An Analysis of Youth Needs and the Availability of Community-Based Services for Youth in Residential Care

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Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of the Illinois Department of Children and Family Services.

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EXECUTIVE SUMMARY

The Illinois Department of Children and Family Services (DCFS) asked Chapin Hall at the University of Chicago (Chapin Hall) and Northwestern University (NU) to help DCFS use existing information already available to DCFS to describe the (a) characteristics and needs of youth in care who are placed in residential care and who are regarded as being clinically ready for residential discharge with a return to the community goal, and (b) availability of services and supports for these youth in their home communities upon residential discharge.

To describe these needs and this availability of services and supports, Chapin Hall, NU, and DCFS used information from the Residential Treatment Outcomes System (RTOS), DCFS administrative data from the Child and Youth Centered Information System (CYCIS) and Statewide Automated Child Welfare Information System (SACWIS), information from the DCFS contracts database, and information from the Service Provider Identification and Exploration Resource (SPIDER) database to answer three research questions. A summary of preliminary findings for each research question is provided below.

Findings

Research Question #1: What are the characteristics and needs of youth in care who are in congregate care and have an anticipated discharge to a community-based setting?

From the RTOS, NU provided Chapin Hall with information about the 231 youth who were placed in "congregate care agencies" as of March 2, 2021 and who were regarded as being ready for residential discharge as indicated by being "on the Phase II list." Of the 231 youth, 175 youth had a discharge goal of returning to the community, of whom 174 could be linked to active DCFS legal custody spells in DCFS administrative data.

The 174 youth were 14.83 years old (standard deviation=3.04 years) on average. Fifty percent of the youth were White and 48.85% were Black, 63.22% were male, and 32.76% were assigned to Central or Cook administrative region at the opening of their DCFS legal spell. As of March 2021, these youth had been in DCFS legal custody for an average of 4.61 years (standard deviation=3.29 years) and in their current placement in residential care[1] for an average of 2.42 years (standard deviation=1.59 years). Nearly half (48.85%) of these youths' immediate prior placements were also in residential care, although 13.79% had an immediate prior placement in specialized foster care and 10.34% had an immediate prior placement in a psychiatric hospital. Across all four DCFS administrative regions, 39% of youth were placed in a residential program located in the same region as for case assignment at legal spell opening. These youth were from 52 of Illinois' 102 counties.

[1] Residential care is defined in DCFS administrative data as paid GRH (Group Home) or IPA (Institution – Private Agency) and excluding shelters (i.e., excluding service type codes 0221, 0222, 0223, 7221, 0000, N/A, or missing).

The needs of the 174 youth were described using information from their most recent Child and Adolescent Needs and Strengths (CANS) assessment as of March 2021. The five child CANS items with the greatest percentage of these youth rated as having an "actionable" level of need were: Neglect, Attention Deficit/Impulse Control, Adjustment to Trauma, Physical Abuse, and Family. The five caregiver CANS items with the greatest percentage youth with caregivers rated as having an "actionable" level of need were: Safety, Parent's/Caregiver's Understanding of Impact of Own Behavior on Children, History of Maltreatment of Children, Supervision, and Parent Participation in Visitation.

Research Question #2: What are the services available to support youth in care and their parents and caregivers when youth are stepped down from residential care to community-based settings?

Community-based services were identified in two ways. First, DCFS provided Chapin Hall with its state fiscal year 2022 (FY22) contracts database, which Chapin Hall used to identify 24 DCFS contract descriptor codes in the FY22 contracts database that entailed service provision to youth in care. Second, NU identified 89 services types in the SPIDER database. The 24 DCFS contract descriptor codes and 89 SPIDER service types were categorized into the nine service categories defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Medicaid and CHIP Services (CMS) informational memorandum that identifies they types of services, in addition to traditional mental health services, that Federal demonstration projects have shown to be useful for meeting the multiple needs of children and youth behavioral health challenges and the needs of their families in community based settings (Mann & Hyde, 2013). The nine service categories are:

0. Traditional mental health services
1. Intensive care coordination/wraparound services
2. Parent and peer support services
3. Intensive in-home services
4. Respite services
5. Mobile crisis services
6. Flex funds
7. Trauma services
8. Other home- and community-based services

The 24 DCFS contract descriptor codes covered eight of the nine SAMHSA service categories, except for mobile crisis services.[2] Seven DCFS contract descriptors codes were primarily categorized as traditional mental health services, six as parent and peer support services, four as other home- and community-based services, two as flex funds or trauma services, and one each

[2] While DCFS uses Screening, Assessment and Support Services (SASS) as its primary mobile crisis response, SASS is not directly contracted by DCFS, but by the Illinois Department of Healthcare and Family Services (HFS). Thus, SASS mobile crisis services are not contained in DCFS contract data.

as intensive care coordination/wraparound services, intensive in-home services, and respite services. The 24 DCFS contract descriptor codes were associated with 877 unique FY22 DCFS contracts for mapping. The 89 SPIDER service types represented eight of the nine SAMHSA service categories (except for trauma services). Forty-four SPIDER service types were primarily categorized as other home- and community-based services and 21 as traditional mental health services. Less than seven SPIDER service types were coded as each of the remaining seven SAMHSA service categories.

Research Question #3: What service needs are met by existing contracted or non-contracted services, and how many services are available where?

To locate the target discharge communities of the 174 youth, the youth's legal county at the beginning of their DCFS legal custody spell was used. To locate the availability of community-based services, Chapin Hall identified service areas (county, sub-region, statewide) associated with the 24 DCFS contract descriptor codes; NU defined service areas of each of the 89 SPIDER services to be the county of the physical address of the service provider. Annual contracted service capacity was available for 23 of the 24 DCFS contract descriptor codes. Chapin Hall produced eight maps based on DCFS contracts (except for mobile crisis services) and eight maps based on SPIDER services (except for trauma services) to examine the differences between the locations of the youth, the service areas of available community-based services, and service capacity (annual DCFS contracted capacity and number of SPIDER services by providers) in the service areas. The 174 youth had a legal county at the time their DCFS legal spell began in 52 of the 102 counties in Illinois.

DCFS Contracted Services

According to the county-level distribution of the SAMHSA service categories that were represented in the DCFS contract data, Cook County had the greatest annual average number of DCFS contracted capacity across SAMHSA service categories. Traditional mental health services had the greatest annual average number of FY22 DCFS contracted capacity. Traditional mental health services, parent and peer support services, intensive in-home services, respite services, flex funds, and trauma services were contracted for in all 102 (100.00%) Illinois counties. On the other hand, intensive care coordination/wraparound services and other home- and community-based services were contracted for in 59 (57.84%) and 44 (43.14%) Illinois counties, respectively.

In terms of service coverage as related to the 52 beginning legal counties of the 174 youth's DCFS custody spells, traditional mental health services, parent and peer support services, intensive in-home services, respite services, flex funds, and trauma services covered all 52 (100.00%) beginning legal counties of the youth. On the other hand, intensive care coordination/wraparound services and other home- and community-based services were contracted for in 31 (59.62%) and 25 (48.08%) beginning legal counties, respectively.

SPIDER Services

According to county-level distribution of the SAMHSA service categories that were represented in the SPIDER database, Cook County also had the greatest concentration of available services across SAMHSA service categories. Traditional mental health services, intensive care coordination/wraparound, other home- and community-based services, and parent and peer support services provided the broadest coverage of services across Illinois counties, covering at least 96 (94.12%) of the 102 Illinois counties. On the other hand, intensive in-home services, flex funds, and respite services provided less coverage, which covered 63 (61.76%), 59 (57.84%), and 58 (56.86%) Illinois counties, respectively.

In terms of service coverage as related to the 52 beginning legal counties of the 174 youth's DCFS custody spells, intensive care coordination/wraparound services and other home- and community-based services covered all 52 (100.00%) beginning legal counties of the youth, traditional mental health services and parent and peer support services covered 51 (98.08%) beginning legal counties of the youth. On the other hand, intensive in-home services, respite services, and flex funds were in 40 (76.92%), 39 (75.00%), and 37 (71.15%) beginning legal counties, respectively.

Preliminary Conclusions

This report presents a preliminary description of the needs of youth in care who were in residential care in March 2021, ready for residential discharge, and who had a return to the community goal, and the availability of services and supports in their target discharge communities. Of note, most of these youth had been in DCFS legal custody for a long time (more than four years) and laterally moved to the residential care setting in which they were placed in March 2021 from another residential care setting, specialized foster care, or a psychiatric hospital. Although a more detailed description of their needs was examined using CANS data, their prior placement history suggests that their behavioral and emotional needs are complex enough that all of them would benefit from all nine categories of service and support described in the SAMHSA/CMS document being available to them and their parents/caregivers upon residential discharge. Based on this assumption, both DCFS contracts and SPIDER services showed that some categories of service and support were more widely available than other services. In general, traditional mental health services and parent and peer support services appear to be the most widely available.

