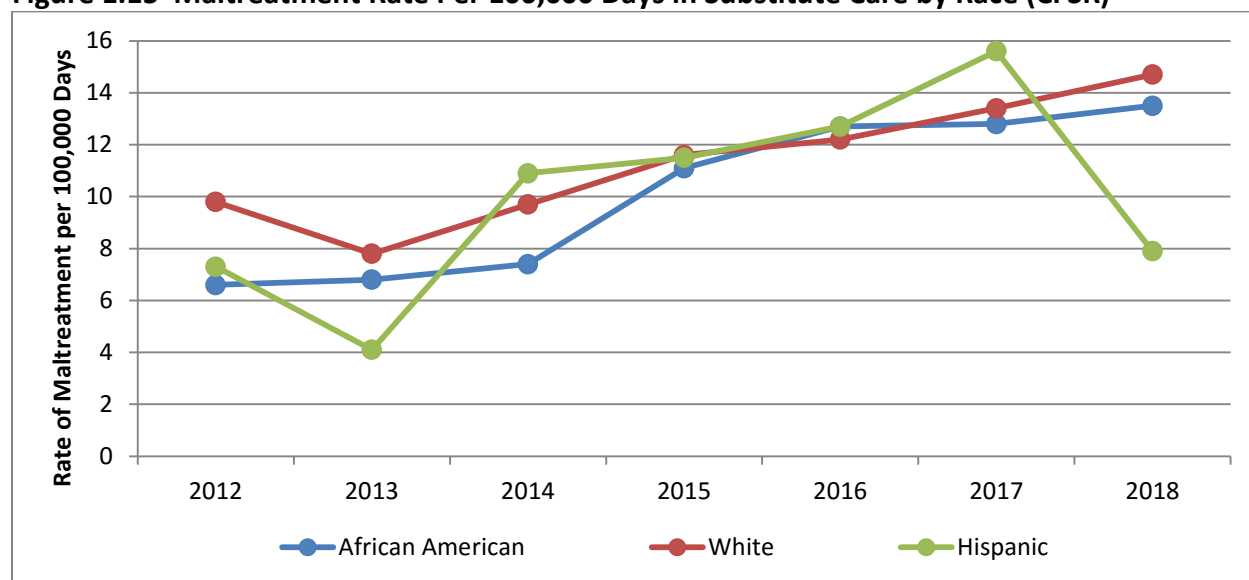
Unlike other indicators of maltreatment, children ages 0 to 2 years are less likely to experience maltreatment in substitute care than other age groups, while children between 3 to 11 years have the highest rates of maltreatment in substitute care (see Figure 1.14 and Appendix B, Indicator 1.D). Rates of maltreatment in care have been increasing among all age groups.

Figure 1.14 Maltreatment Rate Per 100,000 Days in Substitute Care by Age (CFSR)



There are no notable differences in the rates of maltreatment in care between the different racial groups (Figure 1.15 and Appendix B, Indicator 1.D). Rates for all three groups increased from 2012 through 2018, and rates for White children and African American children are currently at a high of 14.7 and 13.5, respectively.

Figure 1.15 Maltreatment Rate Per 100,000 Days in Substitute Care by Race (CFSR)



1

Children in the Southern and Central regions had the highest rates of maltreatment in substitute care in 2018 (15.3 and 14.9, respectively), while children in the Cook and Northern regions had lower rates (11.2 and 12.4, respectively; see Figure 1.16 and Appendix B, Indicator 1.D). Similar to other indicators in this chapter, rates have been generally increasing over the past several years.

Figure 1.16 Maltreatment Rate Per 100,000 Days in Substitute Care by Region (CFSR)

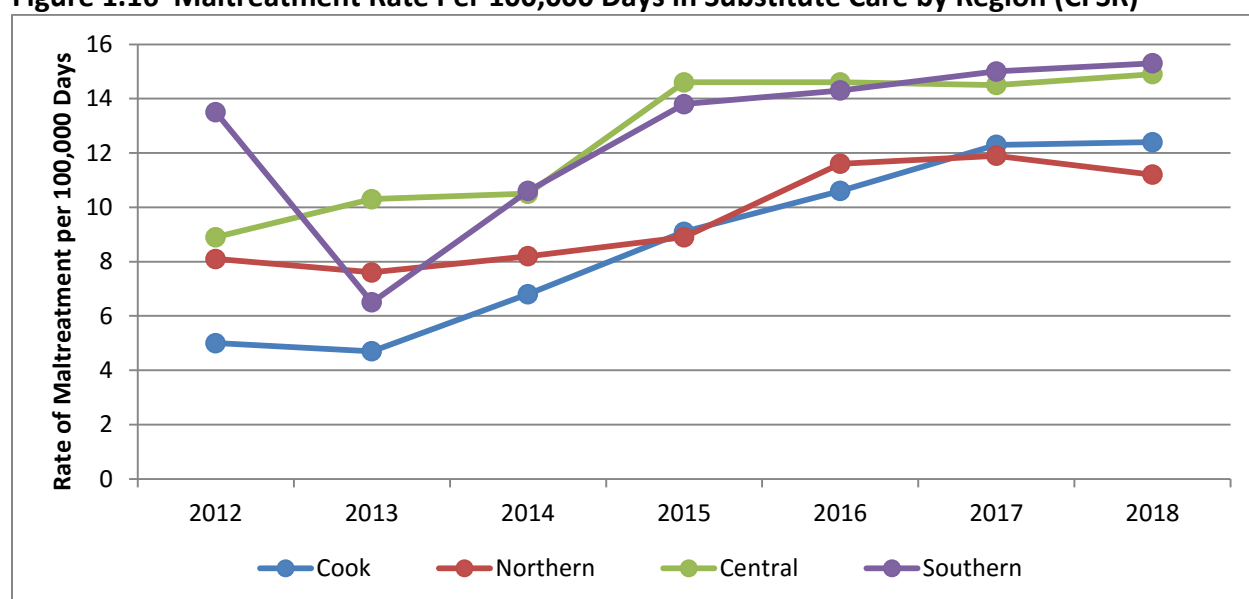


Figure 1.17 displays a sub-regional heat map showing the maltreatment rate per 100,000 days in substitute care by sub-region (see Appendix C, Indicator 1.D for corresponding data). Examination of the figure reveals that the highest recurrence rates in the state are in the Marion, Peoria, and Springfield sub-regions the highest recurrence rates are concentrated in the past four years. The lowest recurrence rates are in the Cook sub-regions and occurred between 2012 and 2014.

Figure 1.17 Maltreatment Rate Per 100,000 Days in Substitute Care by Sub-region Heat Map (CFSR)

	2012	2013	2014	2015	2016	2017	2018
Cook North							
Cook Central							
Cook South							
Aurora							
Rockford							
Champaign							
Peoria							
Springfield							
East St. Louis							
Marion							

Discussion and Conclusions: Child Safety

One of the most important goals of the public child welfare system is to ensure that child maltreatment victims are safe from additional harm. In some cases, this is done by removing children from their homes and placing them into substitute care until it is determined safe for them to return home. In the vast majority of cases, however, children remain in their homes at the conclusion of an investigation, even if they were found to be the victims of maltreatment. Some of these families receive formal child welfare services following the investigation, but in Illinois, most do not.

Deciding which families should be provided with ongoing child welfare services is one of the most complex decisions child protective services (CPS) workers must make. In order to make this decision, they must consider multiple factors at once, such as the immediate safety threats in the household, the long-term risk factors, the protective capacities and supports of the parents, the availability of services in the community, and the parents' ability to utilize services. Informal and formal agency policies regarding which families should receive services also influence CPS worker decision-making.

The percentage of families with substantiated reports of maltreatment that receive intact family services has fluctuated between 16.1% to 21.1% over the past 7 years. Regardless of the

eligibility requirements, there is a reasonable expectation that intact services should reduce the risk of maltreatment for children. The previous two *B.H.* monitoring reports have highlighted a concern with the percentage of children in intact family cases who experience maltreatment, and the results of this year's report reinforce this concern. Maltreatment rates among children served in intact family cases have increased from 6.9% in 2011 to 16.3 % in 2017. Even more worrisome is the age of the children at highest risk: 19.8% of children ages 0 to 2 years who were being served in an intact family case in 2017 experienced a substantiated maltreatment report within one year of their case open date. In 2017, the *Chicago Tribune* raised concerns about a recent increase in child deaths among children served in intact family cases, linking the increase to the “complete privatization” of intact family services that occurred in 2012.⁸ Our analyses of the data last year revealed that although the use of private agencies to provide intact family services has increased in recent years, there are no observed differences in the risk of child death between children served by DCFS and private agencies.

Maltreatment among children living in substitute care is also a major concern for child welfare systems. In Illinois, the rate of substantiated maltreatment reports that occur among children in substitute care has been increasing over the past decade. Even more alarming is that the maltreatment rate is increasing more rapidly than ever before, almost doubling in the past five years. At the Department's request, the CFRC developed a model to predict which children were most likely to be maltreated while in substitute care.⁹ The results of that analysis, which was conducted in 2015, revealed that children in foster home placements who had a face-to-face contact with a caseworker within the previous 60 days were less likely to experience a substantiated maltreatment report compared to children who did not have recent caseworker contacts. Approximately 40% of the children in the sample had not received a visit from their caseworker within the prior 60 days, which suggests an area in need of additional training and supervision. The findings also suggested that children in unlicensed foster homes were at higher risk of maltreatment in care, as were younger children, children with mental health diagnoses, and children with prior substantiated reports. We recommend that this study be updated with more recent data to determine if the same factors continue to be associated with increased risk for maltreatment in substitute care.

1

⁸ Jackson, D., & Marx, G. (October 23, 2017). Child deaths spike after DCFS privatizes “intact family services.” *Chicago Tribune*. <http://www.chicagotribune.com/news/watchdog/ct-dcfs-verna-intact-family-services-met-20171022-story.html>

⁹ Nieto, M., Lei, X., & Fuller, T. (2015). Predicting maltreatment in substitute care. Urbana, IL: Children and Family Research Center.



Chapter 2

Family Continuity, Placement Stability, and Length of Time in Care

Children should only be removed from their parents and placed in substitute care when it is necessary to ensure their safety and well-being. Once removed from their homes, the public child welfare system and its private agency partners have a responsibility to provide children with living arrangements that ensure that they are safe from additional harm, maintain connections with their family members (including other siblings in care) and community, and provide stability. In addition, substitute care should be a temporary solution and children should live in substitute care settings for the shortest period necessary. Child safety in substitute care living arrangements was examined in the previous chapter. This chapter examines 1) Continuity with Family and Community, 2) Placement Stability, and 3) Length of Time in Substitute Care. The indicators used to measure the Department's performance in these areas are described in the chapter sections and technical definitions are provided in Appendix A.

2

Two of the indicators in this chapter (placement restrictiveness and placement with siblings) are examined for children's initial placements in substitute care and their placements at the end of the fiscal year. It is important to keep in mind that the children in these two samples are not the same: "initial placements" include children who entered care within a given fiscal year. Since children who enter and stay only a few months have the same weight as children who enter and stay for years, initial placement samples over-represent children who are in care for a short period of time. The "end-of-year placement" sample includes all children in care on the last day of the state fiscal year (June 30th). Children who are in care for several years are counted in several "end-of-year" samples, while children who enter after June 30th and exit before June 30th of the following year are not counted at all. Thus, end-of-year samples over-represent children who have been in care for a long time. The other indicators in this chapter

(placement stability and length of time in substitute care) do not differentiate between initial and end of year placements. Performance on each indicator is examined by child gender, age, race, and geographic region, and noteworthy differences.

Changes in Continuity and Stability in Care at a Glance

Restrictiveness of Initial Placement Settings

- ↓ Of all children entering substitute care, the percentage initially placed in the home of parents decreased from 3.6% in 2017 to 3.2% in 2018 (-11% change).
- ↔ Of all children entering substitute care, the percentage initially placed in a kinship foster home remained stable and was 65.4% in 2018.
- ↔ Of all children entering substitute care, the percentage initially placed in a traditional foster home remained stable and was 23.8% in 2018.
- ↔ Of all children entering substitute care, the percentage initially placed in a specialized foster home remained stable and was 2.2% in 2018.
- ↓ Of all children entering substitute care, the percentage initially placed in an emergency shelter or emergency foster home decreased from 1.9% in 2017 to 1.3% in 2018 (-32% change).
- ↓ Of all children entering substitute care, the percentage initially placed in an institution or group home decreased from 4.5% in 2017 to 4.2% in 2018 (-7% change).

Restrictiveness of End of Year Placement Settings

- ↑ Of all children in substitute care at the end of the year, the percentage placed in the home of parents increased from 5.3% in 2017 to 5.7% in 2018 (+8% change).
- ↔ Of all children in substitute care at the end of the year, the percentage placed in a kinship foster home remained stable and was 50.1% in 2018.
- ↓ Of all children in substitute care at the end of the year, the percentage placed in a traditional foster home decreased from 26.0% in 2017 to 24.4% in 2018 (-6% change).
- ↔ Of all children in substitute care at the end of the year, the percentage placed in a specialized foster home remained stable and was 13.5% in 2018.
- ↑ Of all children in substitute care at the end of the year, the percentage placed in an emergency shelter or emergency foster home increased from 0.2% in 2017 to 0.3% in 2018 (+50% change).

↓ Of all children in substitute care at the end of the year, the percentage placed in an institution or group home decreased from 6.4% in 2017 to 6.0% in 2018 (-6% change).

Placement with Siblings

Of all children entering substitute care and placed in a kinship or traditional foster home, the percentage that was initially placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

↔ remained stable for children initially placed in kinship foster homes and was 80.7% in 2018.

↔ remained stable for children initially placed in traditional foster homes and was 63.8% in 2018.

For children with three or more siblings in care:

↑ increased for children initially placed in kinship foster homes from 44.2% in 2017 to 54.8% in 2018 (+24% change).

↑ increased for children initially placed in traditional foster homes from 9.8% in 2017 to 13.5% in 2018 (+38% change).

Of all children living in kinship or traditional foster homes at the end of the year, the percentage that was placed in the same foster home with all their siblings in care:

For children with one or two siblings in care:

↔ remained stable for children in kinship foster homes and was 72.4% in 2018.

↔ remained stable for children in traditional foster homes and was 60.7% in 2018.

For children with three or more siblings in care:

↓ decreased for children in kinship foster homes from 35.9% in 2017 to 33.1% in 2018 (-8% change).

↑ increased for children in traditional foster homes from 9.5 % in 2017 to 12.5% in 2018 (+32% change).

Placement Stability (CFSR)

↓ Of all children entering substitute care during the year, the rate of placement moves per 1,000 days in care decreased from 4.1 in 2017 to 3.7 in 2018 (-10% change).

Children Who Run Away From Substitute Care

↔ Of all children entering substitute care between the age of 12 and 17 years, the percentage

that ran away from a placement within one year of entry remained stable and was 18.2% in 2017.

Length of Stay In Substitute Care

↔ Of all children entering substitute care, the median length of stay remained stable and was 34 months for children who entered care in 2015.

Family Continuity

Restrictiveness of Placement Settings

When it is in the best interest of a child to be placed in substitute care, it is both federal and state policy to place children in the least restrictive, most family-like setting possible. The Adoption Assistance and Child Welfare Act of 1980 requires states “to place a child in the least restrictive and most family-like setting that will meet the needs of the child.”¹ In 1996, Congress required states to include in their Title IV-E state plans a provision that indicated the state shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child, provided that the relative caregiver meets all relevant child protection standards.

In Illinois, Department policy states that “when children are removed from the care of a custodial parent, the Department shall explore whether the non-custodial parent would be a suitable caregiver for the children. If placement with the non-custodial parent is not consistent with the best interests and special needs of the children or if the non-custodial parent is not a suitable caregiver for the children, a substitute care placement shall be sought” (p. 39). In addition, “placement in a family home is the least restrictive and thus the preferable placement choice for a child when a family will be able to meet the needs of the child. However, if a child needs treatment which can best be provided in a group home or child care institution, the child need not be placed in a foster family home prior to placement in a treatment setting” (p. 39).² Box 2.1 describes the different placement types that are used in Illinois.

¹ Adoption Assistance and Child Welfare Act of 1980, Pub. L. 96-272.

² Illinois Department of Children and Family Services. (October, 2016). *Procedures 301 Placement and Visitation Services*. Springfield, IL: Author.

Placement Type Terminology

BOX 2.1

Home of parents involves placement of children with the non-offending parent or in the home of the parent(s) prior to reunification or termination of child welfare services. When home of parent is used as a placement, DCFS retains legal responsibility for the child.³

Kinship foster care involves placement of children with relatives in the relatives' homes. Relatives are the preferred placement for children who must be removed from their parents, as this kind of placement maintains the children's connections with their families. In Illinois, kinship care providers may be licensed or unlicensed.

Traditional foster care involves placement of children with non-relatives in the non-relatives' homes. These traditional foster parents have been trained, assessed, and licensed to provide shelter and care.

Specialized or treatment foster care involves placement of children with foster families who have been specially trained to care for children with certain medical or behavioral needs. Examples include medically fragile children, children with emotional or behavioral disorders, and children with HIV/AIDS. Treatment foster parents are required to obtain additional training to become licensed, provide more support for children than regular family foster care, and have lower limits on the number of children that can be cared for in their home.

Emergency shelters provide temporary living arrangements for children if no other possible foster home placements can be arranged.⁴ DCFS policy states that placements in emergency shelters should not exceed 30 calendar days.

Many states, including Illinois, use the term **group home** to refer to a non-family, community-based residence that houses more children than are permitted to reside in a foster family home, but fewer than reside in a residential treatment center (in Illinois, the number of children in a group home is limited to 10 or fewer). Group homes are operated by professional staff who work in rotating shifts.

All other non-family settings are combined into a broad category called **institutions** in the current chapter. This category includes a variety of congregate care placements such as residential treatment centers, detention centers, hospitals and other health facilities. Since the number of children placed in group homes is relatively small, several analyses

2

³ Illinois Department of Children and Family Services. (November, 2016). *Procedures 315.250 Reunification, Planning for After Care and Termination of Services*. Springfield, IL: Author.

⁴ Illinois Department of Children and Family Services. (October, 2014). *Procedures 301 Appendix G Temporary Placement to the DFCS Statewide Emergency Shelter System*. Springfield, IL: Author.

in this chapter combine children in group homes with children in other congregate care settings. In these instances, the combined term “Institution/Group Home” is used.

One advantage of the least restrictive family-like setting is that it increases bonding capital. Bonding capital refers to strong social ties that exist between people who share a key attribute such as family, friendship, church membership, residence, and so forth. At the individual level, bonding capital is measured as a person's primary source of social support.⁵ One advantage of placement with kin is that it builds on a child's existing bonding capital. However, research finds that children in traditional foster care eventually develop bonds with foster parents comparable to those who are placed with kin.⁶

Placement restrictiveness is examined in two different groups of children: 1) initial placements of children entering care in a given fiscal year and 2) children in care at the end of the fiscal year. The first indicator (initial placements) over-represents children who are in care for a short period of time but provides important information about initial placements, which can influence a child's trajectory through substitute care. The second indicator (end-of-year placements) over-represents children who have been in care for a long time but provides a better sense of the overall population of children in care than initial placements. Figures for the two indicators are presented side by side so readers can compare the patterns for initial and end-of-year placements.

Initial placement types for children entering care during fiscal years 2012 through 2018 are shown in Figure 2.1. In the past seven years, between 3.2% and 5.0% of children were initially placed in the home of their parent(s) after DCFS took legal responsibility for them (see Appendix B, Indicator 2.A.1). Most children entering care were initially placed in kinship foster homes, and that percentage increased from 49.3% in 2012 to 65.4% in 2018 (see Appendix B, Indicator 2.A.2). From 2012 and 2018, placements in traditional foster care ranged from a high of 24.7% in 2017 to a low of 21.9% in 2016; it was 23.8% in 2018 (see Appendix B, Indicator 2.A.3). The percentage of children initially placed in specialized foster homes was small compared to other types of placements and was 2.2% in 2018 (see Appendix B, Indicator 2.A.4). The percentage of children initially placed in emergency shelters or emergency foster homes has been gradually decreasing since 2012 and was at its lowest point (1.3%) in 2018 (see Appendix B, Indicator 2.A.5). The reduced number of children placed in emergency shelters might be the result of DCFS initiatives to decrease the use of emergency shelters and develop alternative emergency foster homes.⁷ The percentage of children with an initial placement in

⁵ Putnam, R. (2000). *Bowling Alone: The Collapse and Revival of American Community*. New York: Simon & Schuster.

⁶ Testa, M., Bruhn, C. M. & Helton, J. (2010). Comparative safety, stability, and continuity of children's placements in formal and informal substitute care. In M. B. Webb, et al., *Child Welfare and Child Well-being: New Perspectives from the National Survey of Child and Adolescent Well-being*, (pp. 159-191). New York: Oxford.

⁷ Sheldon, G.H. (March, 2017). *Memo on the initiatives undertaken in the last year*. Springfield, IL: Illinois Department of Children and Family Services.

group homes or institutions has been decreasing over recent years and was at its lowest point (4.2%) in 2018 (see Appendix B, Indicator 2.A.6).

Among children in substitute care at the end of the fiscal year (Figure 2.2), the percentage of children placed with their parent(s) was between 5.3% and 7.1% in the past seven years (see Appendix B, Indicator 2.B.1). Placing a child in the home of parents at the end-of-year likely indicates that a family is receiving reunification-related services. The percentage of children in kinship foster homes at the end-of-year has increased steadily from 40.2% in 2012 to 50.1% in 2018 (see Appendix B, Indicator 2.B.2). The percentage of children in traditional foster homes decreased from a high of 28.0% in 2015 to a low of 24.4% in 2018 (see Appendix B, Indicator 2.B.3). The percentage of children in specialized foster homes at the end of the year has been decreasing gradually over the past seven years and was at its lowest point (13.5%) in 2018 (see Appendix B, Indicator 2.B.4). Less than 1% of children were placed in emergency shelters or emergency foster homes at the end of each of the last seven years (see Appendix B, Indicator 2.B.5). The percentages of children in group homes and institutions at the end of the year have been decreasing over the past seven years to their lowest points in 2018 (0.7% in group homes and 5.3% in institutions; see Appendix B, Indicators 2.B.6 and 2.B.7). DCFS initiatives that have emphasized the need to move long-staying youth out of congregate care settings may be having an impact on these percentages.

Figure 2.1 Initial Placement Types

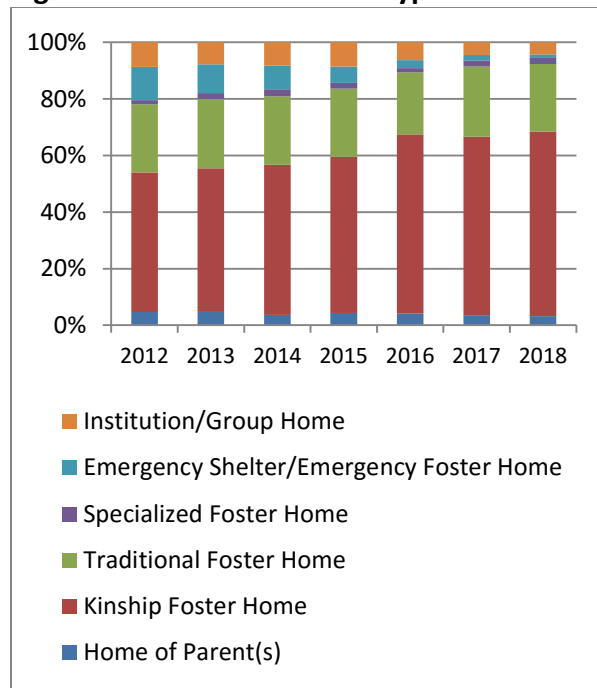
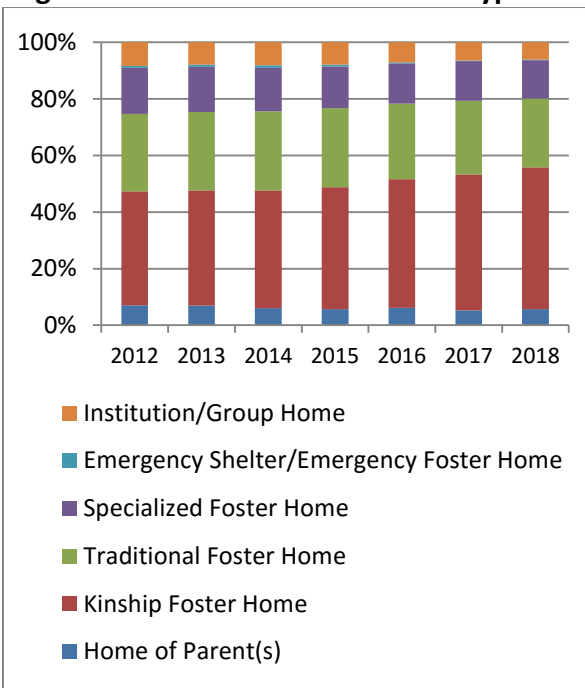


Figure 2.2 End-of-Year Placement Types



The use of different placement types for initial placements and later placements varies by child age, gender, race, and geographical region of the state. These relationships are explored in more detail by examining the initial and end-of-year placements during the most recent fiscal year for which data are available (2018). Over 97% of children 11 years and younger were

CONTINUITY AND STABILITY IN CARE

initially placed in less restrictive settings such as home of parent(s), kinship, traditional, or specialized foster homes as compared to 75.5% of youth 12 to 17 years old (see Figure 2.3 and Appendix B, Indicators 2.A.1–2.A.6). The percentage of children initially placed in more restrictive settings increased with child age. Around a quarter of youth 12 to 17 years old were initially placed in a congregate care setting (i.e., emergency shelter, group home, or institution); these placements were much less common for younger children (3.1% of children 6 to 11 years old, and less than 1.0% of children 0 to 5 years old). The increased use of kinship homes and the reduced use of congregate care settings as initial placements over the past 7 years has occurred across all age groups, but was particularly notable among older children. For children 12 to 17 years old, the percentage initially placed in kinship homes has increased from 31.7% in 2012 to 55.9% in 2018 (a 76% increase), while the percentage initially placed in emergency shelters or emergency foster homes has decreased from 21.7% in 2012 to 5.5% in 2018 (-75% change).

Similar to initial placements, a child's placement at the end of the year is associated with his or her age (see Figure 2.4 and Appendix B, Indicators 2.B.1–2.B.7). In 2018, over half of children 11 years and younger were living in kinship foster homes at the end of the year, compared to 37.6% of children 12 to 17 years old. Similarly, the percentage of children living in traditional foster homes decreased as child age increased: 34.0% of children 0 to 2 years old were in traditional foster homes at the end of the year compared to 13.0% of youth 12 to 17 years old. In contrast, the proportion of children placed in specialized foster homes, institutions, and group homes at the end of year increased as child age increased. For example, less than 3% of children 6 to 11 years old were living in group homes or institutions at the end of 2018, compared to 20.8% of children 12 to 17 years old.

Figure 2.3 Initial Placement Types by Age - 2018

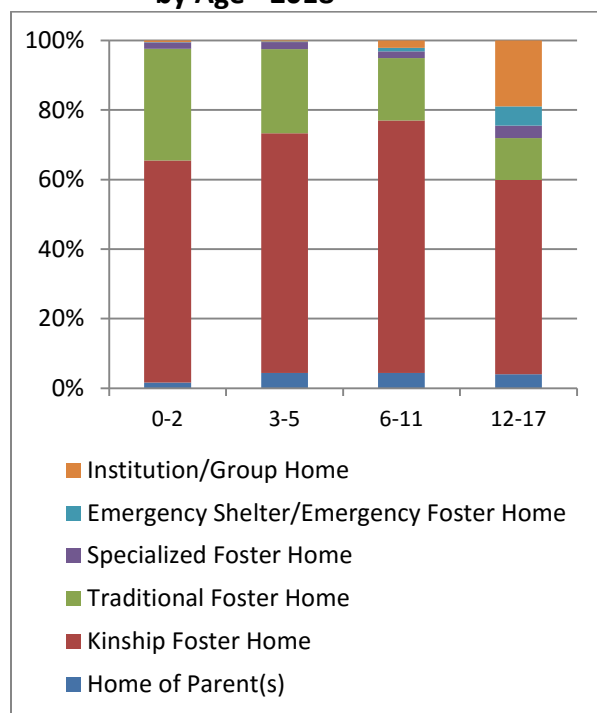
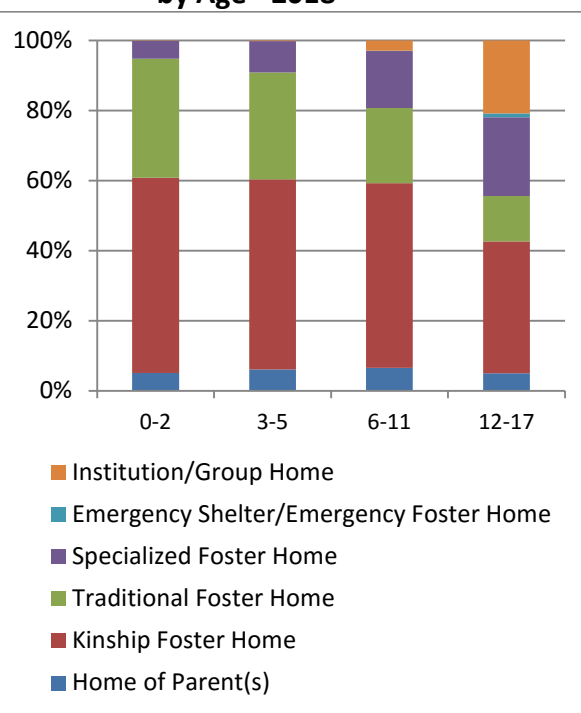


Figure 2.4 End-of-Year Placement Types by Age - 2018



Certain initial placement types varied slightly by child race (see Figure 2.5 and Appendix B, Indicators 2.A.1–2.A.6). White children were more likely than Black children and Hispanic children to be initially placed in a kinship foster home in 2018 (69.2% compared to 60.8% and 61.1%, respectively) and were less likely to be initially placed in a specialized foster home or congregate care settings. When placements at the end of fiscal year 2018 were compared by child race, White children were more likely than Black and Hispanic children to be placed in a kinship foster home (54.5% compared to 45.7% and 50.1%, respectively) and less likely to be placed in a specialized foster home (9.3% compared to 17.2% and 16.2%, respectively) (see Figure 2.6 and Appendix B, Indicators 2.B.1–2.B.7).

Figure 2.5 Initial Placement Types by Race - 2018

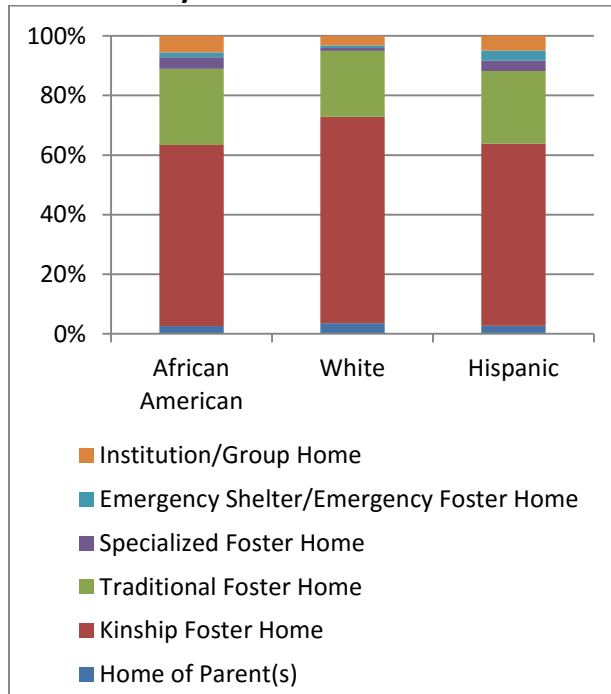
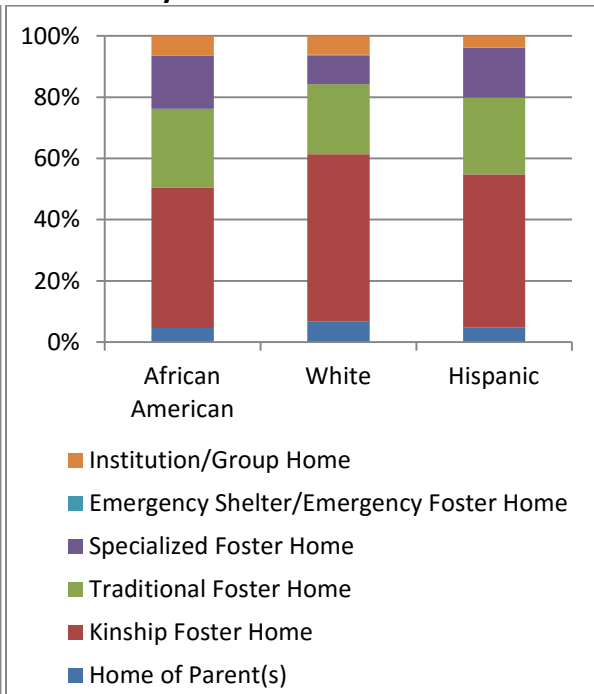


Figure 2.6 End-of-Year Placement Types by Race - 2018



Initial placement types also varied by region (see Figure 2.7 and Appendix B, Indicators 2.A.1–2.A.6). The Central and Southern regions had higher percentages of children initially placed in the homes of parent(s) (5.0%) compared to those in the Northern and Cook regions (<1%). The Cook region also had the lowest proportion of children initially placed in kinship foster homes in 2018 (56.7%) compared to other regions (Northern = 70.3%; Central = 65.2%; Southern = 71.1%) and had a higher percentage of initial placements in specialized foster homes (6.7% compared to 1.4%, 0.7%, and 0.6% respectively) and institutions/group homes (8.9% compared to 3.6%, 2.2%, and 2.9%, respectively). In the past seven years, the Cook region has increased the use of traditional foster homes as the initial placement (from 9.8% in 2012 to 23.9% in 2018) and decreased the use of emergency shelters and emergency foster homes (from 27.2% in 2012 to 3.1% in 2018) and group homes or institutions (from 22.5% in 2012 to 8.9% in 2018).

The regional analyses of children’s placement settings at the end-of-the year show a similar pattern (see Figure 2.8 and Appendix B, Indicators 2.B.1–2.B.7). The Central (8.9%) and Southern (7.0%) regions had higher percentages of children living in the home of parent(s) compared to the Cook (3.2%) and Northern (2.8%) regions. In 2018, children in the Cook region were least likely to live in kinship or traditional foster homes (69.4% compared to 73.7% in the Northern region, 76.0% in the Central region, and 81.3% in the Southern region) but were most likely to live in specialized foster homes (21.0% compared to 16.1% in the Northern region, 9.1% Central, and 5.9% Southern). The percentages of children placed in institutional settings at the end of fiscal year 2018 were similar across the four regions.

Figure 2.7 Initial Placement Types by Region - 2018

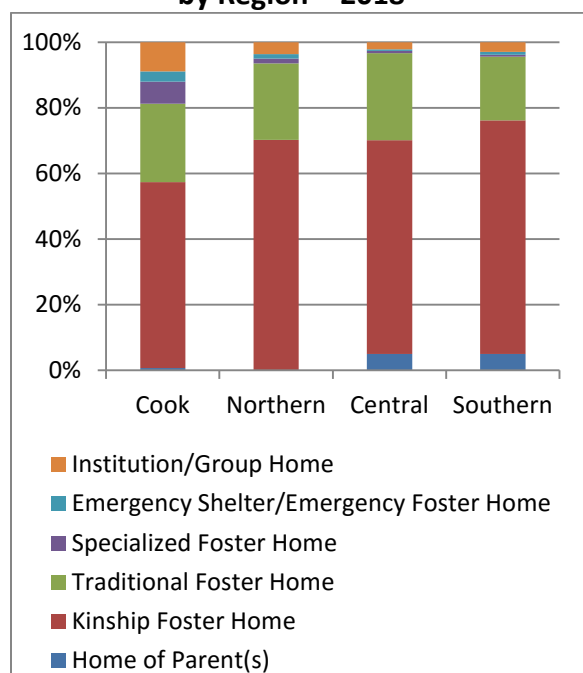
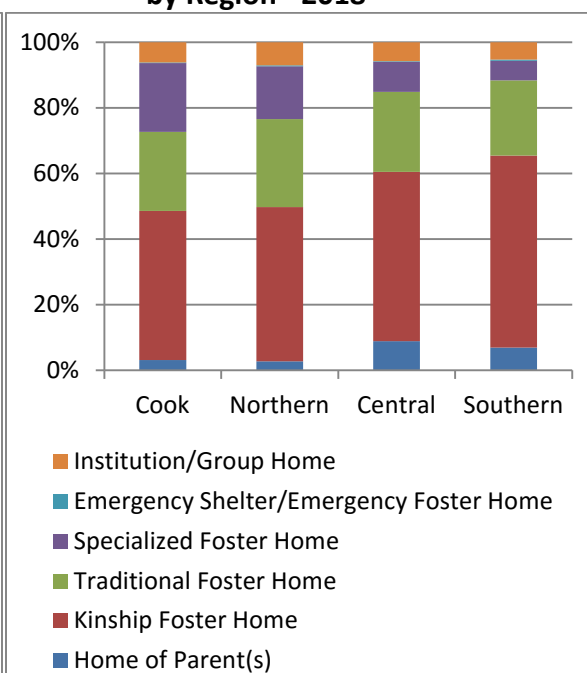


Figure 2.8 End-of-Year Placement Types by Region - 2018



Placement with Siblings

Siblings provide one another with emotional support, a sense of connection, and continuity when they are removed from what is familiar to them and placed into substitute care.⁸ Research has shown that children who are placed with siblings are less likely to experience placement disruptions,⁹ more likely to be reunified with their parents,¹⁰ and less at risk for

⁸ McBeath, B., Kothari, B. H., Blakeslee, J., Lamson-Siu, E., Bank, L., Linares, L. O., & Schlonsky, A. (2014). Intervening to improve outcomes for siblings in foster care: Conceptual, substantive, and methodological dimensions of a prevention science framework. *Children and Youth Services Review*, 39, 1-10.

⁹ Leathers, S. J. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in long-term foster care. *Children and Youth Services Review*, 27, 793-819.

¹⁰ Albert, V. N., & King, W. C. (2008). Survival analyses of the dynamics of sibling experiences in foster care. *Families in Society*, 89, 533-541.

internalizing problems such as depression.¹¹ The benefit of being placed with siblings is stronger for the children who have resided in their foster homes for shorter periods of time.¹²

The importance of maintaining sibling connections among children in substitute care is reflected in several pieces of legislation at the national and state level. The 2008 Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-135) instructs states to make “reasonable efforts” to place siblings together. In Illinois, the importance of sibling relationships among children in DCFS care was reinforced when the Preserving Sibling Relationships for Children in State Care and Adopted through DCFS Public Act (P.A. 97-1076) was enacted in 2012. This act amended the Children and Family Services Act and specified that when placing a child into a substitute care placement, “the Department shall place the child with the child’s sibling or siblings [...] unless the placement is not in each child’s best interest, or is otherwise not possible under the Department’s rules. If the child is not placed with a sibling under the Department’s rules, the Department shall consider placements that are likely to develop, preserve, nurture, and support sibling relationships, where doing so is in each child’s best interest.”¹³

Despite the strong preference for placing siblings together in substitute care, sometimes it may be better to place siblings apart, for example, to protect a vulnerable sibling from sibling abuse or bullying. However, sometimes siblings are separated simply because not enough foster families are willing to take sibling groups. It is more difficult to find foster families who have the resources (physical, emotional, and financial) to provide for a sibling group. Some members of sibling groups may have physical or emotional disabilities that require specialized foster care. Additionally, some foster parents prefer one gender or a specific age range of children.

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The likelihood of a child being initially placed with all of his or her siblings is related to two factors: the size of the sibling group and the type of foster home (kinship or traditional foster home). As mentioned above, other types of placements, such as specialized foster homes or congregate care settings, are designed to serve children with special needs. DCFS usually does not place siblings together in those placements when kinship or traditional foster homes are available and suitable for some of the sibling members. Therefore, the following analyses focus on children placed in kinship or traditional foster homes. Of the 5,723 children who entered care in 2018, 5,101 (89.1%) were initially placed in kinship or traditional foster homes. Of these children, 45.2% had one or two siblings and 19.9% had three or more siblings who were also in care.

As might be expected, the percentage of children with fewer siblings (i.e., one or two) initially placed with all their siblings was higher than children with three or more siblings. Additionally, children initially placed with kin were more likely to be placed with all their siblings than

¹¹ Hegar, R. L., & Rosenthal, J. A. (2009). Kinship care and sibling placement: Child behavior, family relationships, and school outcomes. *Children and Youth Services Review*, 31, 670-679.

¹² Ibid.

¹³ The full text of P.A. 97-1076 is available online: <http://www.ilga.gov/legislation/97/HB/PDF/09700HB5592lv.pdf>

CONTINUITY AND STABILITY IN CARE

children initially placed in non-kin or traditional foster homes. In 2018, 80.7% of children with one or two siblings were initially placed together in kinship foster homes compared to 63.8% of children who were initially placed in traditional foster homes. For children with three or more siblings, 54.8% were initially placed together in kinship foster homes compared to only 13.5% of children initially placed in traditional foster homes in 2018 (see Figure 2.9 and Appendix B, Indicator 2.C). When the percentage of children placed with all their siblings in care was examined at the end of each fiscal year, the overall pattern was the same: smaller siblings groups and placement with kin increased the likelihood of sibling groups being placed together (see Figure 2.10, and Appendix B, Indicator 2.D).

Figure 2.9 Initial Placements with Siblings

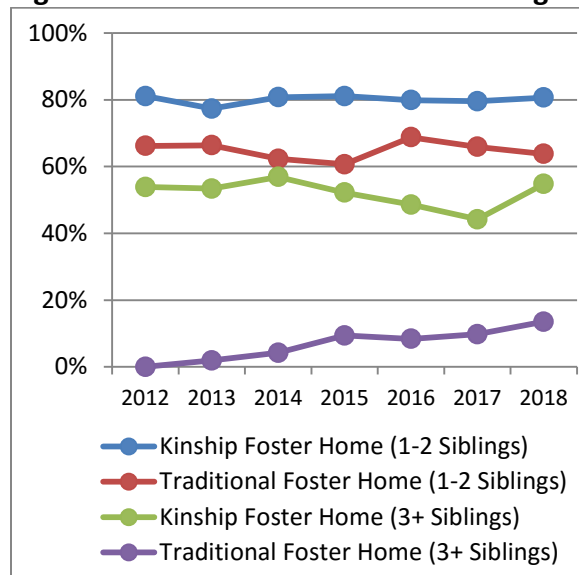
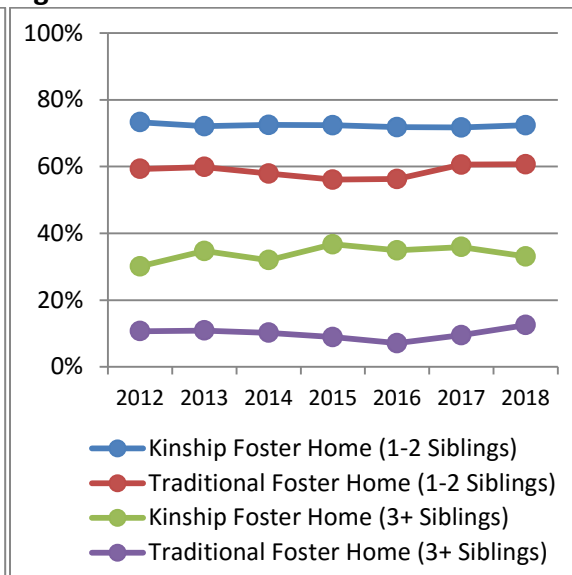


Figure 2.10 End-of-Year Placements with Siblings



Placement Stability

Placement stability is important for children in substitute care, and placement instability has numerous negative consequences for a child's well-being and likelihood of achieving permanence. For example, placement instability during the first year of care has been tied to later negative outcomes such as increased mental health costs¹⁴ and increased emergency department visits.¹⁵ Two measures of placement stability are included in this monitoring report. The first measure was adapted from the Round 3 CFSR measure and examines the number of placement moves per 1,000 days in substitute care. The second measure examines the percentage of youth age 12 to 17 who run away from substitute care during their first year in care (see Appendix A for technical definitions of the indicators used in the report).

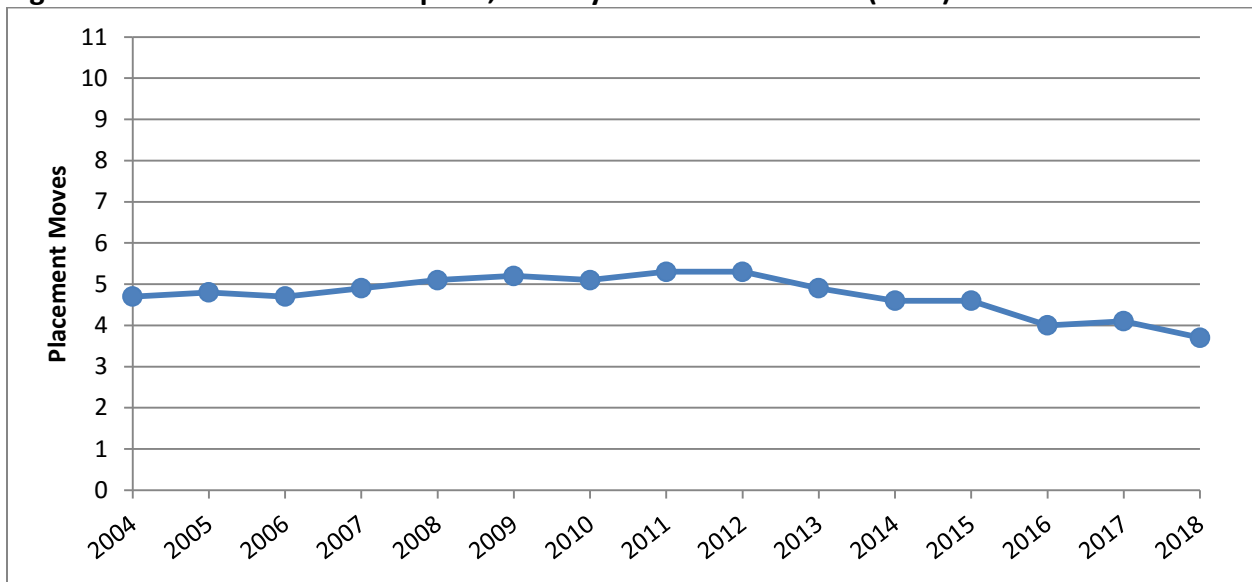
¹⁴ Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D. S., Localio, A. R., & Hadley, T. (2004). Placement stability and mental health costs for children in foster care. *Pediatrics*, 113, 1336-1341.

¹⁵ Rubin, D. M., Alessandrini, E. A., Feudtner, C., Localio, A. R., & Hadley, T. (2004). Placement changes and emergency department visits in the first year of foster care. *Pediatrics*, 114, 354-360.

Placement Moves Per 1,000 Days in Substitute Care (CFSR)

The definition of placement stability in the Child and Family Service Reviews (CFSR) is the rate of placement moves per 1,000 days of substitute care among all children who enter substitute care in a 12-month period.¹⁶ Although the measure used in this report is similar to the CFSR measure, the results are not age-adjusted and therefore are not identical to those presented in federal outcome reports. The placement moves per 1,000 days reached its highest point in 2012 (5.3 moves per 1,000 days) and has been gradually decreasing since then to the current rate of 3.7 moves per 1,000 days in 2018 (see Figure 2.11 and Appendix B, Indicator 2.E).

Figure 2.11 Placement Moves per 1,000 Days in Substitute Care (CFSR)

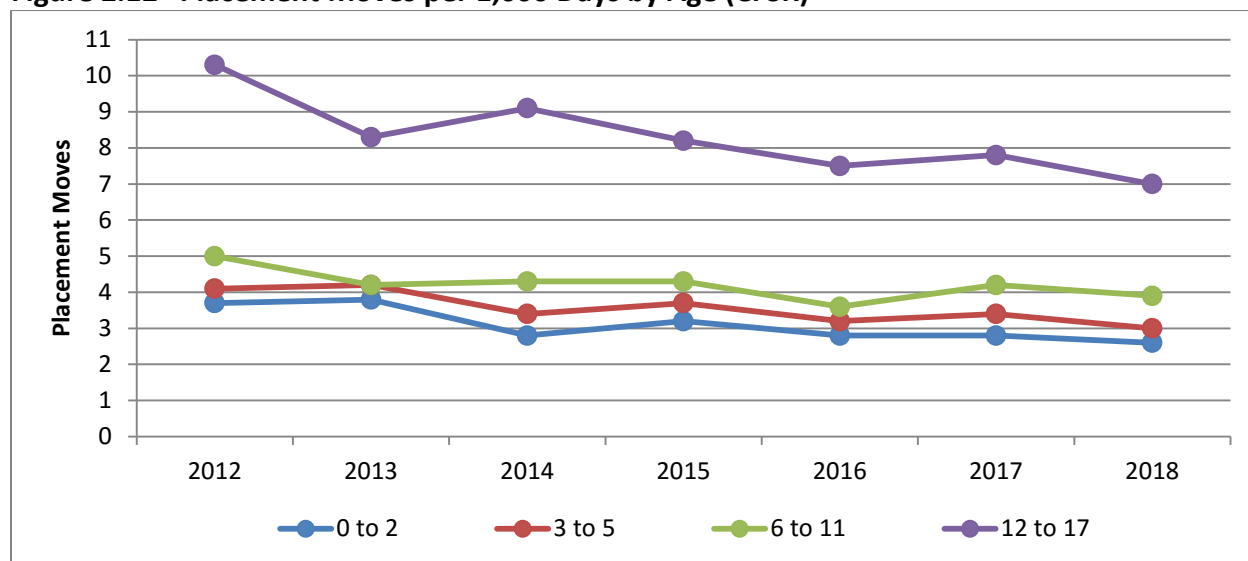


Consistent with past research,¹⁷ placement stability decreases as child age increases (see Figure 2.12 and Appendix B, Indicator 2.E). In 2018, the rate of placement moves per 1,000 days for children 0 to 2 years old was 2.6 compared to 7.0 for youth 12 to 17 years old. However, the rate for youth 12 to 17 has decreased from 10.2 in 2012 to 7.0 in 2018.

¹⁶ Children's Bureau (n.d.). CFSR Round 3 Statewide Data Indicator Series: Placement Stability. Retrieved on April 27, 2018 from http://www.dcyf.ri.gov/docs/reports/placement_stability.pdf

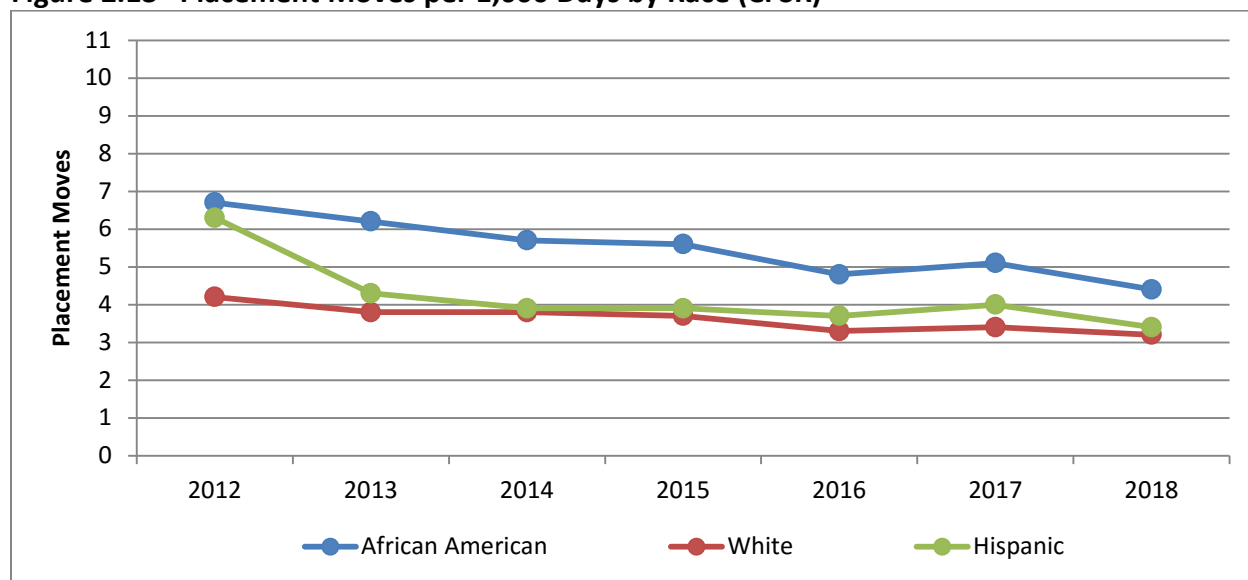
¹⁷ Barth, R. P, Lloyd, E. C., Green, R. L., James, S., Leslie, L. K., & Landsverk, J. (2007). Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*, 15, 46-55.

Figure 2.12 Placement Moves per 1,000 Days by Age (CFSR)

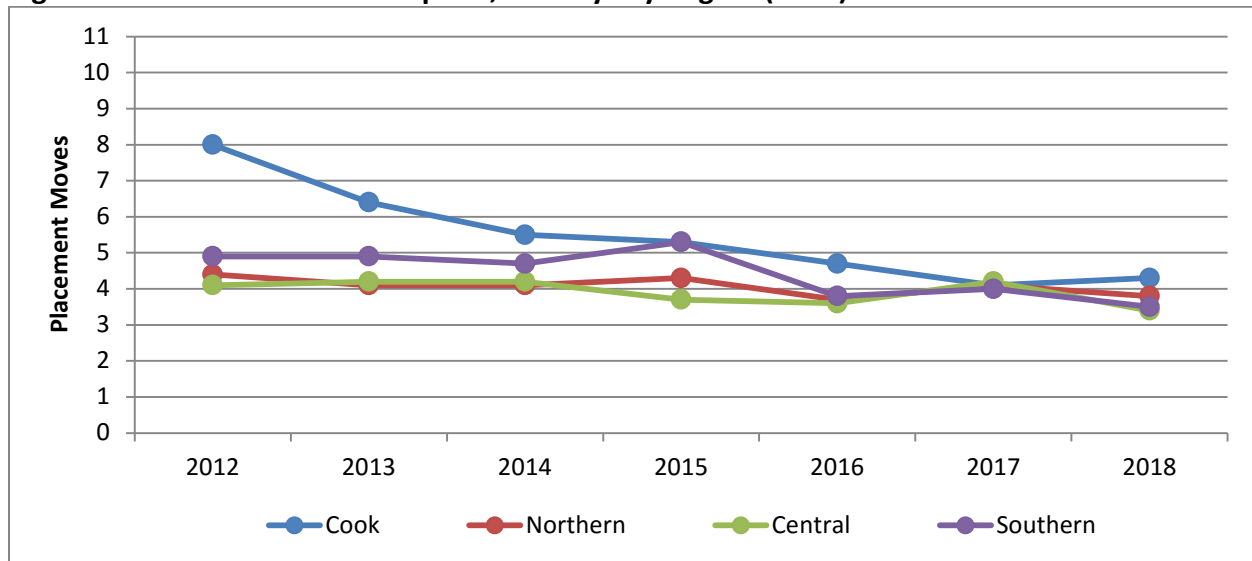


African American children experience less placement stability (4.4 moves per 1,000 days in 2018) compared to White children (3.2 moves per 1,000 days) and Hispanic children (3.4 moves per 1,000 days). The placement moves per 1,000 days for both African American and Hispanic children have been slowly decreasing since 2012 (see Figure 2.13 and Appendix B, Indicator 2.E).

Figure 2.13 Placement Moves per 1,000 Days by Race (CFSR)



The regional analysis of the placement stability indicates that there has been improvement in the Cook region during the past seven years. The rate of placement moves per 1,000 days has decreased from 8.0 in 2012 to 4.3 in 2018, which is comparable to the rates reported in other regions (Northern=3.8, Central=3.4, and South=3.5 in 2018) (see Figure 2.14 and Appendix B, Indicator 2.E).

Figure 2.14 Placement Moves per 1,000 Days by Region (CFSR)

Children Who Run Away from Substitute Care

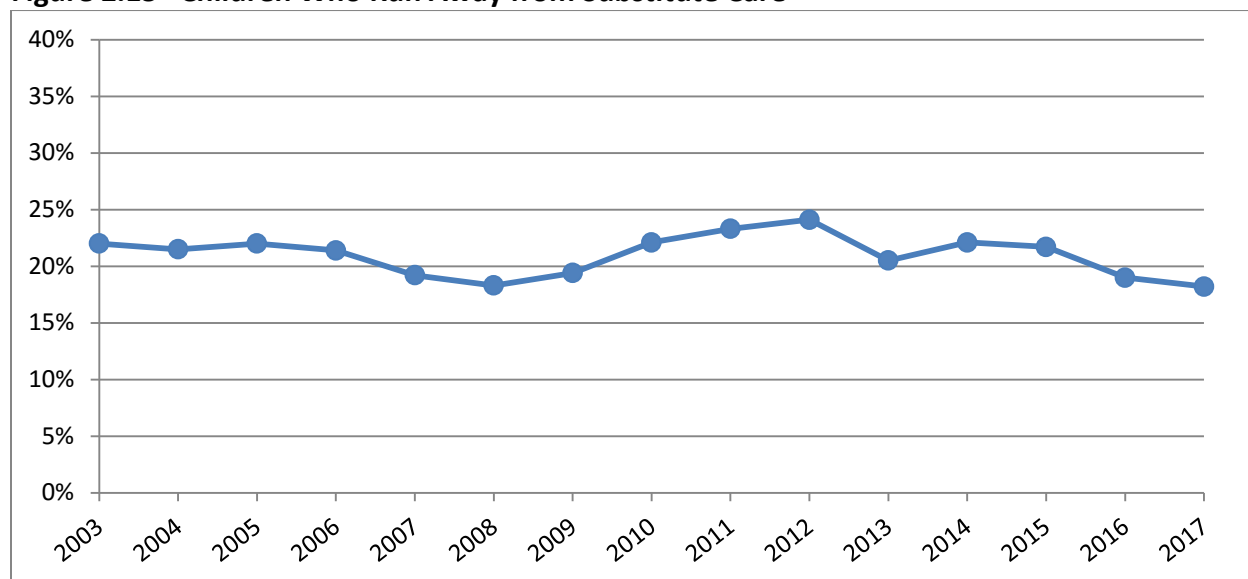
Children who run away from substitute care are different from typical runaways. Although some children in care report that they dislike their placements, most are running away to live with others, usually family or friends.¹⁸ Running away puts children at risk for victimization, sexual exploitation, and substance use. It also limits their access to school and services, such as counseling, medication, and substance abuse treatment. Children who run away are more likely to do so early in their placement, often in their first few months in care. Placement instability increases the likelihood of children running away from care. For example, children who have two placements are 70% more likely to run away than those who are in their first placement.¹⁹

We track the percentage of youth who run away within one year of entry into substitute care. Since running away occurs most frequently among older children, this indicator includes youth who are 12–17 years old when they enter care. Between 2014 and 2017, the percentage of children who run has been decreasing each year and was 18.2% in 2017 (see Figure 2.15).

¹⁸ National Runaway Switchboard Executive Summary. (2010). Running away from foster care: Youths' knowledge and access of services. Retrieved on April 20, 2011 from http://www.nrs crisisline.org/media/whytheyrun/report_files/042111_Part%20C%20Exec%20Summary.pdf

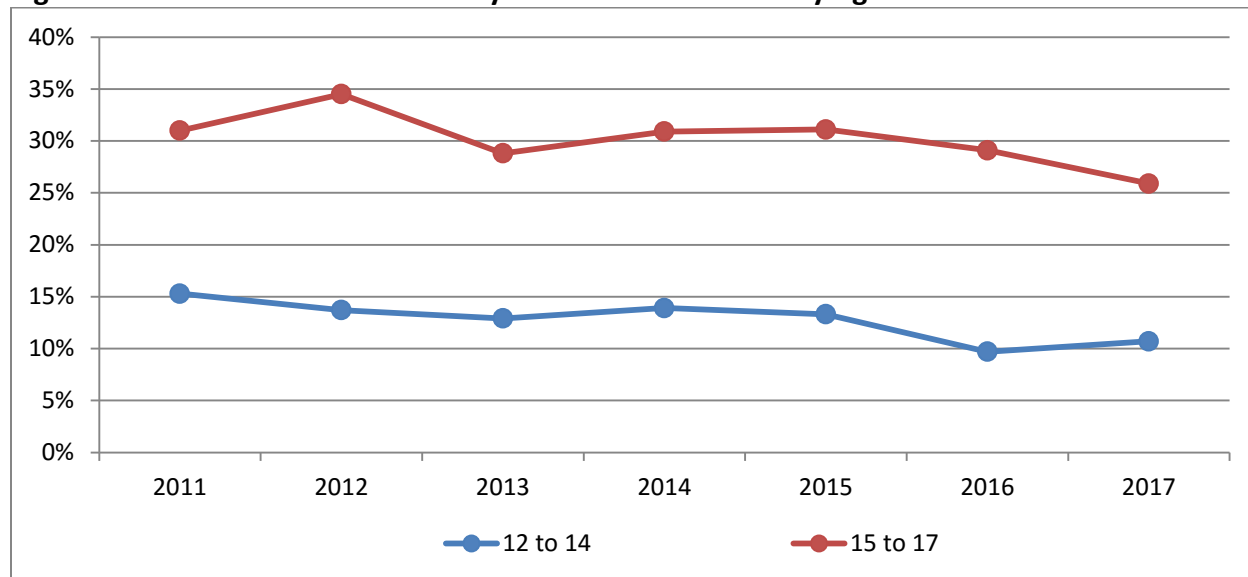
¹⁹ Courtney, M. E. & Zinn, A. (2009). Predictors of running away from out-of-home care. *Children and Youth Services Review*, 31, 1298-1306.

Figure 2.15 Children Who Run Away from Substitute Care

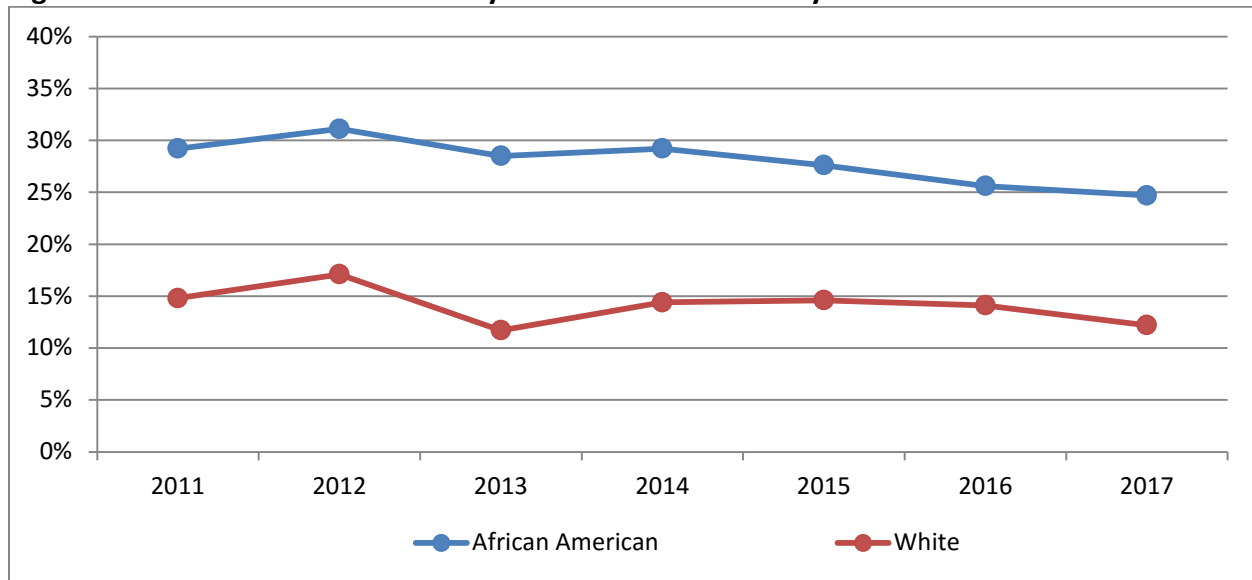


Similar to other research on children who run away from substitute care,²⁰ child age and race were related to the likelihood of running away from substitute care, with older youth (see Figure 2.16 and Appendix B, Indicator 2.F) and African American youth (see Figure 2.17 and Appendix B, Indicator 2.F) more likely to run away.

Figure 2.16 Children Who Run Away from Substitute Care by Age

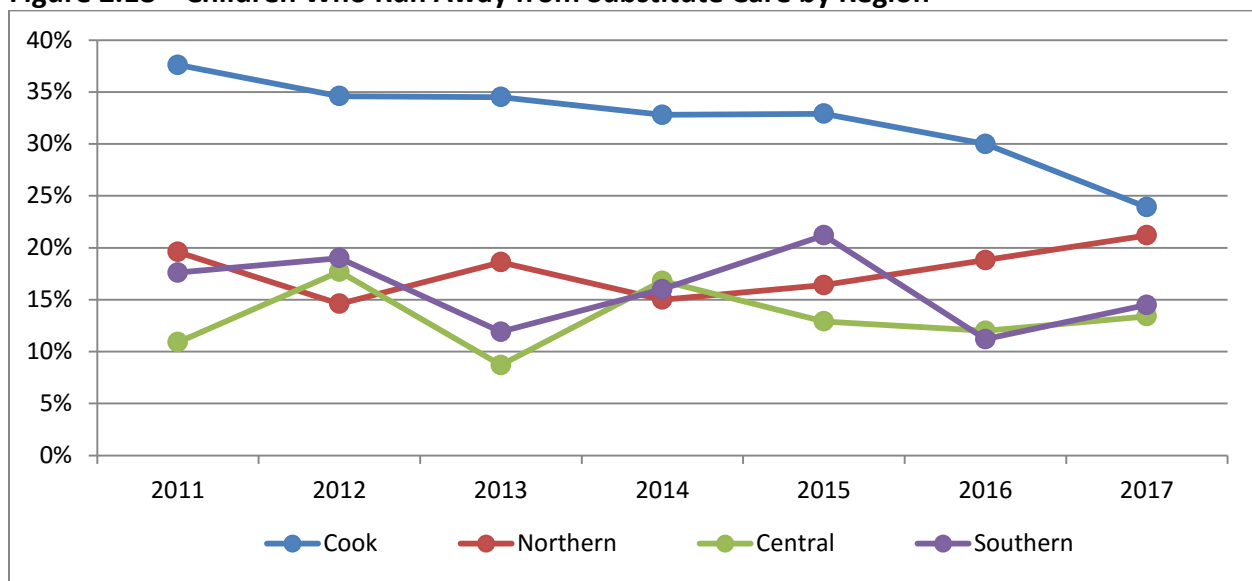


²⁰ Courtney, M. E. & Zinn, A. (2009). Predictors of running away from out-of-home care. *Children and Youth Services Review*, 31, 1298-1306.

Figure 2.17 Children Who Run Away from Substitute Care by Race


Overall, youth in the Cook region were more likely to run away from their placements than those in other regions. Among youth entering substitute care in the Cook region in 2017, 23.9% ran away during their first year, compared to 21.2% in the Northern region, 13.4% in the Central region, and 14.5% in the Southern region (see Figure 2.18 and Appendix B, Indicator 2.F). The percentage of youth who run away in the Cook region has shown a gradual decrease over the past six years, from 37.6% in 2011 to 23.9% in 2017 (see Figure 2.18 and Appendix B, Indicator 2.F).

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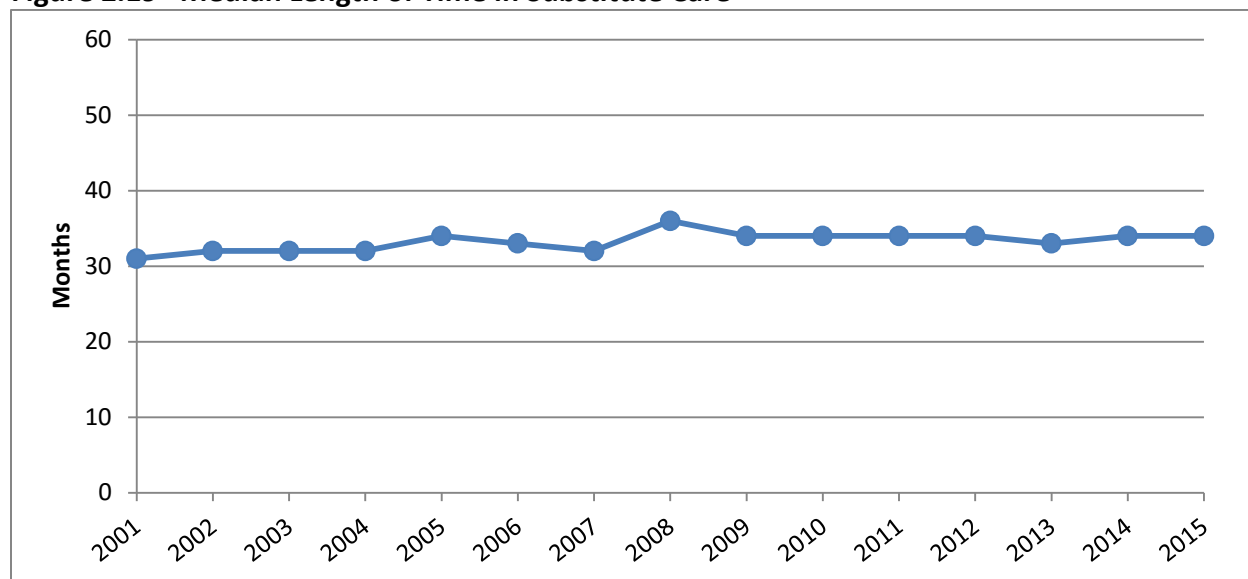
Figure 2.18 Children Who Run Away from Substitute Care by Region


Length of Time in Substitute Care

Children should not languish in foster care. The state may need to take custody of children to keep them safe, but they should not be raised in a substitute care setting for long periods of time. Once a child is placed in substitute care, the goal is to move them out of care as quickly as it is safe and reasonable to do so. The length of time a child spends in substitute care is affected by a variety of factors, including their permanency goal, the type of placement in which they live, and the type of maltreatment that brought them into care.

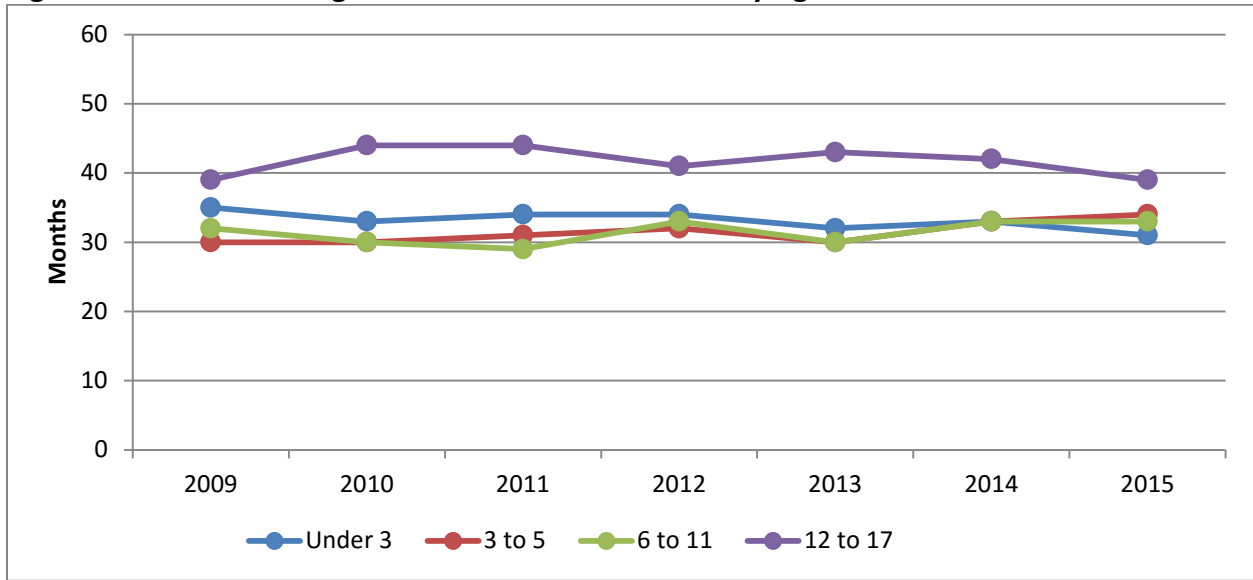
In this report, length of time in substitute care is measured by calculating the median length of stay for all children who enter substitute care in a given fiscal year. The median length of stay is the number of months it takes for 50% of those children to exit substitute care. Some children might enter substitute care more than once in a given fiscal year. The analysis here only examines the length of their first spell during the year. Because this measure only includes children that entered care within a given fiscal year and excludes children that entered care in previous year(s) and remained in care, it over-represents children that are in care for a short period of time. The most recent year for which median length of stay in substitute care can be calculated is 2015, since there needs to be enough time for 50% of the children that enter in a given year to exit care. The median length of stay has been 34 months for the past several years, and there has been little change in this indicator over the past 15 years (see Figure 2.19 and Appendix B, Indicator 2.G).

Figure 2.19 Median Length of Time in Substitute Care



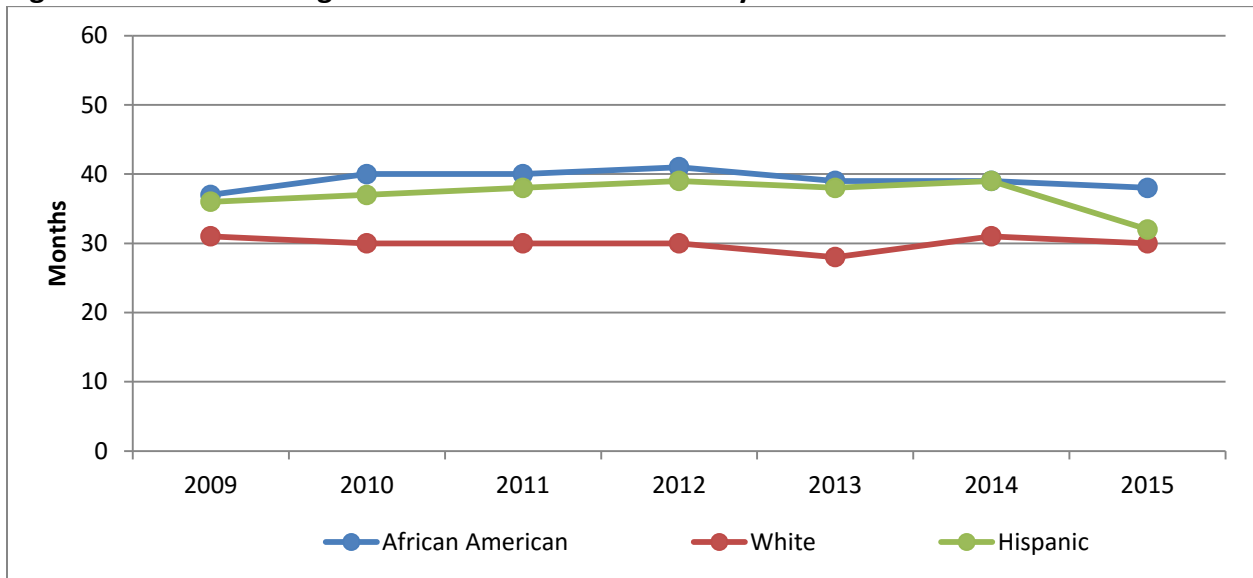
Older children have a longer median length of stay in care than younger children. The median length of stay for children 12 to 17 years old who entered care in 2015 was 39 months, compared to 31 months for children 0 to 2 years, 34 months for those 3 to 5 years, and 33 months for those 6 to 11 years old (see Figure 2.20 and Appendix B, Indicator 2.G).

Figure 2.20 Median Length of Time in Substitute Care by Age



The median length of stay in substitute care varies by race and was lowest for White children. The median length of stay for Hispanic children decreased from 39 months in 2014 to 32 months in 2015, a relative change of 18% (see Figure 2.21 and Appendix B, Indicator 2.G).

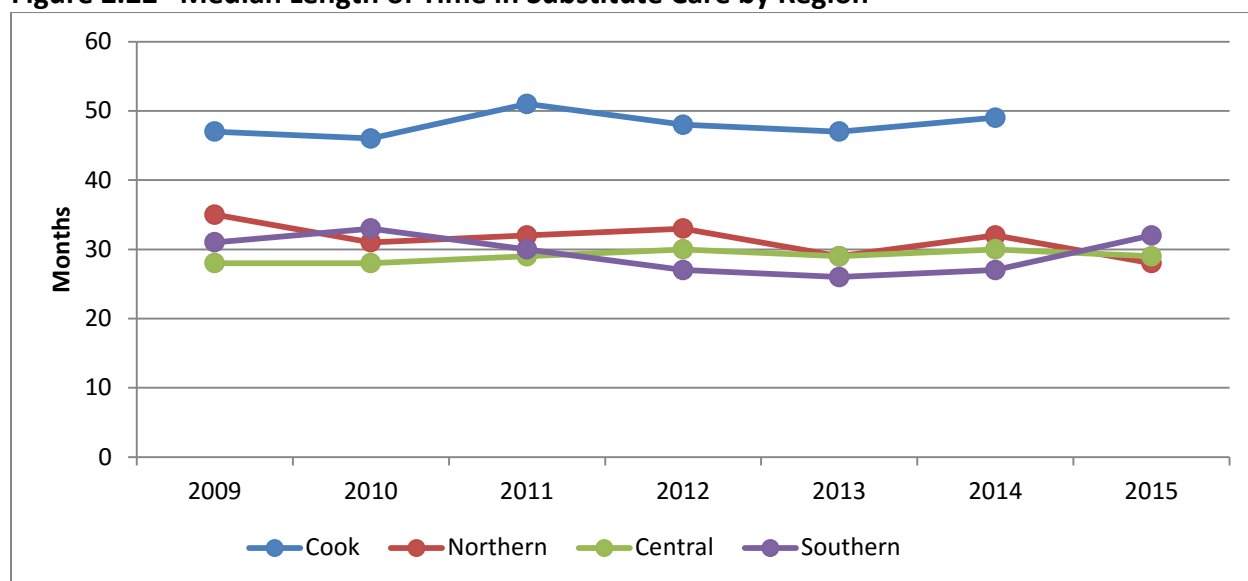
Figure 2.21 Median Length of Time in Substitute Care by Race



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There are notable regional differences in the median length of stay (see Figure 2.22 and Appendix B, Indicator 2.G). Children in the Cook region spent substantially longer time in substitute care than children who resided in other regions: 49 months was the median length of stay in the Cook region for the 2014 entry cohort, compared to 32 months for the Northern region, 30 months for the Central region, and 27 months for the Southern region.

Figure 2.22 Median Length of Time in Substitute Care by Region



Youth Receiving Transitional and Independent Living Program Services

BOX 2.2

According to DCFS procedures, transitional and independent living services are defined as “casework and other supportive services that are provided to assist eligible youth living in an apartment in the community to prepare for transition to adulthood and self-sufficiency, and establish (or reestablish) legal relationships and/or permanent connections with committed adults.”²¹ The permanency goal of “Independence” is a prerequisite for youth to receive transitional or independent living program services. The permanency goal can be set as “Independence” for youth age 15 and older when the possibility of reunification, adoption, or subsidized guardianship has been ruled out and an assessment indicates that the youth has demonstrated the competence to live on their own.²² Youth between 17.5 and 20.5 years are eligible for Transitional Living Program Services and youth age 19 or older are eligible for Independent Living Program Services.²³ Youth in these programs receive various services depending on their specific needs.

Figure 2.23 shows the total number of youth who received transitional or independent living program services between FY2004 and FY2018. The number of youth receiving

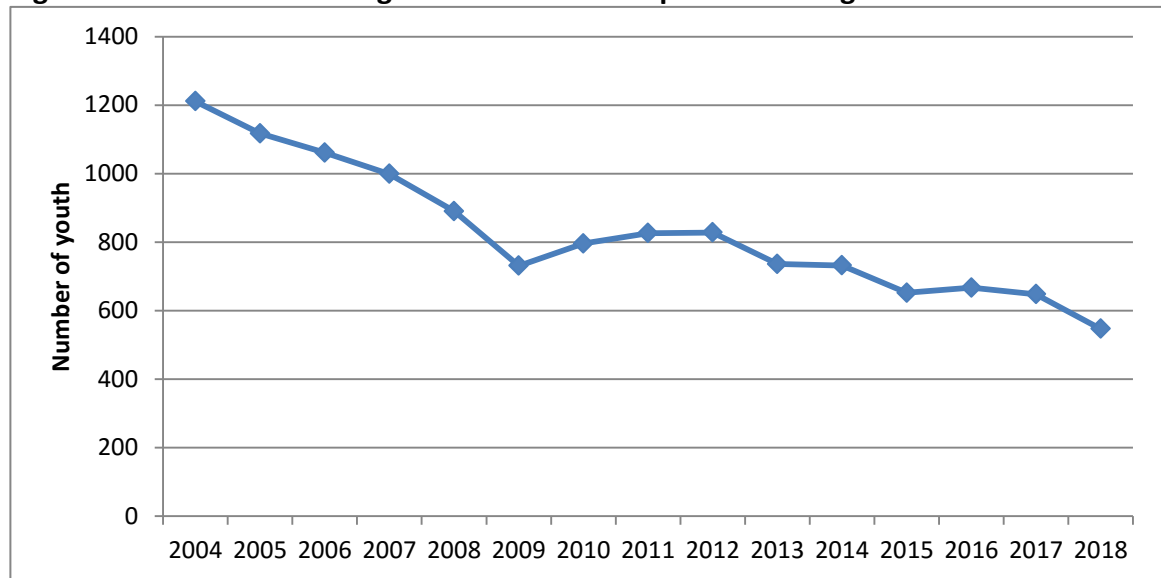
²¹ Illinois Department of Children and Family Services. (July, 2014). *Procedures 301.60 Placement Selection Criteria*. Springfield, IL: Author. Retrieved from https://www2.illinois.gov/dcf/aboutus/notices/Documents/Procedures_301.pdf

²² Illinois Department of Children and Family Services. (May, 2002). *Rules: Section 315.235 Independence*. Springfield, IL: Author. Retrieved from <http://www.ilga.gov/commission/jcar/admincode/089/089003150C02350R.html>

²³ Illinois Department of Children and Family Services. (July, 2014). *Procedures 301.60 Placement Selection Criteria*. Springfield, IL: Author. Retrieved from https://www2.illinois.gov/dcf/aboutus/notices/Documents/Procedures_301.pdf

these services has declined from 1,211 in FY2004 to 547 in FY2018.

Figure 2.23 Youth Receiving Transitional or Independent Living Services



Additional analyses show that the majority of youth (between 94.3% and 99.8%) who receive services are between ages 17 and 20, although a small number of youth receive services prior to age 17. Figures 2.24 and 2.25 show the percentages of youth receiving transitional or independent living services by race and region. In FY2018, a slight majority of the youth receiving services were African American (53.7%, compared to 39.5% White and 5.7% Hispanic) and living in the Cook region (51.7%, compared to 15.9% in Northern, 21.6% in Central, and 10.8% in Southern).

Figure 2.24 Youth Receiving Transitional or Independent Living Services by Race

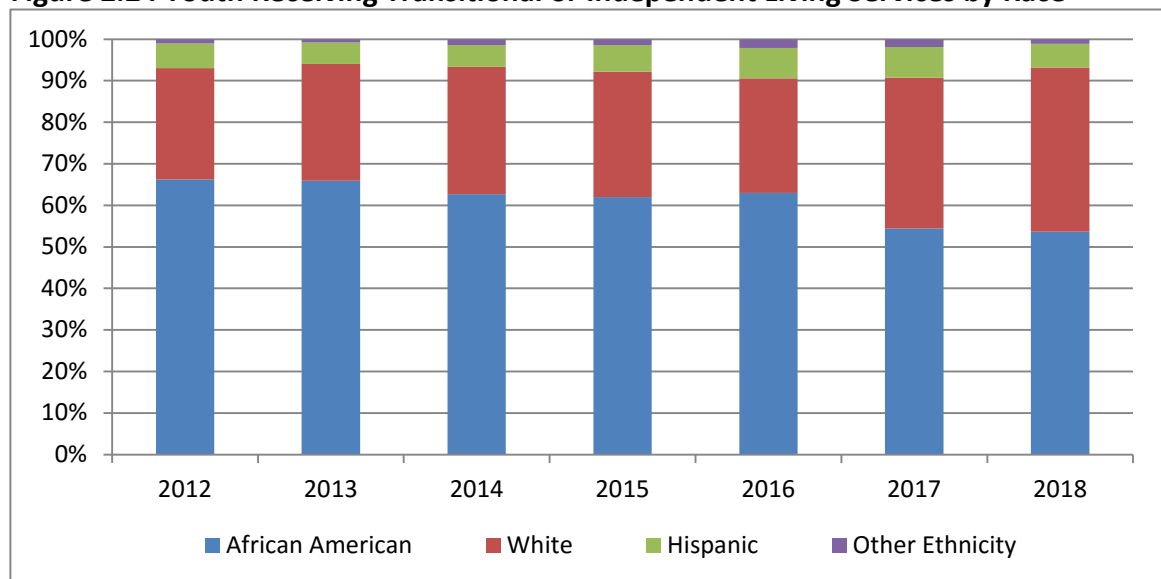
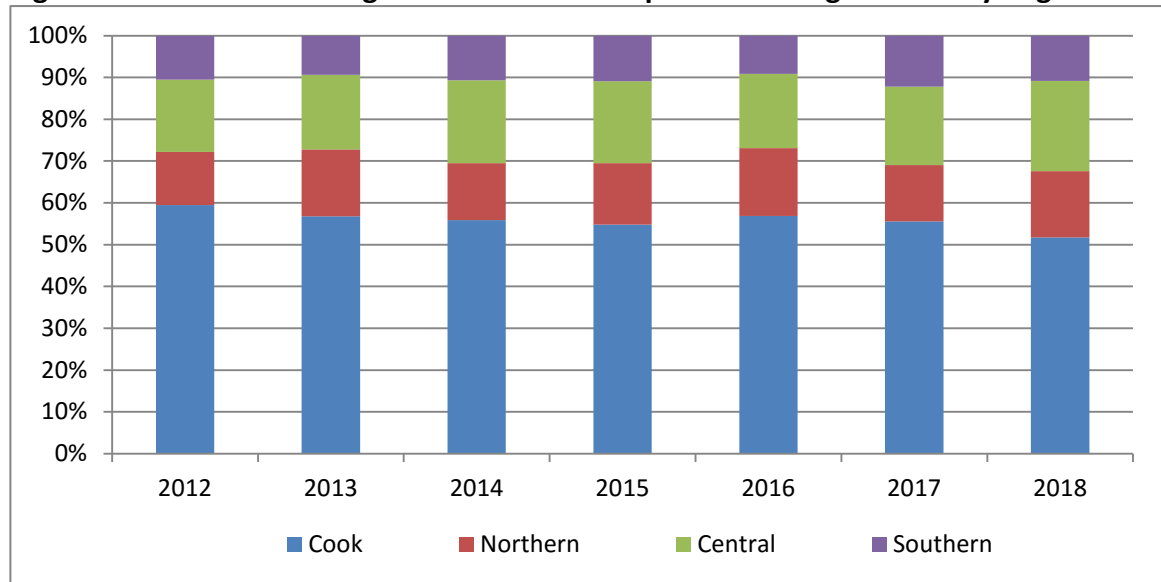
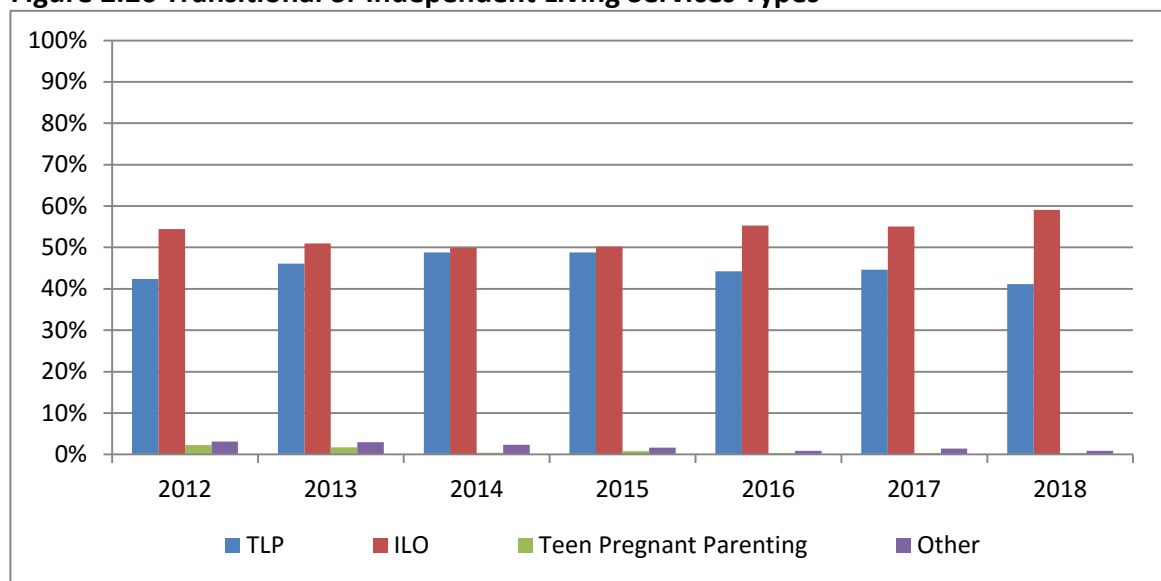


Figure 2.25 Youth Receiving Transitional or Independent Living Services by Region



Youth can receive more than one transitional or independent living related service before exiting care. All the related services were categorized into four types: TLP (transitional living related services); ILO (independent living related services); Teen Pregnant Parenting; and Other (placement for youth over 21 years old or Medicaid for youth over 21 years old). Among youth who received transitional or independent living program services, between 49.9% and 59.0% received at least one independent living (ILO) service and between 41.1% and 48.8% received at least one transitional living (TLP) service during 2012 to 2018. Only very small percentages of youth received Teen Pregnant Parenting or Other services (see Figure 2.26).

Figure 2.26 Transitional or Independent Living Services Types



Discussion and Conclusions: Family Continuity, Placement Stability, and Length of Time in Care

Once the state decides to take legal custody of children to protect them from further harm, the child welfare system has a responsibility to provide the children in its care with safe and stable substitute living arrangements and ensure they maintain connections with their family members and siblings. The most recent data on substitute care placements in Illinois reveal some encouraging news. Less restrictive placement settings (e.g., kinship foster homes) are increasingly being used in both initial and end-of-year placements, especially for younger children. More restrictive placement settings are decreasing. The percentage of children initially placed in emergency shelters or foster homes reached its lowest point in the past 15 years (1.3% in 2018). The percentage of children initially placed in group homes or institutions in 2018 was also the lowest it has been in the past 7 years. The decrease in institutional placements has been particularly striking for children and youth in the Cook region. In 2012, 22.5% of children in the Cook region were initially placed in the congregate care settings, but this percentage has decreased to 8.9% in 2018. The Department's efforts on this front appear to have resulted in the desired outcome—fewer children are being placed in congregate care settings, especially when they enter substitute care.

The Cook region also shows improvement in other indicators. For the end-of-year placement, the percentage of children in institutions decreased from 8.5% in 2012, to 5.4% in 2018. The rate of placement moves per 1,000 days decreased from 8.0 moves in 2012 to 4.3 moves in 2018. In 2011, 37.6% of youth in the Cook region ran away from substitute care during their first year. The percentage decreased to 23.9%, in 2017.

Despite these positive trends, a few concerns remain. Compared to other age groups, youth 12 to 17 years old had more placement moves per 1,000 days and stayed in substitute care longer. Almost a quarter of African American youth in substitute care ran away from their placement in 2017-2018. We have highlighted this concern in previous *B.H.* monitoring reports and research briefs,²⁴ and it has been echoed in media reports about the frequency of youth running away and the dangers they face when they do so, including engaging in criminal behavior or being sexually exploited during runaway episodes.²⁵ DCFS should continue their efforts to reduce the use of congregate care settings for youth of any age, as this may reduce the number of youth who run away from care.

²⁴ Cross, T.P., Zhang, S., & Lei, X. (2016). *Youth who run away from substitute care in Illinois: Frequency, case characteristics, and post-run placements*. Urbana, IL: Children and Family Research Center.

²⁵ Chicago Tribune. (January 25, 2015). *Harsh treatment*. Retrieved from <http://www.chicagotribune.com>



Chapter 3

Legal Permanence: Reunification, Adoption, and Guardianship

All children deserve permanent homes. Although abuse and neglect sometimes make it necessary to place children in “substitute” homes, federal and state child welfare policies mandate that permanency planning should begin at the time of placement and that children should be placed in safe, nurturing, permanent homes within a reasonable timeframe. In Illinois, there are three pathways through which children can exit substitute care and attain a permanent home: reunification with parents, adoption, and guardianship.

Reunification with parents is the preferred method for achieving permanence for children in substitute care, and it is the most common way that children exit care, accounting for 49% of exits nationwide.¹ Reunification is possible if parents are able to rectify the issues that endangered their children, often with the help of child welfare and other services. In some cases, parents are not able to provide a safe, nurturing home for their children, even with the aid of services. In these instances, child welfare professionals must find alternative placements for children as quickly as possible. A second permanency option is **adoption**, in which kin or non-kin adoptive parents legally commit to care for children. Adoptive parents have identical rights and responsibilities as biological parents; they may also receive financial support from the state. In 2017, adoptions made up 24% of foster care exits nationally.² **Guardianship** is a third permanency option in which caregivers, almost always kin, assume legal custody and permanent care of children and receive financial assistance from the state. This form of

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¹ U.S. Department of Health and Human Services. (2018). *The AFCARS report: Preliminary FY 2017 estimates*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>

² Ibid.

permanence allows caregivers to provide a permanent home for children while not requiring them to terminate the parental rights of the biological parent, who is typically a close relative of the guardian. Guardianship is less common than reunification and adoption, accounting for 10% of foster care exits nationally in 2017.³

Measuring Legal Permanence

There are a number of different ways to measure the performance of the child welfare system in achieving permanence for children in substitute care. Good indicators are tied to the system's critical performance goals, which in this case involve moving children from placements in substitute care to permanent homes and doing so in a timely manner. Thus, permanency indicators should measure both the **likelihood** of achieving permanence as well as the **timeliness** in which it is achieved. In addition, the **stability** of the permanent placements should be monitored to ensure that the children who exit substitute care do not re-enter care.

One consideration when selecting indicators for measuring permanency outcomes is whether to combine the different types of permanency (reunification, adoption, and guardianship) into a single measure or examine the likelihood and timeliness of each permanency type separately. The measures used in the third round of the Child and Family Services Reviews (CFSR) combine reunification, adoption, guardianship, and living with relatives into an overall permanency rate. The CFSR permanency indicators examine the overall permanency rate in three different groups of children: 1) children who enter substitute care during a 12-month period;⁴ 2) children who have been in care between 12 and 23 months;⁵ and 3) children who have been in care 24 months or more.⁶ In addition, the Round 3 CFSR indicators include one measure of re-entry into substitute care for the children who achieve permanence within 12 months.⁷ This year's *B.H.* monitoring report includes the four CFSR permanency indicators plus two additional indicators of re-entry that are based on CFSR measures (see Appendix A for technical definitions of these indicators). Please note that although we have adapted the CFSR measures for use in this report, different data sets are used to compute the indicators in this report and the risk adjustment strategies used by the Children's Bureau are not applied. Therefore, the results presented in this report may not be comparable to those produced in the federal child welfare outcomes reports.

³ Ibid.

⁴ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Permanency in 12 Months for Children Entering Foster Care*. Retrieved from <http://www.dcyf.ri.gov/docs/reports/perm12mos.pdf>

⁵ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Permanency in 12 Months for Children in Care 12 to 23 Months*. Retrieved from <http://www.dcyf.ri.gov/docs/reports/perm12to23.pdf>

⁶ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Permanency in 12 Months for Children in Care 24 Months or More*. Retrieved from <http://www.dcyf.ri.gov/docs/reports/perm24.pdf>

⁷ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Re-Entry to Foster Care*. Retrieved on April 27, 2018 from <http://www.dcyf.ri.gov/docs/reports/reentry.pdf>

In an effort to provide a more nuanced understanding of the dynamics associated with children’s exits to permanence, this report also includes additional indicators that look at the likelihood and timeliness of each type of permanence (reunification, adoption, and guardianship) separately. Policy and practice changes may affect one type of exit positively, while negatively impacting another; examining only the overall permanency rate would mask such effects. This chapter therefore includes measures of the percentages of children in each yearly entry cohort that exit substitute care to reunification, adoption, and guardianship within 24 and 36 months.⁸ For each type of permanence, the percentage of children exiting within 36 months is examined further by child age, gender, race, and geographic region; notable differences in subgroups are described in the chapter. The stability of each permanence type is measured by the percentage that remain intact (i.e., the children do not re-enter substitute care) within 1 year (reunification only), 2 years, 5 years, and 10 years following the child’s exit from substitute care (see Appendix A for definitions of all indicators included in this report).

Child welfare systems strive to find permanent homes for all children in care, but this goal is not achieved for all children. Many children remain in care for much longer than 36 months, and others exit substitute care without a legally permanent parent or guardian—they run away, they are incarcerated, and they emancipate or “age out” of the child welfare system.

Changes in Permanence at a Glance

Children Achieving Permanence (CFSR)

↓ Of all children who entered substitute care during the year, the percentage that achieved permanence within 12 months decreased from 14.1% of children who entered care in 2016 to 13.0% of children who entered care in 2017 (-8% change).

↑ Of all children who had been in care between 12 and 23 months, the percentage that achieved permanence within 12 months increased from 23.7% of children in care at the beginning of 2016 to 25.1% of children in care at the beginning of 2017 (+6% change).

↑ Of all children who had been in care 24 months or more, the percentage that achieved permanence within 12 months increased from 21.1% of children in care at the beginning of 2016 to 23.6% of children in care at the beginning of 2017 (+12% change).

↓ Of all children who achieved permanence within 12 months, the percentage that re-entered substitute care within 12 months of discharge decreased from 8.2% of children who exited care in 2015 to 7.2% of children who exited care in 2016 (-12% change).