There were several key limitations. Because the RTOS database does not longitudinally track historically youth who are on the Phase II list, it could only provide a snapshot of the Phase II list (in this report, on March 2, 2021). Thus, this sample represented a single point in time and may not be generalizable to all youth in care, ready for residential discharge, and with a return to the community goal. Similarly, because 67.24% these youth had an available CANS assessment to approximate residential care discharge needs, the needs of those youth without a CANS were not represented. Further, service data were only limited to DCFS contract descriptor codes and

SPIDER service types, other services (e.g., all SASS and YouthCare providers) were not represented. Further, the service areas of SPIDER services were likely underestimated by defining them based on provider locations.

After completing this independent report by Chapin Hall and Northwestern University, DCFS raised multiple concerns about the quality of DCFS contract data. First, zero vs. unknown DCFS contract capacity could not be differentiated. Second, there were misalignment and discrepancies on contract service areas between different DCFS systems of records. Third, information about contract eligibility and waitlist was not readily available. Most importantly, there appear to be discrepancies between the information in actual contracts and the contracts database meaning that manual review of scanned contract documents is required, which would be feasible for targeted contract reviews but unfeasible for system-wide contract reviews.

Despite these limitations, this preliminary descriptive analysis provides an empirical approach to help guide resource development and management decisions. Potential next steps that have been discussed include fiscal analysis of contracted vs. spent dollars for select DCFS contracted services, more geographically granular analysis of service needs and service capacity, and incorporating additional information from other agencies (e.g., SASS, YouthCare).

INTRODUCTION

The Illinois Department of Children and Family Services (DCFS) asked Chapin Hall at the University of Chicago (Chapin Hall) and Northwestern University (NU) to help DCFS use existing information already available to DCFS to describe the (a) needs of youth in care who are placed in residential care and who are regarded as being clinically ready for residential discharge with a return to the community goal, and (b) availability of services and supports for these youth in their home communities upon residential discharge.

This report covers the first phase of analysis undertaken between May and September 2021 regarding the needs of youth in in care who were in residential care in March 2021 and who were thought to be clinically ready for residential discharge and are targeted for discharge to a community setting. To describe these needs and this availability of services and supports, Chapin Hall, NU, and DCFS used information from the Residential Treatment Outcomes System (RTOS), administrative data from CYCIS and SACWIS, information from the DCFS contract database, and information from the Service Provider Identification and Exploration Resource (SPIDER) database to answer three research questions.

Research Question #1: What are the characteristics and needs of youth in care who are in congregate care and have an anticipated discharge to a community-based setting?

Research Question #2: What are the services available to support youth in care and their parents and caregivers when youth are stepped down from residential care to community-based settings?

Research Question #3: What service needs are met by existing contracted or non-contracted services, and how many services are available where?

METHOD

The work in this report was approved by the DCFS Institutional Review Board and the Crown Family School of Social Work, Policy, and Practice and Chapin Hall Institutional Review Board (IRB #16-1181). Below we describe methods associated with the three research questions.

Research Question #1: What are the characteristics and needs of youth in care who are in congregate care and have an anticipated discharge to a community-based setting?

Sample

NU maintains the Residential Treatment Outcomes System (RTOS) database to help DCFS track youth in care who are in "congregate care agencies." RTOS contains a "Phase II list" that includes youth in care who are in residential care and regarded as clinically ready for residential discharge. NU shared the Phase II list as of March 2, 2021 with Chapin Hall. This list included 231 youth, of whom 175 youth had a "Discharge Goal" (entered in RTOS; not official child case records) of returning to community-based settings, which included the following discharge goals:

- Foster Home Specialized, FHS (n=67)
- Transitional Living Program, TLP (n=36)
- Home of Parent, HMP (n=35)
- Home of Relative, HMR (n=21)
- Community Integrated Living Arrangement, CIL (n=10)
- Foster Home, FH (n=5)
- Foster Home, FH; not determined (n=1)

Chapin Hall was able to link 174 of these 175 youth to DCFS administrative data from the Child and Youth Centered Information System (CYCIS) and Statewide Automated Child Welfare Information System (SACWIS). These 174 youth served as the sample for analysis. Chapin Hall used the DCFS definition of residential care: paid GRH (Group Home) or IPA (Institution – Private Agency) and excluding shelters (i.e., excluding service type codes 0221, 0222, 0223, 7221, 0000, N/A, or missing).

Analysis

Chapin Hall used RTOS Phase II data (as of March 2, 2021) and DCFS administrative data (as of April 30, 2021) to conduct descriptive analyses of youth characteristics as of March 2, 2021. These characteristics included youth's age, race, gender, case region, length of DCFS legal spell, length of placement in residential care as of March 2, 2021, placement in a Therapeutic Residential Monitoring Initiative (TRPMI) provider (per RTOS documentation), placement in a

Qualified Residential Treatment Program (QRTP) provider (per RTOS documentation), prior placement type, and planned discharge date (from residential care).

Chapin Hall also used RTOS Phase II data and DCFS administrative data to conduct descriptive analyses of the youth needs, which were defined by youth's assessment on the Child and Adolescent Needs and Strengths (CANS) assessment at two time points: CANS at baseline closest to youth's entry to residential care and most recent CANS as of March 2, 2021. Chapin Hall analyzed all 94 child CANS items and 45 caregiver CANS items in CANS 2.0. CANS item ratings range from '0' to '3'. A rating of '2' or '3' indicates an elevated or actionable need.

All descriptive analyses were conducted using R 4.0.3 (The R Foundation for Statistical Computing, 2020).

Research Question #2: What are the services available to support youth in care and their parents and caregivers when youth are stepped down from residential care to community-based settings?

Approach

Two data sources were used to identify services available. First, Chapin Hall initially examined 62 DCFS contract descriptor codes provided by DCFS as the basis, of which 24 were contract descriptor codes that provided services for youth in-care. The 24 DCFS contract descriptor codes were associated with 877 unique FY22 DCFS contracts as of September 22, 2021 for mapping, though one descriptor code (ADA) did not contain FY22 (Fiscal Year 22) contract data. Note that because FY22 DCFS contracted capacity included zero, it was not possible to differentiate zero contracted capacity as opposed to unknown contracted capacity. Second, NU used 89 services types in the Service Provider Identification and Exploration Resource (SPIDER) database as of August 26, 2021 as the basis. The 89 SPIDER service types represented eight of the nine SAMHSA service categories (except for trauma services). Forty four SPIDER service types were primarily categorized as other home- and community-based services and 21 as traditional mental health services. Less than seven SPIDER service types were coded as each of the remaining seven SAMHSA service categories.

To categorize services available using a common taxonomy, Chapin Hall and NU coded each service in terms of nine service categories that are endorsed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Medicaid and CHIP Services (CMS), which deem these nine service categories essential to meeting the multiple needs of children and youth behavioral health challenges and the needs of their families (Mann & Hyde, 2013):

0. Traditional mental health services
1. Intensive care coordination/wraparound services
2. Parent and peer support services
3. Intensive in-home services

4. Respite services
5. Mobile crisis services
6. Flex funds
7. Trauma services
8. Other home- and community-based services

Appendices 1 and 2 show how the 24 DCFS contract codes and 89 SPIDER service types were categorized. The process of categorizing DCFS contract codes and SPIDER service types into the SAMHSA categories had several limitations. The descriptions of the services provided by each DCFS contract code, SPIDER service type, and within each SAMHSA category are imprecise. Although Chapin Hall and NU reviewed each categorization to reach agreement on the SAMHSA categories applied to the DCFS contract codes and SPIDER service types, reasonable people could disagree about how an individual code or service type should have been categorized. Additionally, the DCFS contract codes and SPIDER service types are themselves broad categories that often include multiple contracts with variability in service provision between providers. This process can be revised if necessary.

Research Question #3: What service needs are met by existing contracted or non-contracted services, and how many services are available where?

Approach

To locate the target discharge communities of the 174 youth, the youth's legal counties at the beginning of their DCFS legal custody spells were used. To locate the availability of community-based services, Chapin Hall identified service areas (county, sub-region, statewide) associated with 23 of the 24 DCFS contract descriptor codes (except for ADA) for which there were FY22 DCFS contract data; NU defined service areas of each of the 89 SPIDER services to be the county of the physical address of the provider. It would have been ideal to define service areas for program in SPIDER the same way as for DCFS contract types, but that information is not available. Service areas can be redefined if necessary. Annual contracted service capacity (capacity) in FY22 was only available for the DCFS contract descriptor codes. If a contract serves more than one county, the total annual contracted service capacity is averaged across the number of counties served.

Chapin Hall produced eight maps based on DCFS contracts (except for mobile crisis services) and eight maps based on SPIDER services (except for trauma services) to examine the differences between the locations of the youth, the service areas of available community-based services, and service capacity (annual DCFS contracted capacity and number of SPIDER services by providers) in the service areas.

Analysis

Based on service areas associated with 23 of the 24 DCFS contract descriptor codes and 89 SPIDER service types that were categorized in terms of the nine SAMHSA service categories, Chapin Hall produced a series of maps that visualized the distribution and capacity of the nine SAMHSA service categories available to youth at the county level. Chapin Hall produced two maps for each of the nine SAMHSA service categories: one map described availability and average annual FY22 contracted capacity of services from DCFS contract descriptor codes; the other map described availability and number of SPIDER services by providers. The rationale for creating two sets of maps was that it is not yet feasible to disentangle services from SPIDER that are also services from DCFS contract descriptor codes, or vice versa. All service maps were overlaid with the locations of the beginning legal counties of the youth to illuminate service coverage in youth's target discharge communities.

All geospatial analyses were conducted using QGIS 3.18.0 (QGIS Development Team, 2021).

RESULTS

Research Question #1: What are the characteristics and needs of youth in care who are in congregate care and have an anticipated discharge to a community-based setting?

Youth Characteristics

Table 1 summarizes the characteristics of the 174 youth on the Phase II list as of March 2, 2021. They were on average 14.83 years old, of whom half were White or Black, 63.22% were male, 32.76% assigned to Central or Cook at DCFS legal spell opening, had been in DCFS legal custody on average for 4.61 years, in the March 2, 2021 placement type on average for 2.42 years. Regarding youth's placement in residential care on March 2, 2021, 55.75% were placed in a TRPMI provider, 87.36% in a QRTP provider, and 50.00% in both a TRPMI and a QRTP provider. Nearly half (48.85%) of the youth's prior placement type was IPA (Institution – Private Child Care Facility), followed by 13.79% from FHS (Foster Home Specialized), and 10.34% from HFP (Hospital Facility Psychiatric).

Table 1. Youth characteristics (n=174).

Youth Characteristic	n/Mean	%/SD
Age (years) on March 2, 2021	14.83	3.04
Race		
White	87	50.00%
Black	85	48.85%
Other	2	1.15%
Gender		
Female	64	36.78%
Male	110	63.22%
Case region		
Northern	31	17.82%
Central	57	32.76%
Southern	29	16.67%
Cook	57	32.76%
Length of DCFS legal spells (days) as of March 2, 2021	1,685.13	1,201.84
Length of "current" placement (days) as of March 2, 2021	882.26	581.43
Placed in TRPMI provider per RTOS documentation	97	55.75%
Placed in QRTP provider per RTOS documentation	151	86.78%
Placed in TRPMI provider and QRTP provider	87	50.00%
Prior placement type		
HMP (Home of Parent)	5	2.87%
HMR (Home of Relative)	12	6.90%
FHS (Foster Home Specialized)	24	13.79%
FHT (Foster Home Treatment)	4	2.30%
FHB (Foster Home Boarding – DCFS)	5	2.87%

Youth Characteristic	n/Mean	%/SD
FHP (Foster Home Boarding – Private Agency)	5	2.87%
IPA (Institution – Private Child Care Facility)	85	48.85%
GRH (Group Home)	11	6.32%
HFP (Hospital Facility Psychiatric)	18	10.34%
HFM (Hospital Facility Medical)	1	0.57%
DET (Detention)	3	1.72%
No prior living arrangement	1	0.57%

Table 2 shows that across the four administrative regions, 33.33%, 38.71%, 40.35%, and 40.28% of these youth were placed in residential programs located in the same administrative region as the youth's administrative regions of case assignment at DCFS legal spell opening in Cook, Northern, Central, and Southern, respectively. Further, 32.26% of youth in the Northern Region were placed in Cook providers; 26.32% of youth in the Central Region were placed in Southern providers; and 38.60% of youth in Cook were placed in Northern providers.

Table 2. Residential provider region vs. case region of youth (n=174). Column percentages shown.

		Case Region			
		Northern	Central	Southern	Cook
Residential Provider Region	Unknown	3.23%	1.75%	6.90%	3.51%
	Northern	38.71%	17.54%	17.24%	38.60%
	Central	16.13%	40.35%	17.24%	8.77%
	Southern	9.68%	26.32%	48.28%	15.79%
	Cook	32.26%	14.04%	10.34%	33.33%

Youth Needs

Of the 174 youth, 117 youth had a baseline CANS (at entry to residential care) and a most recent CANS as of March 2, 2021.

Baseline CANS at Entry to Residential Care

Table 3 lists the top 20 child CANS items at baseline (at entry to residential care) in the order from highest to lowest number of youth with an actionable rating or a score of '2.' **Table 4** lists the top 20 caregiver CANS items at baseline (at entry to residential care) in the order from highest to lowest number of youth with an actionable rating or a score of '2.' Note that only 20% of the youth had available caregiver CANS item ratings. See **Appendices 3-6** for child CANS items and caregiver CANS items at baseline (at entry to residential care) in the order of average CANS item score from highest to lowest.

Table 3. Top 20 baseline child CANS items, by number of youth with an actionable child item score.

Baseline Child CANS Item	n	Item Score ≥2	
		n	%
Anger Control	117	75	64.10%
Adjustment to Trauma	117	68	58.12%
Attention Deficit/Impulse Control	117	68	58.12%
Neglect	117	65	55.56%
Social Functioning	117	58	49.57%
Interpersonal	117	57	48.72%
Physical Abuse	117	56	47.86%
Witness to Family Violence	117	54	46.15%
Oppositional Behavior	117	54	46.15%
Community Life	112	52	46.43%
Family	117	51	43.59%
Relationship Permanence	116	50	43.10%
Family	117	50	42.74%
Danger to Others	117	46	39.32%
Judgment	115	45	39.13%
Traumatic Grief/Separation	117	45	38.46%
Affect Dysregulation	115	44	38.26%
Emotional Abuse	117	44	37.61%
School Behavior	116	42	36.21%
Educational Setting	117	41	35.04%

Table 4. Top 20 baseline caregiver CANS items, by number of youth with an actionable caregiver item score.

Baseline Caregiver CANS Item	n	Item Score ≥2	
		n	%
Safety	34	20	58.82%
Parent's/Caregiver's Understanding of Impact of Own Behavior on Children	34	19	55.88%
Effective Parenting Approach	34	16	47.06%
Discipline	34	13	38.24%
History of Maltreatment of Children	34	13	38.24%
Knowledge of Child's Needs	34	12	35.29%
Responsibility in Maltreatment	34	12	35.29%
Supervision	34	11	32.35%
Mental Health	34	11	32.35%
Parent Participation in Visitation	33	10	30.30%
Involvement with Care	34	8	23.53%
Marital/Partner Violence in the Home	34	7	20.59%
Financial Status	34	7	20.59%
Ability to Listen As Parent	34	7	20.59%
Empathy with Children	34	7	20.59%

Baseline Caregiver CANS Item	n	Item Score ≥2	
		n	%
Commitment to Reunification	33	5	15.15%
Neighborhood Safety & Resources	34	5	14.71%
Resources	34	5	14.71%
Residential Stability	34	5	14.71%
Job Functioning	34	5	14.71%

Most Recent CANS as of March 2, 2021

Table 5 lists the top 20 child CANS items from the most recent CANS as of March 2, 2021 in the order from highest to lowest number of youth with an actionable rating or a score of '2.' **Table 6** lists the top 20 caregiver CANS items from the most recent CANS as of March 2, 2021, in the order from highest to lowest number of youth with an actionable rating or a score of '2.' See **Appendices 7-10** for child CANS items and caregiver CANS items as of March 2, 2021, in the order of average CANS item score from highest to lowest.

Table 5. Top 20 child CANS items from most recent CANS as of March 2, 2021, by number of youth with an actionable child item score.

Child CANS Item from Most Recent CANS as of March 2, 2021	n	Item Score ≥2	
		n	%
Neglect	114	55	48.25%
Attention Deficit/Impulse Control	114	47	41.23%
Adjustment to Trauma	114	45	39.47%
Physical Abuse	114	41	35.96%
Family	114	34	29.82%
Anger Control	112	33	29.46%
Witness to Family Violence	114	33	28.95%
Emotional Abuse	114	32	28.07%
Sexual Abuse	114	31	27.19%
Relationship Permanence	112	27	24.11%
Interpersonal	112	26	23.21%
Oppositional Behavior	113	26	23.01%
Family	114	26	22.81%
Traumatic Grief/Separation	114	26	22.81%
Coping and Savoring Skills	73	25	34.25%
Community Life	106	25	23.58%
Depression	114	25	21.93%
Affect Dysregulation	111	24	21.62%
Parental Criminal Behavior	73	23	31.51%
Social Functioning	114	23	20.18%

Table 6. Top 20 caregiver CANS items from most recent CANS as of March 2, 2021, by number of youth with an actionable caregiver item score.

Caregiver CANS Item from Most Recent CANS as of March 2, 2021	n	Item Score ≥2	
		n	%
Safety	36	11	30.56%
Parent's/Caregiver's Understanding of Impact of Own Behavior on Children	36	10	27.78%
History of Maltreatment of Children	36	10	27.78%
Supervision	36	10	27.78%
Parent Participation in Visitation	35	9	25.71%
Effective Parenting Approach	36	9	25.00%
Discipline	36	8	22.22%
Knowledge of Child's Needs	36	8	22.22%
Involvement with Care	36	8	22.22%
Commitment to Reunification	35	7	20.00%
Responsibility in Maltreatment	36	7	19.44%
Job Functioning	36	7	19.44%
Involvement in Treatment	36	7	19.44%
Parent Involvement/Participation	36	7	19.44%
Relations with Extended Family	36	7	19.44%
Ability to Listen As Parent	36	6	16.67%
Residential Stability	36	6	16.67%
Mental Health	36	5	13.89%
Financial Status	36	5	13.89%
Condition of Home	36	5	13.89%

Note. If >1 caregiver on the same CANS record, caregiver item scores are averaged across caregivers, whose roles or relationships to the child might vary from one record to another.