⁸ The report also includes an indicator of the percentage of children who are reunified within 12 months. Because adoptions and guardianships are seldom finalized within 12 months of a child’s entry into care, the 12-month rate is only used for reunifications. Please also note that, because entry cohorts are used to examine permanency rates over time, the most recent entry cohort available to examine permanence within 36 months is the 2015 entry cohort.

↓ Of all children who achieved permanence after living in substitute care between 12 and 23 months, the percentage that re-entered substitute care within 12 months of discharge decreased from 2.1% of children who exited care in 2016 to 1.4% of children who exited care in 2017 (-36% change).

↓ Of all children who achieved permanence after living in substitute care 24 months or more, the percentage that re-entered substitute care within 12 months of discharge decreased from 1.9% of children who exited care in 2016 to 1.1% of children who exited care in 2017 (-42% change).

Children Achieving Reunification

↓ Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 12 months decreased from 13.9% of children who entered care in 2016 to 12.5% of children who entered care in 2017 (-10% change).

↔ Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 24 months remained stable and was 27.3% of children who entered care in 2016.

↔ Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 36 months remained stable and was 35.5% of children who entered care in 2015.

↔ Of all children who were reunified during the year, the percentage living with their family at 1 year post-reunification remained stable and was 94.0% of children who were reunified in 2017.

↔ Of all children who were reunified during the year, the percentage living with their family at 2 years post-reunification remained stable and was 89.6% of children who were reunified in 2016.

↔ Of all children who were reunified during the year, the percentage living with their family at 5 years post-reunification remained stable and was 85.9% of children who were reunified in 2013.

↔ Of all children who were reunified during the year, the percentage living with their family at 10 years post-reunification remained stable and was 85.9% of children who were reunified in 2008.

Children Achieving Adoption

↑ Of all children who entered substitute care during the year, the percentage that was adopted within 24 months increased from 4.4% of children who entered care in 2015 to 5.3%

of children who entered care in 2016 (+20% change).

↑ Of all children who entered substitute care during the year, the percentage that was adopted within 36 months increased from 12.5% of children who entered care in 2014 to 13.5% of children who entered care in 2015 (+8% change).

↔ Of all children who were adopted during the year, the percentage living with their family at 2 years post-adoption remained stable and was 97.0% of children who were adopted in 2016.

↔ Of all children who were adopted during the year, the percentage living with their family at 5 years post-adoption remained stable and was 95.5% of children who were adopted in 2013.

↔ Of all children who were adopted during the year, the percentage living with their family at 10 years post-adoption remained stable and was 91.3% of children who were adopted in 2008.

Children Achieving Guardianship

↑ Of all children who entered substitute care during the year, the percentage that attained guardianship within 24 months increased from 0.9% of children who entered care in 2015 to 1.3% of children who entered care in 2016 (+44% change).

↔ Of all children who entered substitute care during the year, the percentage that attained guardianship within 36 months remained stable and was 2.9% of children who entered care in 2015.

↔ Of all children who attained guardianship during the year, the percentage living with their family at 2 years post-guardianship remained stable and was 97.1% of children who attained guardianship in 2016.

↔ Of all children who attained guardianship during the year, the percentage living with their family at 5 years post-guardianship remained stable and was 88.7% of children who attained guardianship in 2013.

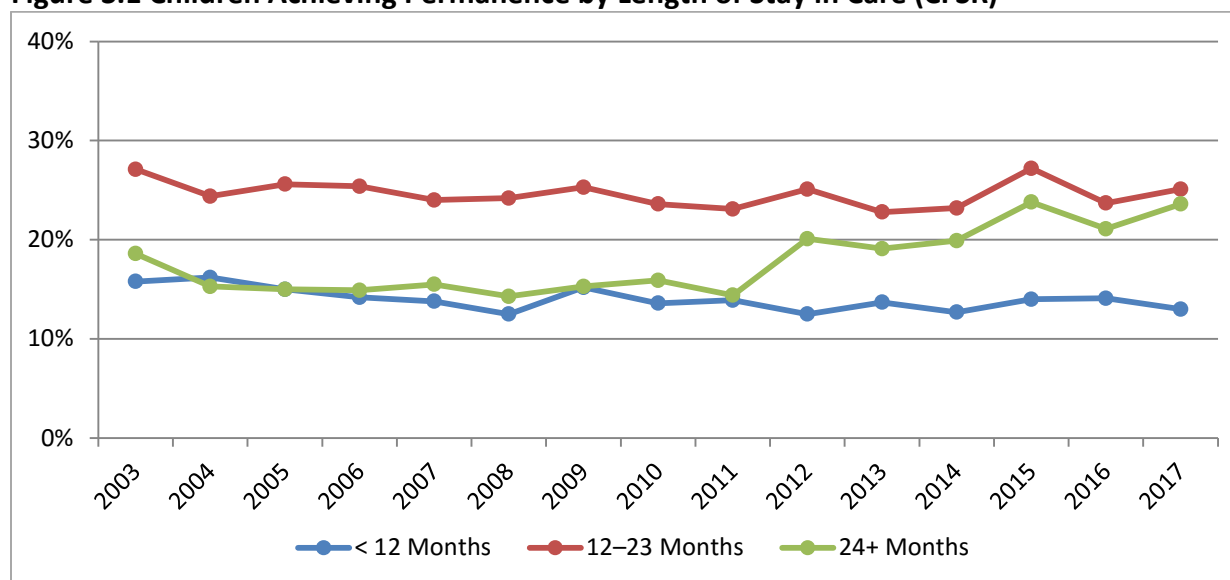
↔ Of all children who attained guardianship during the year, the percentage living with their family at 10 years post-guardianship remained stable and was 80.1% of children who attained guardianship in 2008.

Children Achieving Permanence (CFSR)

The CFSR permanency indicators measure whether the child welfare agency “reunifies or places children in safe and permanent homes as soon as possible after removal.”⁹ Figure 3.1 shows the percentages of children that achieve any type of permanence (reunification, living with relatives, adoption, and guardianship) each year over the past 20 years. Permanency rates are shown for three different groups of children: 1) children who enter substitute care during the fiscal year; 2) children who have been in care between 12 and 23 months on the first day of the fiscal year; and 3) children who have been in care 24 months or more on the first day of the fiscal year (see Appendix B, Indicators 3.G, 3.H, and 3.I).

Over the past 8 years, between 13-14% of children who entered substitute care during the year achieved permanence within 12 months of entering care (blue line in Figure 3.1); this percentage decreased a relative 8% between children who entered care during 2016 compared to 2017. The permanency rate among children who had been in care for 12 to 23 months or more (red line) declined slightly in the later 2000s, but is now rising, up to 25.1% for the most recent year. Permanency rates for children in substitute care for 24 or more months (green line) have been increasing for several years, from 14.4% in 2011 to 23.6% in 2017.

Figure 3.1 Children Achieving Permanence by Length of Stay in Care (CFSR)

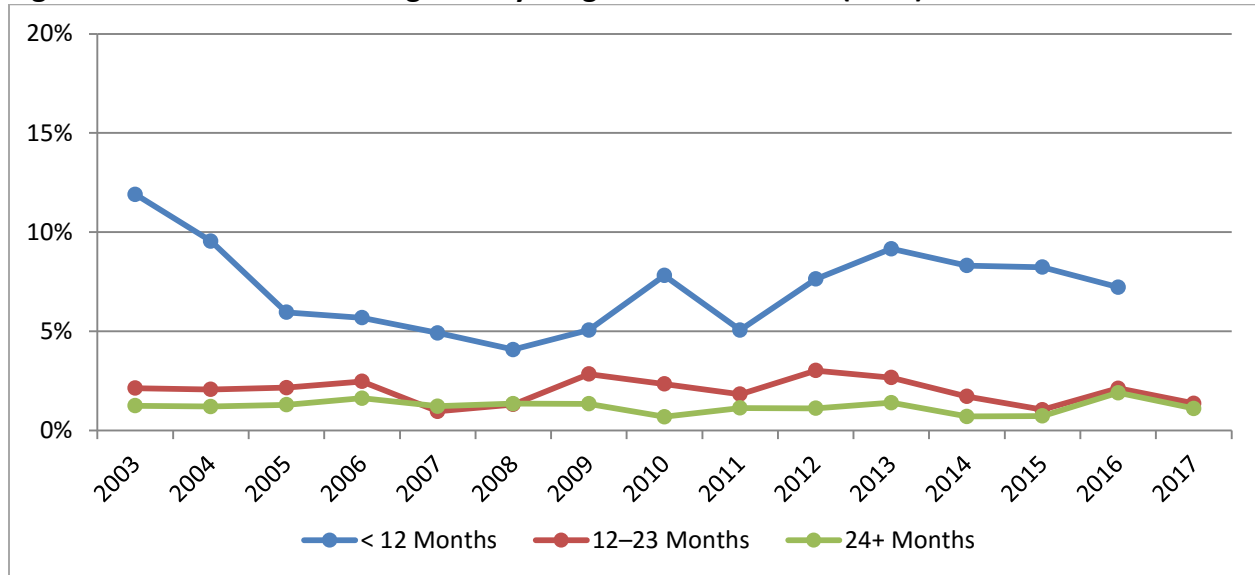


The percentages of children in each of these three groups that re-entered substitute care within 12 months of their exit are shown in Figure 3.2 (see Appendix B, Indicators 3.J, 3.K, and 3.L). Children in care less than 12 months prior to achieving permanence (blue line) have the

⁹ Children’s Bureau. (May 13, 2015). *Executive Summary of the Final Notice of Statewide Data Indicators and National Standards for Child and Family Service Reviews*. Accessed from https://www.acf.hhs.gov/sites/default/files/cb/round3_cfsr_executive_summary.pdf

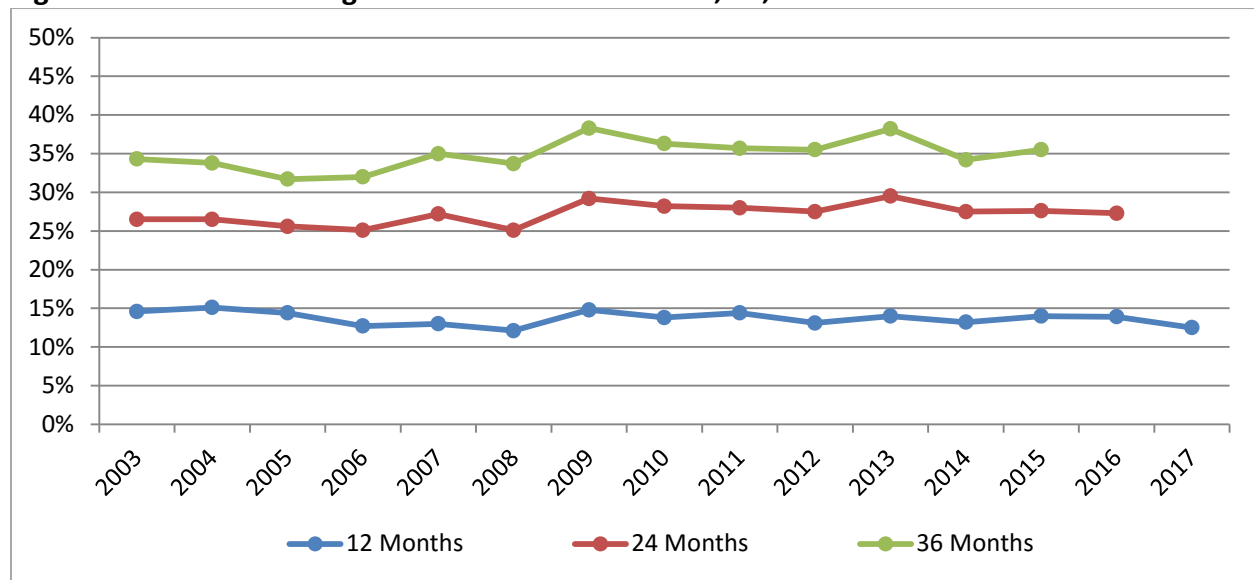
highest rates of re-entry into substitute care; between 5 to 10 percent of the children who achieved permanence in the past 10 years re-entered substitute care within a year. Re-entry rates in this group have been decreasing in the most recent cohorts, from 9.2% in 2013 to 7.2% in 2016. Children who were in substitute care for 12 to 23 months (red line) and 24 months or more (green line) prior to achieving permanence had lower rates of re-entry into substitute care than children who were in care less than 12 months; re-entry rates in these groups were typically between 1–2%.

Figure 3.2 Children Re-Entering Care by Length of Time in Care (CFSR)

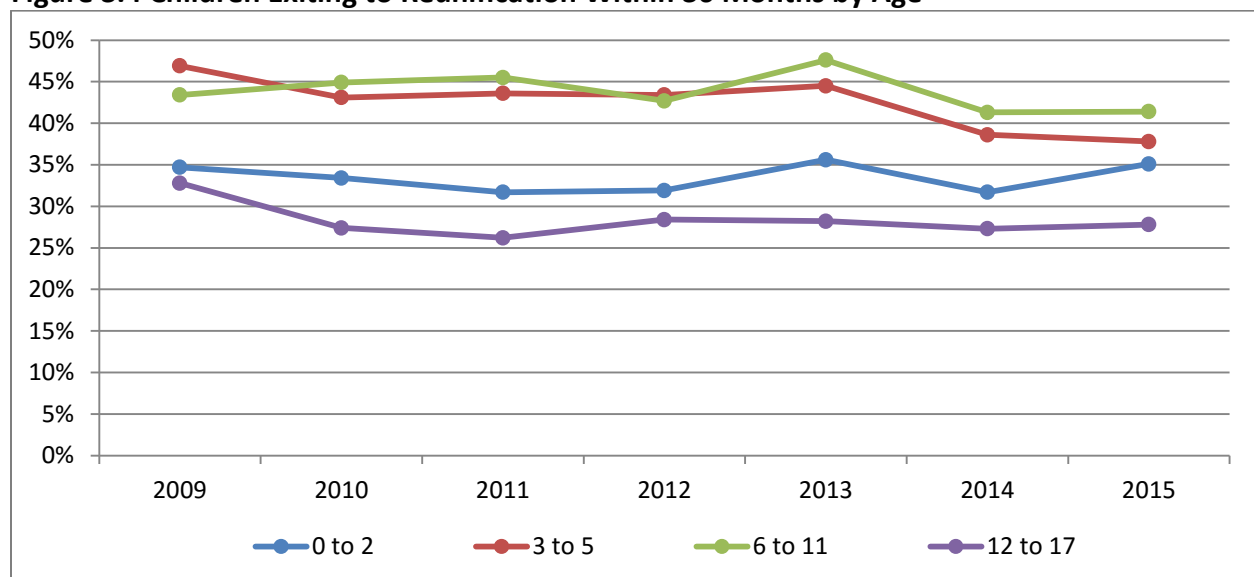


Children Achieving Reunification

Figure 3.3 examines the percentage of children exiting substitute care to reunification within 12, 24, and 36 months of their entry into care (see Appendix B, Indicators 3.A.1, 3.A.2, and 3.A.3). For the 2017 entry cohort, 12.5% of children exited care to reunification within 12 months; this rate was 10% lower than the rate for the previous cohort. For the 2016 entry cohort, 27.3% of children exited care within 24 months, and for the 2015 entry cohort, 35.5% exited within 36 months. Neither the 24-month nor the 36-month reunification rates differed from the previous years' cohorts.

Figure 3.3 Children Exiting to Reunification Within 12, 24, and 36 Months

One factor that influences a child's likelihood of reunification within 36 months is her or his age (see Figure 3.4 and Appendix B, Indicator 3.A.3). Children ages 3 to 11 years when they entered care in 2015 were most likely to be reunified—37.8% of children ages 3 to 5 years and 41.4% of children 6 to 11 years were reunified within 36 months. Youth ages 12 to 17 years old were least likely to be reunified: 27.8% of those who entered care in 2015 were reunified within 3 years of entering care.¹⁰

Figure 3.4 Children Exiting to Reunification Within 36 Months by Age

¹⁰ Youth in Illinois can opt to stay in the child welfare system until age 21. Further, because of the Foster Youth Successful Transition to Adulthood Act, children who exit the system can voluntarily return before age 21 to receive services and support.

Race is associated with a child's likelihood of achieving reunification; in general, African American children are less likely to be reunified than either White or Hispanic children (see Figure 3.5 and Appendix B, Indicator 3.A.3).

Figure 3.5 Children Exiting to Reunification Within 36 Months by Race

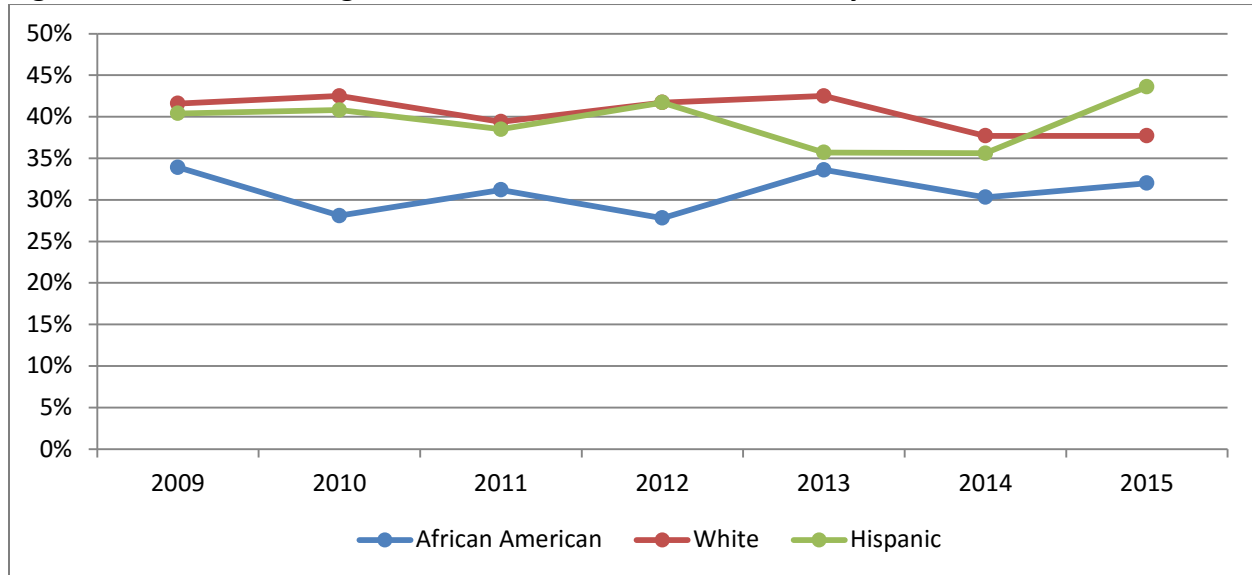
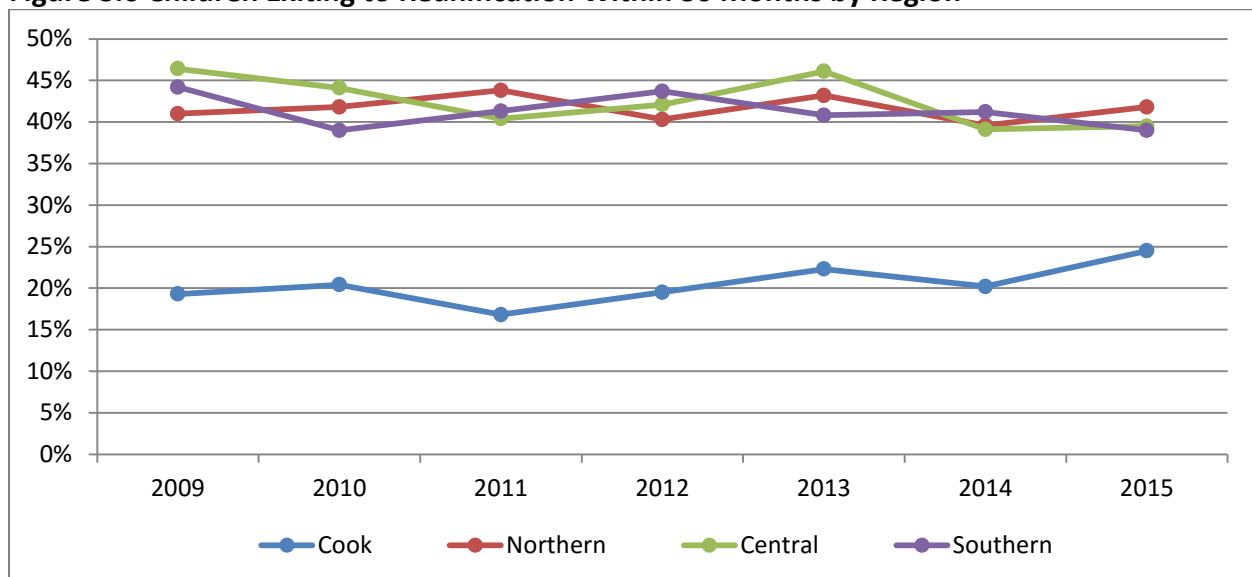


Figure 3.6 shows the 36-month reunification rate by region (see Appendix B, Indicator 3.A.3). Reunification rates in the Cook region are much lower than in any other region; only 24.5% of children who entered care in the Cook region in 2015 were reunified with their families within 36 months, compared to 41.8% of children in the Northern region, 39.5% of children in the Central region, and 39.0% of children in the Southern region. However, the reunification rate for children entering care in the Cook region has been increasing for the past several years.

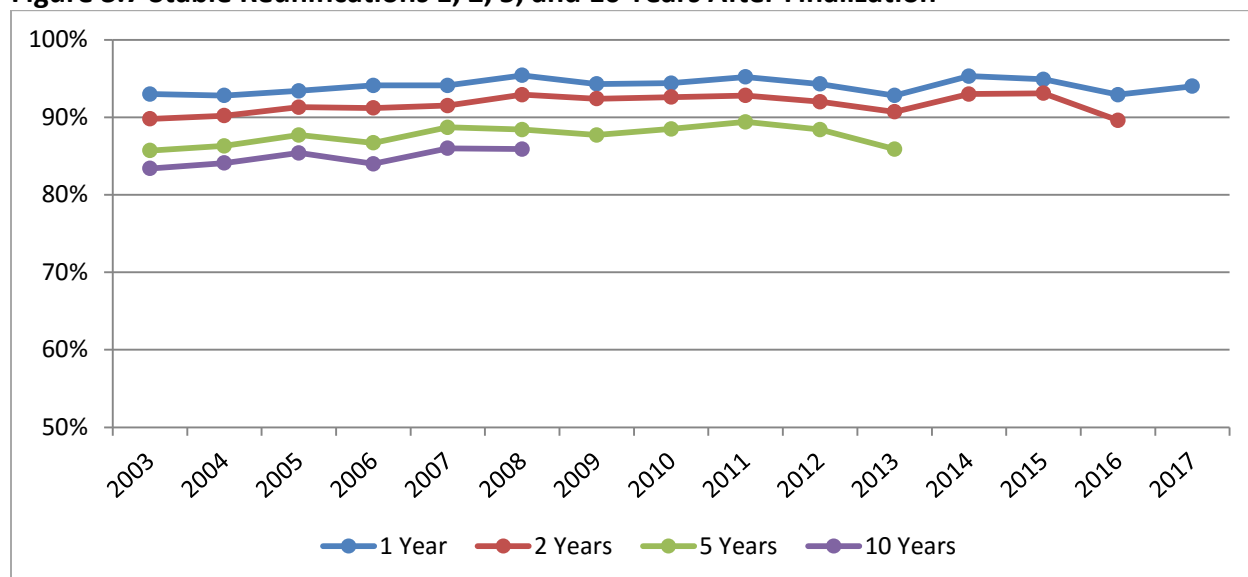
Figure 3.6 Children Exiting to Reunification Within 36 Months by Region



Stability of Reunification

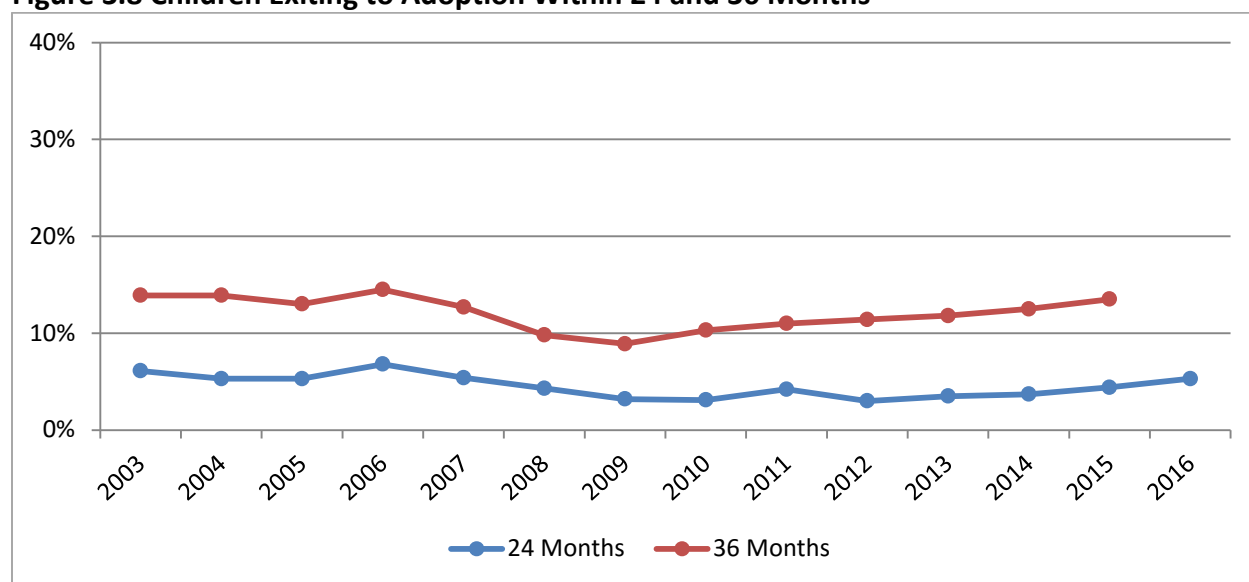
Reunification is only truly permanent if children can remain safely in their homes and are not removed again. Figure 3.7 displays the percentage of children that remain in their homes (and do not re-enter care) within 1, 2, 5, and 10 years of their reunification (see Appendix B, Indicators 3.B.1, 3.B.2, 3.B.3, and 3.B.4). As expected, the stability of reunifications declines over time. For example, of the children who were reunified in 2008, 95.4% remained at home one year after reunification, while only 85.9% remained at home after 10 years. There has been little fluctuation in the stability of reunifications over the past decade.

Figure 3.7 Stable Reunifications 1, 2, 5, and 10 Years After Finalization

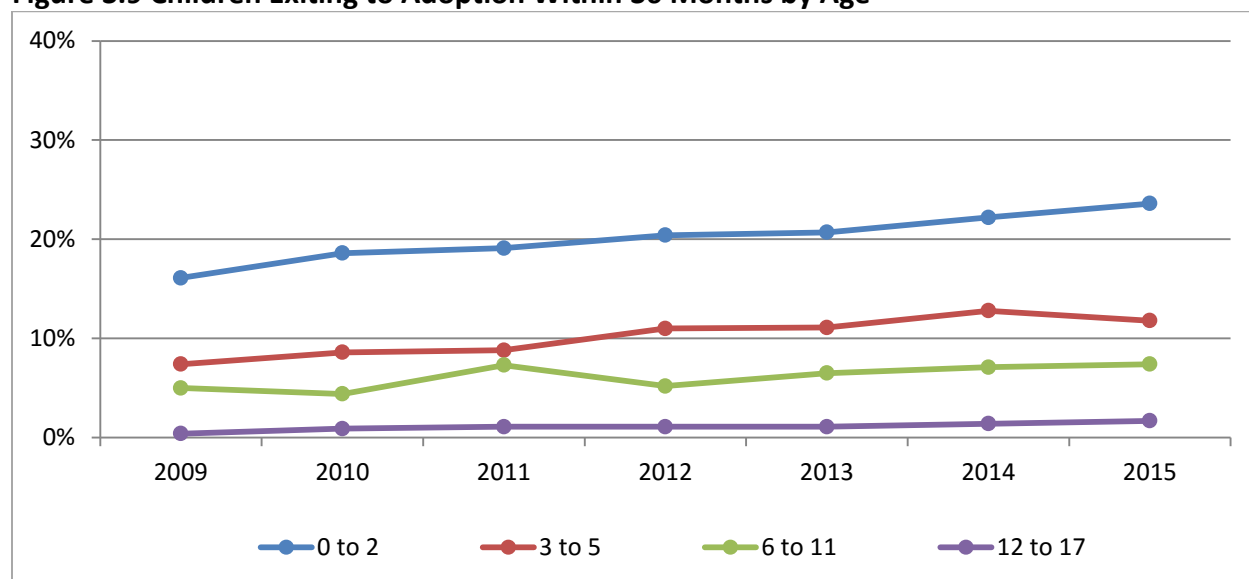


Children Achieving Adoption

Adoption, in which a child's biological parents' rights are terminated and new adults assume this role, is another form of legal permanence available to children in substitute care. Adoption is generally considered a secondary option for permanence, and is only available after reasonable efforts to achieve reunification have failed or become impossible. As such, it is unlikely to occur within 12 months of entry into care, and Figure 3.8 presents the percentages of children adopted within 24 and 36 months of entry into care (see Appendix B, Indicators 3.C.1 and 3.C.2). Both the 24-month and 36-month adoption rates have been slowly but steadily increasing over the past several years.

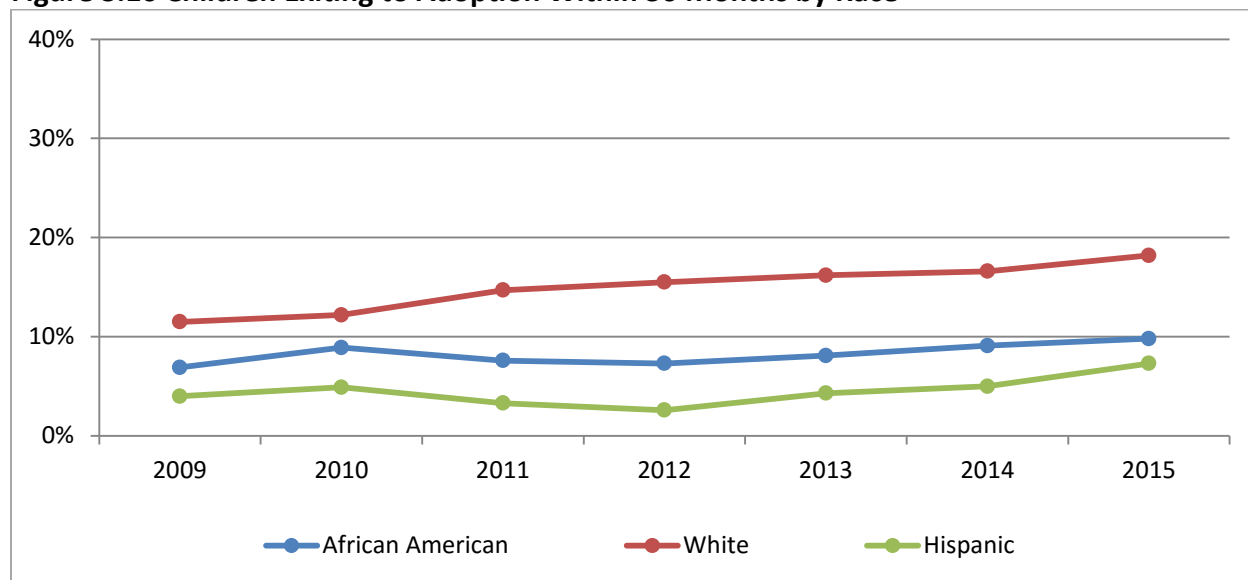
Figure 3.8 Children Exiting to Adoption Within 24 and 36 Months

Age plays an important role in understanding the children most likely to be adopted; children from birth to 2 years of age are more likely to exit care to adoption than older children. Figure 3.9 shows the 36-month adoption rates by age group (see Appendix B, Indicator 3.C.2) and highlights the gap between the adoption rate for children 0 to 2 and all other age groups—23.6% of the children 0 to 2 years who entered care in 2015 were adopted within 36 months, compared to 11.8% of children 3 to 5 years old, 7.4% of children 6 to 11 years old, and 1.7% of youth 12 to 17 years old. Youth 12 years and older when they enter care are very unlikely to be adopted within 3 years; their adoption rates have been less than 2% each of the past seven years. However, since the 2009 entry cohort, the adoption rate for these oldest children has been steadily increasing, from 0.4% for the 2009 entry cohort to 1.7% for the 2015 cohort.

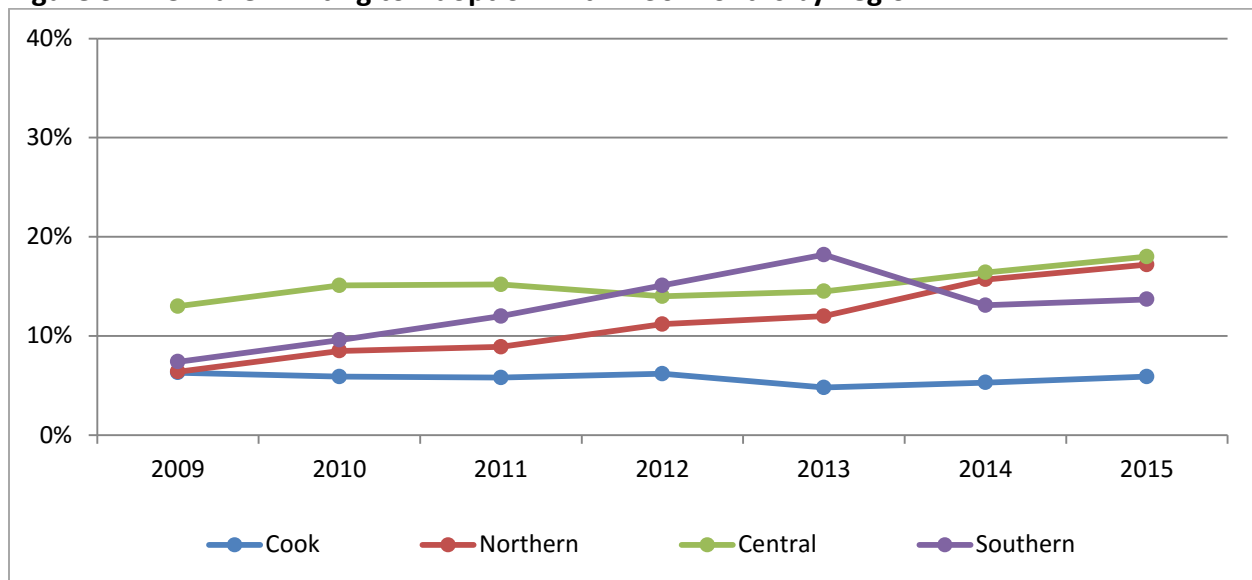
Figure 3.9 Children Exiting to Adoption Within 36 Months by Age

Race is another important factor when understanding how likely children are to be adopted. White children are more likely to exit care to adoption within 36 months than are African American and Hispanic children, as shown in Figure 3.10 (see also Appendix B, Indicator 3.C.2). For White children entering care in 2015, 18.2% exited care to adoption within 36 months, compared to 9.8% of African American children and 7.3% for Hispanic children. Adoption rates among all three groups have been increasing over the past several years.

Figure 3.10 Children Exiting to Adoption Within 36 Months by Race

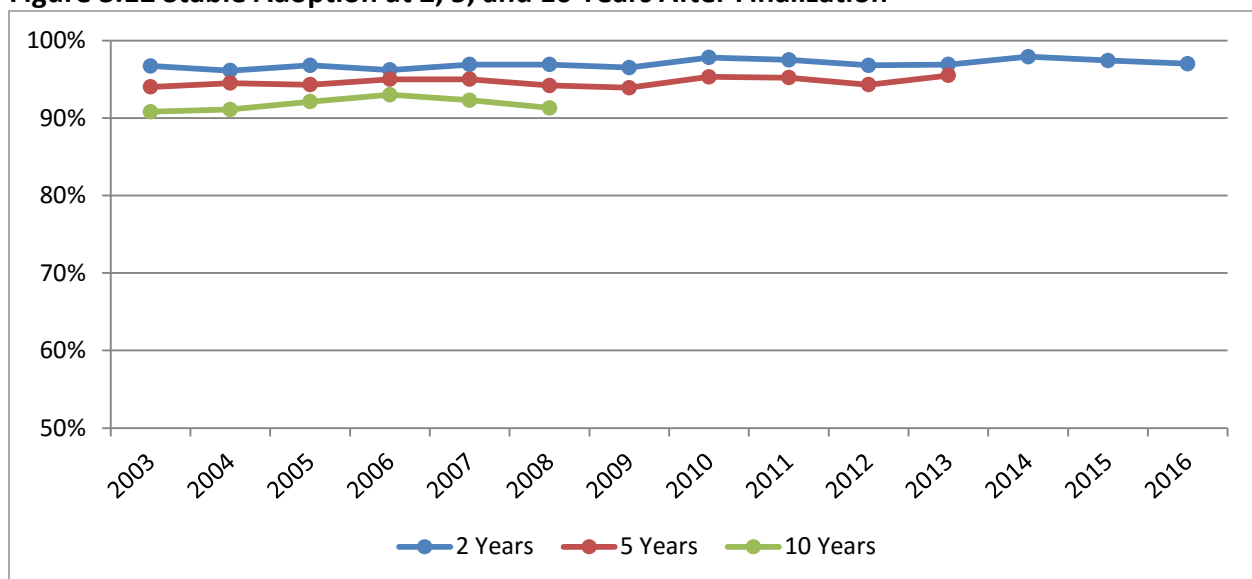


Adoption rates by region are shown in Figure 3.11 (see also Appendix B, Indicator 3.C.2). As with reunifications, adoption rates in the Cook region are markedly lower than other regions. This low rate had remained unchanged for years, even as the rates in each of the other regions have increased.

Figure 3.11 Children Exiting to Adoption Within 36 Months by Region

Stability of Adoption

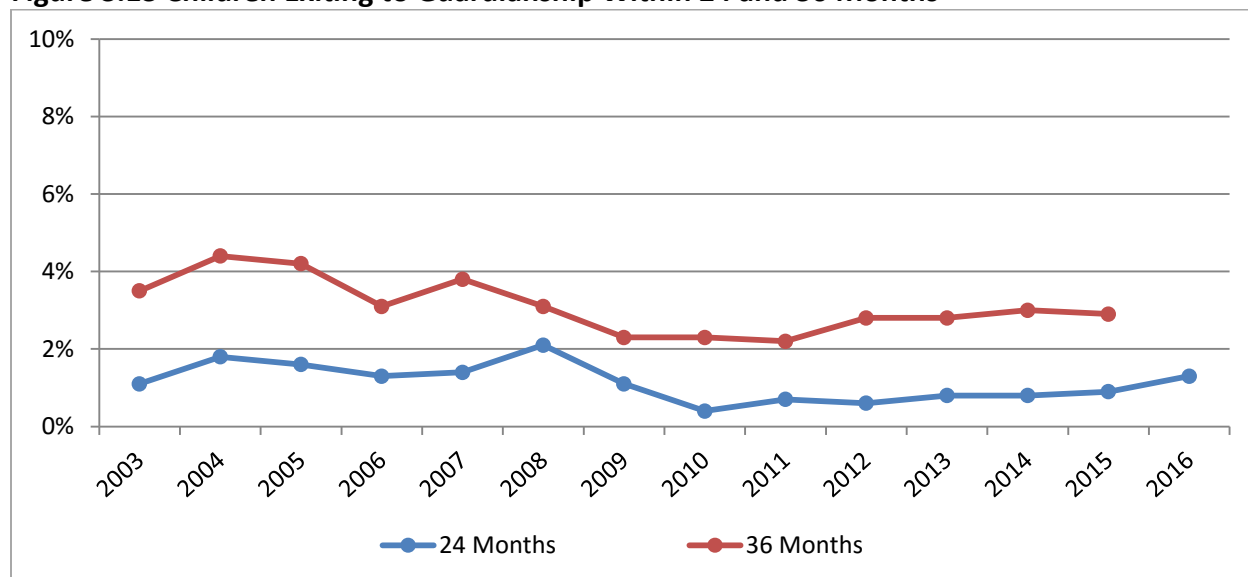
Rates of post-adoption stability after 2, 5, and 10 years are presented in Figure 3.12 (see Appendix B, Indicators 3.D.1, 3.D.2, and 3.D.3). Of children adopted in 2008, 96.9% of them remained in their adoptive homes after 2 years, 94.2% after 5 years, and 91.3% after 10 years. There has been little variability in the stability of adoptions over the past several years.

Figure 3.12 Stable Adoption at 2, 5, and 10 Years After Finalization

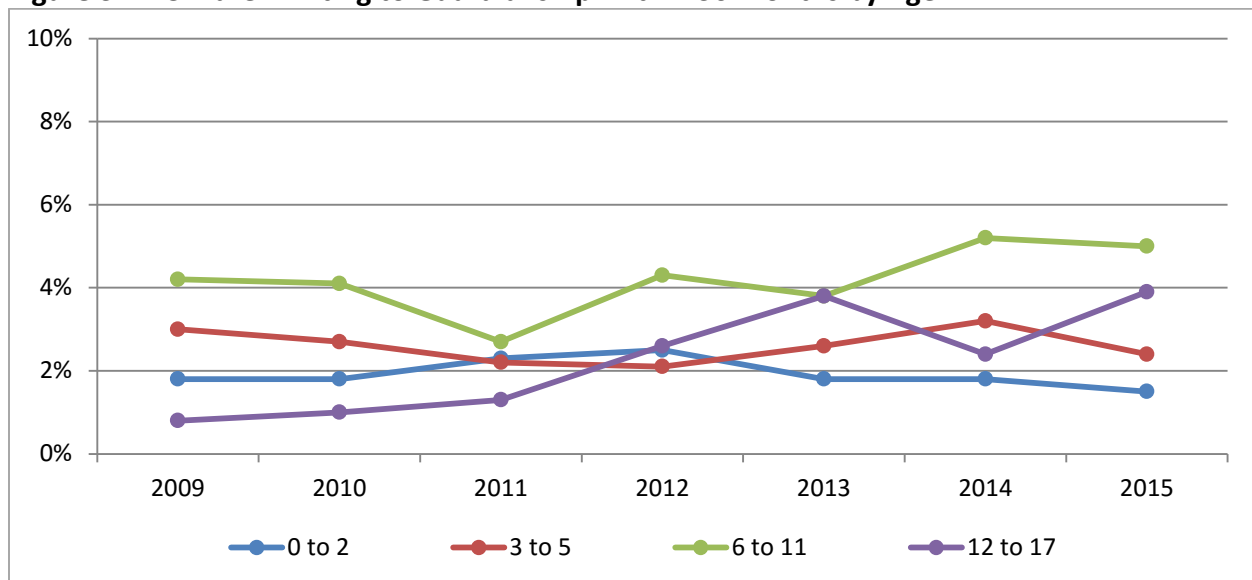
Children Achieving Guardianship

The third type of permanence explored in this report is guardianship, in which an adult or adults other than the child's biological parents assume legal guardianship of the child and receive support from the state to help pay for that child's care. As with adoption, guardianships generally are considered as an option for permanence only after attempts at reunification have been exhausted; rates of guardianship after 24 and 36 months of entering care are shown in Figure 3.13 (see Appendix B, Indicators 3.E.1 and 3.E.2). In the last 15 years, the percentage of children exiting to guardianship within 36 months reached its peak of 4.4% among children in the 2004 entry cohort. The trend over the next several years was one of decline, reaching its lowest point of 2.2% for the 2011 entry cohort. Since then, the rates have increased to 3.0% for the 2014 entry cohort and 2.9% for the 2015 entry cohort. Exits to guardianships within 24 months of entry are uncommon (typically less than 1.0%), but have increased slightly over the past several years.

Figure 3.13 Children Exiting to Guardianship Within 24 and 36 Months

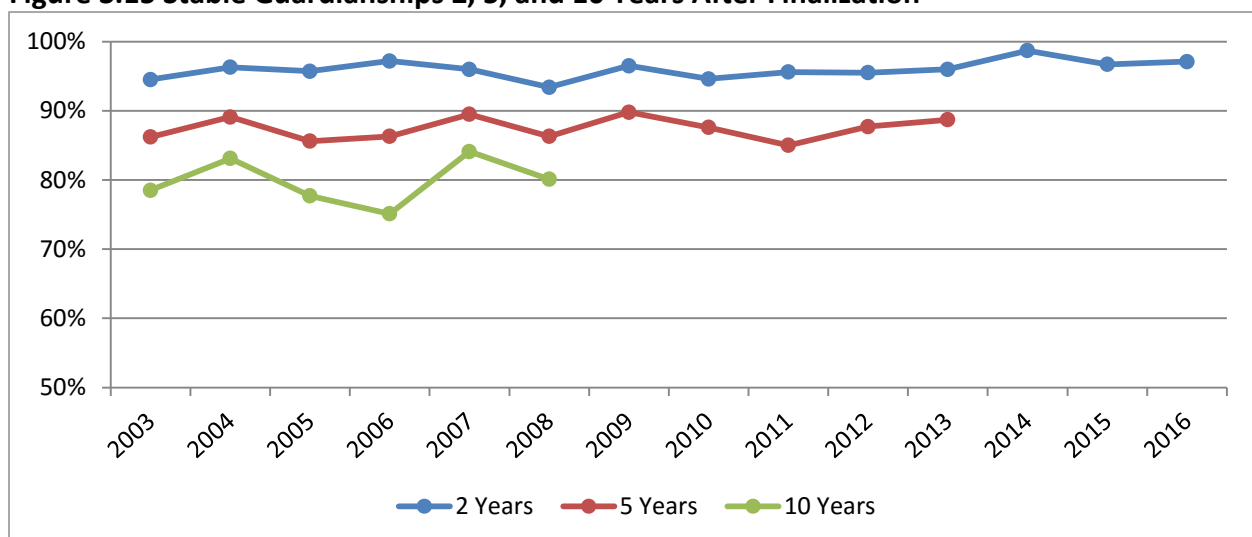


Unlike adoption, which is most likely to occur among the youngest children in care, guardianship is most likely to occur among children who enter care between 6 and 11 years old (see Figure 3.14 and Appendix B, Indicator 3.E.2) and least likely to occur among children 0 to 2 years. The small total number of children who exit care to guardianship each year means the percentages tend to vary more from year to year than other exits.

Figure 3.14 Children Exiting to Guardianship Within 36 Months by Age

Stability of Guardianship

The stability of guardianship after 2, 5, and 10 years is shown in Figure 3.15 (see Appendix B, Indicators 3.F.1, 3.F.2, and 3.F.3). Using this information we can see how children who exited care to guardianship in 2008 have fared over the past 10 years. Of children who exited care to guardianship in 2008, 93.4% remained with their guardian after 2 years, 86.3% after 5 years, and 80.1% after 10 years. The rates of stability within 2 and 5 years of exiting substitute care have been relatively unchanged for several years, while the 10-year stability rate has been a bit more variable.

Figure 3.15 Stable Guardianships 2, 5, and 10 Years After Finalization

Living with Relatives

BOX 3.1

A fourth type of permanence known as “living with relatives” is included in the federal permanency measures. In this type of permanence, relatives assume legal guardianship of a child without receiving a subsidy or becoming licensed foster parents. Figure 3.16 shows the number of children exiting to live with relatives within 24 and 36 months. Living with relatives is a type of permanence used less commonly in Illinois than nationally (7% of children exiting care in 2017)¹¹ and less often than reunification, adoption, or guardianship. The overall trend for this permanency type is one of decreasing use over time.