Research Question #2: What are the services available to support youth in care and their parents and caregivers when youth are stepped down from residential care to community-based settings?

Table 7 shows that the 24 DCFS contract descriptor codes covered eight of the nine SAMHSA service categories (except for mobile crisis services). Seven DCFS contract descriptors codes were categorized as traditional mental health services, six as parent and peer support services, four as other home- and community-based services, three as flex funds, two as trauma services, and one each as intensive care coordination/wraparound services, intensive in-home services, and respite services. Note that although one DCFS contract descriptor code—ADA—was categorized as other home- and community-based services, it did not contain FY22 contract data. **Table 7** shows that the 89 SPIDER service types represented eight of the nine SAMHSA service categories (except for trauma services). Forty four SPIDER service types were categorized as other home- and community-based services and 21 as traditional mental health services. Less than seven SPIDER service types were coded as each of the remaining six SAMHSA service categories.

Table 7. Distribution of nine SAMHSA service categories, by 24 DCFS contract descriptor codes and 89 spider service types.

SAMHSA Service Category	DCFS Contract Descriptor Code		SPIDER Service Type	
	n	%	n	%
Traditional mental health services	7	29.2%	21	23.6%
Intensive care coordination/wraparound services	1	4.2%	2	2.3%
Parent and peer support services	6	25.0%	5	5.6%
Intensive in-home services	1	4.2%	2	2.3%
Respite services	1	4.2%	3	3.3%
Mobile crisis services	0	0.0%	6	6.7%
Flex funds	2	8.3%	5	5.6%
Trauma services	2	8.3%	0	0.0%
Other home- and community-based services[1]	4	16.6%	44	49.4%
Not applicable	0	0.0%	1	1.1%
Total	24	100.0%	89	100.0%

[1] Although the DCFS contract descriptor code (ADA) is associated with other home-and community-based services, it did not contain FY22 contract data.

Research Question #3: What service needs are met by existing contracted or non-contracted services, and how many services are available where?

The 174 youth were distributed across 52 of the 102 counties in Illinois based on youth's beginning legal counties of their DCFS custody spells. Fifty four (31.0%) of the youth originated from Cook County.

DCFS Contracted Services

Figures 1-8 show the county-level distribution of the eight SAMHSA service categories (except for mobile crisis services) defined by the average number of FY22 DCFS contracted capacity, overlaying on the county-level distribution of the 174 youth: traditional mental health services (**Figure 1**), intensive care coordination/wraparound services (**Figure 2**), parent and peer support services (**Figure 3**), intensive in-home services (**Figure 4**), respite services (**Figure 5**), mobile crisis services (**Figure 6**), flex funds (**Figure 7**), and other home- and community-based services (**Figure 8**), Across the eight SAMHSA service categories, Cook County has the greatest concentration of DCFS contracted capacity. Traditional mental health services (**Figure 1**) had the greatest average number of FY22 DCFS contracted capacity.

In terms of geographic coverage of the 102 Illinois counties by available SAMHSA service categories based on FY22 DCFS contract descriptor codes, traditional mental health services (**Figure 1**), parent and peer support services (**Figure 3**), intensive in-home services (**Figure 4**), respite services (**Figure 5**), flex funds (**Figure 6**), and trauma services (**Figure 7**), covered all 102 (100.00%) Illinois counties. On the other hand, intensive care coordination/wraparound services covered 59 (57.84%) Illinois counties (**Figure 2**) and other home- and community-based services covered 44 (43.14%) Illinois counties (**Figure 8**).

In terms of service coverage as related to the 52 beginning legal counties of the 174 youth's DCFS custody spells, traditional mental health services (**Figure 1**), parent and peer support services (**Figure 3**), intensive in-home services (**Figure 4**), respite services (**Figure 5**), flex funds (**Figure 6**), and trauma services (**Figure 7**) covered all 52 (100.00%) beginning legal counties of the youth. However, intensive care coordination/wraparound services only covered 31 (59.62%) of the 52 beginning legal counties of the youth (**Figure 2**) and other home- and community-based services only covered 25 (48.08%) beginning legal counties of the youth (**Figure 8**).

SPIDER Services

Figures 9-16 show the county-level distribution of the eight SAMHSA service categories defined by the number of available corresponding SPIDER services by providers, overlaying on the county-level distribution of the 174 youth: traditional mental health services (**Figure 9**), intensive care coordination/wraparound services (**Figure 10**), parent and peer support services (**Figure 11**), intensive in-home services (**Figure 12**), respite services (**Figure 13**), mobile crisis services (**Figure 14**), flex funds (**Figure 15**), and other home- and community-based services (**Figure 16**). Across the eight SAMHSA service categories, Cook County had the greatest concentration of available SPIDER services.

In terms of geographic coverage of the 102 Illinois counties by available SAMHSA service categories based on SPIDER services, traditional mental health services covered 99 (97.06%) Illinois counties (**Figure 9**), other home- and community-based services covered 98 (96.08%) Illinois counties (**Figure 16**), intensive care coordination/wraparound services (**Figure 10**) and parent and peer support services covered 96 (94.12%) Illinois counties (**Figure 11**), mobile crisis services covered 78 (76.47%) Illinois counties (**Figure 14**), intensive in-home services covered 63 (61.76%) Illinois counties (**Figure 12**), flex funds covered 59 (57.84%) Illinois counties (**Figure 15**), and respite services covered 58 (56.86%) Illinois counties (**Figure 13**).

In terms of service coverage as related to the 52 beginning legal counties of the 174 youth's DCFS custody spells, intensive care coordination/wraparound services (**Figure 10**) and other home- and community-based services (**Figure 16**) covered all 52 (100.00%) beginning legal counties of the youth, traditional mental health services (**Figure 9**) and parent and peer support services (**Figure 11**) covered 51 (98.08%) beginning legal counties of the youth, mobile crisis covered 47 (90.38%) beginning legal counties (**Figure 14**), intensive in-home services covered 40 (76.92%) beginning legal counties (**Figure 12**), respite services covered 39 (75.00%) beginning legal counties (**Figure 13**), and flex funds covered 37 (71.15%) beginning legal counties (**Figure 15**).

Figure 1. County-level distribution of SAMHSA traditional mental health services based on average number of FY22 DCFS contracted capacity as of September 22, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal.

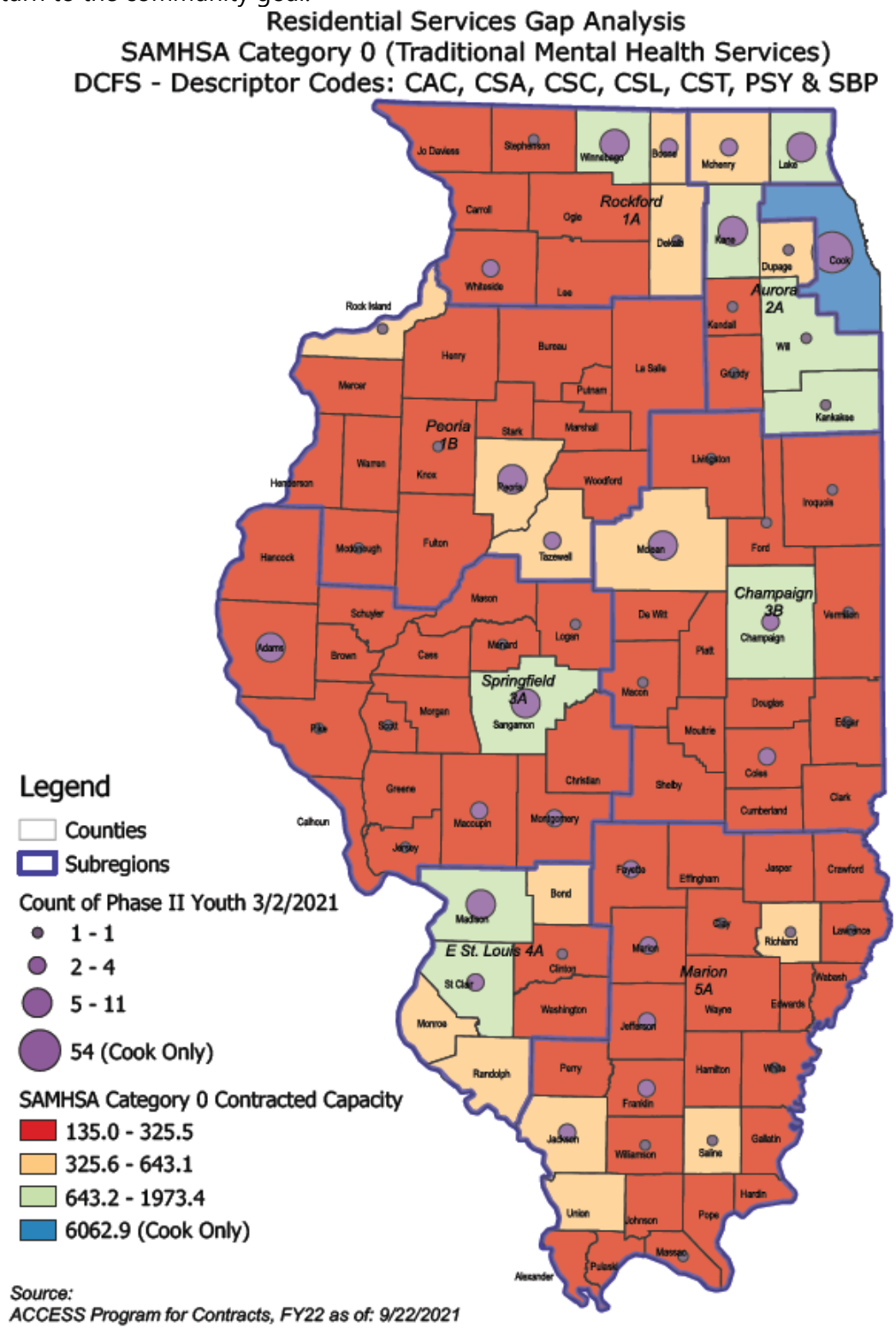


Figure 2. County-level distribution of SAMHSA intensive care coordination/wraparound services based on average number of FY22 DCFS contracted capacity as of September 22, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with zero or unknown DCFS contract capacity are in white.

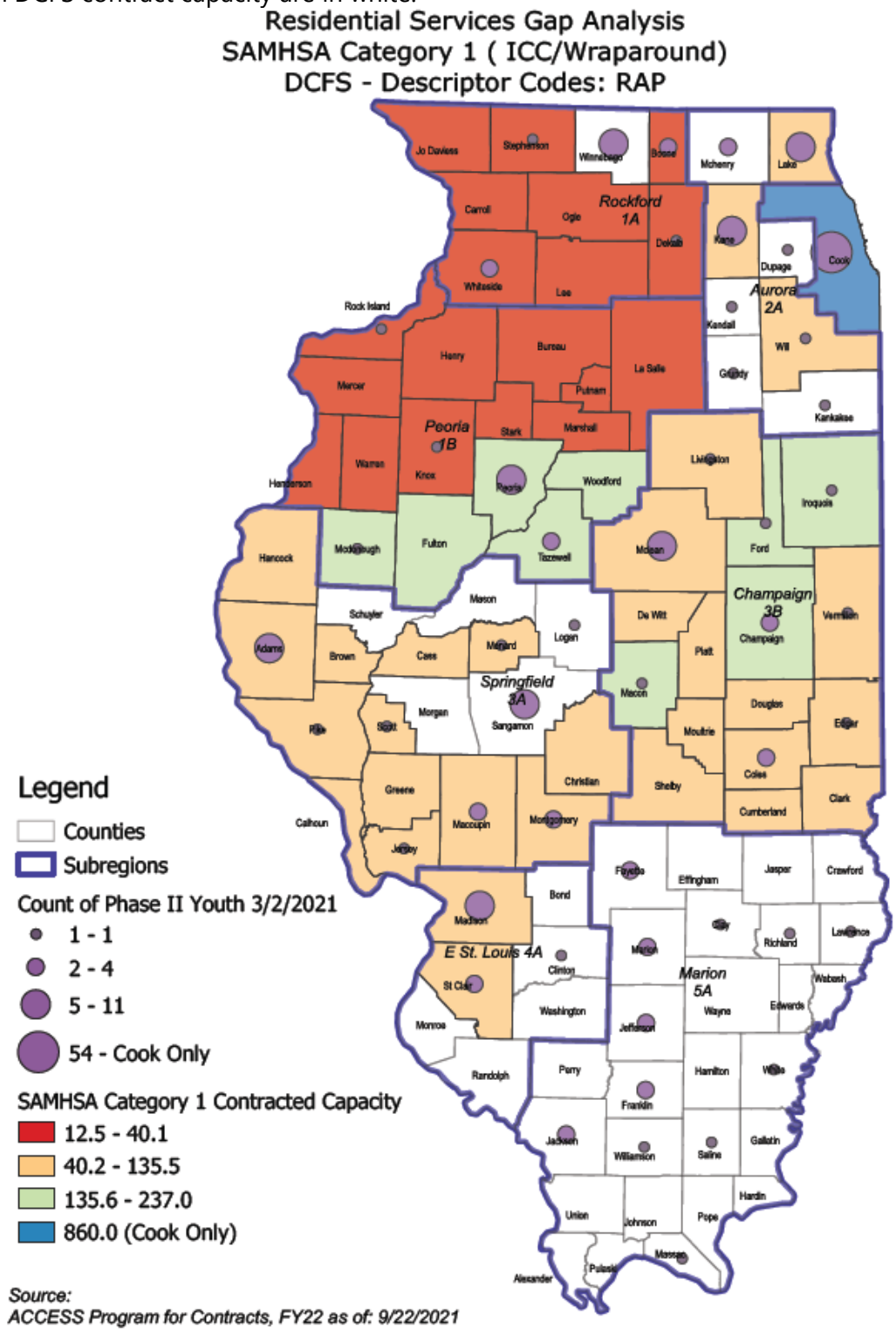


Figure 3. County-level distribution of SAMHSA parent and peer support services based on average number of FY22 DCFS contracted capacity as of September 22, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal.

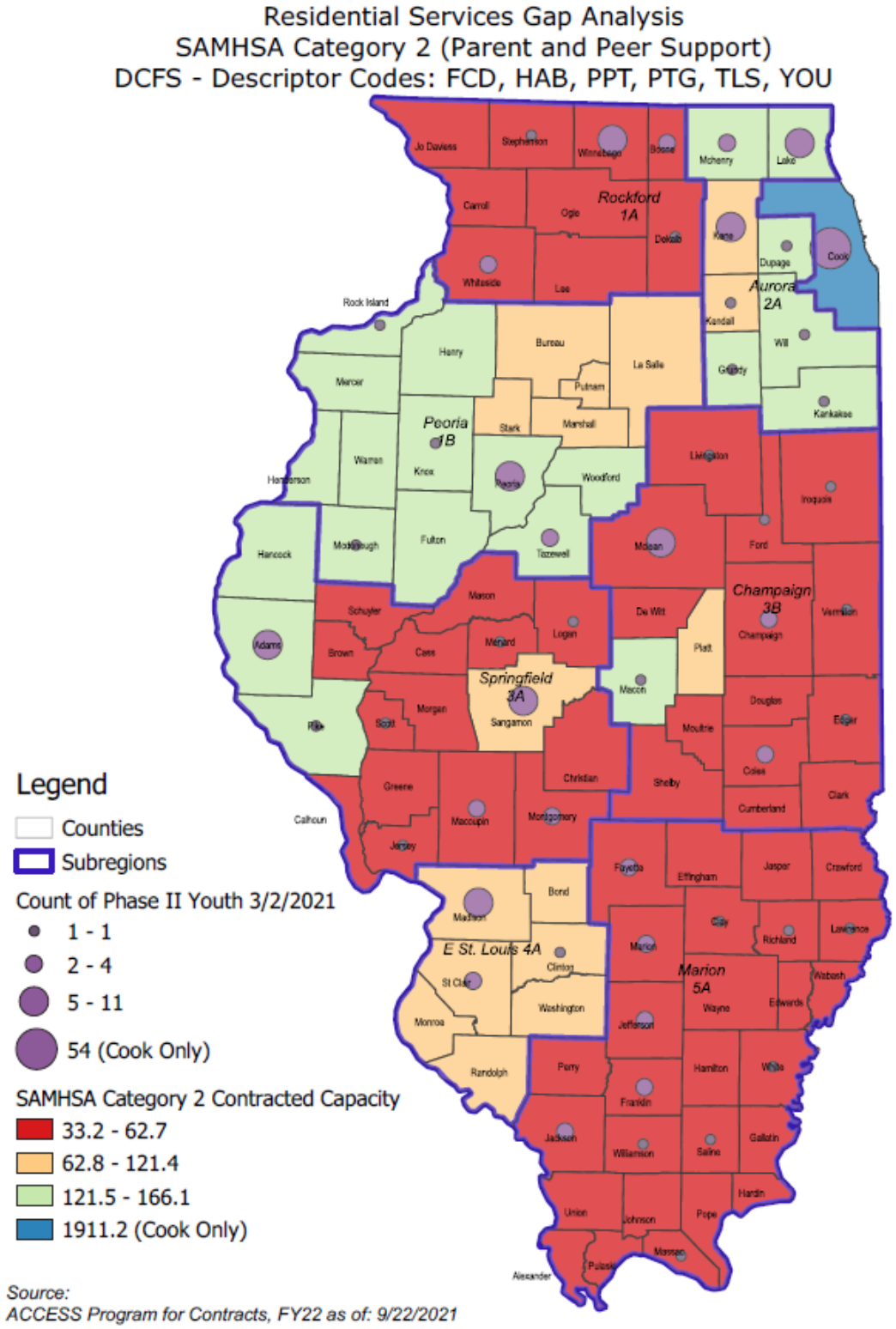


Figure 4. County-level distribution of SAMHSA intensive in-home services based on average number of FY22 DCFS contracted capacity as of September 22, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal.