Figure 3.16 Children Exiting to Live With Relatives Within 24 and 36 Months

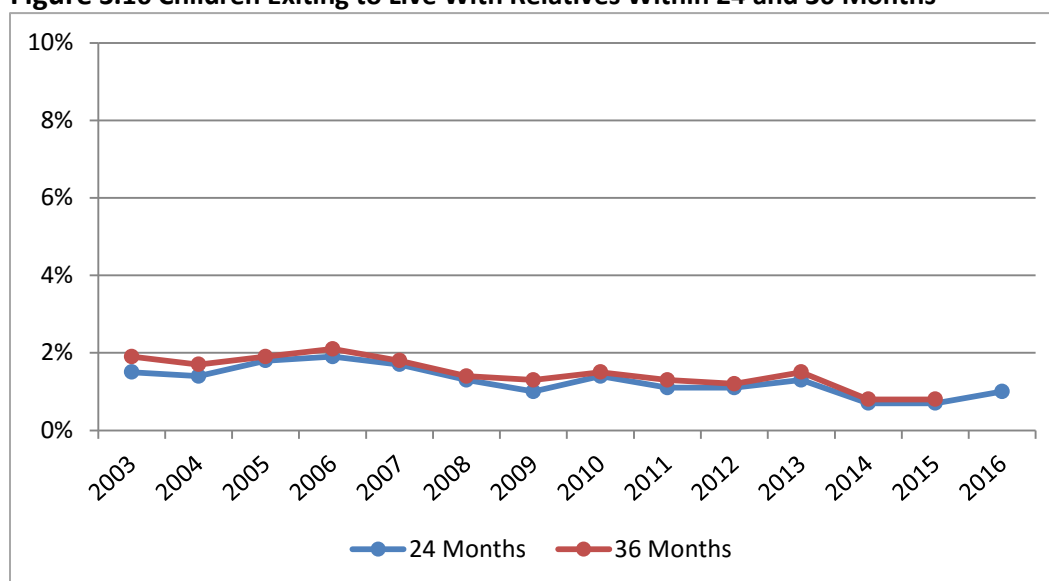
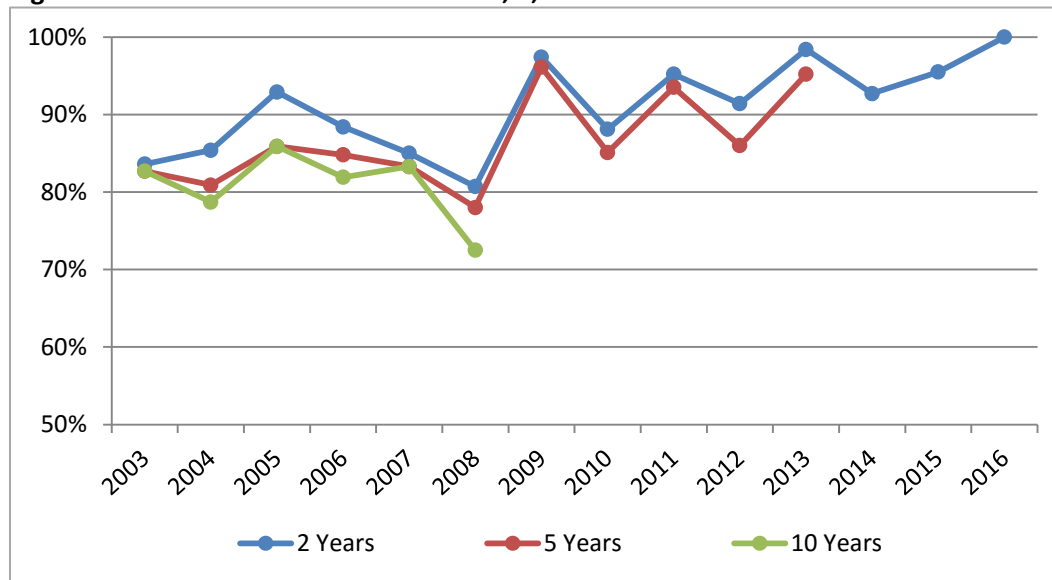


Figure 3.17 shows the stability rates for relative placements after 2, 5, and 10 years. Looking at the children who exited to live with relatives in 2008, we see that 80.7% remain in their homes after 2 years, and 78.0% after 5 years, and 72.5% after 10 years. Because of the overall small number of children exiting to this permanency type, the stability rates are quite variable.

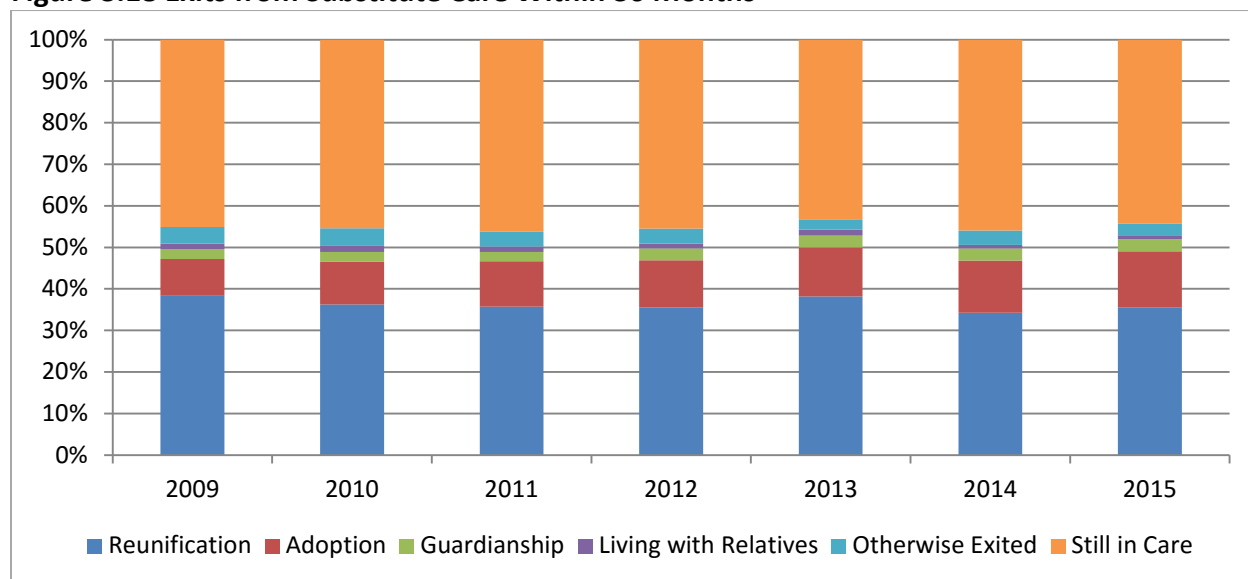
¹¹ U.S. Department of Health and Human Services. (2018). *The AFCARS report: Preliminary FY 2017 estimates*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport25.pdf>

Figure 3.17 Stable Relative Placements 2, 5, and 10 Years After Finalization

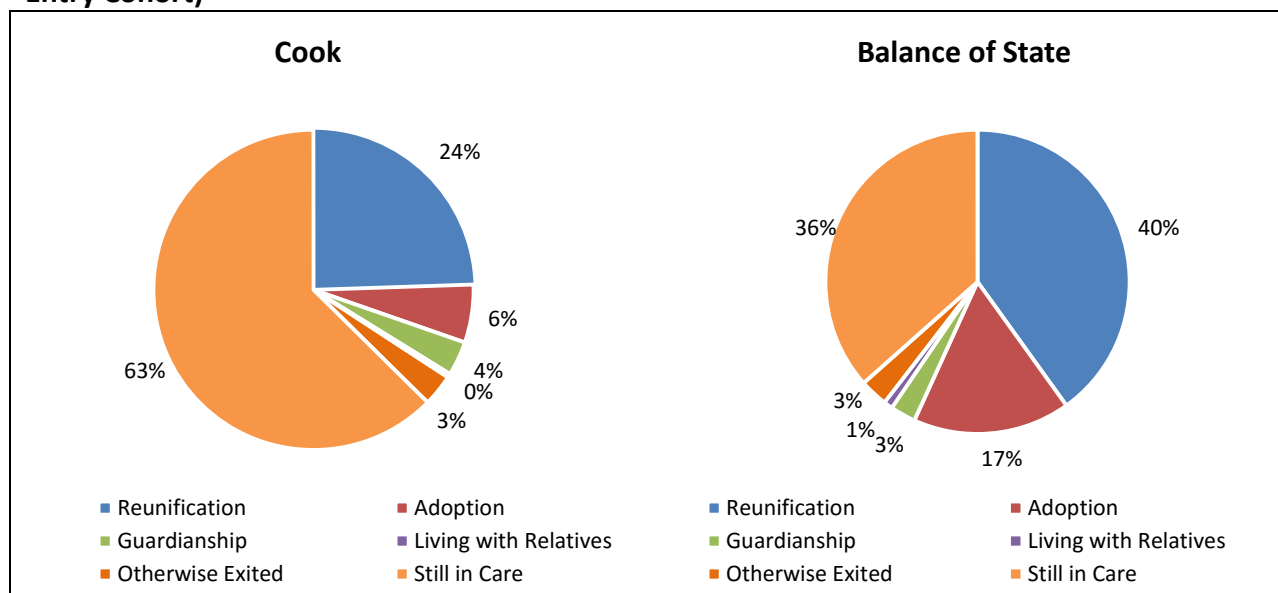
Because living with relatives is a similar permanency type to guardianship—except without subsidy or licensure—we compared the rates of stability between the two placement types by averaging the rates for the past 5 years. The average stability rate two years after exiting was 96.8% for guardianships and 94.8% for living with relatives. The stability rates 5 years after exiting care were 88.1% for guardianships and 90.9% for children living with relatives. Ten years after exiting care, an average of 80.1% of children in subsidized guardianships remained at home, compared to 80.5% of children living with relatives. From these numbers, we cannot conclude that living with relatives is a less stable type of permanence than subsidized guardianship. It may offer an alternative path to permanence for relatives who are uninterested in receiving a stipend or meeting the requirements of foster parent licensure.

Children Who Do Not Achieve Legal Permanence

In the sections above, we explored four ways children exit care to legal permanence: reunification with their family of origin, adoption, guardianship, and living with relatives. Slightly over half (52.7%) of the children in the 2015 entry cohort exited care within 36 months to one of these permanency options (see Figure 3.18). However, a significant portion of the children in this entry cohort remained in care longer than 36 months (44.2%) and others exited substitute care without ever achieving legal permanence (3.0%). Figure 3.18 shows the permanency outcomes for all children in each entry cohort over the past seven years. During 2009-2015, an average of 45.1% of children remained in care more than 36 months. A small percentage of each entry cohort (between 2.5% and 4.3%) exit substitute care within 36 months without ever achieving legal permanence; these “non-permanency exits” include aging out, incarceration, and running away.

Figure 3.18 Exits from Substitute Care Within 36 Months

There are large regional differences in the achievement of timely permanence for children in care. Figure 3.19 compares the outcomes for children in care after 36 months in the Cook region versus the rest of the state. Over 60% of children in care in the Cook region remain in care after 36 months, 24.5% are reunified, 5.9% are adopted, and 3.5% are in guardianships. In the balance of the state, 36.6% of children are still in care after 36 months, 40.1% are reunified, 16.7% are adopted, and 2.7% are in guardianships.

Figure 3.19 Exits from Substitute Care Within 36 Months: Cook versus Balance of State (2015 Entry Cohort)

Discussion and Conclusions: Legal Permanence

State child welfare agencies are not meant to be long-term caregivers for children. Once a child is removed from his or her home, the goal is to find a safe and permanent home in which he or she can develop normally and thrive. In Illinois, about half of the children who enter substitute care achieve family permanence within three years, either through reunification, adoption, or guardianship; this rate has been consistent for the past decade.

Reunification remains the most common exit type, followed by adoption and then, for a small number of children, guardianship or living with relatives. Age, race, and region continue to influence a child's likelihood of achieving permanence. Children who enter care when older, children who are African American, and children who live in the Cook region are less likely to achieve permanence than children who are younger, children who are White, and children who live elsewhere in the state.

Regional differences in the achievement of timely permanence are striking. Over 60% of children taken into substitute care in the Cook region can expect to stay there longer than 3 years. In contrast, other regions of the state keep 36% of children in care that long. Recent permanency initiatives launched in the Cook region have yet to make a noticeable impact on the length of time children spend in care. Additional investigation of the barriers to achieving timely permanence in the Cook region is needed, so that these dismal numbers can be improved.



Chapter 4

Racial Disproportionality

Child welfare systems across the nation share the concern that children from some racial minority groups may be disproportionately represented in the child welfare system compared to their representation in the general population.¹ One of the goals in the Department's *Child Welfare Transformation Strategic Plan* is to track racial equity at critical decision points to help inform planning and decision making.² This chapter provides information relevant to that goal by examining racial disproportionality in the Illinois child welfare system at five critical decision points during 2012-2018.

Measuring Racial Disproportionality

Racial disproportionality refers to over- or under-representation of a racial group in the child welfare system compared to that racial group's representation in the general population. It is often represented by a Racial Disproportionality Index (RDI), in which the percentage of children in a racial group involved in some part of the child welfare system is divided by the percentage of children in a relevant base population.

There are two commonly-used methods for calculating a RDI; each uses a different base population in the denominator. The first is the "absolute RDI," in which a racial group's representation at a specific child welfare decision point is divided by that group's representation in the general child population. The same denominator is used when calculating absolute RDIs at each decision point. The absolute RDI provides information about a racial

¹ Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

² Illinois Department of Children and Family Services. (January, 2017). *Illinois Child Welfare Transformation: 2016-2021*. Springfield, IL: Author.

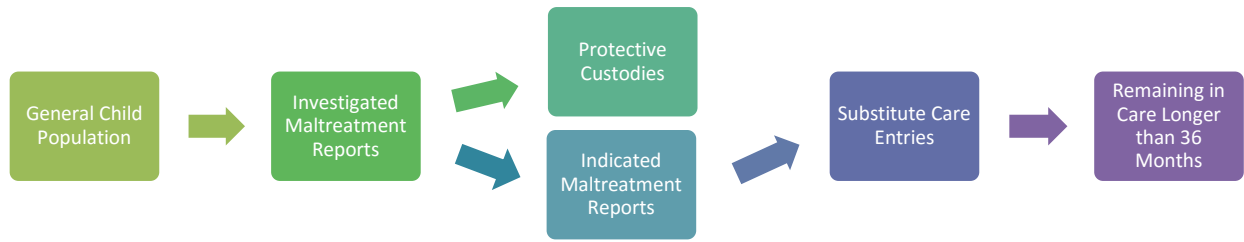
group's over- or under-representation at each decision point, but does not take into account the impact that disproportionality at earlier child welfare decision points has on later decision points. In order to isolate the impact of disproportionality at each decision point, a second measure, known as the "relative RDI," can be calculated; this measure divides a racial group's representation at a child welfare decision point by that group's representation at a prior child welfare decision point. Relative RDIs change the denominator based on the decision point of the child welfare system that is being investigated. For example, the denominator for calculating the relative RDI of "protective custodies" is the number of children who had investigated maltreatment reports, instead of the number in the general child population. The relative RDI allows us to examine how disproportionate representation may increase or decrease at subsequent decision points, which is not possible with the absolute RDI.

Absolute or relative RDI values between 0 and 0.9 indicate under-representation. For example, an RDI of .5 means that children would be half as represented at that decision point as they are in the population (absolute RDI) or at a prior decision point (relative RDI). RDI values equal or close to 1.0 indicate no disproportionality; children in that group are represented at rates that are proportionate to their representation in the population. RDI values greater than 1.0 indicate over-representation. For example, an RDI of 2.0 means that children in that group are represented at twice the rate at a decision point as they are in the population (absolute RDI) or at a prior decision point (relative RDI).

It is important to note that under- or over-representation of a particular racial group is not a "good" or "bad" outcome. Because we do not know the "true" rate of maltreatment in the population, we cannot assess if children from different racial groups are reported to child welfare in accordance to the rate they are maltreated. Thus, the reduction of disproportionality is contingent upon both efforts of child welfare workers (i.e., to remove systemic racial bias) but also on society at large, to ensure that child maltreatment is minimized and that the circumstances that may lead to maltreatment are no greater for any one racial group.

There are several key decision points in the child welfare system in which workers make decisions about children and families. In this chapter we examine disproportionality at five child welfare decisions points (see Figure 4.1), including:

- A. investigated/screened-in maltreatment reports,
- B. protective custodies,
- C. indicated maltreatment reports,
- D. entries into substitute care, and
- E. timely exits from substitute care.

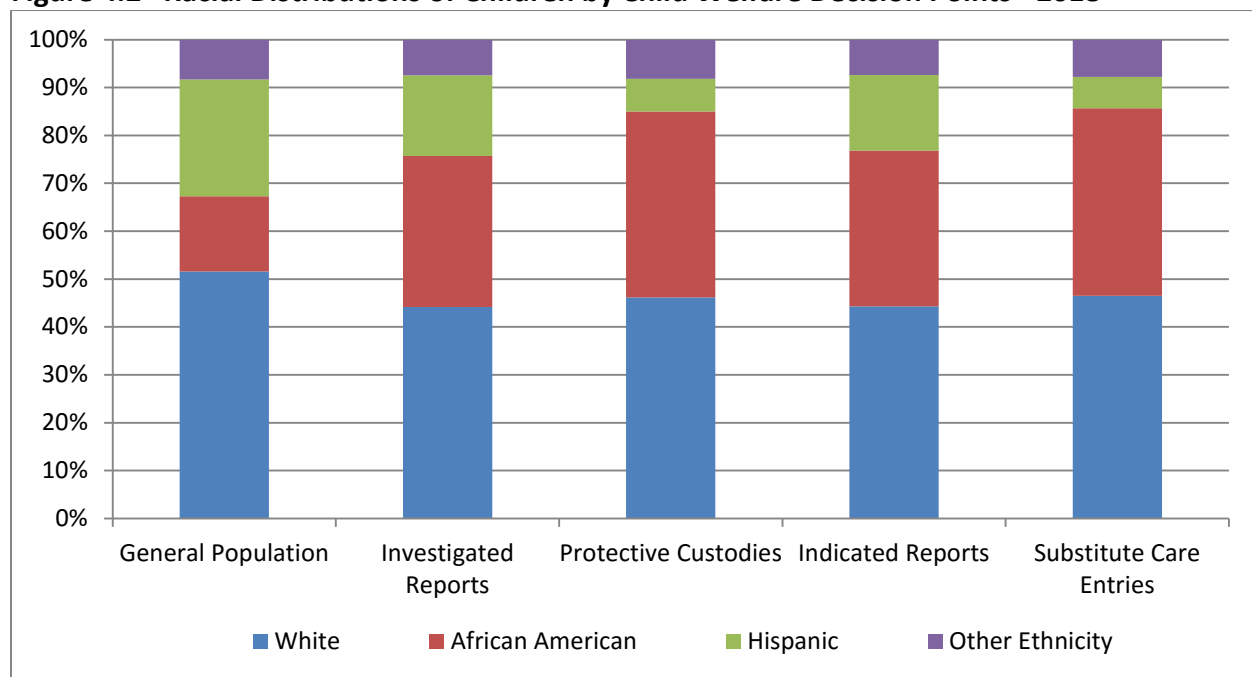
Figure 4.1 Child Welfare Decision Points

To calculate the absolute RDIs, data for Illinois child population were obtained from the U.S. Census Bureau. Different estimations were used for each year (see Table 4.1). Figure 4.2 shows the racial distribution of children at each child welfare decision in FY2018.³ The last decision point is excluded because children in the FY2018 cohort have not been in care for at least 36 months. Throughout the chapter, only the RDI for the three largest racial groups in Illinois (White, African American, and Hispanic) are reported; the numbers of children in other racial groups (Native Americans, Asian) are so small that the resulting RDI fluctuate significantly from year to year. RDIs are examined for the state as a whole as well as for each DCFS administrative region (Cook, Northern, Central, and Southern) to discern if there are any regional differences. Note that the numbers in the text are rounded to one decimal place for display purposes.

Table 4.1 Child Population Data Sources

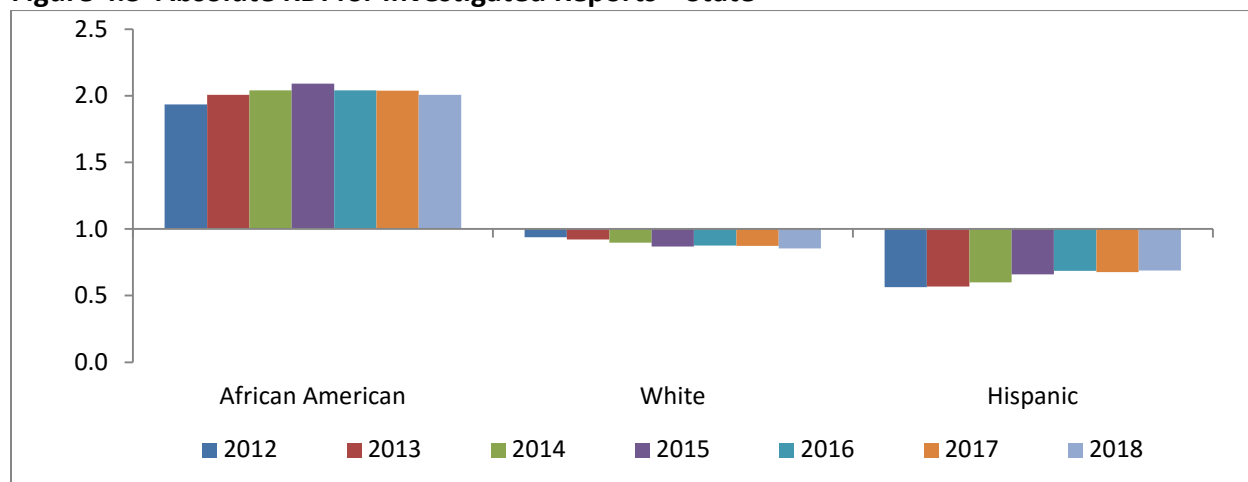
Fiscal Year	Census Data Source
2012	2008-2012 American Community Survey 5-Year Estimates
2013	2009-2013 American Community Survey 5-Year Estimates
2014	2010-2014 American Community Survey 5-Year Estimates
2015	2011-2015 American Community Survey 5-Year Estimates
2016	2012-2016 American Community Survey 5-Year Estimates
2017	2013-2017 American Community Survey 5-Year Estimates
2018	2013-2017 American Community Survey 5-Year Estimates

³ The 2017 Juvenile Population Estimates were used for the “General Population” in Figure 4.2 and the calculations of RDIs in FY2017 and FY2018 in the report.

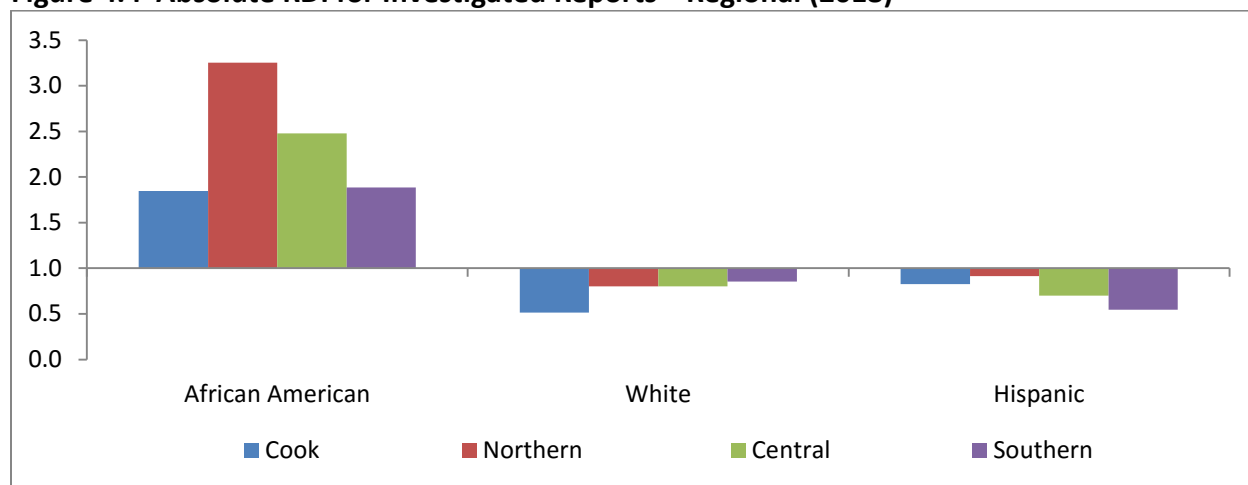
Figure 4.2 Racial Distributions of Children by Child Welfare Decision Points - 2018

Investigated Reports

The first decision point examined is investigated reports. At this stage, DCFS workers at the State Central Register (SCR) screen each call that is received from a maltreatment reporter to determine if the circumstances meet the criteria for a maltreatment investigation. Calls can be either screened in to become investigated reports or screened out and no further child welfare actions are taken. Figure 4.3 shows the absolute RDI for the three racial groups (African American, White, and Hispanic) for investigated reports at the state level over the past seven years. White children are proportionally represented compared to their representation in the general population, African American children are overrepresented (RDIs = 1.9-2.1), and Hispanic children are underrepresented (RDIs = 0.6-0.7; see Appendix D, Table 4.A.1). There is little change in any of the three groups over the past seven years.

Figure 4.3 Absolute RDI for Investigated Reports—State

When the absolute RDI for investigated reports is examined by region, there is little regional variation in the RDIs for White or Hispanic children (see Figure 4.4). There is noticeable regional variation in the disproportionality indices for African American children: RDIs range from 1.8 (Cook) and 1.9 (Southern) to 2.5 (Central) and 3.3 (Northern) in 2018. These regional patterns are consistent over time (see Appendix D, Table 4.A.2).

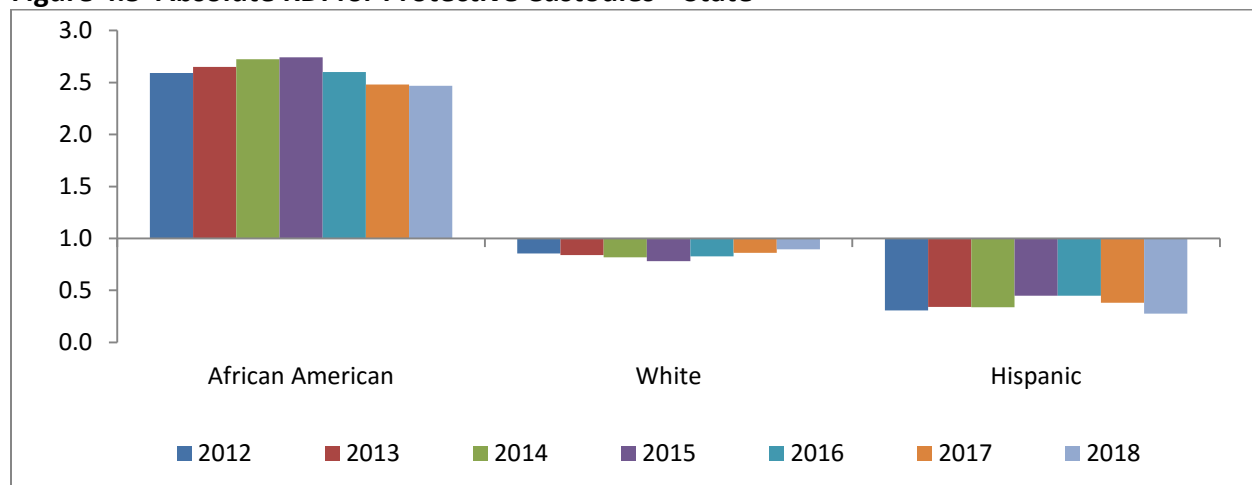
Figure 4.4 Absolute RDI for Investigated Reports—Regional (2018)

Protective Custodies

The next decision point examined is protective custody. During an investigation, a CPS worker can take protective custody of a child if they believe that the child is unsafe in their home or with their caregiver; the child is taken into care for up to 48 hours (excluding weekends) until a

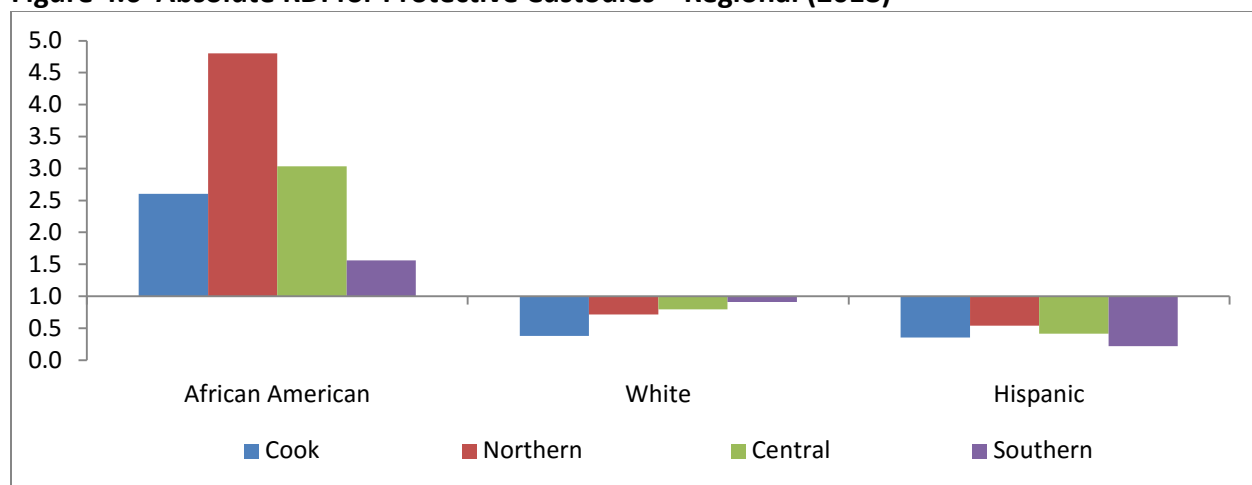
shelter hearing is convened.⁴ Figure 4.5 shows the absolute RDIs at this decision point for the three racial groups over the past seven years. The RDIs for White children are very close to 1, indicating proportional representation at this decision point. African American children are overrepresented (RDIs range from 2.5 to 2.7) and Hispanic children are underrepresented (RDIs range from 0.3 to 0.5). There is little change over time in any of the three groups (see Appendix D, Table 4.B.1).

Figure 4.5 Absolute RDI for Protective Custodies—State



When the absolute RDIs for protective custodies are examined by region, there is little regional variation in the RDIs for White or Hispanic children (see Figure 4.6). However, there is a large amount of variation in the disproportionality indices for African American children: Northern region has the highest RDI (4.8), followed by Central (3.0), Cook (2.6), and Southern (1.6) in 2018 (see Appendix D, Table 4.B.2).

Figure 4.6 Absolute RDI for Protective Custodies—Regional (2018)

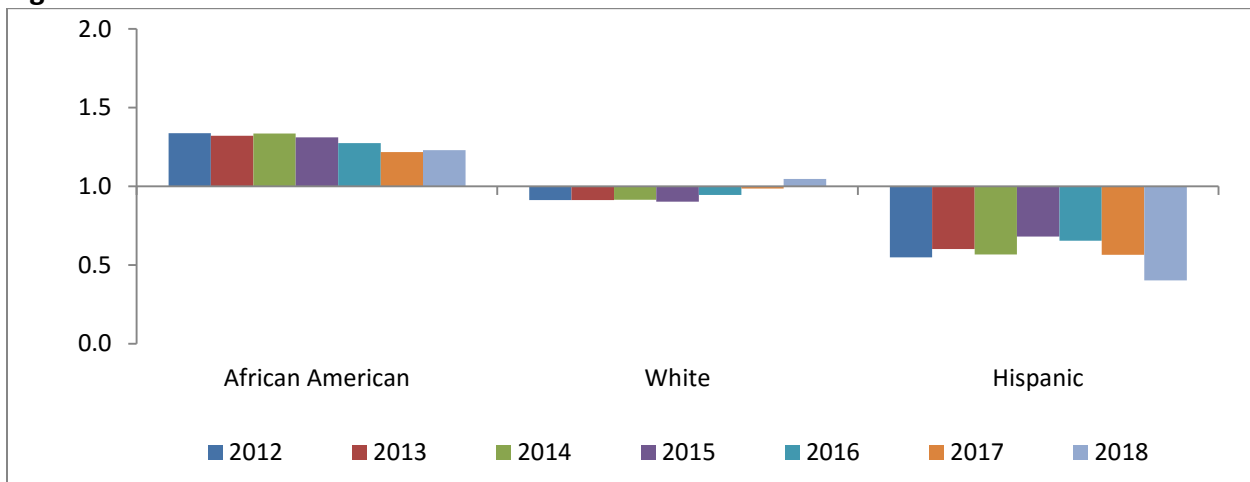


⁴ Illinois Department of Children and Family Services. (October, 2015). *Procedures 300 Section 120 Taking Children into Protective Custody*. Springfield: Author. Retrieved from https://www.illinois.gov/dcf/aboutus/notices/Documents/procedures_300.pdf

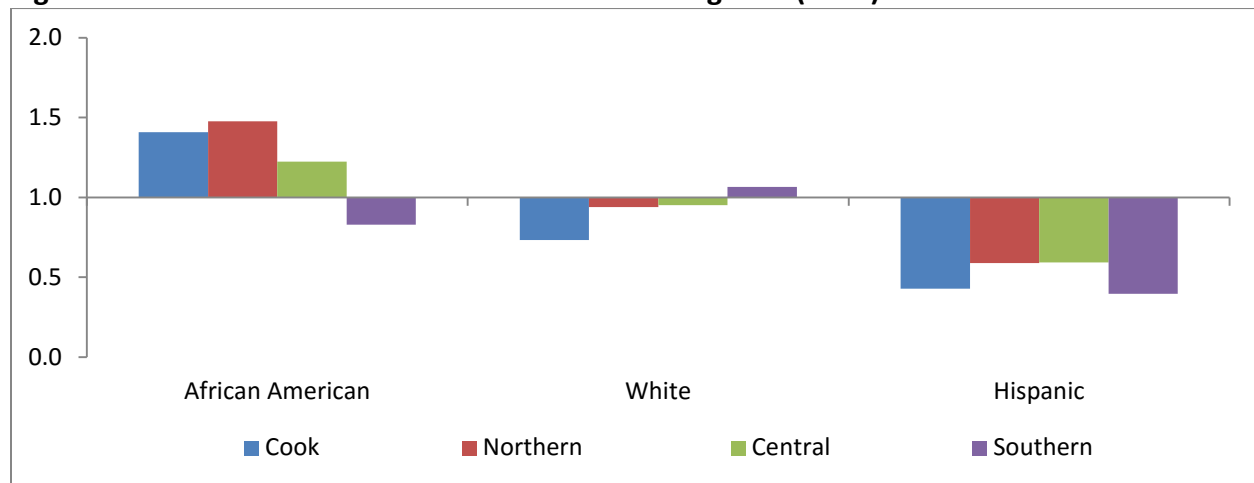
This is the first decision point at which relative RDIs can be calculated. The relative RDI shows the percentage of children taken into protective custody compared to the percentage of children who are investigated. Relative RDIs greater than one indicate that children in a racial group make up a higher percentage of children taken into protective custody than their representation among investigations; relative RDIs less than one indicate a lower percentage compared to investigations.

Examination of the relative RDI for the three groups at the state level (see Figure 4.7) shows that African American children are more likely to be taken into protective custody compared to the rate at which they are investigated (relative RDI is between 1.2 and 1.3 in the past 7 years), while Hispanic children are less likely to be taken into protective custody compared to their investigation rates (relative RDI is between 0.4 and 0.7 in the past 7 years). This means that protective custody is disproportionately used for these two racial groups compared to their representation at the investigation stage. The relative RDI for White children are close or equal to 1.0, which indicates that there is little difference in the rates of protective custody compared to rates of investigation. There is little change in the relative RDIs in any of the three groups across the seven years (see Appendix D, Table 4.B.3).

Figure 4.7 Relative RDI for Protective Custodies—State



Regional relative RDIs for protective custody show an interesting pattern (see Figure 4.8). In the Cook (relative RDI=1.4), Northern (relative RDI=1.5), and Central (relative RDI=1.2) regions, relative RDIs indicated overrepresentation for African American children, while the relative RDI in the Southern region indicated underrepresentation at this stage in 2018 (relative RDI=0.8). The relative RDI for White children in the Cook region was 0.7 in 2018 (underrepresented); while the rest of the three regions had relative RDIs close to 1. Hispanic children in all regions had relative RDIs less than 1 in 2018. Note that the percentages of Hispanic children in the Southern regions are unstable across years because of their small numbers, which affect the RDI each year (see Appendix D, Table 4.B.4).

Figure 4.8 Relative RDI for Protective Custodies—Regional (2018)

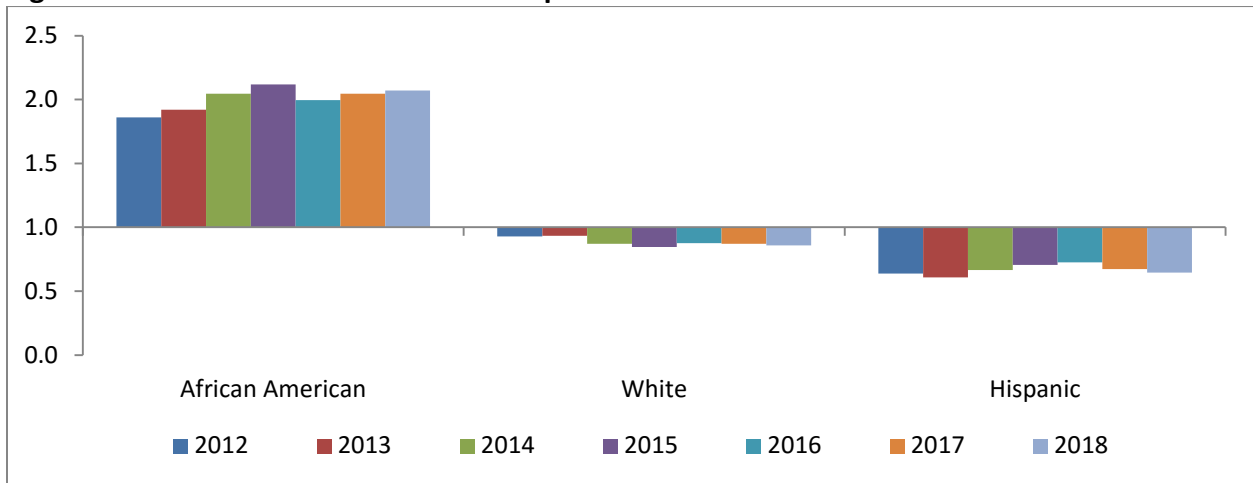
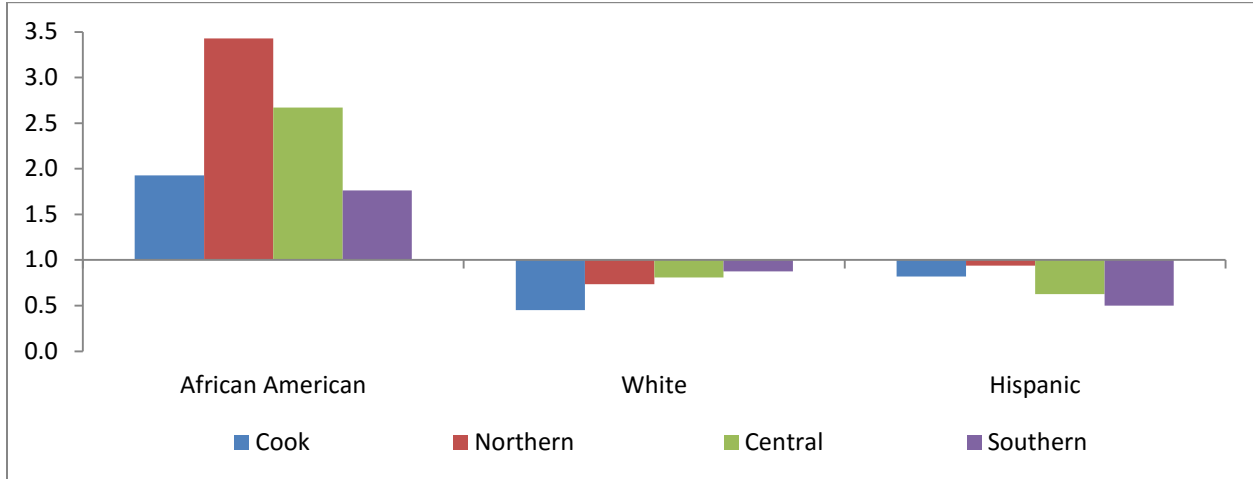
Indicated Reports

The next decision point examined is indicated maltreatment reports. Reports are indicated when CPS workers find credible evidence that the alleged abuse or neglect occurred.⁵ If the allegations are indicated, the perpetrators' names are entered into the State Central Register and remain there for a period of 5 to 50 years, depending on the allegation type.⁶ The absolute RDIs for the three groups at this decision point over the past seven years are shown in Figure 4.9. As with the other decision points, African American children are overrepresented (RDIs range from 1.9 to 2.1), Hispanic children are underrepresented (RDIs range from 0.6 to 0.7), and White children are represented at rates close to their representation in the Illinois child population (see Figure 4.9 and Appendix D, Table 4.C.1).

At the regional level (see Figure 4.10 and Appendix D, Table 4.C.2), the Northern region had the highest overrepresentation of African American children in indicated reports (RDI = 3.4 in 2018), followed by the Central (RDI = 2.7), Cook (RDI = 1.9), and Southern regions (RDI = 1.8).

⁵ Illinois Department of Children and Family Services. (October, 2015). *Procedures 300 Section 50 Investigative Process*. Springfield: Author. Retrieved from https://www.illinois.gov/dcf/aboutus/notices/Documents/procedures_300.pdf

⁶ Illinois Department of Children and Family Services. (August, 2002). *Procedures 431 Section 140 Maintenance of Department Records*. Springfield: Author. Retrieved from https://www.illinois.gov/dcf/aboutus/notices/Documents/procedures_431.pdf

Figure 4.9 Absolute RDI for Indicated Reports—State**Figure 4.10 Absolute RDI for Indicated Reports—Regional (2018)**

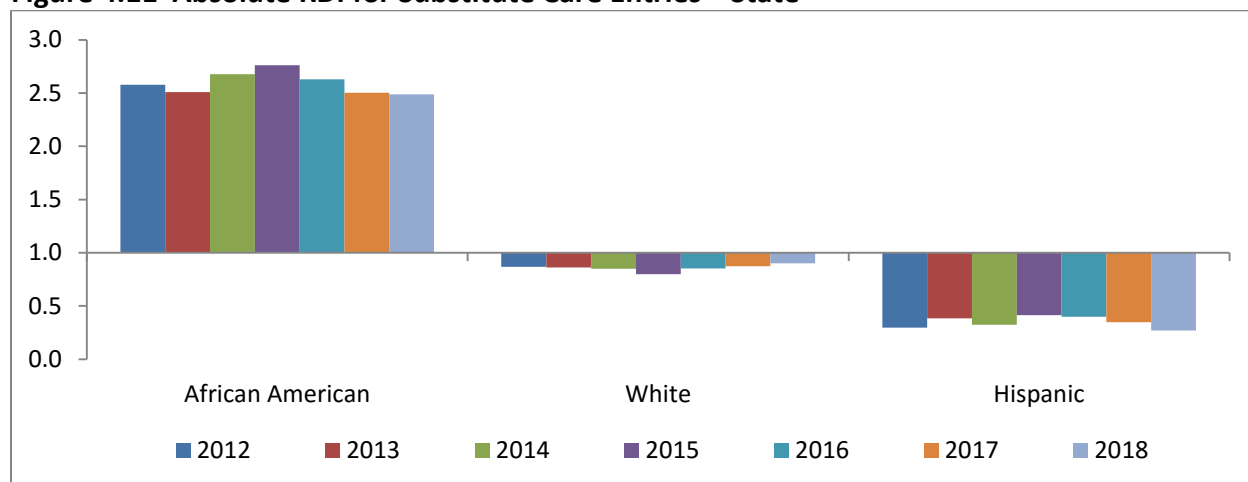
The relative RDIs at this decision point were calculated by comparing the percentage of children in indicated reports to the percentage of children in investigated reports. At the state level, all three racial groups have relative RDIs at or near 1.0, suggesting that the degree of disproportionality did not increase or decrease at this decision point compared to the previous decision point (see Appendix D, Table 4.C.3). The relative RDIs were also at or near 1.0 in all regions (see Appendix D, Table 4.C.4).

Substitute Care Entries

The next decision point is substitute care entries. If the CPS worker finds evidence that maltreatment has occurred and if the child cannot safely remain in the home, the child may be removed and placed into substitute care. Figure 4.11 shows the absolute RDIs for substitute care entries over the last seven years, and the patterns are similar to those at previous decision points. White children are proportionally represented compared to their representation in the general population (RDIs were between 0.8 and 0.9), while African American children are

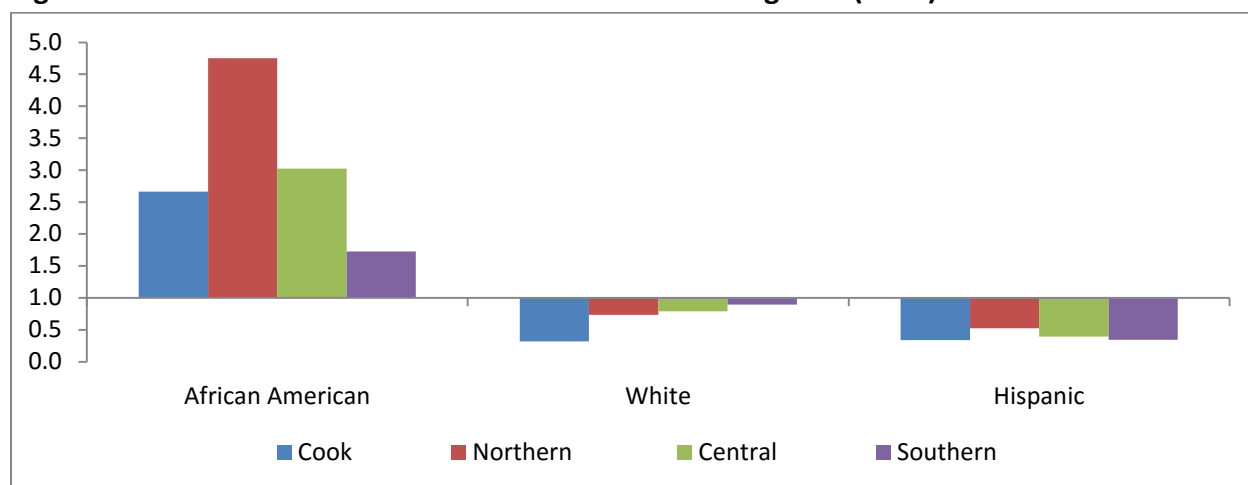
overrepresented (RDIs were between 2.5 and 2.8) and Hispanic children underrepresented (RDIs were between 0.3 and 0.4; see Appendix D, Table 4.D.1). There is little change over the past seven years.

Figure 4.11 Absolute RDI for Substitute Care Entries—State



Across regions, absolute RDIs for substitute care entries showed similar patterns as those for previous stages (see Figure 4.12). The range of absolute RDIs for African American children was striking, ranging from 1.7 in the Southern region to 4.8 in the Northern region in 2018 (see Appendix D, Table 4.D.2). Absolute RDIs for White and Hispanic children do not vary much by region.

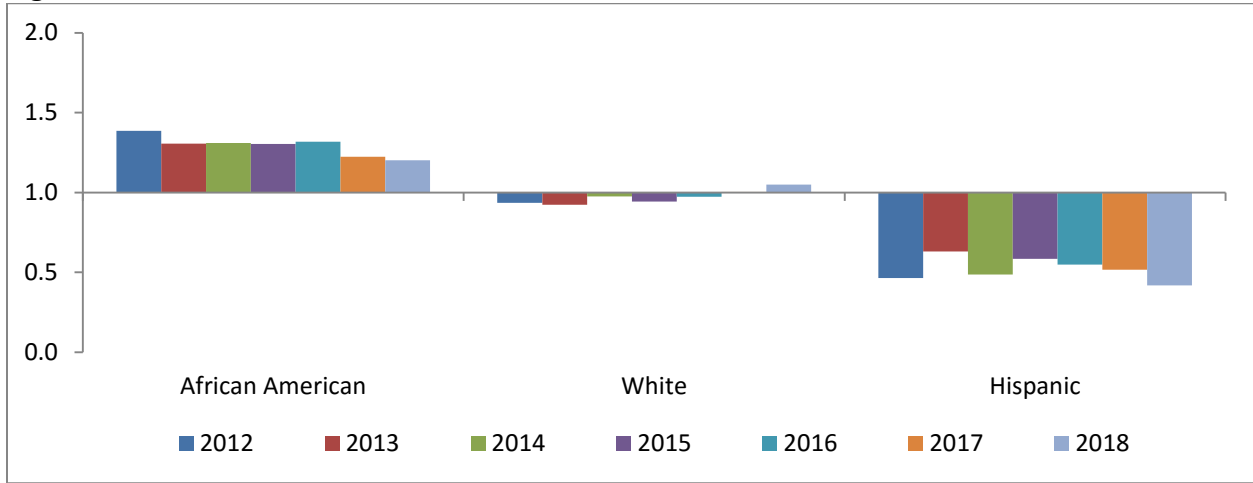
Figure 4.12 Absolute RDI for Substitute Care Entries—Regional (2018)



When the relative RDIs are examined, White children enter substitute care at rates proportional to their representation among indicated reports (see Figure 4.13 and Appendix D, Table 4.D.3). The relative RDI for African American children was 1.4 in 2012, suggesting that they enter substitute care at rates higher than their indication rates. However, the rate decreased to 1.2 in 2017 and 2018. Hispanic children had relative RDI less than 1.0 (0.4 – 0.6), meaning that

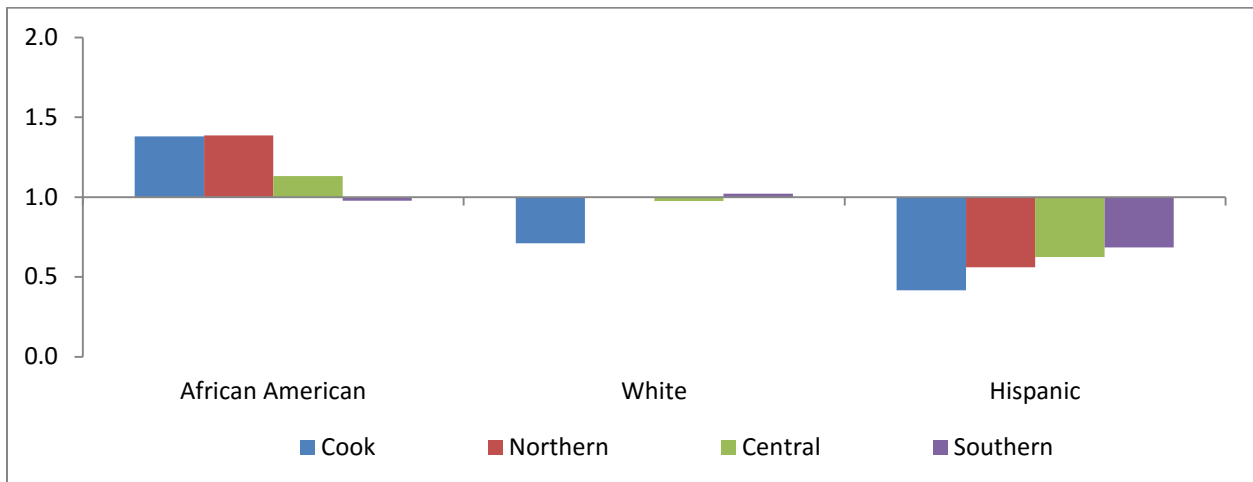
workers decide to remove Hispanic children from home and place them into substitute care less frequently than their indication rates.