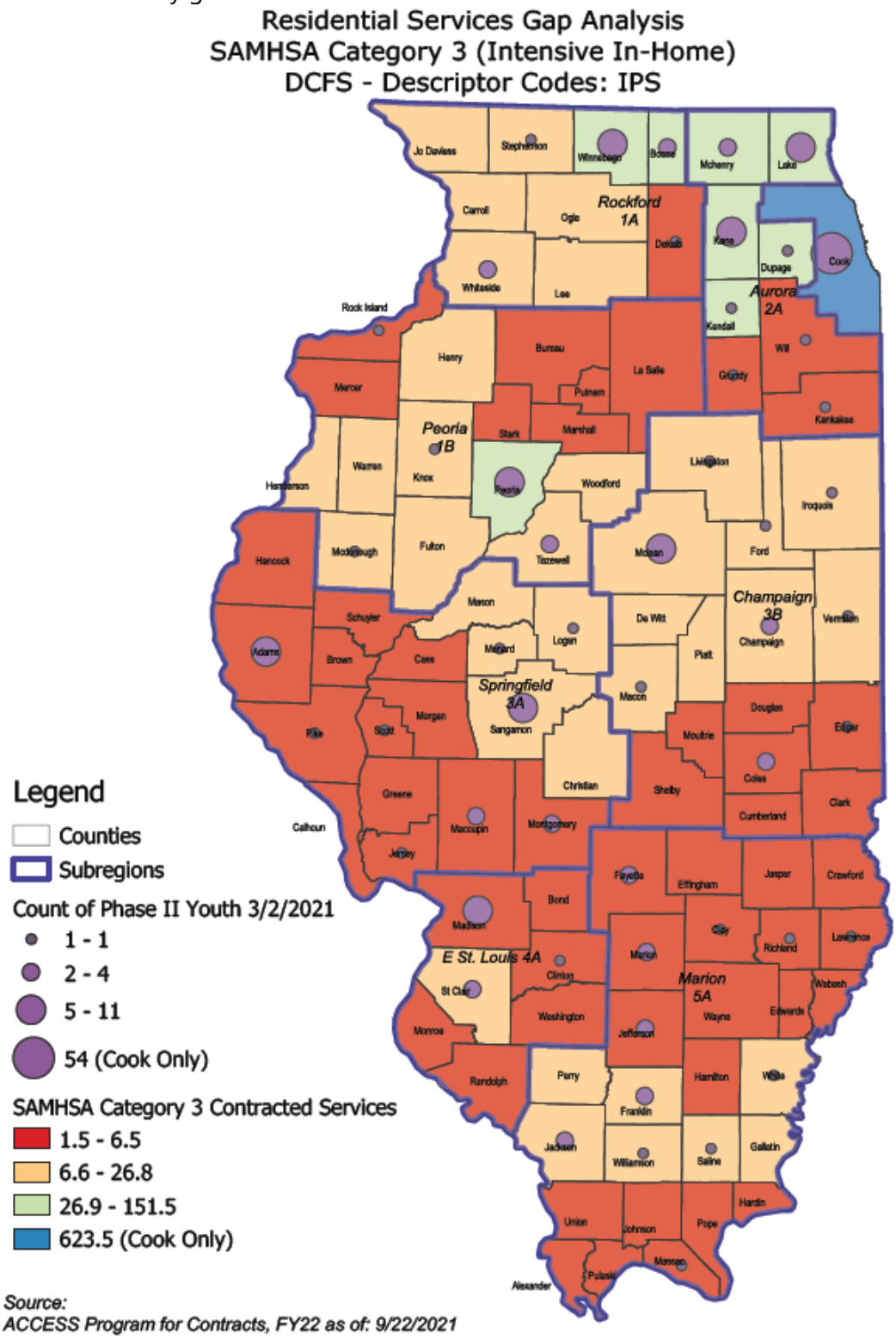


Figure 5. County-level distribution of SAMHSA respite services based on average number of FY22 DCFS contracted capacity as of September 22, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal.

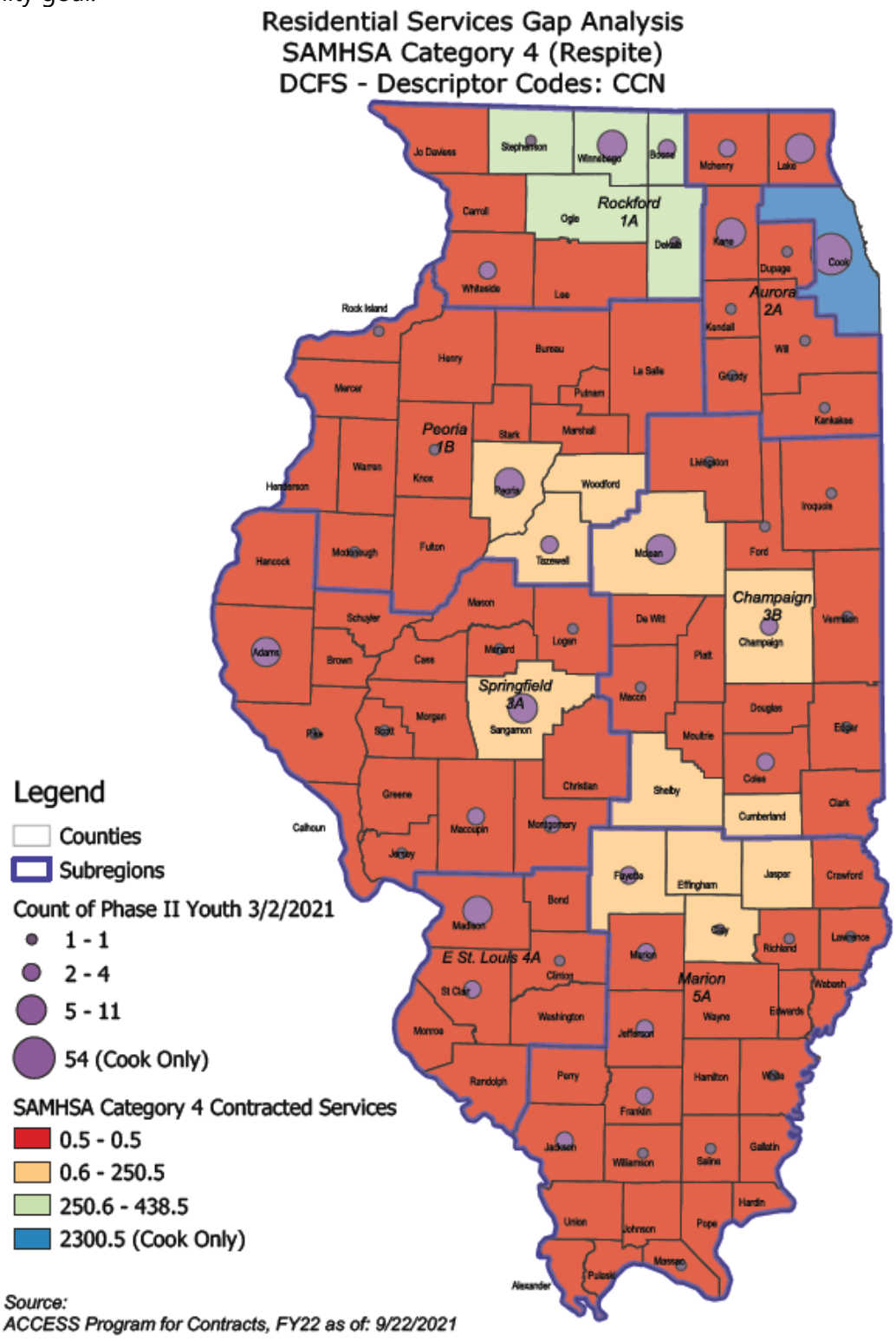


Figure 6. County-level distribution of SAMHSA flex funds based on average number of FY22 DCFS contracted capacity as of September 22, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal.

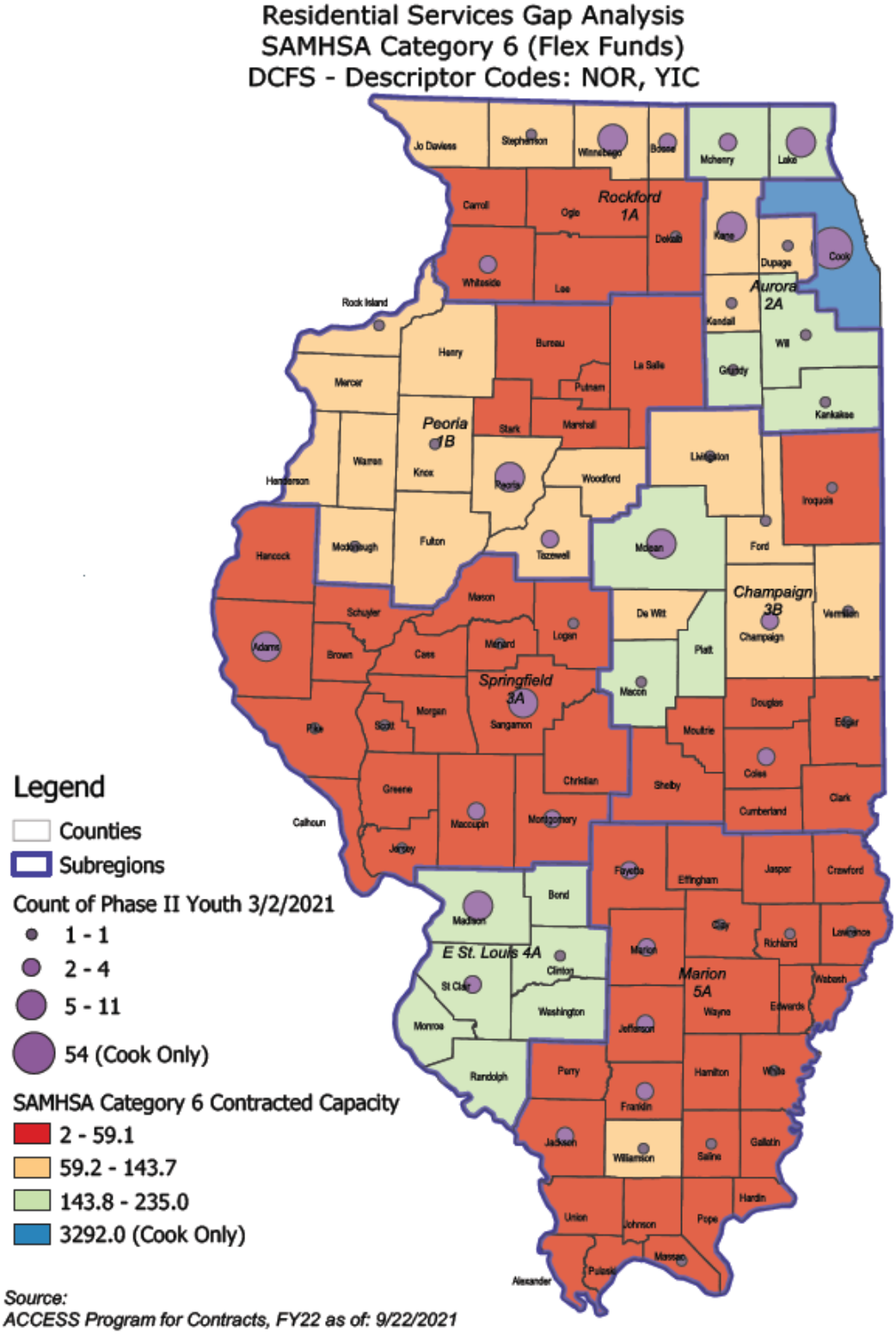


Figure 7. County-level distribution of SAMHSA trauma services based on average number of FY22 DCFS contracted capacity as of September 22, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal.

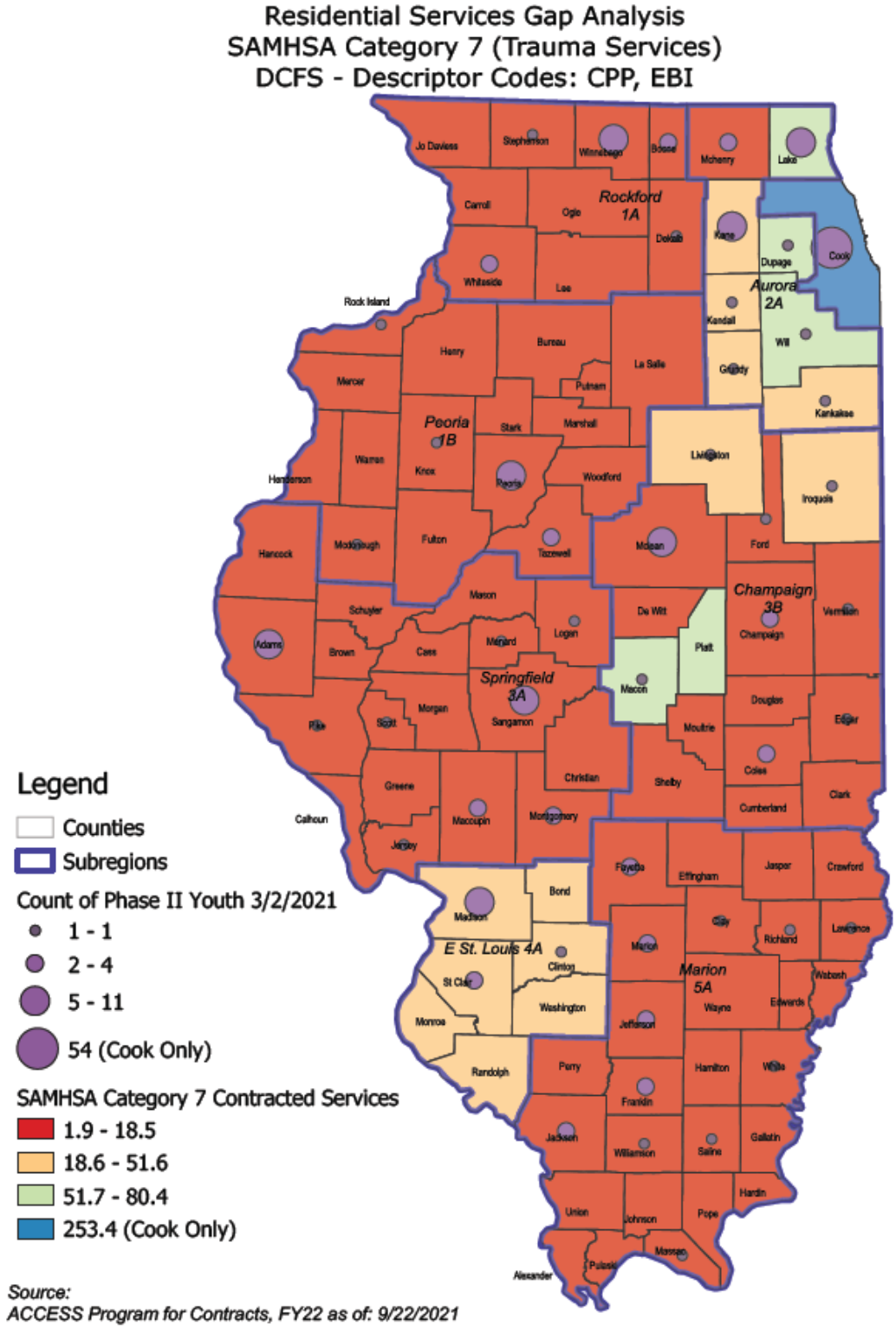


Figure 8. County-level distribution of SAMHSA other home- and community-based services based on average number of FY22 DCFS contracted capacity as of September 22, 2021 and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with zero or unknown DCFS contract capacity are in white.