Figure 4.13 Relative RDI for Substitute Care Entries—State



When relative RDIs for substitute care entries were examined by region, White children enter substitute care at rates proportional to their representation among indicated reports across all the regions except Cook (relative RDI=0.7). The disproportionality at this decision point increased for African American children in both Cook and Northern regions (relative RDI=1.4). Hispanic children were less likely to enter care than the rate at which they had an indicated report for all regions (see Figure 4.14 and Appendix D, Table 4.D.4).

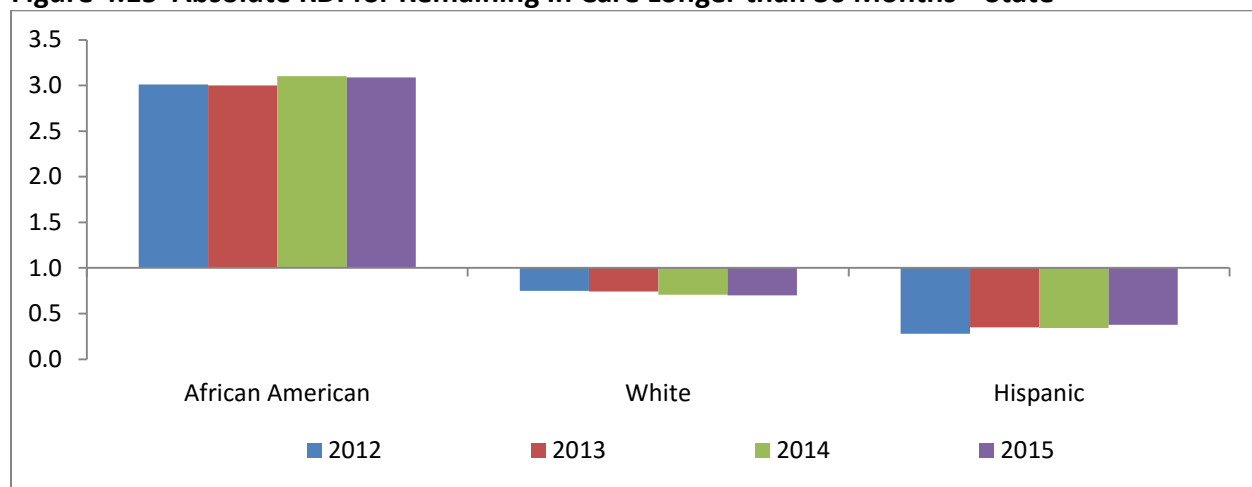
Figure 4.14 Relative RDI for Substitute Care Entries—Regional (2018)



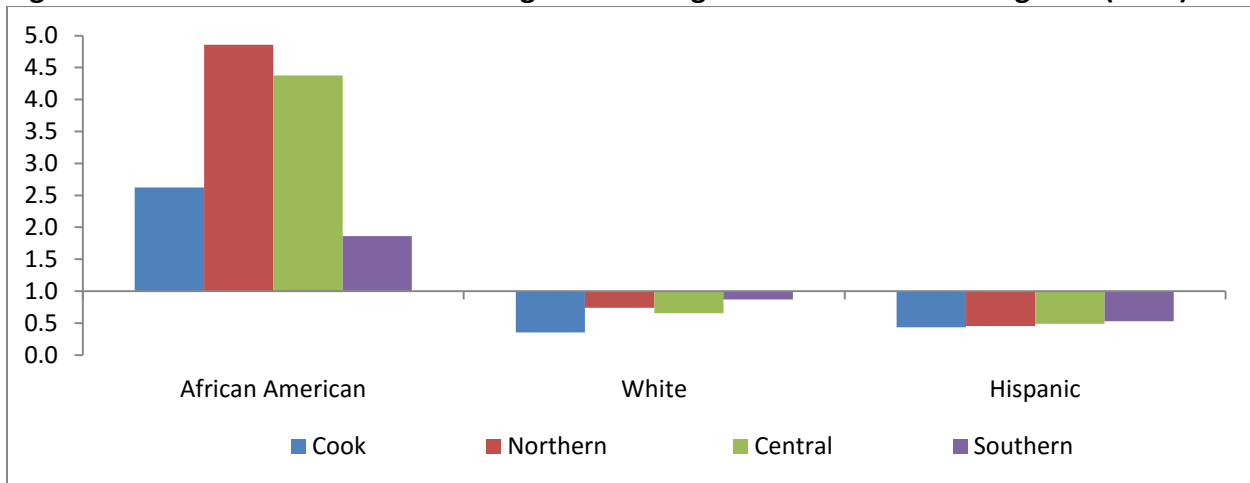
Substitute Care Exits

The final decision point examined is substitute care exits. When children are removed from their families and placed into substitute care, the goal is for them to safely exit substitute care as soon as possible, either through reunification with their biological caregivers, adoption, or guardianship. A sizeable percentage of children remain in substitute care for long periods of time in Illinois, and this indicator examines the percentage of children in each racial group that remain in substitute care for more than three years. When the absolute RDI are examined at this stage, African American children are overrepresented, with RDIs around 3.0. Both White (RDIs=0.7) and Hispanic (RDIs between 0.3 and 0.4) children are underrepresented (see Figure 4.15 and Appendix D, Table 4.E.1).

Figure 4.15 Absolute RDI for Remaining In Care Longer than 36 Months—State



The regional patterns for the absolute RDI are similar to previous decision points (see Figure 4.16 and Appendix D, Table 4.E.2); disproportionality among African American children was highest in the Northern region (RDI = 4.9), followed by Central (RDI=4.4), Cook (RDI=2.6), and Southern (RDI = 1.9) regions. The absolute RDI for African American children in the Northern region has decreased from 6.0 in 2012 to 4.9 in 2015 (see Appendix D, Table 4.E.2).

Figure 4.16 Absolute RDI for Remaining In Care Longer than 36 Months—Regional (2015)

When examining relative RDIs, children remained in substitute care more than 36 months at rates proportional to their entries into substitute care for most years (relative RDIs are close to 1.0; see Figure 4.17 and Appendix D, Table 4.E.3). Examination of the regional relative RDIs shows similar results across the regions (see Appendix D, Table 4.E.4).

Figure 4.17 Relative RDI for Remaining In Care Longer than 36 Months—State

Discussion and Conclusions: Racial Disproportionality

This chapter examines racial disproportionality in the Illinois child welfare system in a number of ways. Absolute racial disproportionality indices were calculated that compared children's percentages at five child welfare decision points with their corresponding percentage in the Illinois child population. The results of these analyses found that compared to their percentage in the general child population, African American children were overrepresented and Hispanic children were underrepresented at every decision point in the child welfare system over the past 7 years. The absolute RDI for remaining in care longer than 36 months is especially high.

Regional analysis indicates that the highest rate of disproportionality for African American children occurs in the Northern regions; RDIs are relatively lower in the Southern region at most decision points.

One drawback of the absolute RDI as a measure of disproportionality is that if a racial group is over- or under-represented at an early decision point, they are likely to be over- or under-represented at each decision point that follows it. For example, if African American children comprise 50% of the children who are investigated for maltreatment but only 25% of the general child population, the absolute RDI at this decision point is 2.0. Even if African American children make up 50% of the children at all subsequent stages (suggesting proportional representation compared to investigations), their absolute RDI will remain at 2.0, indicating over-representation and concerning disproportionality throughout the child welfare system.

The relative RDI eliminates this drawback by examining the representation of a particular racial group at one decision point compared to the prior decision point. It therefore represents the amount of disproportionality over and above that which was present in the system. When relative RDIs were examined in Illinois for the three racial groups, the analyses indicated that disproportionality among African American children increased at the protective custody and substitute care entry decision points, and decreased among Hispanic children at these same decision points. There has been little change in either the absolute or relative RDIs over the past seven years.

Both over-representation and under-representation could result from unfair treatments or uneven resource allocations against a specific racial or ethnicity group. One of the goals in the DCFS strategic plan is to eliminate racial disparity through implementing the Family Focused, Trauma Informed, and Strengths Based (FTS) Illinois Core Practice Model in communities.⁷ Careful tracking of RDIs over time can inform any improvement in the Department's efforts in this important area.

⁷ Illinois Department of Children and Family Services. (January, 2017). *Illinois Child Welfare Transformation: 2016-2021*. Springfield, IL: Author. Retrieved from https://www.illinois.gov/dcf/aboutus/newsandreports/Documents/2016-2021_Illinois_Childwelfare_Transformation_Strategic_Plan_FINAL.pdf.



Chapter 5

Child Well-Being

This chapter presents results from the 2017 Illinois Study of Child Well-Being, which provides an overview of the development, physical health, mental health, and other well-being domains of children in traditional foster care, specialized foster care, kinship care, residential treatment and group homes in Illinois. This chapter was adapted from a comprehensive report on the study, which is available on the Children and Family Research Center's website.¹

Methodology

The CFRC drew a stratified random sample of 700 children who were living in substitute care on October 23, 2017. An additional 97 children were added to the sample to replace those in the original sample who were ineligible. Stratified random sampling was used to insure that enough children in different age groups and with different lengths of stay in substitute care were included. Half the children in the sample had been in care less than three years and the other half more than three years. Then an additional stratification by child age was done within the length of stay categories.

The Survey Research Laboratory of the University of Illinois at Chicago (SRL) conducted the interviews for this study from December 2017 to July 2018. SRL interviewed caseworkers, caregivers, and children age 7 and older. Additional data on the 797 children were downloaded from DCFS client information systems.

¹ Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

The 2017 Illinois Child Well-Being Study is in most ways a replication of the Illinois Child Well-Being (IL-CWB) studies conducted in 2004 and 2005.² Replicating these studies enabled the research team, which had limited time and funds, to field the study more quickly by adapting interview protocols and other methods from the previous studies. Interviews included standardized measures of well-being as well as questions developed specifically for the Illinois well-being studies. Caseworker, caregiver, and child data files were developed from the interview data. Standard descriptive statistics (percentages, means, standard errors) were used to profile the well-being of children in out-of-home care. Bivariate statistics (crosstabs with Pearson χ^2 or exact significance tests, analyses of variance) were used to look for differences in well-being by placement setting, child age group, sex, race-ethnicity, region, and sexual orientation (LGBTQ+ vs. heterosexual).

Child Development

Most children age 0 to 5 did not show signs of developmental difficulties on the Ages and Stages Questionnaire (ASQ), a standardized caregiver measure of children's capabilities. However, on the Communications, Gross Motor, and Fine Motor domains of the ASQ, more than one-fifth of young children had scores that indicated possible developmental delay or a level of developmental risk that needed to be monitored. This could be an underestimate, because similar studies that included standardized assessments by trained interviewers have found higher rates of developmental issues.³ More than a quarter (26.5%) of caregivers of children age 0 to 5 were told their child had a learning problem. More than a quarter (25.8%) of caregivers of children age 3 to 5 reported that their child had been classified as needing special education. Caseworkers working with the child and family identified one or more special needs for 29.2% of children across the entire sample; this percentage was similar in every child age group. Special needs were more likely in specialized foster care (57.8%) and group homes and residential treatment (52.0%) than in kinship care (26.9%) or traditional foster care (21.0%).

Just under half (48.4%) of caregivers of 0 to 5 year olds said their child was receiving a developmental intervention. Developmental interventions for this age group included education or therapeutic services in the home (24.9%), therapeutic or educational daycare (17.8%), and educational and therapeutic services at a center (10.2%). Surprisingly, there was only a modest relationship between ASQ scores and receiving a developmental intervention.

² See Hartnett, M.A., Bruhn, C., Helton, J., Fuller, T. & Steiner, L. (2009). *Illinois Child Well-Being Study: Year Two Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

Bruhn, C., Helton, J., Cross, T.P., Shumow, L. & Testa, M. (2008) Well-being. In Rolock, N. & Testa, M. (Eds.) *Conditions of children in or at risk of foster care in Illinois 2007: An assessment of their safety, stability, continuity, permanence, and well-being*. Children and Family Research Center, School of Social Work, University of Illinois at Urbana-Champaign. Urbana, IL: Children and Family Research Center

³ See, e.g., Cross, T.P. & Helton, J.J. (2012). *The Well-Being of Illinois Children in Substantiated Investigations: Baseline Results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. U.S. Department of Health and Human Services, Administration for Children, Youth and Families (2001). *National Survey of Child and Adolescent Well-Being: One Year in Foster Care Report*. Washington, D.C. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/ovfc_report.pdf

Many children who scored in the delay/monitoring range on the ASQ were not receiving a developmental intervention. A large majority of caregivers of children age 3 to 5 (80.8%) reported that their child were enrolled in some form of preschool or Head Start.

Some groups of young children in care were more likely to receive a developmental intervention than other groups. Children age 0 to 3 were more likely to receive a developmental intervention (56.7%) than children age 4 and 5 (34.8%). Children age 0 to 5 were more likely to receive a developmental intervention if they were in specialized foster care (71.4% of 7 children) or in traditional foster care (55.6%) than if they were in kinship care (37.5%). Children age 0 to 5 were more likely to receive a developmental intervention in Cook County (73.8%) and in the Northern region (58.3%) than in the Southern region (38.5%) and Central region (25.0%).

Physical Health

Almost all caregivers (94.1%) said their child was in good to excellent health, and almost all (98.0%) said that their child was up-to-date on their immunizations. Yet caregivers' responses suggested that 46.8% of children had a serious or chronic health problem, and 32.3% of children and youth interviewed reported that they had an illness, disability, handicap and/or recurring health problem. Almost half of youth (48.4%) reported suffering an injury in the previous 12 months and 27.7% said that they had seen a doctor or nurse for an injury during that time period. The results for injuries are worrisome, though somewhat difficult to interpret because we do not know how severe a child's injuries were. Nevertheless, the finding that over a quarter of children saw a doctor or a nurse for an injury in the previous year suggests that children in out-of-home care are at significant risk for injuries that require medical attention.

Caseworkers reported making referrals in 80.7% of cases for routine check-ups or immunization and in 69.3% of cases for routine or preventative dental care, and occasionally for other health services as needed. Caseworker reports also indicate that the vast majority of children received the health services they needed.

Emotional and Behavioral Health

The study included a range of measures of child emotional and behavioral problems from the interviews with caseworkers, caregivers, and children themselves. Caregiver ratings on the Child Behavior Checklist (CBCL) indicated that 17.8% of children age 3 to 5 had emotional or behavioral problems in the clinical or borderline clinical range, a range typically requiring intervention. On the CBCL for children and youth age 6 to 18, 41.5% scored in the clinical or borderline clinical range and were likely to need intervention. This percentage was strikingly similar to the percentage on this variable from the previous IL-CWB studies in 2001 (45.0%), 2004 (41.4%), and 2005 (44.0%). This suggests that the rate of emotional and behavioral problems among Illinois children in out-of-home care has been high for many years.

The most common child emotional and behavioral problems identified by caregivers were extreme stress from abuse and neglect (31.4%), attention deficit disorder (29.4%), oppositional or defiant behavior (29.1%), conduct or behavior problems (29.0%), and attachment problems (21.2%). According to caregivers, the most common child problems diagnosed by doctors were attention deficit disorder (19.8%), oppositional or defiant behavior (13.3%), and extreme stress from abuse/neglect (12.4%). On the Youth Self-Report measure completed by youth age 11 or older, 36.9% of youth fell in the borderline clinical to clinical range on the total problem score. Of the 12 youth who identified as LGBTQ+, majorities were in the clinical range or borderline clinical range on self-report scales of somatic complaints, thought problems, and negative mood, significantly higher percentages than among youth who identified as heterosexual.

As part of their interview, 81 adolescents in the sample answered questions about alcohol and substance use, sexual activity, and delinquent behavior (52 youth age 11 to 14 and 29 youth age 15 to 17). Substantial proportions of youth age 15 to 17 had used alcohol (55.8%), cigarettes (45.1%), and marijuana (47.2%). More than a fifth (20.4%) of youth age 15 to 17 had used drugs such as cocaine, crack, or heroin, and 32.2% in that age group had used prescription drugs illicitly. Two-thirds of youth age 15 to 17 and 11.9% of youth age 11 to 14 had had sexual intercourse. Out of 26 youth who had had sex, 26.9% reported that the first time they had sex it was not consensual. Only 33.8% of youth age 15 to 17 always used protection when having sex. Five out of 15 girls age 15 to 17 (33.3%) reported having been pregnant, but no boy reported having gotten someone pregnant. Over one-fifth of youth age 11 to 17 (22.2%) had committed one to three delinquent acts in the last six months and 18.1% had committed four or more delinquent acts.

There were substantial differences by placement setting in emotional and behavioral problems and in delinquent behaviors. Children and youth in specialized foster care and group homes and residential treatment had the highest rates of these problems. Children and youth in kinship care had the lowest rates of these problems, though still significantly higher than children in general.

A majority of children in the sample (60.0%) were currently receiving a behavioral health service and 85.3% of those with a mental health need (as measured in the study) were receiving a service. The most common mental health services currently received were counseling (44.7% of all children and 69.5% of those with mental health need), in-school therapeutic services (22.8%), and outpatient psychiatry (19.0%).

Caregivers were also presented a second list of emotional and behavioral health services and asked which ones their child had ever received. The second list, drawn from the National Survey of Child and Adolescent Well-Being (NSCAW), did not capture private mental health services or mental health services in certain community agencies. Looking at those children with mental health need (as determined from their scores on mental health measures in the study), 65.7% had received at least one mental health service. The most common mental health services this group received were in-school counseling services (52.2%), in-home counseling and crisis

services (30.5%), and psychiatric hospitalization (25.5%). Youth in group homes and residential treatment centers had more extensive histories of mental health treatment than other youth.

Education

Almost all children were currently in school and the vast majority were expected to advance to the next grade. More than 90% of youth 10 and older thought it was pretty likely they would graduate from high school. However, a majority of children (62.2%) had attended two or more schools in the past two years, and 18.1% had attended three or more schools. By far the most common reason for changing schools was the geographic location of a new foster care placement. A large majority of children had no school disciplinary actions against them in the previous year, but 15.9% had detentions, 25.1% in-school suspensions, 8.5% out-of-school suspensions, and 11.4% other disciplinary actions. Many children (41.3%) had missed 1 to 9 days of school in the last 30 days and 3.9% had missed 10 days or more.

Caregiver reports suggest that most children were performing adequately in school. The majority of children reportedly had no grades lower than C and were at grade level or higher in reading and math. But more than one-fifth of children had report cards with grades lower than C (caregivers reported 21.1% and children themselves reported 23.1%). Each of the following difficulties applied to about a third of the sample: reading below grade level, doing math below grade level, caregiver being told the child has a learning problem, and child being classified as needing special education. White students were significantly more likely to get a grade below C (39.5%) than African American students (17.0%) or other race students (13.2%).

Students in the sample were asked a series of school engagement questions rated on a scale from 1 'never' to 4 'almost always.' Majorities of children reported that they often or almost always enjoyed being in school, got along with their teacher, listened carefully in school, got homework done, did their best work at school, found class interesting, and got along with other students. On the other hand, majorities reported at least sometimes hating going to school, finding school work too hard, and not completing assignments. On average across questions, students scored 3.23 which is between "often" and "almost always" engaged. White students were significantly more engaged (mean=3.38) than African American students (mean=3.02). Out of 13 LGBTQ+ youth, 6 reported often or always hating to go to school (46.2%), a significantly higher percentage than heterosexual youth (13.2%).

It is noteworthy that results from our interviews with caregivers, children and caseworkers tended to be more positive for several variables than the results gathered from school records in the previous IL-CWB studies. It would be a very human response for caregivers and children to recall information more positively than school records indicate. Educational progress needs to be explored more with school records. One positive step is DCFS' new opportunity to access school records data from the Illinois State Board of Education, thanks to a 2015 data sharing agreement.⁴

⁴ Personal communication, Kimberly Mann, Deputy Director, DCFS- Office of Child Well-Being June 2017

Child Safety

Children are placed in out-of-home care to protect their safety, and maintaining their safety is a paramount concern. Nevertheless, children in out-of-home care may still face threats to their safety in their placement, their school, or their neighborhood. Children were asked about being deliberately hurt by others as well as questions about their exposure to different forms of violence. Almost one-third of children (32.6%) reported being physically hurt by someone in the past year. Youth aged 15 to 17 were at greater risk for being physically hurt by someone (53.3%). Youth in group homes or residential treatment, many of whom are older adolescents, were at an especially high risk (66.7%). However, only three children reported being physically hurt in the last year by someone who was responsible for taking care of them, which was 4.7% of the sample answering this question. Just over one-tenth of youth (10.2%) reported experiencing a physical attack from someone in the past year that caused injury.

Children also completed the Exposure to Violence Scale, a measure of the violence and wrongdoing that children have witnessed or experienced in their lives. Almost half of children (44.9%) had witnessed someone being arrested, and substantial percentages had witnessed stealing (30.5%), someone being beaten up (24.8%), drug dealing (19.1%) and someone having a weapon pointed at them (17.1%). Over one-fifth of youth reported personally being slapped hard by an adult in their home during their lifetime and 14.5% reported being beaten up by an adult in the home. Almost half of youth reported being spanked during their lifetime. Among 13 LGBTQ+ youth, 5 (38.5%) reported having been beaten up by an adult at home in their life, significantly more than heterosexual youth (13.0%). Children in group homes and residential treatment had especially high lifetime rates on the Exposure to Violence Scale.

The rates at which children in out-of-home care witnessed or experienced violence in their current placement were generally low. When questions on the Exposure to Violence Scale about experiencing violence in their current home were asked of children, rates were between 0% to 2% on most items. However, about one in seven children (14.6%) reported witnessing spanking in their current foster home. Among children age 9 to 11, 20.0% reported being spanked in their current placement; children in kinship care were at higher risk of being spanked (15.6%) than children in traditional foster care (2.2%).

Children's Experience of Out-of-Home Care

Numerous questions in the child interview asked children and youth about their experience of out-of-home care, and the caseworker interview provided relevant information as well. Large majorities of children felt good when they were with their caregiver and felt close to them. Large majorities felt their caregiver cared about them, trusted them, helped them, thought they were capable, and enjoyed spending time with them. Almost all youth liked living with the foster family and felt like part of the family. Most children felt that they could stay in their placement until they grow up. Majorities of children reported that their out-of-home

caregivers monitored them in a variety of ways. Majorities of caregivers used non-violent disciplinary methods such as grounding the child. Caseworkers reported that 86.3% of caregivers had expressed interest in adopting the child. Most children felt that their caseworker listened to them all the time and understood their situation very well. More than two-thirds of children and youth missed someone from where they used to live. About one-third of children would choose to live with their birth mother, about a third with their current foster parent, and smaller percentages with a variety of other relatives or friends. More than a third of children (37.5%) never saw their real mother, 34.2% saw their real mother at least once a week, and 28.4% saw their mother less than once a week. More than two-thirds of children wanted to see their real mother more. More than half of children and youth (53.6%) never saw their real father, 2.7% saw him at least once a week, and 23.7% saw him less often.

Caseworkers reported that 69.4% of the children in the study had siblings in care. Almost two-thirds of these children (64.1%) lived with their siblings, but 35.9% of them had siblings in another placement. Many children (43.7%) who had a sibling in care in another home did not see that sibling even once a month. The majority of children wanted to see their siblings more.

Resilience

Some children are resilient and do well despite the maltreatment they have suffered. Supporting children's resilience is an important part of the child protection response and has the potential to promote children's continued well-being into adulthood.

Across a range of questions, 88.7% or more of youth reported that they had a parent, another relative, and/or a non-relative adult who supported them. Large majorities reported that they had adults that were checking in on them and that they could call in an emergency. Almost all youth (97.3%) reported that they had at least one close friend and 49.8% said they had four or more close friends. Large majorities of youth reported average to above average involvement in sports, and having a job or assigned chores. Over a third of youth said they were involved in clubs, teams or other organized groups.

Youth age 14 to 17 also completed the Ansell Casey Life Skills-Daily Living measure, an instrument that assesses whether youths have different skills needed for independent living in today's society. Large majorities of the youth reported that they had skills for using the internet and other technology. Most reported that they could evaluate the ingredients on food labels, think about the impact of different foods on their health, cook for themselves, and use cleaning products and a fire extinguisher.

Majorities of children and adolescents gave high or very high ratings on questions asking about life satisfaction. For example, 80.3% of children and 60.6% of adolescents rated their life as excellent or very good, 76.9% of children and 76.0% of adolescents reported their life was going extremely well or very well. However, 35.8% of pre-adolescent children reported always to sometimes wishing they had a different kind of life, 32.8% reported that they had none of what

they wanted in life to only some of what they wanted, 39.4% of adolescents rated their life as very poor to fair, and 47.0% of adolescents rated their life situation as very poor to fair.

Almost half of youth thought there was some chance to about a 50-50 chance of being married by age 25, and 21.3% thought it was pretty likely it would happen. More than half (57.8%) thought it was pretty likely they would have a family when they got older. A large majority (84.6%) of youth thought it was pretty likely they would live to age 35, and 84.1% thought they had chances of a good job by age 30. Just over three-quarters thought there was no chance they would have a child before age 18.

Discussion and Conclusions: Child Well-Being

The 2017 Illinois Child Well-Being Study identifies strengths shared by many children and youth in out-of-home care. Many children are reportedly doing well in their development, physical health, emotional and behavioral health, education, and experience of out-of-home care.

Yet many of our findings should provoke concern. Many children and youth are struggling. Many are lagging in development, have chronic health conditions or special needs, have serious emotional or behavioral challenges, struggle at school, have experienced threats to their safety, or report at least some substantial negative experiences during their time in out-of-home care. Many missed people they had left behind when they were placed, and many had limited or no contact with their real mother and father or other family members.

Many youth reported satisfaction with their lives, positive self-appraisal of their social competence and life skills, and optimistic expectations of the future. Their ability to think well of their life and themselves in the face of objectively limited functioning and challenged environments may be a strength. The best response is to help them build on their investment in themselves by providing them the services and supports they need.

Overall, the findings on safety suggest that many children are safer in their current placement than they were in previous homes they lived in. But over half of older adolescents had been physically hurt by someone in the past year, and two-thirds of those in group homes and residential treatment. This threat of injury by attack needs to be studied more and actions taken to reduce this threat. The use of spanking by caregivers needs to be explored more, as DCFS licensing standards prohibit corporal punishment and considerable research indicates that it is harmful to children's well-being. Substantial attention is needed on the safety of youth in group homes and residential treatment. The percentage of children who saw a doctor for an injury also raises questions about whether children were in safe environments and are provided appropriate monitoring and safety practices.

Many children received services and supports, but there were still gaps. A number of young children whose ASQ scores suggested developmental delay or a need for monitoring were not receiving developmental interventions. A large percentage of children age 3 to 5 were receiving early childhood education, but there is room for improvement, as it is DCFS policy for all

children in care in this age group to be enrolled. Increased efforts are needed to reduce frequent school changes due to foster care placements, to increase school attendance, to deal with behavior problems at school, and to improve academic performance.

We need to be aware of how children and youth's well-being differs depending on what placement setting they are in. One persistent theme is the substantially greater difficulties of children in group homes, residential treatment, and specialized foster care. Our findings underscore the substantial needs of children in these settings and should reinforce our determination to devote resources to these children and seek the best treatment possible for them.

A number of findings suggest that the well-being of children in kinship care was in some ways better and in some ways worse than the well-being of children in traditional foster care. Children in kinship care were more likely to have contact with their existing friends and to see their real mother and real father. However, they were more likely to be spanked, and less likely to receive developmental interventions. These differences between kinship care and traditional foster care should be explored more. Another difference that needs to be explored further is the greater likelihood of developmental interventions in Cook County and the Northern region compared to the Central and Southern regions.

This was the first IL-CWB study to assess sexual orientation and attraction; 21.8% of the youth age 12 to 17 who were interviewed reported an LGBTQ+ sexual orientation. Despite the small size of this group, LGBTQ+ youth were significantly more likely to score highly on self-report measures of negative mood, somatic (bodily) concerns, and thought problems, more likely to report often or always hating going to school, and more likely to report having been beat up by an adult at home at some point in their life. These youth may face negative reactions to their sexual orientation that make their life even more difficult than other youth in out-of-home care. We recommend more research specifically focused on exploring the well-being of LGBTQ+ youth in out-of-home care.

We have several suggestions for ways to use 2017 Illinois Child Well-Being Study. First, advocates for children and youth could use many findings in this report to support arguments for improving the response to children in out-of-home care. These could be used to advocate in systems that provide children in out-of-home care services such as early intervention, education, health, and mental health. Numbers help underline appeals based on case narratives, and lend greater credibility to advocates when seeking to improve services and secure more funding.

DCFS has developed numerous policies and practices to support the well-being of children in out-of-home. Data from this study can be used to assess the implementation of these policies. This may help identify gaps in implementation, and may also provide evidence when DCFS is carrying out policies effectively. For example, our finding that most children who have siblings in care are living with them provides evidence that DCFS is typically able to implement its policy

on siblings. The finding that this is less likely with larger sibling groups illustrates an obstacle to full implementation of this policy.

Additional analyses of the well-being data set could be conducted to inform the development of new programs or policies. Practitioners and policy makers could collaborate with researchers to develop what we might call “well-being impact statements” in the process of developing new initiatives. New analyses of the well-being data set could be conducted if needed. Imagine, for example, a new effort to improve developmental services for young children. One would want to explore more about our finding that caregivers are reporting a substantial percentage of young children receiving developmental interventions in the home.

The 2017 Illinois Child Well-Being study is well suited to help guide future research. It is very broad, covering many areas, but also very thin, exploring none of them in depth. Many smaller studies could be developed to pursue questions raised by the study. We recommend that DCFS professionals, policy stakeholders, researchers, and students study well-being findings to start crafting plans for future research.



Appendix A

Indicator Definitions

Appendix A provides definitions for each of the outcome indicators used in the report. For each indicator, a general definition is provided, followed by a description of the population of children included in the denominator and numerator, and any children that were excluded from the calculations. In this report, all indicators are calculated based on the state fiscal year, which spans the 12-month period from July 1 to June 30. All indicators exclude youth 18 years and older. Indicators used in the Child and Family Service Reviews are designated by (CFSR) in the indicator title.

Chapter 1: Child Safety

Indicator 1.A: Maltreatment Recurrence (CFSR)¹

Definition: Of all children who were victims of a substantiated maltreatment report during the fiscal year, the percentage that were victims of another substantiated maltreatment report within 12 months.

Denominator: The number of children with at least one substantiated maltreatment report during the fiscal year.

Numerator: The number of children that had another substantiated maltreatment report within 12 months of their initial report.

Exclusions: 1) subsequent reports of maltreatment within 14 days of the initial report are excluded; 2) multiple reports on the same incident date are excluded; 3) substantiated reports of allegation 60 (Environment Injurious to Health and Welfare) between October 1, 2001-December 31, 2013 and May 31, 2014-June 11, 2014 are excluded.

Indicator 1.B: Maltreatment Among Children in Intact Family Cases

Definition: Of all children served in intact family cases during the fiscal year, the percentage that had a substantiated maltreatment report within 12 months.

Denominator: The number of children served in intact family cases during the fiscal year. Intact family cases are defined as those in which all children in the family are at home at the time the family case opens.

Numerator: The number of children who had a substantiated report within 12 months of the case open date.

Exclusions: 1) intact family cases open 7 days or fewer are excluded; 2) intact family cases with any child who enters substitute care within 30 days of case open date are excluded; 3) subsequent reports within 14 days of the initial maltreatment report are excluded; 4) multiple reports on the same incident date are excluded; 5) substantiated reports of allegation 60 (Environment Injurious to Health and Welfare) between October 1, 2001-December 31, 2013 and May 31, 2014-June 11, 2014 are excluded; 6) maltreatment reports in child care facilities, including day care facilities, foster homes, group homes, and residential treatment centers, are excluded.

Indicator 1.C: Maltreatment Recurrence Among Children Receiving No Services

Definition: Of all children with a substantiated report who did not receive intact family or substitute care services, the percentage that had another substantiated report within 12 months.

Denominator: The number of children with a substantiated maltreatment report during the fiscal year who were not in an intact family case or placed into substitute care within 60 days of the maltreatment report date.

¹ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Recurrence of Maltreatment*. Retrieved on April 27, 2018 from <http://www.dcyf.ri.gov/docs/reports/maltxtrecr.pdf>

Numerator: The number of children who had another substantiated maltreatment report within 12 months of their initial report.

Exclusions: 1) subsequent reports of maltreatment within 14 days of the initial report are excluded; 2) multiple reports on the same incident date are excluded; 3) substantiated reports of allegation 60 (Environment Injurious to Health and Welfare) between October 1, 2001-December 31, 2013 and May 31, 2014-June 11, 2014 are excluded.

Indicator 1.D: Maltreatment in Substitute Care (CFSR)²

Definition: Of all children in substitute care during the fiscal year, the rate of maltreatment per 100,000 days of substitute care.

Denominator: The total number of days children were in substitute care placements, including trial home visits, during the fiscal year.

Numerator: The total number of substantiated maltreatment reports that occurred during substitute care placements.

Adjustments: The results are multiplied by 100,000 to produce larger numbers that are easier to understand.

Exclusions: 1) substitute care episodes less than 8 days are excluded; 2) if a youth turns age 18 during the period, any time in care and maltreatment reports that occur after the 18th birthday are excluded; 3) maltreatment reports that occur within the first 7 days of removal are excluded; 4) subsequent reports that occur within 1 day of the initial report are excluded; 5) records with disposition or report dates falling outside of the 12-month period are excluded; 6) incident dates occurring outside of the removal episode are excluded, even if the report dates fall within the episode; 7) substantiated reports of allegation 60 (Environment Injurious to Health and Welfare) between October 1, 2001-December 31, 2013 and May 31, 2014-June 11, 2014 are excluded.

² Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Maltreatment in Foster Care*. Retrieved on April 27, 2018 from <http://www.dcyf.ri.gov/docs/reports/maltxtfc.pdf>

Chapter 2: Family Continuity, Placement Stability, and Length of Time in Care

Indicator 2.A.1: Initial Placement—Home of Parents

Definition: Of all children entering substitute care, the percentage that was placed in the home of their parent(s) in their first placement.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children initially placed in the home of parents (HMP).

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 2.A.2: Initial Placement—Kinship Foster Home

Definition: Of all children entering substitute care, the percentage that was placed in kinship foster homes in their first placement.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children initially placed in kinship foster homes. The Kinship Foster Home category includes Delegated Relative Authority (DRA) and Home of Relative (HMR).

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 2.A.3: Initial Placement—Traditional Foster Home

Definition: Of all children entering substitute care, the percentage that was placed in traditional foster homes in their first placement.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children initially placed in traditional foster homes. The Traditional Foster Home category includes Foster Home Boarding DCFS (FHB), Foster Home Indian (FHI), Foster Home Boarding Private Agency (FHP), and Foster Home Adoption (FHA).

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 2.A.4: Initial Placement—Specialized Foster Home

Definition: Of all children entering substitute care, the percentage that was placed in specialized foster homes in their first placement.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children initially placed in specialized foster homes. The Specialized Foster Home category includes Foster Home Specialized (FHS) and Foster Home Treatment (FHT).

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 2.A.5: Initial Placement—Emergency Shelter/Emergency Foster Home

Definition: Of all children entering substitute care, the percentage that was placed in emergency shelters or emergency foster homes in their first placement.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children initially placed in emergency shelters or emergency foster homes. The Emergency Shelter or Emergency Foster Home category includes Youth Emergency Shelters (YES), Agency Foster Care/Shelter Care, Emergency Shelters Institutions, Emergency Shelters Group Homes, and Emergency Foster Care (EFC).

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 2.A.6: Initial Placement—Group Home/Institution

Definition: Of all children entering substitute care, the percentage that placed in group homes or institutions in their first placement.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children initially placed in group homes or institutions. The Group Home or Institution category includes Group Home (GRH), Detention Facility/Jail (DET), Institution DCFS (ICF), Institution Department of Corrections (IDC), Institution Department of Mental Health (IMH), Institution Private Child Care Facility (IPA), Institution Rehabilitation Services (IRS), and Nursing Care Facility (NCF).

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 2.B.1: End of Year Placement—Home of Parents

Definition: Of all children in substitute care at the end of the fiscal year, the percentage that was placed in the home of their parent(s).

Denominator: The number of children in substitute care at the end of the fiscal year.

Numerator: The number of children placed in the home of parents (HMP).

Indicator 2.B.2: End of Year Placement—Kinship Foster Home

Definition: Of all children in substitute care at the end of the fiscal year, the percentage that was placed in kinship foster homes.

Denominator: The number of children in substitute care at the end of the fiscal year.

Numerator: The number of children placed in kinship foster homes. The Kinship Foster Home category includes Delegated Relative Authority (DRA) and Home of Relative (HMR).

Indicator 2.B.3: End of Year Placement—Traditional Foster Home

Definition: Of all children in substitute care at the end of the fiscal year, the percentage that was placed in traditional foster homes.

Denominator: The number of children in substitute care at the end of the fiscal year.

Numerator: The number of children placed in traditional foster homes. The Traditional Foster Home category includes Foster Home Boarding (FHB), Foster Home Indian (FHI), Foster Home Boarding Private Agency (FHP), and Foster Home Adoption (FHA).

Indicator 2.B.4: End of Year Placement—Specialized Foster Home

Definition: Of all children in substitute care at the end of the fiscal year, the percentage that was placed in specialized foster homes.

Denominator: The number of children in substitute care at the end of the fiscal year.

Numerator: The number of children placed in specialized foster homes. The Specialized Foster Home category includes Foster Home Specialized (FHS) and Foster Home Treatment (FHT).

Indicator 2.B.5: End of Year Placement —Emergency Shelter/Emergency Foster Home

Definition: Of all children in substitute care at the end of the fiscal year, the percentage that was placed in emergency shelters or emergency foster homes.

Denominator: The number of children in substitute care at the end of the fiscal year.

INDICATOR DEFINITIONS

Numerator: The number of children placed in emergency shelters or emergency foster homes. The Emergency Shelter or Emergency Foster Home category includes Youth Emergency Shelters (YES), Agency Foster Care/Shelter Care, Emergency Shelters Institutions, Emergency Shelters Group Homes, and Emergency Foster Care (EFC).

Indicator 2.B.6: End of Year Placement—Group Home

Definition: Of all children in substitute care at the end of the fiscal year, the percentage that was placed in group homes.

Denominator: The number of children in substitute care at the end of the fiscal year.

Numerator: The number of children placed in group homes. The Group Home category includes Group Home (GRH).

Indicator 2.B.7: End of Year Placement—Institution

Definition: Of all children in substitute care at the end of the fiscal year, the percentage that was placed in institutions.

Denominator: The number of children in substitute care at the end of the fiscal year.

Numerator: The number of children placed in institutions. The Institution category includes Detention Facility/Jail (DET), Institution DCFS (ICF), Institution Department of Corrections (IDC), Institution Department of Mental Health (IMH), Institution Private Child Care Facility (IPA), Institution Rehabilitation Services (IRS), and Nursing Care Facility (NCF).

Indicator 2.C: Initial Placement with Siblings

Definition: Of all children entering substitute care and initially placed in kinship or traditional foster homes, the percentage that was placed with their siblings in their initial placement.

Denominator: The number of children entering substitute care during the fiscal year who had siblings in substitute care and were initially placed into kinship or traditional foster homes. Siblings are defined as children who belong to a common family based on the ID number of the family.

Numerator: The number of children placed in the same foster home as all of their siblings in substitute care in their initial placement.

Exclusions: 1) Children with no siblings in substitute care are excluded; 2) children who enter substitute care and stay 7 or fewer days are excluded.

Indicator 2.D: End of Year Placement with Siblings

Definition: Of all children in kinship or traditional foster homes at the end of the fiscal year, the percentage that was placed with their siblings.

Denominator: The number of children in kinship or traditional foster homes at the end of the fiscal year who had siblings in substitute care. Siblings are defined as children who belong to a common family based on the ID number of the family.

Numerator: The number of children placed in the same foster home as all of their siblings in substitute care at the end of the fiscal year.

Exclusions: Children with no siblings in substitute care excluded.

Indicator 2.E: Placement Stability (CFSR)³

Definition: Of all children who entered substitute care during the fiscal year, the rate of placement moves per 1,000 days of care.

Denominator: Among the children who entered substitute care during the year, the total number of days they were in substitute care at the end of the fiscal year.

Numerator: The number of placement moves during the fiscal year.

Adjustment: The result is multiplied by 1,000 to produce larger numbers that are easier to understand.

Exclusions: 1) Children who enter care and stay 7 days or fewer are excluded; 2) for youth who enter at age 17 and turn 18 during the period, any time in substitute care beyond the 18th birthday or placement changes after that date are excluded; 3) the initial removal from the home is not counted as a placement move.

Indicator 2.F: Children Who Run Away from Substitute Care

Definition: Of all children age 12 to 17 entering substitute care, the percentage that run away from a substitute care placement during their first year.

Denominator: The number of children age 12 to 17 entering substitute care during the fiscal year.

Numerator: The number of children that run away from their substitute care placement within one year from the case opening date. Runaway includes: Runaway, Abducted, and Whereabouts Unknown.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 2.G: Median Length of Stay in Substitute Care

Definition: The median length of stay in substitute care of all children who enter substitute care during the fiscal year.

Population: The number of children entering substitute care during the fiscal year.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Measure: The median number of months children stay in substitute care. The median represents the amount of time that it took half of children who entered substitute care in a fiscal year to exit care, either through permanence (reunification, living with relatives, adoption, or guardianship) or emancipation. If the child has more than one out-of-home spell during the fiscal year, the first spell is selected.



³ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Placement Stability*. Retrieved on April 27, 2018 from http://www.dcyf.ri.gov/docs/reports/placement_stability.pdf

Chapter 3: Legal Permanence—Reunification, Adoption, and Guardianship

Indicator 3.A.1: Reunification Within 12 Months

Definition: Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 12 months.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children that were reunified within 12 months of the date of entry into substitute care. Reunification is defined as when the child is returned home and legal custody is transferred back to parent(s) or the placement case is closed.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 3.A.2: Reunification Within 24 Months

Definition: Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 24 months.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children that were reunified within 24 months of the date of entry into substitute care. Reunification is defined as when the child is returned home and legal custody is transferred back to parent(s) or the placement case is closed.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 3.A.3: Reunification Within 36 Months

Definition: Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 36 months.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children that were reunified within 36 months of the date of entry into substitute care. Reunification is defined as when the child is returned home and legal custody is transferred back to parent(s) or the placement case is closed.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 3.B.1: Stability of Reunification at One Year

Definition: Of all children who were reunified during the year, the percentage that remained with their family at one year.

Denominator: The number of children reunified during the fiscal year. Reunification is defined as when the child is returned home and legal custody is transferred back to parent(s) or the placement case is closed.

Numerator: The number of children that did not re-enter substitute care within one year of reunification.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.B.2: Stability of Reunification at Two Years

Definition: Of all children who were reunified during the year, the percentage that remained with their family at two years.

Denominator: The number of children reunified during the fiscal year. Reunification is defined as when the child is returned home and legal custody is transferred back to parent(s) or the placement case is closed.

Numerator: The number of children that did not re-enter substitute care within two years of reunification.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.B.3: Stability of Reunification at Five Years

Definition: Of all children who were reunified during the year, the percentage that remained with their family at five years.

Denominator: The number of children reunified during the fiscal year. Reunification is defined as when the child is returned home and legal custody is transferred back to parent(s) or the placement case is closed.

Numerator: The number of children that did not re-enter substitute care within five years of reunification.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.B.4: Stability of Reunification at Ten Years

Definition: Of all children who were reunified during the year, the percentage that remained with their family at ten years.

Denominator: The number of children reunified during the fiscal year. Reunification is defined as when the child is returned home and legal custody is transferred back to parent(s) or the placement case is closed.

Numerator: The number of children that did not re-enter substitute care within ten years of reunification.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.C.1: Adoption Within 24 Months

Definition: Of all children who entered substitute care during the year, the percentage that was adopted within 24 months.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children that were adopted within 24 months of the date of entry into substitute care.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 3.C.2: Adoption Within 36 Months

Definition: Of all children who entered substitute care during the year, the percentage that was adopted within 36 months.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children that were adopted within 36 months of the date of entry into substitute care.



INDICATOR DEFINITIONS

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 3.D.1: Stability of Adoption at Two Years

Definition: Of all children who were adopted during the year, the percentage that remained with their family at two years.

Denominator: The number of children adopted during the fiscal year.

Numerator: The number of children that did not re-enter substitute care within two years of adoption.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.D.2: Stability of Adoption at Five Years

Definition: Of all children who were adopted during the year, the percentage that remained with their family at five years.

Denominator: The number of children adopted during the fiscal year.

Numerator: The number of children that did not re-enter substitute care within five years of adoption.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.D.3: Stability of Adoption at Ten Years

Definition: Of all children who were adopted during the year, the percentage that remained with their family at ten years.

Denominator: The number of children adopted during the fiscal year.

Numerator: The number of children that did not re-enter substitute care within ten years of adoption.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.E.1: Guardianship Within 24 Months

Definition: Of all children who entered substitute care during the year, the percentage that was taken into guardianship within 24 months.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children taken into guardianship within 24 months of the date of entry into substitute care.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 3.E.2: Guardianship Within 36 Months

Definition: Of all children who entered substitute care during the year, the percentage that was taken into guardianship within 36 months.

Denominator: The number of children entering substitute care during the fiscal year.

Numerator: The number of children taken into guardianship within 36 months of the date of entry into substitute care.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

Indicator 3.F.1: Stability of Guardianship at Two Years

Definition: Of all children taken into guardianship during the year, the percentage that remained with their family at two years.

Denominator: The number of children taken into guardianship during the fiscal year.

Numerator: The number of children that did not re-enter substitute care within two years of guardianship.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.F.2: Stability of Guardianship at Five Years

Definition: Of all children taken into guardianship during the year, the percentage that remained with their family at five years.

Denominator: The number of children taken into guardianship during the fiscal year.

Numerator: The number of children that did not re-enter substitute care within five years of guardianship.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.F.3: Stability of Guardianship at Ten Years

Definition: Of all children taken into guardianship during the year, the percentage that remained with their family at ten years.

Denominator: The number of children taken into guardianship during the fiscal year.

Numerator: The number of children that did not re-enter substitute care within ten years of guardianship.

Exclusions: Children that re-entered substitute care and stayed 7 days or fewer are excluded.

Indicator 3.G: Permanency in 12 Months for Children Entering Substitute Care (CFSR)⁴

Definition: Of all children who enter substitute care during the fiscal year, the percentage that are discharged to permanency within 12 months.

Denominator: Number of children who enter substitute care during the fiscal year.

Numerator: Number of children who are discharged to permanency (reunification, living with relative, adoption, or guardianship) within 12 months of entering substitute care.

Exclusions: 1) Children who enter care and stay 7 days or fewer are excluded; 2) youth entering care at age 17 who turn 18 while in care or discharge at age 18 are excluded from the numerator.



⁴ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Permanency in 12 Months for Children Entering Foster Care*. Retrieved on April 27, 2018 from <http://www.dcyf.ri.gov/docs/reports/perm12mos.pdf>

Indicator 3.H: Permanency in 12 Months for Children in Care 12 to 23 Months (CFSR)⁵

Definition: Of all children in care on the first day of the fiscal year who had been in care between 12 and 23 months, the percentage that are discharged to permanency within 12 months.

Denominator: Number of children in substitute care on the first day of the fiscal year who had been in substitute care between 12 and 23 months.

Numerator: Number of children who are discharged to permanency (reunification, living with relative, adoption, or guardianship) within 12 months of the first day of the fiscal year.

Exclusions: Youth entering care at age 17 who turn 18 while in care or discharge at age 18 are excluded from the numerator.

Indicator 3.I: Permanency in 12 Months for Children in Care 24 Months or More (CFSR)⁶

Definition: Of all children in care on the first day of the fiscal year who had been in care for 24 months or more, the percentage that are discharged to permanency within 12 months.

Denominator: Number of children in substitute care on the first day of the fiscal year period who had been in substitute care for 24 months or more.

Numerator: Number of children who are discharged to permanency (reunification, living with relative, adoption, or guardianship) within 12 months of the first day of the fiscal year.

Exclusions: Youth entering care at age 17 who turn 18 while in care or discharge at age 18 are excluded from the numerator.

Indicator 3.J: Re-Entry to Substitute Care Among Children in Care Less Than 12 Months (CFSR)⁷

Definition: Of all children who entered foster care during the fiscal year and attained permanency within 12 months, the percentage that re-entered substitute care within 12 months of their discharge.

Denominator: Number of children who entered substitute care during the fiscal year and were discharged within 12 months to reunification, living with a relative, adoption, or guardianship.

Numerator: Number of children who re-entered substitute care within 12 months of discharge. If a child had multiple re-entries within 12 months of discharge, only his/her first re-entry is selected.

Exclusions: Children who enter care and stay 7 days or fewer are excluded.

⁵ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Permanency in 12 Months for Children in Care 12 to 23 Months*. Retrieved on April 27, 2018 from <http://www.dcyf.ri.gov/docs/reports/perm12to23.pdf>

⁶ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Permanency in 12 Months for Children in Care 24 Months or More*. Retrieved on April 27, 2018 from <http://www.dcyf.ri.gov/docs/reports/perm24.pdf>

⁷ Children's Bureau (n.d.). *CFSR Round 3 Statewide Data Indicator Series: Re-Entry to Foster Care*. Retrieved on April 27, 2018 from <http://www.dcyf.ri.gov/docs/reports/reentry.pdf>

Indicator 3.K: Re-Entry to Substitute Care Among Children in Care 12 to 23 Months

Definition: Of all children who had been in substitute care between 12 and 23 months and exited to permanency during the fiscal year, the percentage that re-entered substitute care within 12 months of their discharge.

Denominator: Number of children in substitute care on the first day of the fiscal year who had been in substitute care between 12 and 23 months and who were discharged to permanency (reunification, living with a relative, adoption, or guardianship) during the fiscal year.

Numerator: Number of children who re-entered substitute care within 12 months of discharge. If a child had multiple re-entries within 12 months of discharge, only his/her first re-entry is selected.

Exclusions: Children in care 7 days or fewer are excluded.

Indicator 3.L: Re-Entry to Substitute Care Among Children in Care 24 Months or More

Definition: Of all children who had been in substitute care 24 months or more and exited to permanency during the fiscal year, the percentage that re-entered substitute care within 12 months of their discharge.

Denominator: Number of children in substitute care on the first day of the fiscal year who had been in care for 24 months or more who were discharged to permanency (reunification, living with a relative, adoption, or guardianship) within 12 months.

Numerator: Number of children who re-enter substitute care within 12 months of discharge. If a child has multiple re-entries within 12 months of discharge, only his/her first re-entry is selected.

Exclusions: Children in care 7 days or fewer are excluded.



Appendix B

Outcome Data by Region, Gender, Age, and Race

Appendix B provides data on each of the outcome indicators defined in Appendix A. For each indicator, data are presented for the state, followed by breakdowns by DCFS administrative region, child gender, age, and race. The data used to compute these indicators come from two Illinois DCFS data systems: the Statewide Automated Child Welfare Information System (SACWIS) and the Child and Youth Centered Information System (CYCIS). Both the SACWIS data and the CYSIS data were extracted on December 31, 2018. All indicators are calculated based on the state fiscal year, which spans the 12-month period from July 1 to June 30.

CHILD SAFETY

Maltreatment Recurrence (CFSR)

Indicator 1.A	Of all children who were victims of a substantiated maltreatment report during the fiscal year, the percentage that were victims of another substantiated maltreatment report within 12 months.						
	2011	2012	2013	2014	2015	2016	2017
Children with a substantiated maltreatment report	16,678	19,647	18,671	25,043	30,761	29,732	28,876
Children with another substantiated report within 12 months	1,267	1,652	1,589	2,787	3,449	3,537	3,753
Percent	7.6%	8.4%	8.5%	11.1%	11.2%	11.9%	13.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	267	5.5%	402	6.9%	405	7.2%	677	8.8%	817	9.1%	712	9.0%	764	10.0%
Northern	274	6.5%	316	6.1%	305	6.3%	704	10.4%	877	10.1%	886	10.5%	786	10.6%
Central	440	8.8%	618	11.0%	534	9.8%	921	13.0%	1,157	13.2%	1,197	13.6%	1,399	15.4%
Southern	286	10.9%	313	11.0%	345	12.4%	485	13.9%	598	14.0%	742	16.0%	799	16.7%

Male	605	7.7%	793	8.5%	747	8.5%	1,365	11.5%	1,634	11.2%	1,627	11.6%	1,792	13.2%
Female	612	7.3%	794	8.2%	781	8.3%	1,297	10.5%	1,616	10.7%	1,633	11.3%	1,647	11.9%

0 to 2	295	8.1%	409	9.4%	398	10.1%	660	12.6%	873	12.6%	945	13.6%	981	14.8%
3 to 5	295	9.0%	391	9.8%	363	9.4%	578	11.7%	724	12.0%	702	12.6%	781	14.5%
6 to 11	396	7.7%	485	7.9%	470	8.1%	860	10.7%	1,030	10.8%	1,056	11.5%	1,092	12.4%
12 to 17	185	5.6%	242	6.6%	257	7.0%	358	7.8%	423	8.0%	420	8.3%	466	9.2%

African American	380	7.1%	477	7.9%	549	9.4%	893	10.8%	1,067	10.3%	995	10.6%	1,062	11.4%
White	721	8.5%	931	9.6%	822	9.0%	1,447	12.6%	1,734	12.8%	1,856	13.8%	1,915	14.7%
Hispanic	112	5.4%	170	5.9%	144	5.4%	299	7.5%	406	7.8%	390	7.5%	443	9.3%
Other Ethnicity	54	6.7%	74	7.3%	74	7.5%	148	11.2%	242	14.7%	296	17.7%	333	17.8%

Maltreatment Among Children in Intact Family Cases

Indicator 1.B	Of all children served in intact family cases during the fiscal year, the percentage that had a substantiated maltreatment report within 12 months.						
	2011	2012	2013	2014	2015	2016	2017
Children in intact family cases	16,019	16,918	10,567	13,459	11,151	10,209	11,603
Children with substantiated reports	1,098	1,232	858	1,873	1,550	1,398	1,895
Percent	6.9%	7.3%	8.1%	13.9%	13.9%	13.7%	16.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	302	4.5%	389	5.7%	275	5.7%	571	10.5%	493	10.5%	339	8.8%	466	12.2%
Northern	203	6.2%	245	6.7%	135	7.5%	355	13.3%	334	14.1%	286	13.0%	359	13.3%
Central	321	9.2%	328	8.1%	266	10.1%	571	17.4%	409	16.2%	418	17.4%	631	21.7%
Southern	272	11.0%	270	10.9%	182	13.9%	376	18.1%	314	19.7%	355	20.2%	439	20.1%

Male	569	7.0%	627	7.3%	441	8.3%	974	14.2%	805	14.2%	696	13.5%	980	16.6%
Female	528	6.7%	605	7.3%	417	7.9%	899	13.6%	745	13.6%	702	13.9%	915	16.1%

0 to 2	360	8.7%	378	8.8%	262	8.9%	600	17.2%	576	18.6%	450	16.5%	631	19.8%
3 to 5	267	8.1%	267	7.8%	210	9.1%	400	14.3%	328	14.4%	300	14.8%	402	18.1%
6 to 11	306	5.9%	388	6.8%	267	7.8%	626	13.7%	447	11.9%	464	13.2%	616	15.7%
12 to 17	165	4.9%	199	5.6%	119	6.3%	247	9.5%	199	9.8%	184	9.5%	246	10.8%

African American	330	5.2%	404	6.0%	346	7.4%	654	13.2%	495	11.8%	383	10.7%	584	14.6%
White	670	9.4%	675	9.0%	416	9.7%	946	16.0%	790	16.8%	836	18.3%	1,033	19.3%
Hispanic	82	4.4%	132	6.3%	81	6.6%	228	11.3%	231	11.6%	163	8.9%	237	12.0%
Other Ethnicity	16	2.5%	21	3.6%	15	4.2%	45	7.6%	34	12.1%	16	7.7%	41	14.4%

Maltreatment Recurrence Among Children Receiving No Services

Indicator 1.C	Of all children with a substantiated report who did not receive intact family or substitute care services, the percentage that had another substantiated report within 12 months.						
	2011	2012	2013	2014	2015	2016	2017
Children receiving no services	11,039	13,597	13,574	17,025	21,345	21,740	20,161
Children with substantiated reports	650	923	1,007	1,523	1,992	2,277	2,215
Percent	5.9%	6.8%	7.4%	8.9%	9.3%	10.5%	11.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	160	5.0%	273	6.4%	267	6.3%	388	7.3%	471	7.6%	475	8.1%	491	9.0%
Northern	134	4.6%	167	4.5%	193	5.4%	414	8.6%	519	8.0%	618	9.4%	485	8.7%
Central	249	7.4%	335	8.9%	354	9.0%	501	10.5%	728	12.0%	819	12.8%	830	13.2%
Southern	107	7.0%	145	8.5%	193	10.6%	220	10.5%	274	10.6%	365	12.8%	405	14.2%

Male	311	6.1%	445	6.9%	464	7.3%	723	9.0%	929	9.2%	1,040	10.2%	1,068	11.3%
Female	310	5.4%	442	6.5%	507	7.3%	731	8.6%	946	9.0%	1,048	9.8%	975	10.0%

0 to 2	114	5.2%	206	7.5%	221	8.4%	329	9.8%	468	10.3%	602	12.1%	583	13.0%
3 to 5	152	7.0%	208	7.6%	233	8.3%	324	9.6%	454	10.6%	451	10.9%	458	12.0%
6 to 11	220	6.1%	284	6.3%	320	7.1%	488	8.5%	614	8.7%	701	9.9%	658	10.1%
12 to 17	118	4.7%	153	5.4%	185	6.1%	238	6.9%	276	6.7%	276	6.8%	314	7.8%

African American	206	6.0%	264	6.5%	344	8.3%	482	8.7%	603	8.4%	652	9.4%	672	10.1%
White	355	6.4%	496	7.6%	528	8.0%	801	10.3%	1,023	11.0%	1,169	12.2%	1,099	12.6%
Hispanic	58	4.0%	122	5.5%	91	4.3%	159	5.5%	228	6.1%	254	6.3%	262	7.3%
Other Ethnicity	31	5.5%	41	5.6%	44	6.3%	81	9.5%	138	12.2%	202	16.8%	182	14.9%

Maltreatment in Substitute Care (CFSR)

Indicator 1.D	Of all children in substitute care during the fiscal year, the rate of maltreatment per 100,000 days of substitute care.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	20,642	20,071	20,032	20,347	19,617	19,634	20,360
Days in substitute care	5,722,813	5,537,187	5,562,592	5,531,837	5,408,913	5,318,251	5,432,908
Substantiated maltreatment reports	454	389	479	621	671	705	730
Maltreatment rate per 100,000 days	7.9	7.0	8.6	11.2	12.4	13.3	13.4

	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days
Cook	5.0	4.7	6.8	9.1	10.6	12.3	12.4
Northern	8.1	7.6	8.2	8.9	11.6	11.9	11.2
Central	8.9	10.3	10.5	14.6	14.6	14.5	14.9
Southern	13.5	6.5	10.6	13.8	14.3	15.0	15.3

Male	7.5	5.9	7.9	11.1	12.0	12.4	12.8
Female	8.4	8.3	9.4	11.4	12.9	14.3	14.1

0 to 2	5.9	4.7	6.7	9.1	9.5	9.4	10.4
3 to 5	10.4	9.0	10.0	14.2	15.2	14.9	16.0
6 to 11	10.9	8.3	11.3	14.1	14.5	17.2	14.9
12 to 17	5.6	7.2	7.3	8.7	11.9	12.9	14.1

African American	6.6	6.8	7.4	11.1	12.7	12.8	13.5
White	9.8	7.8	9.7	11.6	12.2	13.4	14.7
Hispanic	7.3	4.1	10.9	11.5	12.7	15.6	7.9
Other Ethnicity	3.9	3.5	6.0	7.6	9.0	10.5	9.3

CONTINUITY AND STABILITY IN CARE

Initial Placement: Home of Parents

Indicator 2.A.1	Of all children entering substitute care, the percentage that was placed in the home of their parents in their first placement.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	4,764	4,747	4,838	5,091	4,640	4,777	5,723
Children placed in home of parents	224	238	179	219	192	171	181
Percent	4.7%	5.0%	3.7%	4.3%	4.1%	3.6%	3.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	10	0.7%	10	0.8%	12	0.9%	16	1.1%	11	0.9%	10	0.8%	9	0.7%
Northern	21	2.0%	17	1.4%	18	1.7%	6	0.6%	4	0.4%	8	0.9%	0	0.0%
Central	148	10.2%	171	11.0%	111	7.2%	161	9.7%	143	8.9%	118	6.7%	106	5.0%
Southern	45	5.1%	39	5.3%	38	4.5%	36	4.1%	34	3.9%	35	3.6%	66	5.0%

Male	125	5.1%	124	5.1%	90	3.6%	120	4.6%	109	4.5%	89	3.6%	90	3.0%
Female	99	4.2%	114	5.0%	89	3.8%	99	3.9%	83	3.7%	82	3.5%	91	3.3%

0 to 2	43	2.3%	63	3.3%	47	2.6%	56	2.7%	39	2.1%	39	2.0%	38	1.6%
3 to 5	53	6.2%	43	5.4%	27	3.4%	34	3.9%	43	5.6%	30	3.6%	41	4.4%
6 to 11	63	6.2%	83	7.9%	56	4.7%	76	6.7%	72	6.7%	61	5.4%	61	4.4%
12 to 17	65	6.4%	49	4.9%	49	4.7%	53	5.1%	38	4.1%	41	4.6%	41	4.0%

African American	86	4.2%	67	3.3%	63	2.9%	75	3.3%	55	2.9%	57	3.1%	59	2.6%
White	123	5.3%	155	6.9%	108	4.8%	120	5.3%	125	5.6%	100	4.2%	107	3.6%
Hispanic	11	4.1%	11	3.1%	8	2.3%	16	3.5%	5	1.2%	10	2.3%	10	2.7%
Other Ethnicity	4	3.3%	5	4.2%	0	0.0%	8	5.8%	7	7.0%	4	2.9%	5	3.0%

Initial Placement: Kinship Foster Home

Indicator 2.A.2	Of all children entering substitute care, the percentage that was placed in kinship foster homes in their first placement.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	4,764	4,747	4,838	5,091	4,640	4,777	5,723
Children placed in kinship foster homes	2,349	2,393	2,566	2,815	2,941	3,016	3,741
Percent	49.3%	50.4%	53.0%	55.3%	63.4%	63.1%	65.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	508	37.3%	514	40.2%	568	41.5%	697	46.5%	723	57.8%	698	58.6%	769	56.7%
Northern	609	57.5%	742	62.5%	670	62.1%	673	64.1%	634	69.8%	586	68.5%	648	70.3%
Central	733	50.5%	750	48.4%	874	56.4%	919	55.2%	976	61.0%	1,098	62.3%	1,390	65.2%
Southern	499	56.2%	387	53.0%	454	54.0%	526	60.0%	608	68.9%	634	65.4%	934	71.1%

Male	1,147	47.2%	1,191	48.7%	1,264	51.2%	1,372	53.1%	1,475	61.4%	1,521	61.7%	1,904	64.3%
Female	1,201	51.5%	1,202	52.2%	1,302	55.0%	1,443	57.5%	1,466	65.6%	1,495	64.7%	1,837	66.5%

0 to 2	973	51.8%	977	51.5%	977	53.4%	1,125	54.9%	1,152	61.7%	1,188	62.3%	1,513	63.8%
3 to 5	495	57.6%	461	57.5%	489	62.1%	543	62.9%	543	70.4%	597	70.8%	646	68.9%
6 to 11	561	55.3%	609	58.2%	746	63.1%	716	62.7%	778	72.9%	800	70.3%	1,013	72.6%
12 to 17	320	31.7%	346	34.6%	354	34.0%	431	41.6%	468	50.1%	431	48.5%	568	55.9%

African American	935	45.5%	967	47.6%	984	46.0%	1,153	51.5%	1,140	60.4%	1,075	58.8%	1,361	60.8%
White	1,233	53.1%	1,205	53.6%	1,345	59.9%	1,310	58.2%	1,465	65.2%	1,582	66.5%	2,042	69.2%
Hispanic	131	49.2%	178	50.9%	173	50.4%	274	59.2%	282	69.5%	277	64.3%	223	61.1%
Other Ethnicity	50	41.7%	43	35.8%	64	58.7%	78	56.1%	54	54.0%	82	59.4%	115	68.9%

CONTINUITY AND STABILITY IN CARE

Initial Placement: Traditional Foster Home

Indicator 2.A.3	Of all children entering substitute care, the percentage that was placed in traditional foster homes in their first placement.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	4,764	4,747	4,838	5,091	4,640	4,777	5,723
Children placed in traditional foster homes	1,148	1,170	1,173	1,221	1,015	1,178	1,360
Percent	24.1%	24.6%	24.2%	24.0%	21.9%	24.7%	23.8%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	133	9.8%	156	12.2%	252	18.4%	249	16.6%	226	18.1%	256	21.5%	324	23.9%
Northern	339	32.0%	321	27.0%	278	25.8%	272	25.9%	206	22.7%	212	24.8%	215	23.3%
Central	494	34.0%	539	34.8%	476	30.7%	493	29.6%	397	24.8%	470	26.7%	566	26.5%
Southern	180	20.3%	154	21.1%	167	19.9%	207	23.6%	186	21.1%	240	24.8%	255	19.4%

Male	574	23.6%	594	24.3%	585	23.7%	619	24.0%	515	21.4%	611	24.8%	707	23.9%
Female	574	24.6%	576	25.0%	588	24.8%	602	24.0%	500	22.4%	567	24.5%	653	23.6%

0 to 2	618	32.9%	636	33.5%	655	35.8%	700	34.1%	610	32.7%	638	33.5%	761	32.1%
3 to 5	188	21.9%	190	23.7%	183	23.3%	189	21.9%	155	20.1%	196	23.3%	227	24.2%
6 to 11	210	20.7%	213	20.4%	200	16.9%	204	17.9%	157	14.7%	226	19.9%	250	17.9%
12 to 17	132	13.1%	131	13.1%	135	13.0%	128	12.4%	93	9.9%	118	13.3%	122	12.0%

African American	435	21.1%	472	23.3%	569	26.6%	530	23.7%	429	22.7%	465	25.4%	573	25.6%
White	648	27.9%	584	26.0%	498	22.2%	568	25.3%	493	21.9%	569	23.9%	656	22.2%
Hispanic	39	14.7%	73	20.9%	81	23.6%	88	19.0%	67	16.5%	101	23.4%	89	24.4%
Other Ethnicity	26	21.7%	41	34.2%	25	22.9%	35	25.2%	26	26.0%	43	31.2%	42	25.1%

Initial Placement: Specialized Foster Home

Indicator 2.A.4	Of all children entering substitute care, the percentage that was placed in specialized foster homes in their first placement.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	4,764	4,747	4,838	5,091	4,640	4,777	5,723
Children placed in specialized foster homes	70	97	117	109	71	106	127
Percent	1.5%	2.0%	2.4%	2.1%	1.5%	2.2%	2.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	35	2.6%	61	4.8%	74	5.4%	69	4.6%	56	4.5%	83	7.0%	91	6.7%
Northern	9	0.8%	10	0.8%	13	1.2%	15	1.4%	0	0.0%	7	0.8%	13	1.4%
Central	9	0.6%	20	1.3%	16	1.0%	14	0.8%	11	0.7%	11	0.6%	15	0.7%
Southern	17	1.9%	6	0.8%	14	1.7%	11	1.3%	4	0.5%	5	0.5%	8	0.6%

Male	34	1.4%	48	2.0%	54	2.2%	49	1.9%	41	1.7%	52	2.1%	54	1.8%
Female	36	1.5%	49	2.1%	63	2.7%	60	2.4%	30	1.3%	54	2.3%	73	2.6%

0 to 2	26	1.4%	39	2.1%	46	2.5%	39	1.9%	22	1.2%	29	1.5%	43	1.8%
3 to 5	6	0.7%	10	1.2%	15	1.9%	15	1.7%	9	1.2%	11	1.3%	19	2.0%
6 to 11	13	1.3%	18	1.7%	13	1.1%	21	1.8%	14	1.3%	25	2.2%	28	2.0%
12 to 17	25	2.5%	30	3.0%	43	4.1%	34	3.3%	26	2.8%	41	4.6%	37	3.6%

African American	33	1.6%	61	3.0%	62	2.9%	55	2.5%	39	2.1%	67	3.7%	85	3.8%
White	27	1.2%	28	1.2%	43	1.9%	38	1.7%	17	0.8%	18	0.8%	27	0.9%
Hispanic	6	2.3%	7	2.0%	7	2.0%	11	2.4%	11	2.7%	16	3.7%	13	3.6%
Other Ethnicity	4	3.3%	1	0.8%	5	4.6%	5	3.6%	4	4.0%	5	3.6%	2	1.2%

CONTINUITY AND STABILITY IN CARE

Initial Placement: Emergency Shelter/Emergency Foster Home

Indicator 2.A.5	Of all children entering substitute care, the percentage that was placed in emergency shelters or emergency foster homes in their first placement.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	4,764	4,747	4,838	5,091	4,640	4,777	5,723
Children placed in emergency shelters or emergency foster homes	558	482	404	290	131	93	75
Percent	11.7%	10.2%	8.4%	5.7%	2.8%	1.9%	1.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	370	27.2%	286	22.3%	188	13.7%	147	9.8%	58	4.6%	35	2.9%	42	3.1%
Northern	37	3.5%	47	4.0%	48	4.4%	40	3.8%	29	3.2%	16	1.9%	13	1.4%
Central	22	1.5%	20	1.3%	29	1.9%	19	1.1%	12	0.8%	12	0.7%	8	0.4%
Southern	129	14.5%	129	17.7%	139	16.5%	84	9.6%	32	3.6%	30	3.1%	12	0.9%

Male	305	12.5%	268	11.0%	236	9.6%	158	6.1%	80	3.3%	52	2.1%	49	1.7%
Female	253	10.9%	214	9.3%	168	7.1%	132	5.3%	51	2.3%	41	1.8%	26	0.9%

0 to 2	154	8.2%	118	6.2%	51	2.8%	52	2.5%	10	0.5%	1	0.1%	3	0.1%
3 to 5	82	9.5%	73	9.1%	44	5.6%	31	3.6%	6	0.8%	2	0.2%	2	0.2%
6 to 11	103	10.1%	85	8.1%	103	8.7%	53	4.6%	14	1.3%	7	0.6%	14	1.0%
12 to 17	219	21.7%	205	20.5%	206	19.8%	154	14.9%	101	10.8%	83	9.3%	56	5.5%

African American	311	15.1%	241	11.9%	215	10.1%	149	6.7%	61	3.2%	40	2.2%	35	1.6%
White	183	7.9%	171	7.6%	155	6.9%	108	4.8%	59	2.6%	43	1.8%	27	0.9%
Hispanic	44	16.5%	51	14.6%	29	8.5%	27	5.8%	10	2.5%	9	2.1%	12	3.3%
Other Ethnicity	20	16.7%	19	15.8%	5	4.6%	6	4.3%	1	1.0%	1	0.7%	1	0.6%

Initial Placement: Group Home/Institution

Indicator 2.A.6	Of all children entering substitute care, the percentage that was placed in group homes or institutions in their first placement.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	4,764	4,747	4,838	5,091	4,640	4,777	5,723
Children placed in group homes or institutions	415	367	399	437	290	213	239
Percent	8.7%	7.7%	8.2%	8.6%	6.3%	4.5%	4.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	306	22.5%	253	19.8%	274	20.0%	322	21.5%	176	14.1%	109	9.2%	121	8.9%
Northern	45	4.2%	50	4.2%	52	4.8%	44	4.2%	35	3.9%	26	3.0%	33	3.6%
Central	46	3.2%	49	3.2%	45	2.9%	59	3.5%	61	3.8%	53	3.0%	47	2.2%
Southern	18	2.0%	15	2.1%	28	3.3%	12	1.4%	18	2.0%	25	2.6%	38	2.9%

Male	247	10.2%	219	9.0%	241	9.8%	264	10.2%	183	7.6%	140	5.7%	157	5.3%
Female	168	7.2%	148	6.4%	158	6.7%	173	6.9%	105	4.7%	73	3.2%	82	3.0%

0 to 2	66	3.5%	65	3.4%	52	2.8%	78	3.8%	34	1.8%	12	0.6%	13	0.5%
3 to 5	36	4.2%	25	3.1%	29	3.7%	51	5.9%	15	1.9%	7	0.8%	3	0.3%
6 to 11	65	6.4%	38	3.6%	65	5.5%	72	6.3%	32	3.0%	19	1.7%	30	2.1%
12 to 17	248	24.6%	239	23.9%	253	24.3%	236	22.8%	209	22.4%	175	19.7%	193	19.0%

African American	257	12.5%	222	10.9%	246	11.5%	278	12.4%	163	8.6%	125	6.8%	126	5.6%
White	107	4.6%	104	4.6%	98	4.4%	105	4.7%	88	3.9%	67	2.8%	93	3.2%
Hispanic	35	13.2%	30	8.6%	45	13.1%	47	10.2%	31	7.6%	18	4.2%	18	4.9%
Other Ethnicity	16	13.3%	11	9.2%	10	9.2%	7	5.0%	8	8.0%	3	2.2%	2	1.2%



CONTINUITY AND STABILITY IN CARE

End of Year Placement: Home of Parents

Indicator 2.B.1	Of all children in substitute care at the end of the fiscal year, the percentage that was placed in the home of their parents.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care at end of year	14,717	14,674	14,711	14,408	14,283	13,993	14,698
Children placed in home of parents	1,047	1,015	891	822	880	742	837
Percent	7.1%	6.9%	6.1%	5.7%	6.2%	5.3%	5.7%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	227	4.5%	187	3.7%	164	3.2%	162	3.2%	170	3.4%	142	3.0%	150	3.2%
Northern	190	6.2%	206	6.3%	187	5.7%	104	3.3%	108	3.7%	76	2.8%	72	2.8%
Central	376	9.0%	451	10.9%	403	9.8%	374	9.1%	447	10.8%	330	8.0%	415	8.9%
Southern	254	10.5%	171	7.6%	137	6.2%	182	8.6%	155	7.0%	194	8.1%	200	7.0%

Male	552	7.1%	552	7.1%	470	6.1%	418	5.5%	438	5.8%	406	5.5%	437	5.7%
Female	495	7.2%	463	6.7%	421	6.0%	404	5.9%	442	6.5%	336	5.1%	400	5.7%

0 to 2	189	5.9%	216	6.7%	183	5.7%	187	5.6%	180	5.5%	158	4.9%	184	5.1%
3 to 5	275	8.2%	247	7.6%	209	6.6%	174	5.9%	199	6.6%	175	5.8%	191	6.1%
6 to 11	377	9.0%	348	8.3%	299	6.8%	268	6.3%	281	6.7%	253	6.1%	282	6.5%
12 to 17	206	5.2%	204	5.1%	200	5.0%	193	4.9%	220	5.8%	156	4.3%	180	5.0%

African American	397	5.5%	371	5.2%	382	5.3%	314	4.5%	347	5.1%	269	4.2%	299	4.6%
White	572	9.0%	557	8.9%	430	7.0%	433	7.3%	452	7.6%	398	6.6%	455	6.8%
Hispanic	59	6.9%	58	6.3%	64	6.3%	46	4.0%	57	4.7%	64	5.1%	56	4.7%
Other Ethnicity	19	6.5%	29	9.2%	15	4.9%	29	8.7%	24	7.4%	11	3.2%	27	6.8%

End of Year Placement: Kinship Foster Home

Indicator 2.B.2	Of all children in substitute care at the end of the fiscal year, the percentage that was placed in kinship foster homes.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care at end of year	14,717	14,674	14,711	14,408	14,283	13,993	14,698
Children placed in kinship foster homes	5,923	5,979	6,120	6,215	6,489	6,711	7,367
Percent	40.2%	40.7%	41.6%	43.1%	45.4%	48.0%	50.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,762	35.0%	1,833	36.7%	1,942	38.3%	2,026	40.4%	2,149	43.2%	2,138	44.9%	2,098	45.4%
Northern	1,386	45.0%	1,534	46.7%	1,469	44.5%	1,407	45.2%	1,335	45.5%	1,241	46.2%	1,209	46.9%
Central	1,696	40.5%	1,579	38.0%	1,661	40.2%	1,758	42.7%	1,854	44.8%	2,037	49.2%	2,396	51.6%
Southern	1,079	44.8%	1,033	46.2%	1,038	47.3%	1,011	47.5%	1,144	51.4%	1,290	53.9%	1,664	58.4%

Male	2,980	38.2%	3,000	38.5%	3,072	39.7%	3,096	40.8%	3,216	42.9%	3,310	45.1%	3,666	47.8%
Female	2,941	42.6%	2,978	43.3%	3,047	43.7%	3,118	45.7%	3,273	48.2%	3,401	51.2%	3,701	52.7%

0 to 2	1,526	47.9%	1,532	47.3%	1,502	47.0%	1,603	48.1%	1,646	50.7%	1,740	54.2%	2,017	55.7%
3 to 5	1,637	48.8%	1,575	48.3%	1,603	50.8%	1,486	50.5%	1,565	52.0%	1,602	53.2%	1,703	54.3%
6 to 11	1,737	41.5%	1,813	43.2%	1,967	45.0%	2,015	47.6%	2,086	49.7%	2,128	51.1%	2,292	52.8%
12 to 17	1,023	25.6%	1,059	26.6%	1,048	26.3%	1,111	28.4%	1,192	31.2%	1,241	34.4%	1,355	37.6%

African American	2,712	37.5%	2,768	38.5%	2,778	38.6%	2,815	40.3%	2,830	41.8%	2,786	43.5%	2,943	45.7%
White	2,743	43.3%	2,678	42.9%	2,765	44.7%	2,703	45.4%	2,887	48.3%	3,100	51.7%	3,639	54.5%
Hispanic	344	40.5%	403	43.8%	447	44.0%	539	47.4%	618	51.3%	649	52.2%	591	50.1%
Other Ethnicity	124	42.5%	130	41.3%	130	42.3%	158	47.4%	154	47.4%	176	51.5%	194	48.9%



CONTINUITY AND STABILITY IN CARE

End of Year Placement: Traditional Foster Home

Indicator 2.B.3	Of all children in substitute care at the end of the fiscal year, the percentage that was placed in traditional foster homes.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care at end of year	14,717	14,674	14,711	14,408	14,283	13,993	14,698
Children placed in traditional foster homes	4,033	4,068	4,104	4,032	3,817	3,638	3,592
Percent	27.4%	27.7%	27.9%	28.0%	26.7%	26.0%	24.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,248	24.8%	1,272	25.5%	1,310	25.9%	1,298	25.9%	1,272	25.6%	1,187	24.9%	1,112	24.0%
Northern	859	27.9%	878	26.7%	943	28.6%	916	29.4%	845	28.8%	768	28.6%	692	26.8%
Central	1,207	28.8%	1,230	29.6%	1,179	28.5%	1,173	28.5%	1,070	25.9%	1,050	25.4%	1,135	24.4%
Southern	719	29.8%	686	30.7%	667	30.4%	629	29.6%	625	28.1%	621	26.0%	653	22.9%

Male	1,989	25.5%	2,010	25.8%	2,003	25.9%	2,048	27.0%	1,946	26.0%	1,854	25.3%	1,830	23.9%
Female	2,044	29.6%	2,057	29.9%	2,100	30.1%	1,983	29.1%	1,869	27.5%	1,782	26.8%	1,760	25.0%

0 to 2	1,282	40.2%	1,322	40.8%	1,316	41.2%	1,367	41.1%	1,258	38.7%	1,165	36.3%	1,231	34.0%
3 to 5	1,091	32.5%	1,119	34.3%	1,069	33.9%	1,033	35.1%	982	32.6%	948	31.5%	960	30.6%
6 to 11	1,082	25.9%	1,070	25.5%	1,158	26.5%	1,077	25.5%	1,069	25.5%	1,008	24.2%	932	21.5%
12 to 17	578	14.5%	557	14.0%	561	14.1%	555	14.2%	508	13.3%	517	14.3%	469	13.0%

African American	1,947	26.9%	1,942	27.0%	1,989	27.6%	1,985	28.4%	1,893	27.9%	1,759	27.5%	1,662	25.8%
White	1,761	27.8%	1,779	28.5%	1,729	28.0%	1,639	27.6%	1,515	25.3%	1,473	24.5%	1,530	22.9%
Hispanic	233	27.4%	245	26.6%	283	27.8%	310	27.3%	309	25.6%	303	24.4%	295	25.0%
Other Ethnicity	92	31.5%	102	32.4%	103	33.6%	98	29.4%	100	30.8%	103	30.1%	105	26.4%

End of Year Placement: Specialized Foster Home

Indicator 2.B.4	Of all children in substitute care at the end of the fiscal year, the percentage that was placed in specialized foster homes.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care at end of year	14,717	14,674	14,711	14,408	14,283	13,993	14,698
Children placed in specialized foster homes	2,396	2,348	2,265	2,113	2,029	1,967	1,978
Percent	16.3%	16.0%	15.4%	14.7%	14.2%	14.1%	13.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	1,237	24.6%	1,197	23.9%	1,135	22.4%	1,035	20.7%	998	20.1%	974	20.5%	971	21.0%
Northern	394	12.8%	389	11.8%	408	12.4%	427	13.7%	414	14.1%	413	15.4%	416	16.1%
Central	570	13.6%	574	13.8%	543	13.1%	505	12.3%	472	11.4%	437	10.6%	422	9.1%
Southern	195	8.1%	188	8.4%	175	8.0%	141	6.6%	144	6.5%	141	5.9%	169	5.9%

Male	1,405	18.0%	1,379	17.7%	1,314	17.0%	1,203	15.9%	1,174	15.7%	1,167	15.9%	1,137	14.8%
Female	990	14.3%	969	14.1%	950	13.6%	910	13.3%	855	12.6%	800	12.0%	841	12.0%

0 to 2	178	5.6%	164	5.1%	184	5.8%	161	4.8%	160	4.9%	144	4.5%	184	5.1%
3 to 5	336	10.0%	309	9.5%	265	8.4%	237	8.1%	259	8.6%	282	9.4%	278	8.9%
6 to 11	819	19.6%	809	19.3%	771	17.6%	699	16.5%	625	14.9%	653	15.7%	705	16.3%
12 to 17	1,063	26.6%	1,066	26.8%	1,045	26.2%	1,016	26.0%	985	25.8%	888	24.6%	811	22.5%

African American	1,457	20.1%	1,424	19.8%	1,326	18.4%	1,227	17.6%	1,152	17.0%	1,114	17.4%	1,109	17.2%
White	758	12.0%	739	11.8%	743	12.0%	689	11.6%	684	11.4%	628	10.5%	622	9.3%
Hispanic	146	17.2%	153	16.6%	155	15.2%	161	14.2%	158	13.1%	182	14.6%	191	16.2%
Other Ethnicity	35	12.0%	32	10.2%	41	13.4%	36	10.8%	35	10.8%	43	12.6%	56	14.1%

CONTINUITY AND STABILITY IN CARE

End of Year Placement: Emergency Shelter/Emergency Foster Home

Indicator 2.B.5	Of all children in substitute care at the end of the fiscal year, the percentage that was placed in emergency shelters or emergency foster homes.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care at end of year	14,717	14,674	14,711	14,408	14,283	13,993	14,698
Children placed in emergency shelters or emergency foster homes	99	98	130	83	48	33	42
Percent	0.7%	0.7%	0.9%	0.6%	0.3%	0.2%	0.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	45	0.9%	37	0.7%	54	1.1%	38	0.8%	13	0.3%	16	0.3%	11	0.2%
Northern	18	0.6%	27	0.8%	32	1.0%	13	0.4%	7	0.2%	6	0.2%	9	0.3%
Central	13	0.3%	16	0.4%	23	0.6%	17	0.4%	13	0.3%	4	0.1%	10	0.2%
Southern	23	1.0%	18	0.8%	21	1.0%	15	0.7%	14	0.6%	7	0.3%	12	0.4%

Male	63	0.8%	57	0.7%	73	0.9%	45	0.6%	30	0.4%	17	0.2%	27	0.4%
Female	36	0.5%	41	0.6%	57	0.8%	38	0.6%	18	0.3%	16	0.2%	15	0.2%

0 to 2	4	0.1%	4	0.1%	7	0.2%	2	0.1%	0	0.0%	0	0.0%	0	0.0%
3 to 5	5	0.1%	2	0.1%	2	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.0%
6 to 11	13	0.3%	25	0.6%	33	0.8%	9	0.2%	0	0.0%	3	0.1%	4	0.1%
12 to 17	77	1.9%	67	1.7%	88	2.2%	71	1.8%	48	1.3%	30	0.8%	38	1.1%

African American	64	0.9%	44	0.6%	73	1.0%	42	0.6%	24	0.4%	21	0.3%	20	0.3%
White	29	0.5%	46	0.7%	47	0.8%	31	0.5%	23	0.4%	8	0.1%	19	0.3%
Hispanic	5	0.6%	4	0.4%	8	0.8%	10	0.9%	0	0.0%	3	0.2%	1	0.1%
Other Ethnicity	1	0.3%	4	1.3%	2	0.7%	0	0.0%	1	0.3%	1	0.3%	2	0.5%

End of Year Placement: Group Home

Indicator 2.B.6	Of all children in substitute care at the end of the fiscal year, the percentage that was placed in group homes.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care at end of year	14,717	14,674	14,711	14,408	14,283	13,993	14,698
Children placed in group homes	184	181	165	158	132	102	101
Percent	1.3%	1.2%	1.1%	1.1%	0.9%	0.7%	0.7%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	90	1.8%	80	1.6%	77	1.5%	71	1.4%	54	1.1%	37	0.8%	33	0.7%
Northern	35	1.1%	47	1.4%	37	1.1%	35	1.1%	40	1.4%	23	0.9%	24	0.9%
Central	55	1.3%	48	1.2%	41	1.0%	43	1.0%	31	0.7%	34	0.8%	34	0.7%
Southern	4	0.2%	6	0.3%	10	0.5%	9	0.4%	7	0.3%	8	0.3%	10	0.4%

Male	128	1.6%	124	1.6%	108	1.4%	90	1.2%	69	0.9%	61	0.8%	64	0.8%
Female	56	0.8%	57	0.8%	57	0.8%	68	1.0%	63	0.9%	41	0.6%	37	0.5%

0 to 2	3	0.1%	1	0.0%	1	0.0%	4	0.1%	3	0.1%	2	0.1%	1	0.0%
3 to 5	1	0.0%	1	0.0%	0	0.0%	1	0.0%	1	0.0%	3	0.1%	0	0.0%
6 to 11	13	0.3%	17	0.4%	15	0.3%	12	0.3%	14	0.3%	12	0.3%	11	0.3%
12 to 17	167	4.2%	162	4.1%	149	3.7%	141	3.6%	114	3.0%	85	2.4%	89	2.5%

African American	102	1.4%	100	1.4%	97	1.3%	81	1.2%	72	1.1%	47	0.7%	47	0.7%
White	62	1.0%	67	1.1%	56	0.9%	66	1.1%	46	0.8%	46	0.8%	49	0.7%
Hispanic	17	2.0%	11	1.2%	8	0.8%	10	0.9%	12	1.0%	8	0.6%	4	0.3%
Other Ethnicity	3	1.0%	3	1.0%	4	1.3%	1	0.3%	2	0.6%	1	0.3%	1	0.3%



CONTINUITY AND STABILITY IN CARE

End of Year Placement: Institution

Indicator 2.B.7	Of all children in substitute care at the end of the fiscal year, the percentage that was placed in institutions.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care at end of year	14,717	14,674	14,711	14,408	14,283	13,993	14,698
Children placed in institutions	1,035	985	1,036	985	888	800	781
Percent	7.0%	6.7%	7.0%	6.8%	6.2%	5.7%	5.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	427	8.5%	392	7.8%	382	7.5%	382	7.6%	313	6.3%	266	5.6%	250	5.4%
Northern	200	6.5%	202	6.2%	225	6.8%	214	6.9%	188	6.4%	158	5.9%	156	6.1%
Central	272	6.5%	257	6.2%	282	6.8%	248	6.0%	249	6.0%	245	5.9%	235	5.1%
Southern	136	5.6%	134	6.0%	147	6.7%	141	6.6%	138	6.2%	131	5.5%	140	4.9%

Male	694	8.9%	665	8.5%	692	8.9%	684	9.0%	621	8.3%	527	7.2%	509	6.6%
Female	341	4.9%	319	4.6%	344	4.9%	301	4.4%	267	3.9%	273	4.1%	272	3.9%

0 to 2	6	0.2%	3	0.1%	4	0.1%	6	0.2%	2	0.1%	2	0.1%	5	0.1%
3 to 5	8	0.2%	8	0.2%	6	0.2%	8	0.3%	4	0.1%	3	0.1%	6	0.2%
6 to 11	140	3.3%	111	2.6%	128	2.9%	149	3.5%	124	3.0%	105	2.5%	111	2.6%
12 to 17	881	22.1%	863	21.7%	898	22.5%	822	21.0%	758	19.8%	690	19.1%	659	18.3%

African American	557	7.7%	541	7.5%	558	7.7%	526	7.5%	457	6.7%	411	6.4%	364	5.6%
White	415	6.5%	382	6.1%	414	6.7%	387	6.5%	371	6.2%	348	5.8%	363	5.4%
Hispanic	45	5.3%	47	5.1%	52	5.1%	61	5.4%	51	4.2%	34	2.7%	42	3.6%
Other Ethnicity	18	6.2%	15	4.8%	12	3.9%	11	3.3%	9	2.8%	7	2.0%	12	3.0%

Initial Placement with Siblings

Indicator 2.C	Of all children entering substitute care and initially placed in kinship or traditional foster homes, the percentage that was placed with their siblings in their initial placement.						
	2012	2013	2014	2015	2016	2017	2018
Kinship Foster Care	1- 2 siblings						
Children with 1-2 siblings	1,137	1,124	1,298	1,371	1,372	1,438	1,805
Children initially placed with all siblings	922	870	1,049	1,112	1,096	1,145	1,456
Percent	81.1%	77.4%	80.8%	81.1%	79.9%	79.6%	80.7%
Traditional Foster Care	1- 2 siblings						
Children with 1-2 siblings	477	420	408	471	369	464	500
Children initially placed with all siblings	316	279	254	286	254	306	319
Percent	66.2%	66.4%	62.3%	60.7%	68.8%	65.9%	63.8%
Kinship Foster Care	3 or more siblings						
Children with 3 or more siblings	490	509	531	584	638	642	763
Children initially placed with all siblings	264	272	302	305	310	284	418
Percent	53.9%	53.4%	56.9%	52.2%	48.6%	44.2%	54.8%
Traditional Foster Care	3 or more siblings						
Children with 3 or more siblings	148	210	215	170	143	205	252
Children initially placed with all siblings	0	4	9	16	12	20	34
Percent	0.0%	1.9%	4.2%	9.4%	8.4%	9.8%	13.5%

CONTINUITY AND STABILITY IN CARE

End of Year Placement with Siblings

Indicator 2.D	Of all children in kinship or traditional foster homes at the end of the fiscal year, the percentage that was placed with their siblings.						
	2012	2013	2014	2015	2016	2017	2018
Kinship Foster Care	1- 2 siblings						
Children with 1-2 siblings	3,029	2,968	3,101	3,113	3,294	3,419	3,758
Children placed with all siblings at end of year	2,220	2,139	2,247	2,253	2,365	2,453	2,722
Percent	73.3%	72.1%	72.5%	72.4%	71.8%	71.7%	72.4%
Traditional Foster Care	1- 2 siblings						
Children with 1-2 siblings	1,966	1,947	1,968	1,998	1,894	1,760	1,751
Children placed with all siblings at end of year	1,166	1,166	1,139	1,120	1,067	1,066	1,063
Percent	59.3%	59.9%	57.9%	56.1%	56.3%	60.6%	60.7%
Kinship Foster Care	3 or more siblings						
Children with 3 or more siblings	1,358	1,455	1,530	1,553	1,546	1,565	1,704
Children placed with all siblings at end of year	409	505	490	570	540	562	564
Percent	30.1%	34.7%	32.0%	36.7%	34.9%	35.9%	33.1%
Traditional Foster Care	3 or more siblings						
Children with 3 or more siblings	1,051	1,059	1,140	1,028	955	957	938
Children placed with all siblings at end of year	112	115	116	91	68	91	117
Percent	10.7%	10.9%	10.2%	8.9%	7.1%	9.5%	12.5%

Placement Stability (CFSR)

Indicator 2.E	Of all children who entered substitute care during the fiscal year, the rate of placement moves per 1,000 days of care.						
	2012	2013	2014	2015	2016	2017	2018
Children entering substitute care	4,318	4,355	4,494	4,741	4,389	4,563	5,510
Days in substitute care	678,418	668,206	713,756	763,706	704,770	725,028	879,109
Placement moves	3,626	3,259	3,271	3,485	2,790	2,991	3,246
Placement moves per 1,000 days in substitute care	5.3	4.9	4.6	4.6	4.0	4.1	3.7

	Moves per 1,000 days	Moves per 1,000 days	Moves per 1,000 days	Moves per 1,000 days	Moves per 1,000 days	Moves per 1,000 days	Moves per 1,000 days
Cook	8.0	6.4	5.5	5.3	4.7	4.1	4.3
Northern	4.4	4.1	4.1	4.3	3.7	4.1	3.8
Central	4.1	4.2	4.2	3.7	3.6	4.2	3.4
Southern	4.9	4.9	4.7	5.3	3.8	4.0	3.5

Male	5.5	4.8	4.4	4.4	3.8	4.2	3.7
Female	5.2	5.0	4.7	4.7	4.1	4.1	3.7

0 to 2	3.7	3.8	2.8	3.2	2.8	2.8	2.6
3 to 5	4.1	4.2	3.4	3.7	3.2	3.4	3.0
6 to 11	5.0	4.2	4.3	4.3	3.6	4.2	3.9
12 to 17	10.3	8.3	9.1	8.2	7.5	7.8	7.0

African American	6.7	6.2	5.7	5.6	4.8	5.1	4.4
White	4.2	3.8	3.8	3.7	3.3	3.4	3.2
Hispanic	6.3	4.3	3.9	3.9	3.7	4.0	3.4
Other Ethnicity	4.8	6.1	4.0	3.8	3.7	4.6	4.0

CONTINUITY AND STABILITY IN CARE

Children Who Run Away from Substitute Care

Indicator 2.F	Of all children age 12 to 17 entering substitute care, the percentage that run away from a substitute care placement during their first year.						
	2011	2012	2013	2014	2015	2016	2017
Children entering substitute care between age 12 to 17	970	1,009	1,000	1,040	1,036	935	889
Children who run away during their first year	226	243	205	230	225	178	162
Percent	23.3%	24.1%	20.5%	22.1%	21.7%	19.0%	18.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	130	37.6%	141	34.6%	121	34.5%	124	32.8%	117	32.9%	92	30.0%	66	23.9%
Northern	38	19.6%	30	14.6%	44	18.6%	32	15.0%	37	16.4%	33	18.8%	33	21.2%
Central	29	10.9%	45	17.7%	24	8.7%	47	16.8%	39	12.9%	34	12.0%	39	13.4%
Southern	29	17.6%	27	19.0%	16	11.9%	27	16.0%	32	21.2%	19	11.2%	24	14.5%

Male	123	25.7%	132	25.1%	92	18.8%	113	20.9%	117	23.5%	79	16.8%	83	18.8%
Female	103	20.9%	111	22.9%	113	22.1%	117	23.4%	108	20.1%	99	21.2%	79	17.7%

12 to 14	73	15.3%	69	13.7%	67	12.9%	75	13.9%	73	13.3%	47	9.7%	48	10.7%
15 to 17	153	31.0%	174	34.5%	138	28.8%	155	30.9%	152	31.1%	131	29.1%	114	25.9%

African American	145	29.2%	156	31.1%	134	28.5%	150	29.2%	141	27.6%	103	25.6%	95	24.7%
White	58	14.8%	71	17.1%	51	11.7%	62	14.4%	62	14.6%	61	14.1%	47	12.2%
Hispanic	18	29.5%	9	13.8%	15	22.4%	15	19.7%	21	27.3%	12	14.3%	18	19.6%
Other Ethnicity	5	23.8%	7	26.9%	5	20.0%	3	16.7%	1	4.3%	2	12.5%	2	7.7%

Median Length of Stay in Substitute Care

Indicator 2.G	The median length of stay in substitute care of all children who enter substitute care during the fiscal year.						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,922	4,988	4,721	4,764	4,747	4,838	5,091
Median length of stay (in months)	34	34	34	34	33	34	34

	N	Months	N	Months	N	Months	N	Months	N	Months	N	Months	N	Months
Cook	1,166	47	1,351	46	1,122	51	1,362	48	1,280	47	1,368	49	1,500	40
Northern	1,154	35	1,000	31	1,011	32	1,060	33	1,187	29	1,079	32	1,050	28
Central	1,762	28	1,735	28	1,648	29	1,452	30	1,549	29	1,551	30	1,665	29
Southern	840	31	902	33	940	30	888	27	730	26	840	27	876	32

Male	2,486	35	2,634	34	2,418	34	2,432	35	2,444	32	2,470	35	2,582	34
Female	2,433	32	2,353	34	2,303	35	2,331	34	2,303	33	2,368	34	2,509	34

0 to 2	1,974	35	2,065	33	1,878	34	1,880	34	1,898	32	1,828	33	2,050	31
3 to 5	810	30	860	30	850	31	860	32	802	30	787	33	863	34
6 to 11	1,121	32	1,046	30	1,023	29	1,015	33	1,046	30	1,183	33	1,142	33
12 to 17	1,017	39	1,017	44	970	44	1,009	41	1,000	43	1,040	42	1,036	39

African American	2,203	37	2,162	40	2,042	40	2,057	41	2,030	39	2,139	39	2,240	38
White	2,330	31	2,448	30	2,324	30	2,321	30	2,247	28	2,247	31	2,249	30
Hispanic	277	36	267	37	244	38	266	39	350	38	343	39	463	32
Other Ethnicity	112	26	111	28	111	32	120	27	120	29	109	31	139	35

LEGAL PERMANENCE

Reunification Within 12 Months

Indicator 3.A.1	Of all children who entered in substitute care during the year, the percentage that was reunified with their parents within 12 months.						
	2011	2012	2013	2014	2015	2016	2017
Children entering substitute care	4,721	4,764	4,747	4,838	5,091	4,640	4,777
Children reunified within 12 months	680	623	666	638	713	647	599
Percent	14.4%	13.1%	14.0%	13.2%	14.0%	13.9%	12.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	50	4.5%	80	5.9%	79	6.2%	76	5.6%	108	7.2%	57	4.6%	52	4.4%
Northern	206	20.4%	154	14.5%	196	16.5%	207	19.2%	178	17.0%	166	18.3%	141	16.5%
Central	261	15.8%	213	14.7%	250	16.1%	199	12.8%	265	15.9%	292	18.3%	278	15.8%
Southern	163	17.3%	176	19.8%	141	19.3%	156	18.6%	162	18.5%	132	15.0%	128	13.2%

Male	360	14.9%	300	12.3%	350	14.3%	314	12.7%	348	13.5%	343	14.3%	302	12.3%
Female	320	13.9%	323	13.9%	316	13.7%	324	13.7%	365	14.5%	304	13.6%	297	12.8%

0 to 2	216	11.5%	201	10.7%	246	13.0%	209	11.4%	269	13.1%	246	13.2%	204	10.7%
3 to 5	139	16.4%	135	15.7%	128	16.0%	111	14.1%	129	14.9%	117	15.2%	115	13.6%
6 to 11	198	19.4%	158	15.6%	185	17.7%	196	16.6%	189	16.5%	177	16.6%	180	15.8%
12 to 17	127	13.1%	129	12.8%	107	10.7%	122	11.7%	126	12.2%	107	11.4%	100	11.2%

African American	264	12.9%	192	9.3%	238	11.7%	229	10.7%	276	12.3%	227	12.0%	199	10.9%
White	370	15.9%	378	16.3%	366	16.3%	338	15.0%	349	15.5%	346	15.4%	331	13.9%
Hispanic	32	13.1%	36	13.5%	39	11.1%	52	15.2%	62	13.4%	56	13.8%	52	12.1%
Other Ethnicity	14	12.6%	17	14.2%	23	19.2%	19	17.4%	26	18.7%	18	18.0%	17	12.3%

Reunification Within 24 Months

Indicator 3.A.2	Of all children who entered in substitute care during the year, the percentage that was reunified with their parents within 24 months.						
	2010	2011	2012	2013	2014	2015	2016
Children entering substitute care	4,988	4,721	4,764	4,747	4,838	5,091	4,640
Children reunified within 24 months	1,406	1,324	1,308	1,402	1,332	1,407	1,265
Percent	28.2%	28.0%	27.5%	29.5%	27.5%	27.6%	27.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	176	13.0%	130	11.6%	166	12.2%	170	13.3%	184	13.5%	232	15.5%	177	14.2%
Northern	349	34.9%	353	34.9%	333	31.4%	415	35.0%	371	34.4%	362	34.5%	302	33.3%
Central	620	35.7%	533	32.3%	493	34.0%	554	35.8%	483	31.1%	541	32.5%	544	34.0%
Southern	261	28.9%	308	32.8%	316	35.6%	262	35.9%	294	35.0%	272	31.1%	242	27.4%

Male	738	28.0%	691	28.6%	655	26.9%	740	30.3%	656	26.6%	704	27.3%	670	27.9%
Female	668	28.4%	633	27.5%	653	28.0%	662	28.7%	676	28.5%	703	28.0%	595	26.6%

0 to 2	522	25.3%	456	24.3%	449	23.9%	532	28.0%	460	25.2%	549	26.8%	491	26.3%
3 to 5	286	33.3%	280	32.9%	285	33.1%	269	33.5%	246	31.3%	263	30.5%	228	29.6%
6 to 11	368	35.2%	376	36.8%	337	33.2%	390	37.3%	395	33.4%	358	31.3%	337	31.6%
12 to 17	230	22.6%	212	21.9%	237	23.5%	211	21.1%	231	22.2%	237	22.9%	209	22.4%

African American	468	21.6%	510	25.0%	406	19.7%	512	25.2%	511	23.9%	548	24.5%	469	24.9%
White	820	33.5%	703	30.2%	790	34.0%	764	34.0%	696	31.0%	676	30.1%	651	29.0%
Hispanic	77	28.8%	80	32.8%	82	30.8%	83	23.7%	91	26.5%	147	31.7%	116	28.6%
Other Ethnicity	41	36.9%	31	27.9%	30	25.0%	43	35.8%	34	31.2%	36	25.9%	29	29.0%

LEGAL PERMANENCE

Reunification Within 36 Months

Indicator 3.A.3	Of all children who entered substitute care during the year, the percentage that was reunified with their parents within 36 months.						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,922	4,988	4,721	4,764	4,747	4,838	5,091
Children reunified within 36 months	1,886	1,810	1,685	1,693	1,812	1,657	1,806
Percent	38.3%	36.3%	35.7%	35.5%	38.2%	34.2%	35.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	225	19.3%	275	20.4%	189	16.8%	265	19.5%	286	22.3%	277	20.2%	367	24.5%
Northern	473	41.0%	418	41.8%	443	43.8%	427	40.3%	513	43.2%	427	39.6%	439	41.8%
Central	817	46.4%	765	44.1%	665	40.4%	611	42.1%	714	46.1%	607	39.1%	658	39.5%
Southern	371	44.2%	352	39.0%	388	41.3%	388	43.7%	298	40.8%	346	41.2%	342	39.0%

Male	905	36.4%	953	36.2%	880	36.4%	863	35.5%	950	38.9%	824	33.4%	934	36.2%
Female	979	40.2%	857	36.4%	805	35.0%	830	35.6%	862	37.4%	833	35.2%	872	34.8%

0 to 2	685	34.7%	690	33.4%	595	31.7%	600	31.9%	675	35.6%	580	31.7%	719	35.1%
3 to 5	380	46.9%	371	43.1%	371	43.6%	373	43.4%	357	44.5%	304	38.6%	326	37.8%
6 to 11	487	43.4%	470	44.9%	465	45.5%	433	42.7%	498	47.6%	489	41.3%	473	41.4%
12 to 17	334	32.8%	279	27.4%	254	26.2%	287	28.4%	282	28.2%	284	27.3%	288	27.8%

African American	746	33.9%	608	28.1%	638	31.2%	571	27.8%	683	33.6%	649	30.3%	717	32.0%
White	970	41.6%	1,040	42.5%	916	39.4%	967	41.7%	954	42.5%	847	37.7%	847	37.7%
Hispanic	112	40.4%	109	40.8%	94	38.5%	111	41.7%	125	35.7%	122	35.6%	202	43.6%
Other Ethnicity	58	51.8%	53	47.7%	37	33.3%	44	36.7%	50	41.7%	39	35.8%	40	28.8%

Stability of Reunification at One Year

Indicator 3.B.1	Of all children who were reunified during the year, the percentage that remained with their family at one year.						
	2011	2012	2013	2014	2015	2016	2017
Children reunified	2,151	2,161	1,977	1,965	2,111	1,934	1,855
Children stable at one year	2,048	2,038	1,835	1,872	2,004	1,797	1,744
Percent	95.2%	94.3%	92.8%	95.3%	94.9%	92.9%	94.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	310	96.3%	340	93.7%	329	94.8%	317	94.6%	361	90.7%	328	91.9%	347	94.8%
Northern	472	93.5%	511	90.9%	430	92.3%	496	95.4%	581	95.7%	413	94.3%	380	92.9%
Central	876	95.5%	780	97.1%	629	91.7%	664	95.7%	688	96.1%	733	92.9%	694	94.6%
Southern	390	95.8%	407	94.0%	447	93.5%	395	95.0%	374	95.9%	323	92.3%	323	93.4%

Male	1,039	95.5%	1,029	93.3%	955	93.2%	1,015	95.7%	1,005	94.9%	958	93.9%	898	93.9%
Female	1,006	94.9%	1,007	95.4%	880	92.4%	857	94.8%	999	95.0%	839	91.8%	846	94.1%

0 to 2	399	94.1%	386	93.9%	335	90.3%	370	91.4%	429	93.7%	409	91.9%	358	90.9%
3 to 5	524	96.1%	516	94.3%	460	93.3%	471	96.3%	470	95.3%	410	93.0%	427	96.0%
6 to 11	696	96.3%	692	94.8%	677	93.4%	662	96.8%	685	95.4%	591	94.4%	590	95.3%
12 to 17	429	93.5%	444	93.9%	363	93.6%	369	95.3%	420	95.0%	387	91.7%	369	92.9%

African American	818	94.9%	778	92.0%	656	92.3%	682	96.1%	819	93.9%	755	92.9%	695	94.4%
White	1,058	95.0%	1,082	95.5%	1,009	93.1%	1,007	94.1%	976	95.7%	848	92.7%	851	94.5%
Hispanic	116	97.5%	136	98.6%	121	93.1%	129	100.0%	169	94.4%	148	94.9%	156	90.2%
Other Ethnicity	56	100.0%	42	95.5%	49	94.2%	54	96.4%	40	100.0%	46	92.0%	42	93.3%

LEGAL PERMANENCE

Stability of Reunification at Two Years

Indicator 3.B.2	Of all children who were reunified during the year, the percentage that remained with their family at two years.						
	2010	2011	2012	2013	2014	2015	2016
Children reunified	2,055	2,151	2,161	1,977	1,965	2,111	1,934
Children stable at two years	1,902	1,996	1,989	1,794	1,828	1,965	1,732
Percent	92.6%	92.8%	92.0%	90.7%	93.0%	93.1%	89.6%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	331	89.0%	310	96.3%	334	92.0%	326	93.9%	308	91.9%	356	89.4%	326	91.3%
Northern	413	91.0%	457	90.5%	495	88.1%	416	89.3%	482	92.7%	566	93.2%	399	91.1%
Central	844	96.3%	848	92.5%	767	95.5%	615	89.7%	654	94.2%	676	94.4%	697	88.3%
Southern	314	89.0%	381	93.6%	393	90.8%	437	91.4%	384	92.3%	367	94.1%	310	88.6%

Male	958	93.3%	1,017	93.5%	1,005	91.1%	931	90.8%	994	93.7%	988	93.3%	922	90.4%
Female	944	91.8%	976	92.1%	982	93.0%	863	90.7%	834	92.3%	977	92.9%	810	88.6%

0 to 2	387	90.2%	382	90.1%	375	91.2%	325	87.6%	357	88.1%	419	91.5%	383	86.1%
3 to 5	469	93.4%	515	94.5%	508	92.9%	455	92.3%	462	94.5%	460	93.3%	395	89.6%
6 to 11	621	93.2%	679	93.9%	672	92.1%	659	90.9%	646	94.4%	675	94.0%	577	92.2%
12 to 17	425	92.8%	420	91.5%	434	91.8%	355	91.5%	363	93.8%	411	93.0%	377	89.3%

African American	763	93.2%	799	92.7%	761	90.0%	639	89.9%	666	93.8%	810	92.9%	728	89.5%
White	984	92.0%	1,031	92.5%	1,054	93.0%	986	91.0%	984	92.0%	948	92.9%	816	89.2%
Hispanic	94	93.1%	111	93.3%	134	97.1%	120	92.3%	124	96.1%	167	93.3%	144	92.3%
Other Ethnicity	61	92.4%	55	98.2%	40	90.9%	49	94.2%	54	96.4%	40	100.0%	44	88.0%

Stability of Reunification at Five Years

Indicator 3.B.3	Of all children who were reunified during the year, the percentage that remained with their family at five years.						
	2007	2008	2009	2010	2011	2012	2013
Children reunified	1,863	1,840	1,968	2,055	2,151	2,161	1,977
Children stable at five years	1,653	1,626	1,725	1,818	1,922	1,911	1,699
Percent	88.7%	88.4%	87.7%	88.5%	89.4%	88.4%	85.9%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	375	86.8%	254	89.4%	333	88.3%	326	87.6%	300	93.2%	318	87.6%	309	89.0%
Northern	381	88.2%	322	88.7%	407	88.9%	391	86.1%	445	88.1%	476	84.7%	402	86.3%
Central	571	91.7%	709	89.5%	703	86.2%	808	92.2%	809	88.2%	742	92.4%	581	84.7%
Southern	326	86.7%	341	85.0%	282	89.0%	293	83.0%	368	90.4%	375	86.6%	407	85.1%

Male	861	88.5%	859	88.4%	900	87.4%	923	89.9%	986	90.6%	969	87.9%	884	86.2%
Female	792	89.0%	763	88.4%	820	88.0%	895	87.1%	933	88.0%	940	89.0%	815	85.6%

0 to 2	273	84.5%	315	83.3%	326	86.5%	370	86.2%	363	85.6%	358	87.1%	300	80.9%
3 to 5	366	88.4%	390	90.7%	396	85.5%	441	87.8%	491	90.1%	486	88.8%	429	87.0%
6 to 11	571	90.3%	513	87.8%	603	88.0%	588	88.3%	651	90.0%	640	87.7%	620	85.5%
12 to 17	443	89.7%	408	91.1%	400	90.3%	419	91.5%	417	90.8%	427	90.3%	350	90.2%

African American	657	85.8%	561	87.5%	636	84.9%	732	89.4%	766	88.9%	725	85.7%	601	84.5%
White	855	90.2%	894	88.1%	899	89.1%	935	87.5%	993	89.1%	1,016	89.7%	934	86.2%
Hispanic	86	92.5%	107	92.2%	147	90.7%	91	90.1%	109	91.6%	130	94.2%	116	89.2%
Other Ethnicity	55	98.2%	64	94.1%	43	89.6%	60	90.9%	54	96.4%	40	90.9%	48	92.3%

LEGAL PERMANENCE

Stability of Reunification at Ten Years

Indicator 3.B.4	Of all children who were reunified during the year, the percentage that remained with their family at ten years.						
	2002	2003	2004	2005	2006	2007	2008
Children reunified	2,764	2,434	2,023	2,053	1,968	1,863	1,840
Children stable at ten years	2,373	2,031	1,701	1,754	1,654	1,602	1,581
Percent	85.9%	83.4%	84.1%	85.4%	84.0%	86.0%	85.9%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	788	83.6%	625	82.0%	518	84.4%	461	83.2%	408	86.3%	365	84.5%	251	88.4%
Northern	427	89.9%	374	92.6%	318	88.6%	326	87.9%	322	87.5%	370	85.6%	318	87.6%
Central	869	86.0%	768	81.8%	566	83.5%	652	87.4%	559	81.4%	549	88.1%	677	85.5%
Southern	289	86.3%	264	80.2%	299	80.4%	315	82.5%	365	83.0%	318	84.6%	335	83.5%

Male	1,252	85.7%	1,066	83.0%	902	84.2%	906	84.7%	838	84.5%	840	86.3%	835	85.9%
Female	1,121	86.0%	963	83.9%	798	83.9%	846	86.2%	815	83.6%	762	85.6%	742	86.0%

0 to 2	364	77.4%	338	80.1%	281	78.7%	310	81.8%	310	82.4%	259	80.2%	308	81.5%
3 to 5	451	83.2%	376	79.8%	311	80.2%	345	80.4%	361	78.5%	348	84.1%	369	85.8%
6 to 11	835	87.0%	702	82.7%	550	83.6%	586	85.5%	544	84.5%	552	87.3%	497	85.1%
12 to 17	723	91.3%	615	88.9%	559	90.2%	513	91.6%	439	90.0%	443	89.7%	407	90.8%

African American	1,157	84.5%	966	82.4%	700	84.5%	704	82.3%	654	81.2%	633	82.6%	548	85.5%
White	971	86.9%	857	83.9%	804	82.4%	860	86.8%	871	85.7%	833	87.9%	864	85.1%
Hispanic	171	90.0%	152	87.4%	129	87.8%	129	91.5%	109	85.8%	82	88.2%	105	90.5%
Other Ethnicity	74	85.1%	56	83.6%	68	94.4%	61	92.4%	20	100.0%	54	96.4%	64	94.1%

Adoption Within 24 Months

Indicator 3.C.1	Of all children who entered substitute care during the year, the percentage that was adopted within 24 months.						
	2010	2011	2012	2013	2014	2015	2016
Children entering substitute care	4,988	4,721	4,764	4,747	4,838	5,091	4,640
Children adopted within 24 months	156	196	142	164	178	225	248
Percent	3.1%	4.2%	3.0%	3.5%	3.7%	4.4%	5.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	33	2.4%	36	3.2%	35	2.6%	31	2.4%	25	1.8%	29	1.9%	24	1.9%
Northern	17	1.7%	18	1.8%	25	2.4%	36	3.0%	21	1.9%	62	5.9%	57	6.3%
Central	81	4.7%	98	5.9%	41	2.8%	65	4.2%	82	5.3%	92	5.5%	118	7.4%
Southern	25	2.8%	44	4.7%	41	4.6%	32	4.4%	50	6.0%	42	4.8%	49	5.6%

Male	78	3.0%	102	4.2%	64	2.6%	80	3.3%	100	4.0%	107	4.1%	129	5.4%
Female	78	3.3%	94	4.1%	78	3.3%	84	3.6%	78	3.3%	118	4.7%	119	5.3%

0 to 2	115	5.6%	133	7.1%	101	5.4%	128	6.7%	132	7.2%	164	8.0%	172	9.2%
3 to 5	27	3.1%	30	3.5%	21	2.4%	19	2.4%	27	3.4%	32	3.7%	32	4.2%
6 to 11	12	1.1%	26	2.5%	17	1.7%	13	1.2%	13	1.1%	22	1.9%	30	2.8%
12 to 17	2	0.2%	7	0.7%	3	0.3%	4	0.4%	6	0.6%	7	0.7%	14	1.5%

African American	55	2.5%	68	3.3%	40	1.9%	64	3.2%	55	2.6%	80	3.6%	72	3.8%
White	95	3.9%	118	5.1%	85	3.7%	90	4.0%	113	5.0%	134	6.0%	165	7.3%
Hispanic	4	1.5%	5	2.0%	3	1.1%	3	0.9%	3	0.9%	7	1.5%	7	1.7%
Other Ethnicity	2	1.8%	5	4.5%	14	11.7%	7	5.8%	7	6.4%	4	2.9%	4	4.0%

LEGAL PERMANENCE

Adoption Within 36 Months

Indicator 3.C.2	Of all children who entered substitute care during the year, the percentage that was adopted within 36 months.						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,922	4,988	4,721	4,764	4,747	4,838	5,091
Children adopted within 36 months	438	514	519	542	560	606	689
Percent	8.9%	10.3%	11.0%	11.4%	11.8%	12.5%	13.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	73	6.3%	80	5.9%	65	5.8%	85	6.2%	61	4.8%	72	5.3%	88	5.9%
Northern	74	6.4%	85	8.5%	90	8.9%	119	11.2%	142	12.0%	169	15.7%	181	17.2%
Central	229	13.0%	262	15.1%	251	15.2%	204	14.0%	224	14.5%	255	16.4%	300	18.0%
Southern	62	7.4%	87	9.6%	113	12.0%	134	15.1%	133	18.2%	110	13.1%	120	13.7%

Male	226	9.1%	262	9.9%	261	10.8%	252	10.4%	279	11.4%	310	12.6%	342	13.2%
Female	211	8.7%	252	10.7%	258	11.2%	290	12.4%	281	12.2%	296	12.5%	347	13.8%

0 to 2	318	16.1%	385	18.6%	358	19.1%	383	20.4%	392	20.7%	406	22.2%	484	23.6%
3 to 5	60	7.4%	74	8.6%	75	8.8%	95	11.0%	89	11.1%	101	12.8%	102	11.8%
6 to 11	56	5.0%	46	4.4%	75	7.3%	53	5.2%	68	6.5%	84	7.1%	85	7.4%
12 to 17	4	0.4%	9	0.9%	11	1.1%	11	1.1%	11	1.1%	15	1.4%	18	1.7%

African American	153	6.9%	192	8.9%	156	7.6%	150	7.3%	165	8.1%	195	9.1%	220	9.8%
White	267	11.5%	299	12.2%	342	14.7%	360	15.5%	363	16.2%	373	16.6%	410	18.2%
Hispanic	11	4.0%	13	4.9%	8	3.3%	7	2.6%	15	4.3%	17	5.0%	34	7.3%
Other Ethnicity	7	6.3%	10	9.0%	13	11.7%	25	20.8%	17	14.2%	21	19.3%	25	18.0%

Stability of Adoption at Two Years

Indicator 3.D.1	Of all children who were adopted during the year, the percentage that remained with their family at two years.						
	2010	2011	2012	2013	2014	2015	2016
Children adopted	1,368	1,217	1,757	1,500	1,540	1,870	1,583
Children stable at two years	1,338	1,186	1,700	1,454	1,507	1,822	1,535
Percent	97.8%	97.5%	96.8%	96.9%	97.9%	97.4%	97.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	452	95.8%	334	97.4%	452	94.6%	381	94.3%	313	96.3%	487	96.1%	384	93.4%
Northern	288	99.0%	202	99.0%	331	99.4%	280	98.2%	363	99.2%	401	98.0%	395	98.3%
Central	425	99.1%	430	96.4%	647	98.8%	531	98.0%	548	97.9%	575	98.6%	494	98.6%
Southern	173	98.3%	220	98.2%	270	92.8%	262	97.4%	283	97.9%	359	96.8%	262	97.4%

Male	689	98.0%	569	96.8%	884	97.0%	727	97.6%	796	97.8%	921	97.3%	774	97.0%
Female	643	97.6%	616	98.1%	814	96.4%	727	96.3%	711	97.9%	901	97.6%	759	96.9%

0 to 2	234	99.2%	180	99.4%	238	97.5%	206	99.0%	214	99.5%	269	99.6%	246	98.0%
3 to 5	482	99.2%	432	98.6%	616	98.9%	531	98.3%	546	99.1%	657	99.2%	499	97.7%
6 to 11	471	96.9%	433	97.5%	647	97.1%	545	97.5%	555	98.6%	710	97.7%	611	97.8%
12 to 17	151	94.4%	141	91.6%	199	88.8%	172	89.1%	192	91.0%	186	88.2%	179	91.3%

African American	679	96.4%	518	95.9%	768	95.8%	644	95.7%	621	97.5%	763	96.3%	636	95.4%
White	567	99.3%	591	98.5%	818	97.4%	713	97.9%	793	98.5%	943	98.2%	785	98.0%
Hispanic	66	98.5%	63	100.0%	95	100.0%	67	98.5%	53	94.6%	68	98.6%	81	98.8%
Other Ethnicity	26	100.0%	14	100.0%	19	95.0%	30	96.8%	40	95.2%	48	98.0%	33	100.0%

LEGAL PERMANENCE

Stability of Adoption at Five Years

Indicator 3.D.2	Of all children who were adopted during the year, the percentage that remained with their family at five years.						
	2007	2008	2009	2010	2011	2012	2013
Children adopted	1,783	1,568	1,457	1,368	1,217	1,757	1,500
Children stable at five years	1,693	1,477	1,368	1,304	1,159	1,656	1,432
Percent	95.0%	94.2%	93.9%	95.3%	95.2%	94.3%	95.5%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	657	91.4%	544	90.8%	509	91.2%	435	92.2%	330	96.2%	442	92.5%	376	93.1%
Northern	302	95.9%	274	98.2%	211	98.1%	284	97.6%	197	96.6%	325	97.6%	278	97.5%
Central	527	97.2%	492	95.5%	461	95.2%	418	97.4%	424	95.1%	625	95.4%	522	96.3%
Southern	202	100.0%	167	95.4%	187	93.5%	167	94.9%	208	92.9%	264	90.7%	256	95.2%

Male	877	94.1%	755	94.0%	683	94.1%	676	96.2%	558	94.9%	859	94.3%	713	95.7%
Female	815	95.9%	720	94.4%	679	93.7%	622	94.4%	600	95.5%	795	94.2%	719	95.2%

0 to 2	328	96.8%	297	98.0%	270	97.8%	233	98.7%	179	98.9%	235	96.3%	205	98.6%
3 to 5	627	98.1%	502	97.1%	473	97.3%	477	98.1%	424	96.8%	605	97.1%	525	97.2%
6 to 11	543	94.9%	519	93.5%	473	91.8%	446	91.8%	420	94.6%	622	93.4%	532	95.2%
12 to 17	195	83.7%	159	82.4%	152	84.4%	148	92.5%	136	88.3%	194	86.6%	170	88.1%

African American	875	92.1%	740	91.5%	732	92.2%	662	94.0%	510	94.4%	741	92.4%	632	93.9%
White	672	98.4%	595	96.6%	529	96.2%	554	97.0%	573	95.5%	802	95.5%	703	96.6%
Hispanic	94	95.9%	89	100.0%	72	93.5%	62	92.5%	62	98.4%	94	98.9%	67	98.5%
Other Ethnicity	52	100.0%	53	98.1%	35	97.2%	26	100.0%	14	100.0%	19	95.0%	30	96.8%

Stability of Adoption at Ten Years

Indicator 3.D.3	Of all children who were adopted during the year, the percentage that remained with their family at ten years.						
	2002	2003	2004	2005	2006	2007	2008
Children adopted	3,525	2,963	2,291	1,977	1,744	1,783	1,568
Children stable at ten years	3,209	2,691	2,086	1,821	1,622	1,646	1,432
Percent	91.0%	90.8%	91.1%	92.1%	93.0%	92.3%	91.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	2,079	89.1%	1,653	87.6%	1,172	88.1%	937	87.5%	738	88.3%	630	87.6%	533	89.0%
Northern	397	97.1%	400	96.4%	278	96.9%	242	97.6%	249	98.0%	294	93.3%	267	95.7%
Central	584	94.7%	463	96.7%	457	93.5%	436	97.3%	439	96.9%	517	95.4%	472	91.7%
Southern	146	90.7%	171	96.1%	172	97.2%	204	98.1%	193	98.0%	200	99.0%	160	91.4%

Male	1,604	91.0%	1,357	90.9%	1,046	90.7%	938	91.9%	828	93.1%	852	91.4%	728	90.7%
Female	1,602	91.1%	1,330	90.7%	1,040	91.4%	883	92.4%	793	92.9%	793	93.3%	702	92.0%

0 to 2	525	97.8%	439	94.6%	387	96.0%	330	94.8%	315	99.1%	327	96.5%	290	95.7%
3 to 5	902	93.1%	792	92.8%	609	94.0%	561	93.8%	539	95.2%	608	95.1%	488	94.4%
6 to 11	1,281	88.1%	1,057	89.7%	744	88.7%	667	90.5%	538	90.0%	517	90.4%	495	89.2%
12 to 17	501	88.7%	403	86.3%	346	86.3%	263	89.5%	230	87.8%	194	83.3%	159	82.4%

African American	2,319	89.1%	1,786	88.3%	1,364	88.1%	1,089	89.0%	914	89.6%	846	89.1%	717	88.6%
White	656	97.3%	689	97.0%	581	96.8%	589	97.8%	599	98.0%	665	97.4%	575	93.3%
Hispanic	181	93.8%	128	94.8%	82	97.6%	92	96.8%	74	98.7%	89	90.8%	89	100.0%
Other Ethnicity	53	96.4%	88	92.6%	59	100.0%	51	89.5%	35	92.1%	46	88.5%	51	94.4%

LEGAL PERMANENCE

Guardianship Within 24 Months

Indicator 3.E.1	Of all children who entered substitute care during the year, the percentage that was taken into guardianship within 24 months.						
	2010	2011	2012	2013	2014	2015	2016
Children entering substitute care	4,988	4,721	4,764	4,747	4,838	5,091	4,640
Children taken into guardianship within 24 months	22	33	29	36	37	44	58
Percent	0.4%	0.7%	0.6%	0.8%	0.8%	0.9%	1.3%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	6	0.4%	6	0.5%	9	0.7%	8	0.6%	12	0.9%	10	0.7%	7	0.6%
Northern	1	0.1%	6	0.6%	2	0.2%	9	0.8%	4	0.4%	17	1.6%	12	1.3%
Central	14	0.8%	13	0.8%	4	0.3%	9	0.6%	10	0.6%	12	0.7%	18	1.1%
Southern	1	0.1%	8	0.9%	14	1.6%	10	1.4%	11	1.3%	5	0.6%	21	2.4%

Male	15	0.6%	16	0.7%	17	0.7%	11	0.5%	20	0.8%	22	0.9%	27	1.1%
Female	7	0.3%	17	0.7%	12	0.5%	25	1.1%	17	0.7%	22	0.9%	31	1.4%

0 to 2	8	0.4%	14	0.7%	9	0.5%	8	0.4%	8	0.4%	7	0.3%	11	0.6%
3 to 5	5	0.6%	2	0.2%	1	0.1%	7	0.9%	5	0.6%	6	0.7%	12	1.6%
6 to 11	9	0.9%	9	0.9%	8	0.8%	6	0.6%	10	0.8%	12	1.1%	16	1.5%
12 to 17	0	0.0%	8	0.8%	11	1.1%	15	1.5%	14	1.3%	19	1.8%	19	2.0%

African American	7	0.3%	12	0.6%	8	0.4%	9	0.4%	12	0.6%	13	0.6%	13	0.7%
White	14	0.6%	17	0.7%	19	0.8%	25	1.1%	23	1.0%	28	1.2%	43	1.9%
Hispanic	1	0.4%	4	1.6%	1	0.4%	2	0.6%	2	0.6%	1	0.2%	1	0.2%
Other Ethnicity	0	0.0%	0	0.0%	1	0.8%	0	0.0%	0	0.0%	2	1.4%	1	1.0%

Guardianship Within 36 Months

Indicator 3.E.2	Of all children who entered substitute care during the year, the percentage that was taken into guardianship within 36 months.						
	2009	2010	2011	2012	2013	2014	2015
Children entering substitute care	4,922	4,988	4,721	4,764	4,747	4,838	5,091
Children taken into guardianship within 36 months	114	114	104	135	134	144	149
Percent	2.3%	2.3%	2.2%	2.8%	2.8%	3.0%	2.9%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	63	5.4%	43	3.2%	30	2.7%	46	3.4%	38	3.0%	48	3.5%	52	3.5%
Northern	21	1.8%	16	1.6%	21	2.1%	15	1.4%	29	2.4%	27	2.5%	37	3.5%
Central	24	1.4%	49	2.8%	36	2.2%	32	2.2%	41	2.6%	44	2.8%	43	2.6%
Southern	6	0.7%	6	0.7%	17	1.8%	42	4.7%	26	3.6%	25	3.0%	17	1.9%

Male	55	2.2%	62	2.4%	49	2.0%	69	2.8%	65	2.7%	82	3.3%	63	2.4%
Female	59	2.4%	52	2.2%	55	2.4%	66	2.8%	69	3.0%	62	2.6%	86	3.4%

0 to 2	35	1.8%	38	1.8%	44	2.3%	47	2.5%	35	1.8%	33	1.8%	31	1.5%
3 to 5	24	3.0%	23	2.7%	19	2.2%	18	2.1%	21	2.6%	25	3.2%	21	2.4%
6 to 11	47	4.2%	43	4.1%	28	2.7%	44	4.3%	40	3.8%	61	5.2%	57	5.0%
12 to 17	8	0.8%	10	1.0%	13	1.3%	26	2.6%	38	3.8%	25	2.4%	40	3.9%

African American	72	3.3%	49	2.3%	42	2.1%	59	2.9%	50	2.5%	64	3.0%	48	2.1%
White	37	1.6%	60	2.5%	51	2.2%	70	3.0%	66	2.9%	67	3.0%	83	3.7%
Hispanic	2	0.7%	5	1.9%	8	3.3%	3	1.1%	14	4.0%	11	3.2%	14	3.0%
Other Ethnicity	3	2.7%	0	0.0%	3	2.7%	3	2.5%	4	3.3%	2	1.8%	4	2.9%



LEGAL PERMANENCE

Stability of Guardianship at Two Years

Indicator 3.F.1	Of all children taken into guardianship during the year, the percentage that remained with their family at two years.						
	2010	2011	2012	2013	2014	2015	2016
Children taken into guardianship	542	206	310	346	315	456	312
Children stable at two years	513	197	296	332	311	441	303
Percent	94.6%	95.6%	95.5%	96.0%	98.7%	96.7%	97.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	265	97.1%	112	96.6%	135	96.4%	144	99.3%	128	100.0%	206	98.1%	126	100.0%
Northern	99	93.4%	46	95.8%	52	94.5%	56	96.6%	68	97.1%	86	94.5%	73	97.3%
Central	110	90.9%	30	93.8%	93	95.9%	94	94.9%	72	98.6%	78	94.0%	65	91.5%
Southern	39	92.9%	9	90.0%	16	88.9%	38	86.4%	43	97.7%	71	98.6%	39	97.5%

Male	272	94.1%	101	95.3%	160	94.1%	183	96.8%	168	99.4%	226	95.8%	157	96.9%
Female	241	95.3%	96	96.0%	136	97.1%	149	94.9%	143	97.9%	215	97.7%	146	97.3%

0 to 2	19	100.0%	12	100.0%	19	100.0%	20	100.0%	11	100.0%	22	100.0%	9	100.0%
3 to 5	75	96.2%	43	97.7%	70	98.6%	66	97.1%	82	100.0%	91	96.8%	52	98.1%
6 to 11	191	96.5%	89	97.8%	107	95.5%	143	96.6%	116	100.0%	178	98.9%	125	96.9%
12 to 17	228	92.3%	53	89.8%	100	92.6%	103	93.6%	102	96.2%	150	93.8%	117	96.7%

African American	313	94.8%	128	95.5%	158	95.2%	181	98.9%	159	98.8%	246	96.1%	145	98.6%
White	153	95.0%	54	94.7%	121	95.3%	126	91.3%	124	98.4%	157	96.9%	126	96.2%
Hispanic	35	94.6%	8	100.0%	16	100.0%	20	100.0%	22	100.0%	31	100.0%	28	96.6%
Other Ethnicity	12	85.7%	7	100.0%	1	100.0%	5	100.0%	6	100.0%	7	100.0%	4	80.0%

Stability of Guardianship at Five Years

Indicator 3.F.2	Of all children taken into guardianship during the year, the percentage that remained with their family at five years.						
	2007	2008	2009	2010	2011	2012	2013
Children taken into guardianship	579	473	519	542	206	310	346
Children stable at five years	518	408	466	475	175	272	307
Percent	89.5%	86.3%	89.8%	87.6%	85.0%	87.7%	88.7%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	295	89.7%	240	87.6%	289	90.3%	244	89.4%	95	81.9%	124	88.6%	132	91.0%
Northern	69	94.5%	56	82.4%	69	89.6%	90	84.9%	42	87.5%	49	89.1%	55	94.8%
Central	105	84.7%	69	84.1%	82	86.3%	104	86.0%	29	90.6%	86	88.7%	83	83.8%
Southern	49	92.5%	43	87.8%	26	96.3%	37	88.1%	9	90.0%	13	72.2%	37	84.1%

Male	272	89.5%	208	85.2%	235	87.0%	252	87.2%	92	86.8%	147	86.5%	171	90.5%
Female	246	89.5%	199	87.3%	231	92.8%	223	88.1%	83	83.0%	125	89.3%	136	86.6%

0 to 2	27	100.0%	17	89.5%	18	100.0%	17	89.5%	10	83.3%	19	100.0%	18	90.0%
3 to 5	81	92.0%	61	93.8%	76	91.6%	72	92.3%	40	90.9%	66	93.0%	64	94.1%
6 to 11	173	85.2%	138	85.2%	157	89.7%	172	86.9%	78	85.7%	98	87.5%	129	87.2%
12 to 17	237	90.8%	192	84.6%	215	88.5%	214	86.6%	47	79.7%	89	82.4%	96	87.3%

African American	339	90.2%	284	85.0%	299	87.9%	287	87.0%	111	82.8%	147	88.6%	161	88.0%
White	158	87.8%	98	88.3%	143	92.3%	143	88.8%	52	91.2%	109	85.8%	121	87.7%
Hispanic	10	90.9%	22	100.0%	18	100.0%	35	94.6%	5	62.5%	15	93.8%	20	100.0%
Other Ethnicity	11	91.7%	4	66.7%	6	100.0%	10	71.4%	7	100.0%	1	100.0%	5	100.0%

LEGAL PERMANENCE

Stability of Guardianship at Ten Years

Indicator 3.F.3	Of all children taken into guardianship during the year, the percentage that remained with their family at ten years.						
	2002	2003	2004	2005	2006	2007	2008
Children taken into guardianship	1,077	912	669	651	578	579	473
Children stable at ten years	911	716	556	506	434	487	379
Percent	84.6%	78.5%	83.1%	77.7%	75.1%	84.1%	80.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	700	86.6%	467	79.4%	382	85.8%	356	76.4%	286	75.9%	276	83.9%	223	81.4%
Northern	81	76.4%	98	76.6%	69	75.8%	40	74.1%	40	62.5%	66	90.4%	53	77.9%
Central	119	78.8%	109	74.7%	73	81.1%	77	85.6%	65	77.4%	98	79.0%	68	82.9%
Southern	11	91.7%	42	84.0%	32	74.4%	33	80.5%	43	81.1%	47	88.7%	35	71.4%

Male	463	84.5%	399	82.1%	252	84.0%	233	75.9%	234	75.2%	254	83.6%	194	79.5%
Female	448	84.7%	317	74.4%	304	82.4%	273	79.4%	200	74.9%	233	84.7%	184	80.7%

0 to 2	16	72.7%	20	80.0%	19	95.0%	20	90.9%	24	82.8%	24	88.9%	14	73.7%
3 to 5	116	85.3%	97	77.0%	82	89.1%	55	67.9%	57	71.3%	73	83.0%	55	84.6%
6 to 11	333	80.6%	227	68.6%	158	73.5%	159	67.9%	142	62.3%	153	75.4%	119	73.5%
12 to 17	446	88.1%	372	86.5%	297	86.8%	272	86.6%	211	87.6%	237	90.8%	191	84.1%

African American	727	84.3%	511	77.0%	412	82.9%	361	77.8%	311	73.5%	318	84.6%	267	79.9%
White	131	82.9%	157	82.6%	118	83.1%	113	79.6%	102	78.5%	150	83.3%	86	77.5%
Hispanic	39	100.0%	30	81.1%	20	95.2%	28	68.3%	19	82.6%	10	90.9%	22	100.0%
Other Ethnicity	14	77.8%	18	85.7%	6	66.7%	4	100.0%	2	100.0%	9	75.0%	4	66.7%

Permanency in 12 Months for Children Entering Substitute Care (CFSR)

Indicator 3.G	Of all children who enter substitute care during the fiscal year, the percentage that are discharged to permanency within 12 months.						
	2011	2012	2013	2014	2015	2016	2017
Children entering substitute care	4,671	4,709	4,709	4,811	5,043	4,617	4,749
Children discharged to permanency within 12 months	651	589	644	613	704	650	618
Percent	13.9%	12.5%	13.7%	12.7%	14.0%	14.1%	13.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	44	4.1%	76	5.8%	74	5.9%	77	5.7%	109	7.4%	54	4.4%	50	4.3%
Northern	207	20.5%	143	13.6%	182	15.4%	186	17.2%	178	17.1%	174	19.1%	155	18.2%
Central	245	14.9%	198	13.7%	232	15.0%	194	12.6%	251	15.2%	286	18.0%	276	15.7%
Southern	155	16.5%	172	19.4%	156	21.4%	156	18.7%	166	19.0%	136	15.4%	137	14.1%

Male	334	14.0%	286	11.9%	335	13.8%	305	12.4%	342	13.4%	343	14.4%	315	12.8%
Female	317	13.9%	303	13.2%	309	13.5%	308	13.1%	362	14.6%	307	13.8%	303	13.2%

0 to 2	209	11.2%	194	10.4%	235	12.4%	204	11.2%	267	13.1%	237	12.8%	217	11.4%
3 to 5	129	15.8%	128	15.3%	119	15.3%	99	12.8%	127	15.2%	120	15.8%	112	13.5%
6 to 11	183	18.2%	147	14.7%	189	18.2%	181	15.4%	183	16.3%	177	16.7%	184	16.3%
12 to 17	130	13.3%	120	11.9%	101	10.1%	129	12.4%	127	12.2%	116	12.3%	105	11.8%

African American	261	13.1%	178	8.8%	234	11.7%	221	10.4%	274	12.4%	224	12.0%	199	11.0%
White	344	14.8%	362	15.7%	359	16.0%	331	14.8%	354	15.8%	349	15.6%	351	14.8%
Hispanic	34	13.9%	32	12.0%	32	9.2%	46	13.4%	53	11.5%	58	14.3%	50	11.6%
Other Ethnicity	12	10.8%	17	14.3%	19	16.1%	15	13.6%	23	16.4%	19	18.1%	18	13.0%

LEGAL PERMANENCE

Permanency in 12 Months for Children Entering Substitute Care 12 to 23 Months (CFSR)

Indicator 3.H	Of all children in care on the first day of the fiscal year who had been in care between 12 and 23 months, the percentage that are discharged to permanency within 12 months.						
	2012	2013	2014	2015	2016	2017	2018
Children in care on the first day of the fiscal year who had been in care between 12 and 23 months	3,692	3,442	3,517	3,512	3,561	3,784	3,409
Children discharged to permanency within 12 months	926	786	816	957	844	951	885
Percent	25.1%	22.8%	23.2%	27.2%	23.7%	25.1%	26.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	141	13.3%	119	13.0%	132	12.0%	170	16.1%	160	14.1%	179	14.6%	174	16.8%
Northern	208	28.3%	152	21.8%	202	25.4%	243	28.0%	166	22.9%	212	29.5%	186	29.7%
Central	414	33.6%	324	27.6%	306	29.8%	387	34.5%	347	30.7%	391	32.3%	365	33.3%
Southern	163	24.6%	191	29.1%	176	29.8%	156	33.6%	171	29.9%	169	27.0%	160	24.7%

Male	496	25.2%	411	23.5%	430	23.5%	484	26.8%	438	23.9%	482	25.1%	461	26.2%
Female	430	25.0%	375	22.2%	386	22.9%	473	27.7%	406	23.5%	469	25.2%	424	25.7%

0 to 2	343	28.7%	265	24.4%	287	26.0%	345	30.6%	309	29.0%	379	32.0%	344	32.4%
3 to 5	218	27.3%	181	24.3%	177	24.0%	191	27.8%	163	23.6%	204	26.5%	183	26.3%
6 to 11	238	27.2%	234	28.1%	232	26.5%	243	28.6%	237	24.7%	237	23.8%	236	25.6%
12 to 17	127	15.5%	106	13.6%	120	15.0%	178	21.0%	135	15.9%	131	15.7%	122	16.7%

African American	311	19.0%	249	16.8%	240	15.2%	335	21.5%	298	18.4%	325	19.2%	316	22.2%
White	559	31.3%	473	27.8%	504	30.7%	542	34.0%	476	29.6%	529	32.1%	483	29.9%
Hispanic	41	20.1%	46	25.3%	42	20.0%	62	22.2%	49	18.8%	74	21.7%	74	24.3%
Other Ethnicity	15	21.4%	18	22.8%	30	35.3%	18	23.4%	21	26.6%	23	22.5%	12	18.2%

Permanency in 12 Months for Children in Substitute Care 24 Months or More (CFSR)

Indicator 3.1	Of all children in care on the first day of the fiscal year who had been in care 24 months or more, the percentage that are discharged to permanency within 12 months.						
	2012	2013	2014	2015	2016	2017	2018
Children in care on the first day of the fiscal year who had been in care 24 months or more	11,162	10,429	9,988	9,741	9,227	9,141	9,095
Children discharged to permanency within 12 months	2,238	1,997	1,983	2,318	1,943	2,160	2,092
Percent	20.1%	19.1%	19.9%	23.8%	21.1%	23.6%	23.0%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	687	12.4%	621	12.5%	513	11.4%	755	17.2%	580	14.1%	664	16.2%	761	18.3%
Northern	489	25.2%	407	22.2%	472	26.1%	493	27.4%	479	26.7%	517	29.6%	399	25.4%
Central	724	29.0%	626	26.4%	651	27.0%	644	28.0%	587	26.4%	652	29.5%	628	28.1%
Southern	338	28.5%	343	27.6%	347	27.2%	424	33.8%	297	27.4%	327	30.0%	304	26.5%

Male	1,149	19.3%	1,039	18.5%	1,056	19.8%	1,196	23.0%	997	20.2%	1,125	23.2%	1,089	22.7%
Female	1,085	20.8%	958	19.9%	927	19.9%	1,122	24.7%	944	22.0%	1,035	24.1%	1,003	23.4%

0 to 2	192	37.8%	196	36.0%	203	38.7%	233	44.4%	188	35.9%	229	45.6%	222	43.0%
3 to 5	771	37.7%	675	34.4%	698	36.2%	800	42.5%	603	36.4%	677	40.4%	664	39.9%
6 to 11	900	25.1%	808	24.4%	763	23.1%	930	28.1%	813	25.9%	869	27.6%	814	25.8%
12 to 17	375	7.5%	318	6.9%	319	7.5%	355	8.8%	339	8.7%	385	10.1%	392	10.4%

African American	1,088	15.6%	961	15.3%	899	15.6%	1,125	20.3%	927	18.0%	1,028	20.4%	1,007	20.4%
White	975	28.5%	883	25.9%	952	27.3%	1,012	29.5%	862	26.4%	929	28.6%	836	26.1%
Hispanic	149	23.3%	116	19.8%	96	17.2%	130	22.3%	119	18.8%	148	22.0%	192	25.7%
Other Ethnicity	26	17.4%	37	22.6%	36	20.1%	51	27.4%	35	19.7%	55	28.9%	57	27.7%



LEGAL PERMANENCE

Re-entry to Substitute Care Among Children in Care Less Than 12 Months (CFSR)

Indicator 3.J	Of all children who entered foster care during the fiscal year and attained permanency within 12 months, the percentage that re-entered substitute care within 12 months of their discharge.						
	2010	2011	2012	2013	2014	2015	2016
Children who entered care and exited to permanency within 12 months	665	651	589	644	613	704	650
Children re-entering substitute care within 12 months	52	33	45	59	51	58	47
Percent	7.8	5.1%	7.6%	9.2%	8.3%	8.2%	7.2%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	14	16.5%	8	18.2%	10	13.2%	7	9.5%	12	15.6%	17	15.6%	8	14.8%
Northern	17	10.2%	12	5.8%	16	11.2%	30	16.5%	13	7.0%	7	3.9%	10	5.7%
Central	13	4.8%	8	3.3%	10	5.1%	17	7.3%	12	6.2%	21	8.4%	13	4.5%
Southern	8	5.6%	5	3.2%	9	5.2%	5	3.2%	14	9.0%	13	7.8%	16	11.8%

Male	15	4.3%	16	4.8%	24	8.4%	30	9.0%	25	8.2%	32	9.4%	28	8.2%
Female	22	5.8%	17	5.4%	21	6.9%	29	9.4%	26	8.4%	26	7.2%	19	6.2%

0 to 2	16	7.0%	10	4.8%	14	7.2%	22	9.4%	14	6.9%	28	10.5%	20	8.4%
3 to 5	5	4.0%	3	2.3%	7	5.5%	9	7.6%	10	10.1%	9	7.1%	12	10.0%
6 to 11	20	11.2%	8	4.4%	10	6.8%	18	9.5%	14	7.7%	10	5.5%	5	2.8%
12 to 17	11	8.4%	12	9.2%	14	11.7%	10	9.9%	13	10.1%	11	8.7%	10	8.6%

African American	17	7.6%	16	6.1%	25	14.0%	26	11.1%	22	10.0%	36	13.1%	17	7.6%
White	26	7.0%	15	4.4%	15	4.1%	26	7.2%	21	6.3%	17	4.8%	20	5.7%
Hispanic	5	12.8%	2	5.9%	2	6.3%	5	15.6%	6	13.0%	4	7.5%	8	13.8%
Other Ethnicity	4	12.1%	0	0.0%	3	17.6%	2	10.5%	2	13.3%	1	4.3%	2	10.5%

Re-entry to Substitute Care Among Children in Care 12 to 23 Months

Indicator 3.K	Of all children who had been in substitute care between 12 and 23 months and exited to permanency during the fiscal year, the percentage that re-entered substitute care within 12 months of their discharge.						
	2011	2012	2013	2014	2015	2016	2017
Children who exited to permanency within 12 and 23 months	820	926	786	816	957	844	951
Children who re-entered substitute care within 12 months	15	28	21	14	10	18	13
Percent	1.8%	3.0%	2.7%	1.7%	1.0%	2.1%	1.4%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	3	2.8%	4	2.8%	5	4.2%	3	2.3%	6	3.5%	7	4.4%	5	2.8%
Northern	3	1.6%	14	6.7%	2	1.3%	5	2.5%	0	0.0%	4	2.4%	5	2.4%
Central	5	1.3%	3	0.7%	7	2.2%	4	1.3%	2	0.5%	5	1.4%	1	0.3%
Southern	4	2.8%	7	4.3%	7	3.7%	2	1.1%	2	1.3%	2	1.2%	2	1.2%

Male	9	2.3%	13	2.6%	12	2.9%	6	1.4%	7	1.4%	6	1.4%	6	1.2%
Female	6	1.4%	15	3.5%	9	2.4%	8	2.1%	3	0.6%	12	3.0%	7	1.5%

0 to 2	4	1.5%	4	1.2%	4	1.5%	4	1.4%	2	0.6%	6	1.9%	5	1.3%
3 to 5	0	0.0%	7	3.2%	5	2.8%	5	2.8%	4	2.1%	1	0.6%	3	1.5%
6 to 11	3	1.4%	8	3.4%	9	3.8%	2	0.9%	0	0.0%	6	2.5%	0	0.0%
12 to 17	8	6.1%	9	7.1%	3	2.8%	3	2.5%	4	2.2%	5	3.7%	5	3.8%

African American	7	2.5%	13	4.2%	9	3.6%	4	1.7%	4	1.2%	10	3.4%	6	1.8%
White	8	1.8%	14	2.5%	12	2.5%	10	2.0%	6	1.1%	7	1.5%	4	0.8%
Hispanic	0	0.0%	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	3	4.1%
Other Ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	4.8%	0	0.0%



LEGAL PERMANENCE

Re-entry to Substitute Care Among Children in Care 24 Months or More

Indicator 3.L	Of all children who had been in substitute care 24 months or more and exited to permanency during the fiscal year, the percentage that re-entered substitute care within 12 months of their discharge.						
	2011	2012	2013	2014	2015	2016	2017
Children who exited to permanency 24 months or more in care	1,672	2,238	1,997	1,983	2,318	1,943	2,160
Children who re-entered substitute care within 12 months	19	25	28	14	17	37	24
Percent	1.1%	1.1%	1.4%	0.7%	0.7%	1.9%	1.1%

	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook	3	0.6%	6	0.9%	3	0.5%	2	0.4%	4	0.5%	9	1.6%	10	1.5%
Northern	3	1.0%	11	2.2%	3	0.7%	4	0.8%	4	0.8%	6	1.3%	4	0.8%
Central	8	1.4%	5	0.7%	13	2.1%	5	0.8%	6	0.9%	16	2.7%	7	1.1%
Southern	5	1.7%	3	0.9%	9	2.6%	3	0.9%	3	0.7%	6	2.0%	3	0.9%

Male	11	1.3%	19	1.7%	14	1.3%	6	0.6%	10	0.8%	17	1.7%	14	1.2%
Female	8	1.0%	6	0.6%	14	1.5%	8	0.9%	7	0.6%	20	2.1%	10	1.0%

0 to 2	3	1.8%	1	0.5%	0	0.0%	0	0.0%	0	0.0%	5	2.7%	1	0.4%
3 to 5	4	0.7%	9	1.2%	6	0.9%	3	0.4%	3	0.4%	12	2.0%	3	0.4%
6 to 11	6	0.9%	8	0.9%	16	2.0%	4	0.5%	4	0.4%	13	1.6%	8	0.9%
12 to 17	6	2.1%	7	1.9%	6	1.9%	7	2.2%	10	2.8%	7	2.1%	12	3.1%

African American	11	1.3%	15	1.4%	12	1.2%	7	0.8%	9	0.8%	12	1.3%	9	0.9%
White	8	1.1%	9	0.9%	15	1.7%	6	0.6%	8	0.8%	22	2.6%	12	1.3%
Hispanic	0	0.0%	1	0.7%	1	0.9%	1	1.0%	0	0.0%	3	2.5%	2	1.4%
Other Ethnicity	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	1.8%



Appendix C

Outcome Data by Sub-Region

Appendix C provides data for outcome indicators analyzed at the sub-regional level in Chapters 1. For each indicator, data are presented for the state as a whole and each sub-region for the past seven state fiscal years. The data used to compute these indicators come from two Illinois DCFS data systems: the Statewide Automated Child Welfare Information System (SACWIS) and the Child and Youth Centered Information System (CYCIS). Both the SACWIS data and the CYCIS data were extracted on December 31, 2018. All indicators are calculated based on the state fiscal year, which spans the 12-month period from July 1 to June 30.

Maltreatment Recurrence (CFSR)

Indicator 1.A	Of all children who were victims of a substantiated maltreatment report during the fiscal year, the percentage that were victims of another substantiated maltreatment report within 12 months.						
	2011	2012	2013	2014	2015	2016	2017
Children with a substantiated maltreatment report	16,678	19,647	18,671	25,043	30,761	29,732	28,876
Children with another substantiated report within 12 months	1,267	1,652	1,589	2,787	3,449	3,537	3,753
Percent	7.6%	8.4%	8.5%	11.1%	11.2%	11.9%	13.0%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	61	5.2%	105	6.4%	91	6.5%	161	8.3%	235	9.3%	188	7.7%	189	9.5%
Cook Central	89	4.6%	143	5.9%	170	7.0%	292	8.9%	303	8.5%	234	8.5%	216	8.3%
Cook South	117	6.8%	154	8.6%	144	8.2%	224	9.2%	279	9.6%	290	10.7%	359	11.9%
Aurora	192	6.7%	224	5.9%	212	6.1%	471	10.2%	562	9.5%	543	9.6%	509	10.3%
Rockford	82	6.1%	92	6.7%	93	6.9%	233	11.0%	315	11.3%	343	12.4%	277	11.2%
Champaign	153	8.5%	218	10.7%	189	9.4%	338	12.7%	386	11.9%	436	14.0%	558	16.6%
Peoria	128	7.2%	204	10.1%	194	10.0%	273	11.2%	351	10.9%	390	12.1%	407	12.6%
Springfield	159	11.2%	196	12.6%	151	10.0%	310	15.5%	420	18.3%	371	15.0%	434	17.5%
East St. Louis	70	6.9%	87	8.3%	90	8.6%	130	9.4%	204	12.3%	246	12.8%	260	12.9%
Marion	216	13.3%	226	12.5%	255	14.6%	355	16.9%	394	15.0%	496	18.3%	539	19.5%

Maltreatment Among Children in Intact Family Cases

Indicator 1.B	Of all children served in intact family cases during the fiscal year, the percentage that had a substantiated maltreatment report within 12 months.						
	2011	2012	2013	2014	2015	2016	2017
Children in intact family cases	16,019	16,918	10,567	13,459	11,151	10,209	11,603
Children with substantiated reports	1,098	1,232	858	1,873	1,550	1,398	1,895
Percent	6.9%	7.3%	8.1%	13.9%	13.9%	13.7%	16.3%

SUB-REGION	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Cook North	47	4.6%	58	5.3%	55	6.8%	143	9.1%	122	9.2%	94	9.2%	118	11.1%
Cook Central	120	3.4%	198	5.5%	109	4.2%	198	11.3%	160	11.0%	102	9.5%	164	12.5%
Cook South	135	6.0%	133	6.4%	111	7.9%	230	11.0%	211	11.2%	143	8.2%	184	12.8%
Aurora	163	7.0%	183	7.1%	97	7.1%	262	13.2%	247	14.6%	201	13.2%	208	11.3%
Rockford	40	4.1%	62	5.8%	38	8.8%	93	13.5%	87	13.0%	85	12.4%	151	17.8%
Champaign	115	8.4%	105	8.7%	79	10.0%	208	18.6%	140	15.0%	141	16.8%	264	23.5%
Peoria	104	8.1%	117	6.4%	105	9.3%	185	15.4%	141	15.7%	129	14.9%	194	19.3%
Springfield	102	12.1%	106	10.7%	82	11.2%	178	18.5%	128	18.6%	148	20.9%	173	22.2%
East St. Louis	67	7.0%	87	8.1%	58	10.2%	120	14.1%	105	16.8%	112	16.8%	142	15.6%
Marion	205	13.6%	183	13.1%	124	16.8%	256	20.8%	209	21.6%	243	22.3%	297	23.3%

Maltreatment in Substitute Care (CFSR)

Indicator 1.D	Of all children in substitute care during the fiscal year, the rate of maltreatment per 100,000 days of substitute care.						
	2012	2013	2014	2015	2016	2017	2018
Children in substitute care	20,642	20,071	20,032	20,347	19,617	19,634	20,360
Days in substitute care	5,722,813	5,537,187	5,562,592	5,531,837	5,408,913	5,318,251	5,432,908
Substantiated maltreatment reports	454	389	479	621	671	705	730
Maltreatment rate per 100,000 days	7.9	7.0	8.6	11.2	12.4	13.3	13.4

SUB-REGION	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days	Maltreatment rate per 100,000 days
Cook North	5.8	4.1	3.9	8.5	10.4	15.7	10.7
Cook Central	5.9	5.8	9.1	8.0	9.4	11.8	12.6
Cook South	3.7	4.2	6.8	10.7	11.8	9.8	13.7
Aurora	8.9	5.7	5.2	7.6	10.3	9.7	6.9
Rockford	7.0	10.1	11.6	10.6	13.5	14.9	17.3
Champaign	8.5	7.9	13.4	13.1	11.4	16.2	15.4
Peoria	8.9	11.6	8.1	16.9	15.9	13.7	11.0
Springfield	9.2	11.0	11.0	12.9	16.7	13.6	19.4
East St. Louis	11.1	4.1	8.4	12.9	13.1	12.9	11.2
Marion	17.1	9.8	13.1	14.6	15.7	17.2	19.4



Appendix D

Racial Disproportionality Data

Appendix D provides data for the racial disproportionality analyses included in Chapter 4. For each indicator, data are presented for the state as whole and each region for the past seven fiscal years. The data used in this appendix come from two sources. First, the Illinois child population data were obtained from the U.S. Census Bureau, including 2008 to 2017 American Community Survey 5-Year Estimates. The second source is the Statewide Automated Child Welfare Information System (SACWIS) and the Child and Youth Centered Information System (CYCIS). Both the SACWIS data and the CYCIS data were extracted on December 31, 2018. Note that the numbers in the Appendix D are rounded to one decimal place for display purposes.

DISPROPORTIONALITY

Table 4.A.1	Absolute RDI for Investigated Reports – State		
Race	% of Total Child Population	% of Children in Investigated Reports	Absolute RDI
2012			
African American	16.7%	32.3%	1.9
White	53.0%	49.7%	0.9
Hispanic	23.1%	13.0%	0.6
2013			
African American	16.3%	32.8%	2.0
White	52.7%	48.6%	0.9
Hispanic	23.4%	13.3%	0.6
2014			
African American	16.2%	33.1%	2.0
White	52.5%	47.1%	0.9
Hispanic	23.8%	14.2%	0.6
2015			
African American	16.0%	33.4%	2.1
White	52.1%	45.2%	0.9
Hispanic	24.0%	15.9%	0.7
2016			
African American	15.8%	32.2%	2.0
White	51.9%	45.4%	0.9
Hispanic	24.2%	16.6%	0.7
2017			
African American	15.7%	32.0%	2.0
White	51.6%	45.1%	0.9
Hispanic	24.4%	16.5%	0.7
2018			
African American	15.7%	31.6%	2.0
White	51.6%	44.1%	0.9
Hispanic	24.4%	16.8%	0.7

Table 4.A.2	Absolute RDI for Investigated Reports – Regional											
Race	% of Total Child Population	% of Children in Investigated Reports	RDI	% of Total Child Population	% of Children in Investigated Reports	RDI	% of Total Child Population	% of Children in Investigated Reports	RDI	% of Total Child Population	% of Children in Investigated Reports	RDI
2012	Cook			Northern			Central			Southern		
African American	28.2%	51.8%	1.8	7.8%	23.9%	3.1	9.6%	22.8%	2.4	13.7%	21.5%	1.6
White	30.4%	19.9%	0.7	60.3%	53.5%	0.9	78.3%	69.5%	0.9	77.6%	72.7%	0.9
Hispanic	34.3%	22.4%	0.7	23.4%	17.4%	0.7	6.3%	3.5%	0.5	3.7%	1.8%	0.5
2013	Cook			Northern			Central			Southern		
African American	27.4%	51.9%	1.9	7.8%	24.7%	3.2	9.7%	23.2%	2.4	13.4%	23.6%	1.8
White	30.4%	18.7%	0.6	59.7%	51.9%	0.9	77.7%	68.9%	0.9	77.3%	70.6%	0.9
Hispanic	34.6%	23.4%	0.7	24.0%	17.8%	0.7	6.6%	3.5%	0.5	4.0%	1.6%	0.4
2014	Cook			Northern			Central			Southern		
African American	27.0%	51.1%	1.9	7.8%	26.2%	3.4	9.8%	24.4%	2.5	13.4%	23.1%	1.7
White	30.6%	18.3%	0.6	58.9%	48.6%	0.8	77.1%	66.8%	0.9	77.5%	70.2%	0.9
Hispanic	35.1%	24.3%	0.7	24.4%	19.6%	0.8	6.7%	3.7%	0.5	4.1%	2.0%	0.5
2015	Cook			Northern			Central			Southern		
African American	26.2%	51.0%	1.9	7.9%	26.1%	3.3	9.8%	25.4%	2.6	13.1%	24.7%	1.9
White	30.6%	15.8%	0.5	58.3%	46.6%	0.8	76.5%	65.4%	0.9	77.4%	67.6%	0.9
Hispanic	35.1%	27.3%	0.8	24.7%	21.7%	0.9	6.9%	4.2%	0.6	4.2%	2.3%	0.5
2016	Cook			Northern			Central			Southern		
African American	25.9%	49.2%	1.9	7.8%	25.2%	3.2	9.8%	25.3%	2.6	13.0%	24.0%	1.8
White	30.5%	16.7%	0.5	57.9%	46.0%	0.8	76.2%	64.5%	0.8	77.3%	68.3%	0.9
Hispanic	35.3%	28.1%	0.8	25.0%	23.2%	0.9	6.9%	4.5%	0.6	4.3%	2.6%	0.6
2017	Cook			Northern			Central			Southern		
African American	25.6%	49.1%	1.9	7.8%	24.9%	3.2	10.0%	25.3%	2.5	13.0%	24.0%	1.8
White	30.5%	16.3%	0.5	57.4%	45.1%	0.8	75.8%	63.6%	0.8	77.2%	67.4%	0.9
Hispanic	35.4%	28.2%	0.8	25.4%	23.4%	0.9	7.1%	4.6%	0.7	4.4%	2.6%	0.6
2018	Cook			Northern			Central			Southern		
African American	25.6%	47.4%	1.8	7.8%	25.4%	3.3	10.0%	24.8%	2.5	13.0%	24.5%	1.9
White	30.5%	15.7%	0.5	57.4%	43.6%	0.8	75.8%	63.2%	0.8	77.2%	65.9%	0.9
Hispanic	35.4%	29.2%	0.8	25.4%	23.2%	0.9	7.1%	5.0%	0.7	4.4%	2.4%	0.5

DISPROPORTIONALITY

Table 4.B.1	Absolute RDI for Protective Custodies – State		
Race	% of Total Child Population	% of Children in Protective Custodies	Absolute RDI
2012			
African American	16.7%	43.2%	2.6
White	53.0%	45.3%	0.9
Hispanic	23.1%	7.1%	0.3
2013			
African American	16.3%	43.3%	2.7
White	52.7%	44.3%	0.8
Hispanic	23.4%	8.0%	0.3
2014			
African American	16.2%	44.1%	2.7
White	52.5%	43.0%	0.8
Hispanic	23.8%	8.1%	0.3
2015			
African American	16.0%	43.8%	2.7
White	52.1%	40.7%	0.8
Hispanic	24.0%	10.8%	0.5
2016			
African American	15.8%	41.1%	2.6
White	51.9%	42.9%	0.8
Hispanic	24.2%	10.8%	0.4
2017			
African American	15.7%	39.0%	2.5
White	51.6%	44.4%	0.9
Hispanic	24.4%	9.3%	0.4
2018			
African American	15.7%	38.8%	2.5
White	51.6%	46.2%	0.9
Hispanic	24.4%	6.8%	0.3

Table 4.B.2	Absolute RDI for Protective Custodies – Regional											
Race	% of Total Child Population	% of Children in Protective Custodies	RDI	% of Total Child Population	% of Children in Protective Custodies	RDI	% of Total Child Population	% of Children in Protective Custodies	RDI	% of Total Child Population	% of Children in Protective Custodies	RDI
2012	Cook			Northern			Central			Southern		
African American	28.2%	67.5%	2.4	7.8%	37.6%	4.8	9.6%	34.8%	3.6	13.7%	24.1%	1.8
White	30.4%	14.4%	0.5	60.3%	49.0%	0.8	78.3%	59.1%	0.8	77.6%	71.2%	0.9
Hispanic	34.3%	12.3%	0.4	23.4%	9.8%	0.4	6.3%	2.9%	0.5	3.7%	1.6%	0.4
2013	Cook			Northern			Central			Southern		
African American	27.4%	66.3%	2.4	7.8%	39.7%	5.1	9.7%	33.9%	3.5	13.4%	22.5%	1.7
White	30.4%	14.2%	0.5	59.7%	45.2%	0.8	77.7%	60.5%	0.8	77.3%	72.1%	0.9
Hispanic	34.6%	15.0%	0.4	24.0%	9.9%	0.4	6.6%	2.4%	0.4	4.0%	1.7%	0.4
2014	Cook			Northern			Central			Southern		
African American	27.0%	67.8%	2.5	7.8%	40.1%	5.1	9.8%	34.8%	3.5	13.4%	23.2%	1.7
White	30.6%	12.1%	0.4	58.9%	44.2%	0.7	77.1%	58.0%	0.8	77.5%	72.8%	0.9
Hispanic	35.1%	14.5%	0.4	24.4%	12.9%	0.5	6.7%	1.9%	0.3	4.1%	0.5%	0.1
2015	Cook			Northern			Central			Southern		
African American	26.2%	64.1%	2.4	7.9%	38.9%	4.9	9.8%	36.2%	3.7	13.1%	23.6%	1.8
White	30.6%	11.8%	0.4	58.3%	43.8%	0.8	76.5%	55.6%	0.7	77.4%	67.9%	0.9
Hispanic	35.1%	20.4%	0.6	24.7%	12.9%	0.5	6.9%	3.9%	0.6	4.2%	2.3%	0.5
2016	Cook			Northern			Central			Southern		
African American	25.9%	64.9%	2.5	7.8%	40.3%	5.2	9.8%	31.4%	3.2	13.0%	22.1%	1.7
White	30.5%	10.6%	0.3	57.9%	37.5%	0.6	76.2%	59.4%	0.8	77.3%	71.2%	0.9
Hispanic	35.3%	19.2%	0.5	25.0%	17.2%	0.7	6.9%	4.0%	0.6	4.3%	2.3%	0.5
2017	Cook			Northern			Central			Southern		
African American	25.6%	64.9%	2.5	7.8%	39.5%	5.1	10.0%	28.7%	2.9	13.0%	21.9%	1.7
White	30.5%	11.6%	0.4	57.4%	39.5%	0.7	75.8%	59.8%	0.8	77.2%	68.1%	0.9
Hispanic	35.4%	17.8%	0.5	25.4%	12.7%	0.5	7.1%	3.7%	0.5	4.4%	4.8%	1.1
2018	Cook			Northern			Central			Southern		
African American	25.6%	66.7%	2.6	7.8%	37.5%	4.8	10.0%	30.4%	3.0	13.0%	20.3%	1.6
White	30.5%	11.5%	0.4	57.4%	40.9%	0.7	75.8%	60.1%	0.8	77.2%	70.2%	0.9
Hispanic	35.4%	12.5%	0.4	25.4%	13.7%	0.5	7.1%	3.0%	0.4	4.4%	1.0%	0.2

Table 4.B.3	Relative RDI for Protective Custodies – State		
Race	% of Children in Investigated Reports	% of Children in Protective Custodies	Relative RDI
2012			
African American	32.3%	43.2%	1.3
White	49.7%	45.3%	0.9
Hispanic	13.0%	7.1%	0.5
2013			
African American	32.8%	43.3%	1.3
White	48.6%	44.3%	0.9
Hispanic	13.3%	8.0%	0.6
2014			
African American	33.1%	44.1%	1.3
White	47.1%	43.0%	0.9
Hispanic	14.2%	8.1%	0.6
2015			
African American	33.4%	43.8%	1.3
White	45.2%	40.7%	0.9
Hispanic	15.9%	10.8%	0.7
2016			
African American	32.2%	41.1%	1.3
White	45.4%	42.9%	0.9
Hispanic	16.6%	10.8%	0.7
2017			
African American	32.0%	39.0%	1.2
White	45.1%	44.4%	1.0
Hispanic	16.5%	9.3%	0.6
2018			
African American	31.6%	38.8%	1.2
White	44.1%	46.2%	1.0
Hispanic	16.8%	6.8%	0.4

Table 4.B.4	Relative RDI for Protective Custodies – Regional											
Race	% of Children in Investigated Reports	% of Children in Protective Custodies	RDI	% of Children in Investigated Reports	% of Children in Protective Custodies	RDI	% of Children in Investigated Reports	% of Children in Protective Custodies	RDI	% of Children in Investigated Reports	% of Children in Protective Custodies	RDI
2012	Cook			Northern			Central			Southern		
African American	51.8%	67.5%	1.3	23.9%	37.6%	1.6	22.8%	34.8%	1.5	21.5%	24.1%	1.1
White	19.9%	14.4%	0.7	53.5%	49.0%	0.9	69.5%	59.1%	0.9	72.7%	71.2%	1.0
Hispanic	22.4%	12.3%	0.5	17.4%	9.8%	0.6	3.5%	2.9%	0.8	1.8%	1.6%	0.9
2013	Cook			Northern			Central			Southern		
African American	51.9%	66.3%	1.3	24.7%	39.7%	1.6	23.2%	33.9%	1.5	23.6%	22.5%	1.0
White	18.7%	14.2%	0.8	51.9%	45.2%	0.9	68.9%	60.5%	0.9	70.6%	72.1%	1.0
Hispanic	23.4%	15.0%	0.6	17.8%	9.9%	0.6	3.5%	2.4%	0.7	1.6%	1.7%	1.0
2014	Cook			Northern			Central			Southern		
African American	51.1%	67.8%	1.3	26.2%	40.1%	1.5	24.4%	34.8%	1.4	23.1%	23.2%	1.0
White	18.3%	12.1%	0.7	48.6%	44.2%	0.9	66.8%	58.0%	0.9	70.2%	72.8%	1.0
Hispanic	24.3%	14.5%	0.6	19.6%	12.9%	0.7	3.7%	1.9%	0.5	2.0%	0.5%	0.3
2015	Cook			Northern			Central			Southern		
African American	51.0%	64.1%	1.3	26.1%	38.9%	1.5	25.4%	36.2%	1.4	24.7%	23.6%	1.0
White	15.8%	11.8%	0.7	46.6%	43.8%	0.9	65.4%	55.6%	0.8	67.6%	67.9%	1.0
Hispanic	27.3%	20.4%	0.7	21.7%	12.9%	0.6	4.2%	3.9%	0.9	2.3%	2.3%	1.0
2016	Cook			Northern			Central			Southern		
African American	49.2%	64.9%	1.3	25.2%	40.3%	1.6	25.3%	31.4%	1.2	24.0%	22.1%	0.9
White	16.7%	10.6%	0.6	46.0%	37.5%	0.8	64.5%	59.4%	0.9	68.3%	71.2%	1.0
Hispanic	28.1%	19.2%	0.7	23.2%	17.2%	0.7	4.5%	4.0%	0.9	2.6%	2.3%	0.9
2017	Cook			Northern			Central			Southern		
African American	49.1%	64.9%	1.3	24.9%	39.5%	1.6	25.3%	28.7%	1.1	24.0%	21.9%	0.9
White	16.3%	11.6%	0.7	45.1%	39.5%	0.9	63.6%	59.8%	0.9	67.4%	68.1%	1.0
Hispanic	28.2%	17.8%	0.6	23.4%	12.7%	0.5	4.6%	3.7%	0.8	2.6%	4.8%	1.8
2018	Cook			Northern			Central			Southern		
African American	47.4%	66.7%	1.4	25.4%	37.5%	1.5	24.8%	30.4%	1.2	24.5%	20.3%	0.8
White	15.7%	11.5%	0.7	43.6%	40.9%	0.9	63.2%	60.1%	1.0	65.9%	70.2%	1.1
Hispanic	29.2%	12.5%	0.4	23.2%	13.7%	0.6	5.0%	3.0%	0.6	2.4%	1.0%	0.4

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Table 4.C.1	Absolute RDI for Indicated Reports – State		
Race	% of Total Child Population	% of Children in Indicated Reports	Absolute RDI
2012			
African American	16.7%	31.0%	1.9
White	53.0%	49.2%	0.9
Hispanic	23.1%	14.7%	0.6
2013			
African American	16.3%	31.4%	1.9
White	52.7%	49.1%	0.9
Hispanic	23.4%	14.2%	0.6
2014			
African American	16.2%	33.1%	2.0
White	52.5%	45.7%	0.9
Hispanic	23.8%	15.9%	0.7
2015			
African American	16.0%	33.8%	2.1
White	52.1%	44.0%	0.8
Hispanic	24.0%	16.9%	0.7
2016			
African American	15.8%	31.5%	2.0
White	51.9%	45.3%	0.9
Hispanic	24.2%	17.5%	0.7
2017			
African American	15.7%	32.2%	2.0
White	51.6%	45.0%	0.9
Hispanic	24.4%	16.4%	0.7
2018			
African American	15.7%	32.6%	2.1
White	51.6%	44.3%	0.9
Hispanic	24.4%	15.7%	0.6

Table 4.C.2	Absolute RDI for Indicated Reports – Regional											
Race	% of Total Child Population	% of Children in Indicated Reports	RDI	% of Total Child Population	% of Children in Indicated Reports	RDI	% of Total Child Population	% of Children in Indicated Reports	RDI	% of Total Child Population	% of Children in Indicated Reports	RDI
2012	Cook			Northern			Central			Southern		
African American	28.2%	46.4%	1.6	7.8%	25.8%	3.3	9.6%	24.6%	2.6	13.7%	19.9%	1.5
White	30.4%	20.9%	0.7	60.3%	48.7%	0.8	78.3%	67.7%	0.9	77.6%	74.4%	1.0
Hispanic	34.3%	26.4%	0.8	23.4%	20.1%	0.9	6.3%	3.5%	0.6	3.7%	1.8%	0.5
2013	Cook			Northern			Central			Southern		
African American	27.4%	48.3%	1.8	7.8%	25.3%	3.3	9.7%	24.5%	2.5	13.4%	21.4%	1.6
White	30.4%	18.9%	0.6	59.7%	49.7%	0.8	77.7%	67.4%	0.9	77.3%	73.5%	0.9
Hispanic	34.6%	26.4%	0.8	24.0%	19.5%	0.8	6.6%	3.4%	0.5	4.0%	1.8%	0.4
2014	Cook			Northern			Central			Southern		
African American	27.0%	49.3%	1.8	7.8%	26.8%	3.4	9.8%	27.4%	2.8	13.4%	21.2%	1.6
White	30.6%	17.9%	0.6	58.9%	44.7%	0.8	77.1%	63.8%	0.8	77.5%	72.8%	0.9
Hispanic	35.1%	26.9%	0.8	24.4%	22.9%	0.9	6.7%	3.8%	0.6	4.1%	2.1%	0.5
2015	Cook			Northern			Central			Southern		
African American	26.2%	49.8%	1.9	7.9%	27.4%	3.5	9.8%	28.7%	2.9	13.1%	23.4%	1.8
White	30.6%	15.2%	0.5	58.3%	43.8%	0.8	76.5%	61.9%	0.8	77.4%	68.7%	0.9
Hispanic	35.1%	29.7%	0.8	24.7%	23.2%	0.9	6.9%	4.3%	0.6	4.2%	2.9%	0.7
2016	Cook			Northern			Central			Southern		
African American	25.9%	46.3%	1.8	7.8%	26.5%	3.4	9.8%	27.7%	2.8	13.0%	22.7%	1.7
White	30.5%	16.6%	0.5	57.9%	41.4%	0.7	76.2%	62.2%	0.8	77.3%	69.6%	0.9
Hispanic	35.3%	31.5%	0.9	25.0%	26.4%	1.1	6.9%	4.2%	0.6	4.3%	2.7%	0.6
2017	Cook			Northern			Central			Southern		
African American	25.6%	49.2%	1.9	7.8%	26.3%	3.4	10.0%	28.0%	2.8	13.0%	21.9%	1.7
White	30.5%	14.8%	0.5	57.4%	41.5%	0.7	75.8%	60.9%	0.8	77.2%	68.6%	0.9
Hispanic	35.4%	29.6%	0.8	25.4%	26.0%	1.0	7.1%	4.5%	0.6	4.4%	3.0%	0.7
2018	Cook			Northern			Central			Southern		
African American	25.6%	49.4%	1.9	7.8%	26.8%	3.4	10.0%	26.8%	2.7	13.0%	23.0%	1.8
White	30.5%	13.8%	0.5	57.4%	42.3%	0.7	75.8%	61.3%	0.8	77.2%	67.7%	0.9
Hispanic	35.4%	29.0%	0.8	25.4%	23.9%	0.9	7.1%	4.5%	0.6	4.4%	2.2%	0.5

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Table 4.C.3	Relative RDI for Indicated Reports – State		
Race	% of Children in Investigated Reports	% of Children in Indicated Reports	Relative RDI
2012			
African American	32.3%	31.0%	1.0
White	49.7%	49.2%	1.0
Hispanic	13.0%	14.7%	1.1
2013			
African American	32.8%	31.4%	1.0
White	48.6%	49.1%	1.0
Hispanic	13.3%	14.2%	1.1
2014			
African American	33.1%	33.1%	1.0
White	47.1%	45.7%	1.0
Hispanic	14.2%	15.9%	1.1
2015			
African American	33.4%	33.8%	1.0
White	45.2%	44.0%	1.0
Hispanic	15.9%	16.9%	1.1
2016			
African American	32.2%	31.5%	1.0
White	45.4%	45.3%	1.0
Hispanic	16.6%	17.5%	1.1
2017			
African American	32.0%	32.2%	1.0
White	45.1%	45.0%	1.0
Hispanic	16.5%	16.4%	1.0
2018			
African American	31.6%	32.6%	1.0
White	44.1%	44.3%	1.0
Hispanic	16.8%	15.7%	0.9

Table 4.C.4	Relative RDI for Indicated Reports – Regional											
Race	% of Children in Investigated Reports	% of Children in Indicated Reports	RDI	% of Children in Investigated Reports	% of Children in Indicated Reports	RDI	% of Children in Investigated Reports	% of Children in Indicated Reports	RDI	% of Children in Investigated Reports	% of Children in Indicated Reports	RDI
2012	Cook			Northern			Central			Southern		
African American	51.8%	46.4%	0.9	23.9%	25.8%	1.1	22.8%	24.6%	1.1	21.5%	19.9%	0.9
White	19.9%	20.9%	1.1	53.5%	48.7%	0.9	69.5%	67.7%	1.0	72.7%	74.4%	1.0
Hispanic	22.4%	26.4%	1.2	17.4%	20.1%	1.2	3.5%	3.5%	1.0	1.8%	1.8%	1.0
2013	Cook			Northern			Central			Southern		
African American	51.9%	48.3%	0.9	24.7%	25.3%	1.0	23.2%	24.5%	1.1	23.6%	21.4%	0.9
White	18.7%	18.9%	1.0	51.9%	49.7%	1.0	68.9%	67.4%	1.0	70.6%	73.5%	1.0
Hispanic	23.4%	26.4%	1.1	17.8%	19.5%	1.1	3.5%	3.4%	1.0	1.6%	1.8%	1.1
2014	Cook			Northern			Central			Southern		
African American	51.1%	49.3%	1.0	26.2%	26.8%	1.0	24.4%	27.4%	1.1	23.1%	21.2%	0.9
White	18.3%	17.9%	1.0	48.6%	44.7%	0.9	66.8%	63.8%	1.0	70.2%	72.8%	1.0
Hispanic	24.3%	26.9%	1.1	19.6%	22.9%	1.2	3.7%	3.8%	1.0	2.0%	2.1%	1.0
2015	Cook			Northern			Central			Southern		
African American	51.0%	49.8%	1.0	26.1%	27.4%	1.0	25.4%	28.7%	1.1	24.7%	23.4%	0.9
White	15.8%	15.2%	1.0	46.6%	43.8%	0.9	65.4%	61.9%	0.9	67.6%	68.7%	1.0
Hispanic	27.3%	29.7%	1.1	21.7%	23.2%	1.1	4.2%	4.3%	1.0	2.3%	2.9%	1.3
2016	Cook			Northern			Central			Southern		
African American	49.2%	46.3%	0.9	25.2%	26.5%	1.1	25.3%	27.7%	1.1	24.0%	22.7%	0.9
White	16.7%	16.6%	1.0	46.0%	41.4%	0.9	64.5%	62.2%	1.0	68.3%	69.6%	1.0
Hispanic	28.1%	31.5%	1.1	23.2%	26.4%	1.1	4.5%	4.2%	1.0	2.6%	2.7%	1.0
2017	Cook			Northern			Central			Southern		
African American	49.1%	49.2%	1.0	24.9%	26.3%	1.1	25.3%	28.0%	1.1	24.0%	21.9%	0.9
White	16.3%	14.8%	0.9	45.1%	41.5%	0.9	63.6%	60.9%	1.0	67.4%	68.6%	1.0
Hispanic	28.2%	29.6%	1.1	23.4%	26.0%	1.1	4.6%	4.5%	1.0	2.6%	3.0%	1.1
2018	Cook			Northern			Central			Southern		
African American	47.4%	49.4%	1.0	25.4%	26.8%	1.1	24.8%	26.8%	1.1	24.5%	23.0%	0.9
White	15.7%	13.8%	0.9	43.6%	42.3%	1.0	63.2%	61.3%	1.0	65.9%	67.7%	1.0
Hispanic	29.2%	29.0%	1.0	23.2%	23.9%	1.0	5.0%	4.5%	0.9	2.4%	2.2%	0.9

Table 4.D.1	Absolute RDI for Substitute Care Entries – State		
Race	% of Total Child Population	% of Children Entering Substitute Care	Absolute RDI
2012			
African American	16.7%	43.0%	2.6
White	53.0%	46.0%	0.9
Hispanic	23.1%	6.8%	0.3
2013			
African American	16.3%	41.0%	2.5
White	52.7%	45.4%	0.9
Hispanic	23.4%	9.0%	0.4
2014			
African American	16.2%	43.4%	2.7
White	52.5%	44.6%	0.8
Hispanic	23.8%	7.7%	0.3
2015			
African American	16.0%	44.0%	2.8
White	52.1%	41.5%	0.8
Hispanic	24.0%	9.9%	0.4
2016			
African American	15.8%	41.6%	2.6
White	51.9%	44.1%	0.9
Hispanic	24.2%	9.6%	0.4
2017			
African American	15.7%	39.4%	2.5
White	51.6%	45.1%	0.9
Hispanic	24.4%	8.5%	0.3
2018			
African American	15.7%	39.1%	2.5
White	51.6%	46.5%	0.9
Hispanic	24.4%	6.6%	0.3

Table 4.D.2	Absolute RDI for Substitute Care Entries – Regional											
Race	% of Total Child Population	% of Children Entering Substitute Care	RDI	% of Total Child Population	% of Children Entering Substitute Care	RDI	% of Total Child Population	% of Children Entering Substitute Care	RDI	% of Total Child Population	% of Children Entering Substitute Care	RDI
2012	Cook			Northern			Central			Southern		
African American	28.2%	65.8%	2.3	7.8%	40.9%	5.3	9.6%	35.1%	3.7	13.7%	25.0%	1.8
White	30.4%	16.2%	0.5	60.3%	46.7%	0.8	78.3%	58.1%	0.7	77.6%	69.5%	0.9
Hispanic	34.3%	11.9%	0.3	23.4%	8.8%	0.4	6.3%	3.4%	0.5	3.7%	1.7%	0.5
2013	Cook			Northern			Central			Southern		
African American	27.4%	63.4%	2.3	7.8%	37.7%	4.8	9.7%	33.2%	3.4	13.4%	21.2%	1.6
White	30.4%	15.2%	0.5	59.7%	43.5%	0.7	77.7%	61.3%	0.8	77.3%	72.6%	0.9
Hispanic	34.6%	16.6%	0.5	24.0%	12.5%	0.5	6.6%	2.3%	0.4	4.0%	1.7%	0.4
2014	Cook			Northern			Central			Southern		
African American	27.0%	69.3%	2.6	7.8%	39.0%	5.0	9.8%	35.7%	3.6	13.4%	23.2%	1.7
White	30.6%	11.0%	0.4	58.9%	44.8%	0.8	77.1%	57.9%	0.8	77.5%	72.2%	0.9
Hispanic	35.1%	14.9%	0.4	24.4%	13.0%	0.5	6.7%	1.4%	0.2	4.1%	0.5%	0.1
2015	Cook			Northern			Central			Southern		
African American	26.2%	64.7%	2.5	7.9%	39.9%	5.1	9.8%	38.7%	4.0	13.1%	22.2%	1.7
White	30.6%	11.6%	0.4	58.3%	44.5%	0.8	76.5%	53.2%	0.7	77.4%	69.0%	0.9
Hispanic	35.1%	19.4%	0.6	24.7%	11.8%	0.5	6.9%	3.8%	0.5	4.2%	2.3%	0.5
2016	Cook			Northern			Central			Southern		
African American	25.9%	65.5%	2.5	7.8%	40.7%	5.2	9.8%	34.3%	3.5	13.0%	21.4%	1.6
White	30.5%	12.1%	0.4	57.9%	38.4%	0.7	76.2%	57.7%	0.8	77.3%	71.4%	0.9
Hispanic	35.3%	17.4%	0.5	25.0%	15.2%	0.6	6.9%	3.8%	0.5	4.3%	3.0%	0.7
2017	Cook			Northern			Central			Southern		
African American	25.6%	63.6%	2.5	7.8%	39.4%	5.0	10.0%	30.6%	3.0	13.0%	23.2%	1.8
White	30.5%	12.6%	0.4	57.4%	40.3%	0.7	75.8%	58.7%	0.8	77.2%	67.6%	0.9
Hispanic	35.4%	16.9%	0.5	25.4%	11.8%	0.5	7.1%	3.1%	0.4	4.4%	4.0%	0.9
2018	Cook			Northern			Central			Southern		
African American	25.6%	68.2%	2.7	7.8%	37.1%	4.8	10.0%	30.3%	3.0	13.0%	22.4%	1.7
White	30.5%	9.8%	0.3	57.4%	42.3%	0.7	75.8%	59.7%	0.8	77.2%	69.1%	0.9
Hispanic	35.4%	12.0%	0.3	25.4%	13.4%	0.5	7.1%	2.8%	0.4	4.4%	1.5%	0.3

Table 4.D.3	Relative RDI for Substitute Care Entries – State		
Race	% of Children in Indicated Reports	% of Children Entering Substitute Care	Relative RDI
2012			
African American	31.0%	43.0%	1.4
White	49.2%	46.0%	0.9
Hispanic	14.7%	6.8%	0.5
2013			
African American	31.4%	41.0%	1.3
White	49.1%	45.4%	0.9
Hispanic	14.2%	9.0%	0.6
2014			
African American	33.1%	43.4%	1.3
White	45.7%	44.6%	1.0
Hispanic	15.9%	7.7%	0.5
2015			
African American	33.8%	44.0%	1.3
White	44.0%	41.5%	0.9
Hispanic	16.9%	9.9%	0.6
2016			
African American	31.5%	41.6%	1.3
White	45.3%	44.1%	1.0
Hispanic	17.5%	9.6%	0.5
2017			
African American	32.2%	39.4%	1.2
White	45.0%	45.1%	1.0
Hispanic	16.4%	8.5%	0.5
2018			
African American	32.6%	39.1%	1.2
White	44.3%	46.5%	1.0
Hispanic	15.7%	6.6%	0.4

Table 4.D.4	Relative RDI for Substitute Care Entries – Regional											
Race	% of Children in Indicated Reports	% of Children Entering Substitute Care	RDI	% of Children in Indicated Reports	% of Children Entering Substitute Care	RDI	% of Children in Indicated Reports	% of Children Entering Substitute Care	RDI	% of Children in Indicated Reports	% of Children Entering Substitute Care	RDI
2012	Cook			Northern			Central			Southern		
African American	46.4%	65.8%	1.4	25.8%	40.9%	1.6	24.6%	35.1%	1.4	19.9%	25.0%	1.3
White	20.9%	16.2%	0.8	48.7%	46.7%	1.0	67.7%	58.1%	0.9	74.4%	69.5%	0.9
Hispanic	26.4%	11.9%	0.5	20.1%	8.8%	0.4	3.5%	3.4%	1.0	1.8%	1.7%	1.0
2013	Cook			Northern			Central			Southern		
African American	48.3%	63.4%	1.3	25.3%	37.7%	1.5	24.5%	33.2%	1.4	21.4%	21.2%	1.0
White	18.9%	15.2%	0.8	49.7%	43.5%	0.9	67.4%	61.3%	0.9	73.5%	72.6%	1.0
Hispanic	26.4%	16.6%	0.6	19.5%	12.5%	0.6	3.4%	2.3%	0.7	1.8%	1.7%	0.9
2014	Cook			Northern			Central			Southern		
African American	49.3%	69.3%	1.4	26.8%	39.0%	1.5	27.4%	35.7%	1.3	21.2%	23.2%	1.1
White	17.9%	11.0%	0.6	44.7%	44.8%	1.0	63.8%	57.9%	0.9	72.8%	72.2%	1.0
Hispanic	26.9%	14.9%	0.6	22.9%	13.0%	0.6	3.8%	1.4%	0.4	2.1%	0.5%	0.2
2015	Cook			Northern			Central			Southern		
African American	49.8%	64.7%	1.3	27.4%	39.9%	1.5	28.7%	38.7%	1.3	23.4%	22.2%	1.0
White	15.2%	11.6%	0.8	43.8%	44.5%	1.0	61.9%	53.2%	0.9	68.7%	69.0%	1.0
Hispanic	29.7%	19.4%	0.7	23.2%	11.8%	0.5	4.3%	3.8%	0.9	2.9%	2.3%	0.8
2016	Cook			Northern			Central			Southern		
African American	46.3%	65.5%	1.4	26.5%	40.7%	1.5	27.7%	34.3%	1.2	22.7%	21.4%	0.9
White	16.6%	12.1%	0.7	41.4%	38.4%	0.9	62.2%	57.7%	0.9	69.6%	71.4%	1.0
Hispanic	31.5%	17.4%	0.6	26.4%	15.2%	0.6	4.2%	3.8%	0.9	2.7%	3.0%	1.1
2017	Cook			Northern			Central			Southern		
African American	49.2%	63.6%	1.3	26.3%	39.4%	1.5	28.0%	30.6%	1.1	21.9%	23.2%	1.1
White	14.8%	12.6%	0.8	41.5%	40.3%	1.0	60.9%	58.7%	1.0	68.6%	67.6%	1.0
Hispanic	29.6%	16.9%	0.6	26.0%	11.8%	0.5	4.5%	3.1%	0.7	3.0%	4.0%	1.3
2018	Cook			Northern			Central			Southern		
African American	49.4%	68.2%	1.4	26.8%	37.1%	1.4	26.8%	30.3%	1.1	23.0%	22.4%	1.0
White	13.8%	9.8%	0.7	42.3%	42.3%	1.0	61.3%	59.7%	1.0	67.7%	69.1%	1.0
Hispanic	29.0%	12.0%	0.4	23.9%	13.4%	0.6	4.5%	35.1%	0.6	2.2%	1.5%	0.7

DISPROPORTIONALITY

Table 4.E.1	Absolute RDI for Remaining In Care Longer than 36 Months – State		
Race	% of Total Child Population	% of Children in Care Longer 36 Months	Absolute RDI
2012			
African American	16.7%	50.2%	3.0
White	53.0%	39.7%	0.7
Hispanic	23.1%	6.4%	0.3
2013			
African American	16.3%	49.0%	3.0
White	52.7%	39.1%	0.7
Hispanic	23.4%	8.1%	0.3
2014			
African American	16.2%	50.3%	3.1
White	52.5%	37.0%	0.7
Hispanic	23.8%	8.1%	0.3
2015			
African American	16.0%	49.3%	3.1
White	52.1%	36.5%	0.7
Hispanic	24.0%	9.1%	0.4

Table 4.E.2	Absolute RDI for Remaining in Care Longer than 36 Months – Regional											
Race	% of Total Child Population	% of Children in Care Longer than 36 months	RDI	% of Total Child Population	% of Children in Care Longer than 36 months	RDI	% of Total Child Population	% of Children in Care Longer than 36 months	RDI	% of Total Child Population	% of Children in Care Longer than 36 months	RDI
2012	Cook			Northern			Central			Southern		
African American	28.2%	68.1%	2.4	7.8%	46.4%	6.0	9.6%	40.1%	4.2	13.7%	29.4%	2.1
White	30.4%	16.7%	0.5	60.3%	41.6%	0.7	78.3%	53.6%	0.7	77.6%	67.8%	0.9
Hispanic	34.3%	10.9%	0.3	23.4%	8.0%	0.3	6.3%	2.3%	0.4	3.7%	1.1%	0.3
2013	Cook			Northern			Central			Southern		
African American	27.4%	67.9%	2.5	7.8%	47.2%	6.1	9.7%	35.2%	3.6	13.4%	31.8%	2.4
White	30.4%	13.4%	0.4	59.7%	39.4%	0.7	77.7%	60.4%	0.8	77.3%	61.5%	0.8
Hispanic	34.6%	14.6%	0.4	24.0%	9.2%	0.4	6.6%	2.7%	0.4	4.0%	0.7%	0.2
2014	Cook			Northern			Central			Southern		
African American	27.0%	69.8%	2.6	7.8%	43.8%	5.6	9.8%	41.3%	4.2	13.4%	28.4%	2.1
White	30.6%	10.3%	0.3	58.9%	42.0%	0.7	77.1%	52.0%	0.7	77.5%	67.5%	0.9
Hispanic	35.1%	14.3%	0.4	24.4%	11.7%	0.5	6.7%	1.6%	0.2	4.1%	0.0%	0.0
2015	Cook			Northern			Central			Southern		
African American	26.2%	68.8%	2.6	7.9%	38.3%	4.9	9.8%	42.8%	4.4	13.1%	24.4%	1.9
White	30.6%	10.8%	0.4	58.3%	43.1%	0.7	76.5%	50.2%	0.7	77.4%	67.4%	0.9
Hispanic	35.1%	15.2%	0.4	24.7%	11.2%	0.5	6.9%	3.4%	0.5	4.2%	2.2%	0.5

Table 4.E.3	Relative RDI for Remaining In Care Longer than 36 Months – State		
Race	% of Children Entering Substitute Care	% of Children in Care Longer 36 Months	Relative RDI
2012			
African American	43.0%	50.2%	1.2
White	46.0%	39.7%	0.9
Hispanic	6.8%	6.4%	0.9
2013			
African American	41.0%	49.0%	1.2
White	45.4%	39.1%	0.9
Hispanic	9.0%	8.1%	0.9
2014			
African American	43.4%	50.3%	1.2
White	44.6%	37.0%	0.8
Hispanic	7.7%	8.1%	1.1
2015			
African American	44.0%	49.3%	1.1
White	41.5%	36.5%	0.9
Hispanic	9.9%	9.1%	0.9

Table 4.E.4	Relative RDI for Remaining in Care Longer than 36 Months – Regional											
Race	% of Children Entering Substitute Care	% of Children in Care Longer than 36 months	RDI	% of Children Entering Substitute Care	% of Children in Care Longer than 36 months	RDI	% of Children Entering Substitute Care	% of Children in Care Longer than 36 months	RDI	% of Children Entering Substitute Care	% of Children in Care Longer than 36 months	RDI
2012	Cook			Northern			Central			Southern		
African American	65.8%	68.1%	1.0	40.9%	46.4%	1.1	35.1%	40.1%	1.1	25.0%	29.4%	1.2
White	16.2%	16.7%	1.0	46.7%	41.6%	0.9	58.1%	53.6%	0.9	69.5%	67.8%	1.0
Hispanic	11.9%	10.9%	0.9	8.8%	8.0%	0.9	3.4%	2.3%	0.7	1.7%	1.1%	0.6
2013	Cook			Northern			Central			Northern		
African American	63.4%	67.9%	1.1	37.7%	47.2%	1.3	33.2%	35.2%	1.1	21.2%	31.8%	1.5
White	15.2%	13.4%	0.9	43.5%	39.4%	0.9	61.3%	60.4%	1.0	72.6%	61.5%	0.8
Hispanic	16.6%	14.6%	0.9	12.5%	9.2%	0.7	2.3%	2.7%	1.1	1.7%	0.7%	0.4
2014	Cook			Northern			Central			Northern		
African American	69.3%	69.8%	1.0	39.0%	43.8%	1.1	35.7%	41.3%	1.2	23.2%	28.4%	1.2
White	11.0%	10.3%	0.9	44.8%	42.0%	0.9	57.9%	52.0%	0.9	72.2%	67.5%	0.9
Hispanic	14.9%	14.3%	1.0	13.0%	11.7%	0.9	1.4%	1.6%	1.1	0.5%	0.0%	0.0
2015	Cook			Northern			Central			Northern		
African American	64.7%	68.8%	1.1	39.9%	38.3%	1.0	38.7%	42.8%	1.1	22.2%	24.4%	1.1
White	11.6%	10.8%	0.9	44.5%	43.1%	1.0	53.2%	50.2%	0.9	69.0%	67.4%	1.0
Hispanic	19.4%	15.2%	0.8	11.8%	11.2%	0.9	3.8%	3.4%	0.9	2.3%	2.2%	1.0



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