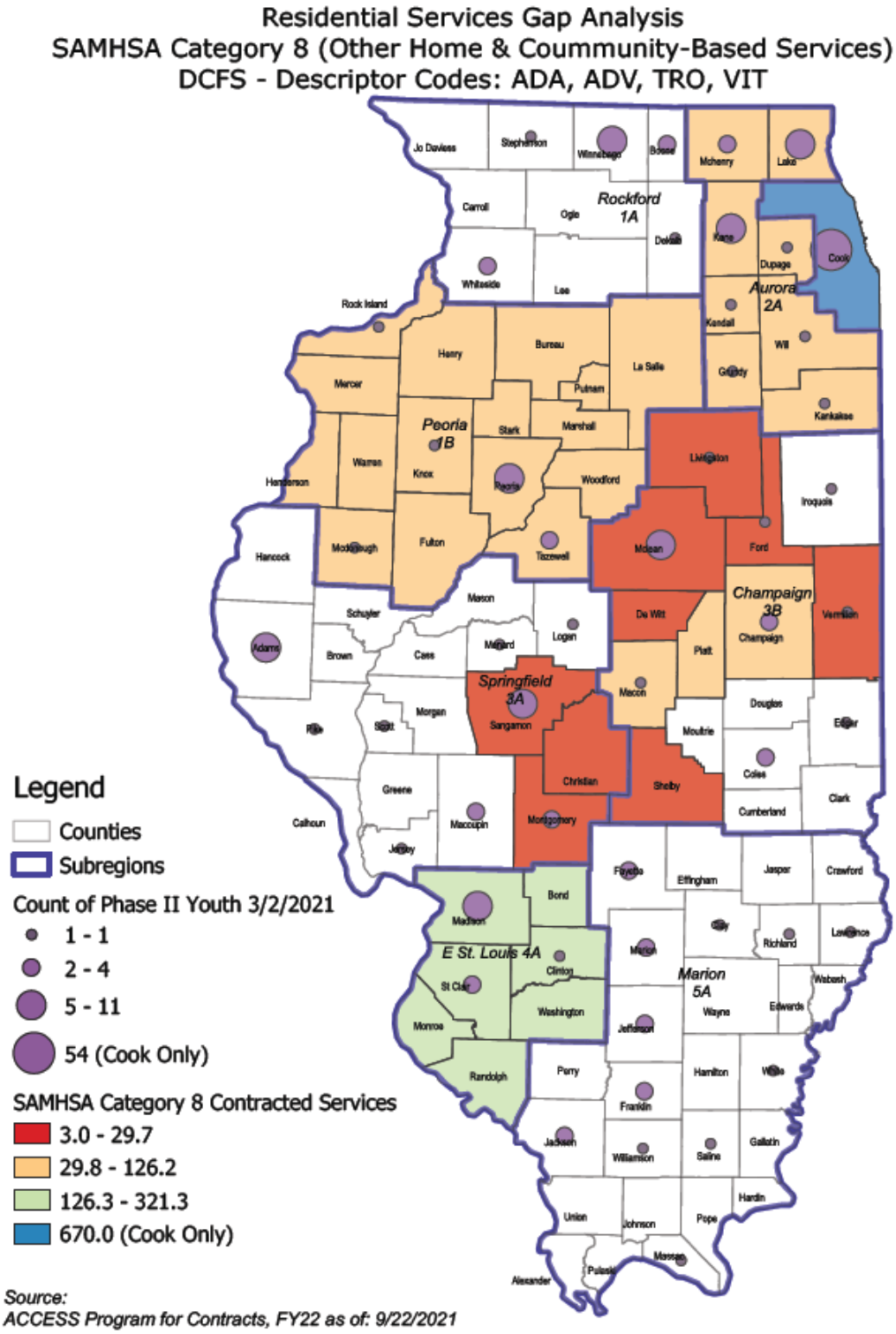


Figure 9. County-level distribution of SAMHSA traditional mental health services based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.

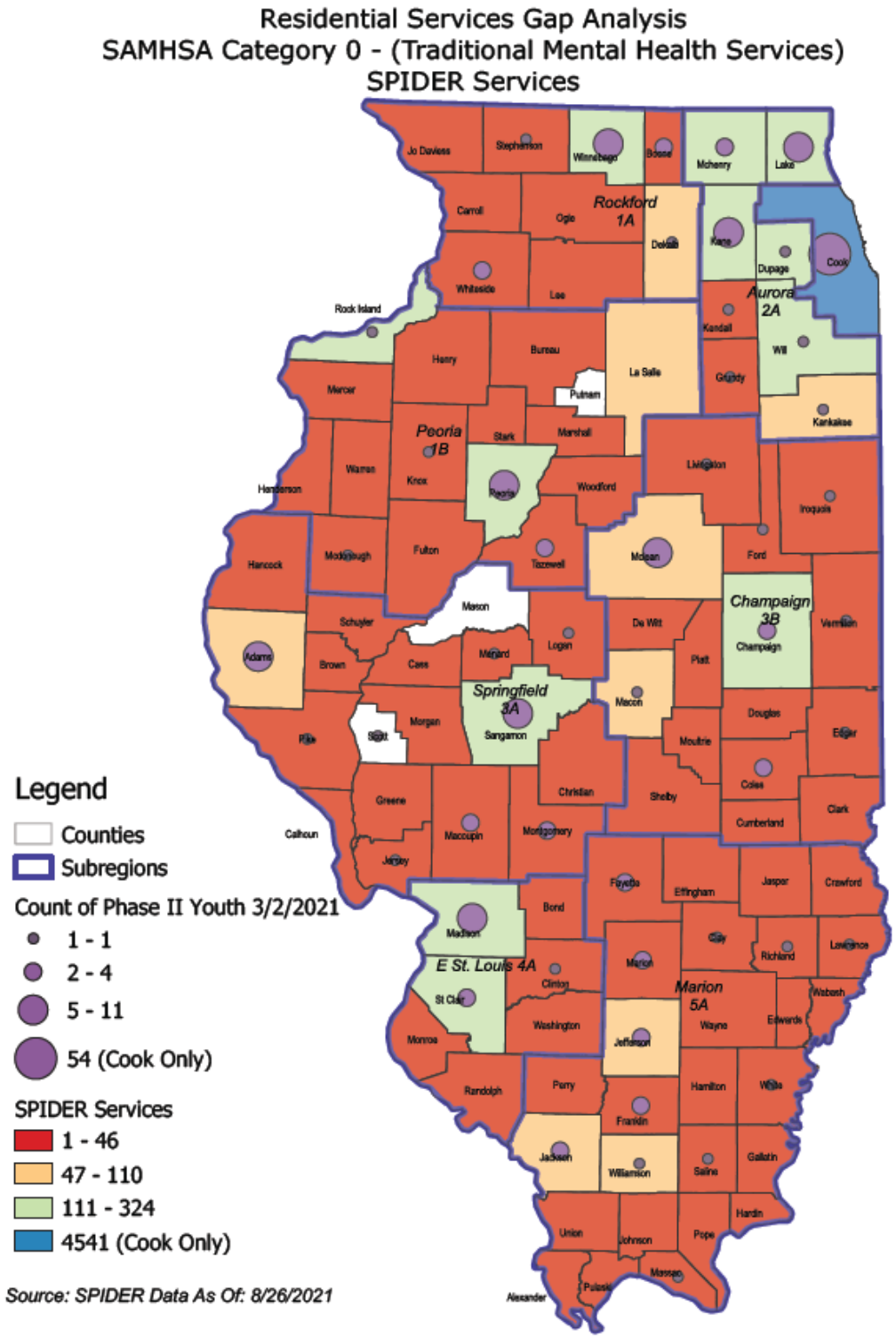


Figure 10. County-level distribution of SAMHSA intensive care coordination/wraparound services based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.

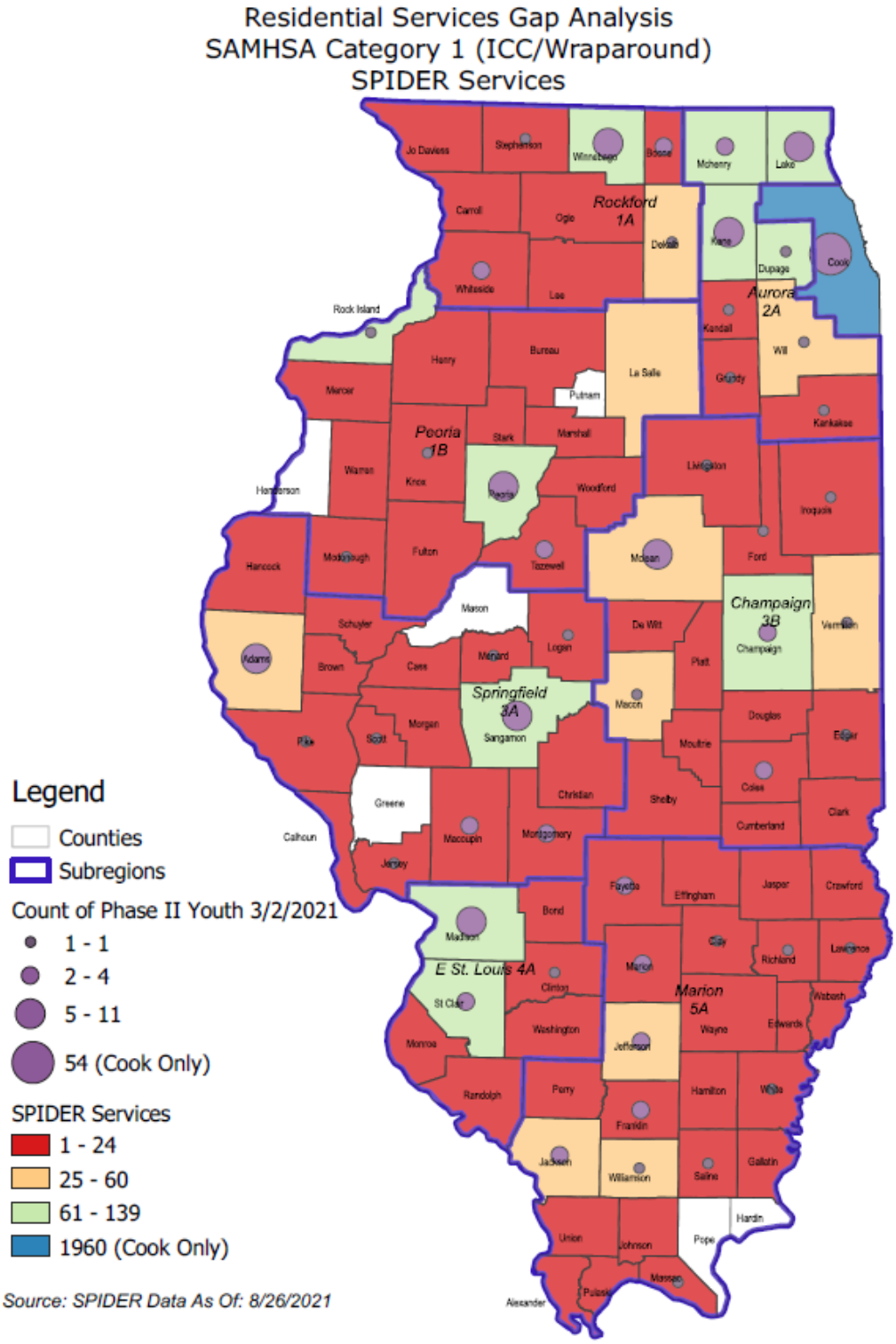


Figure 11. County-level distribution of SAMHSA parent and peer support services based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.

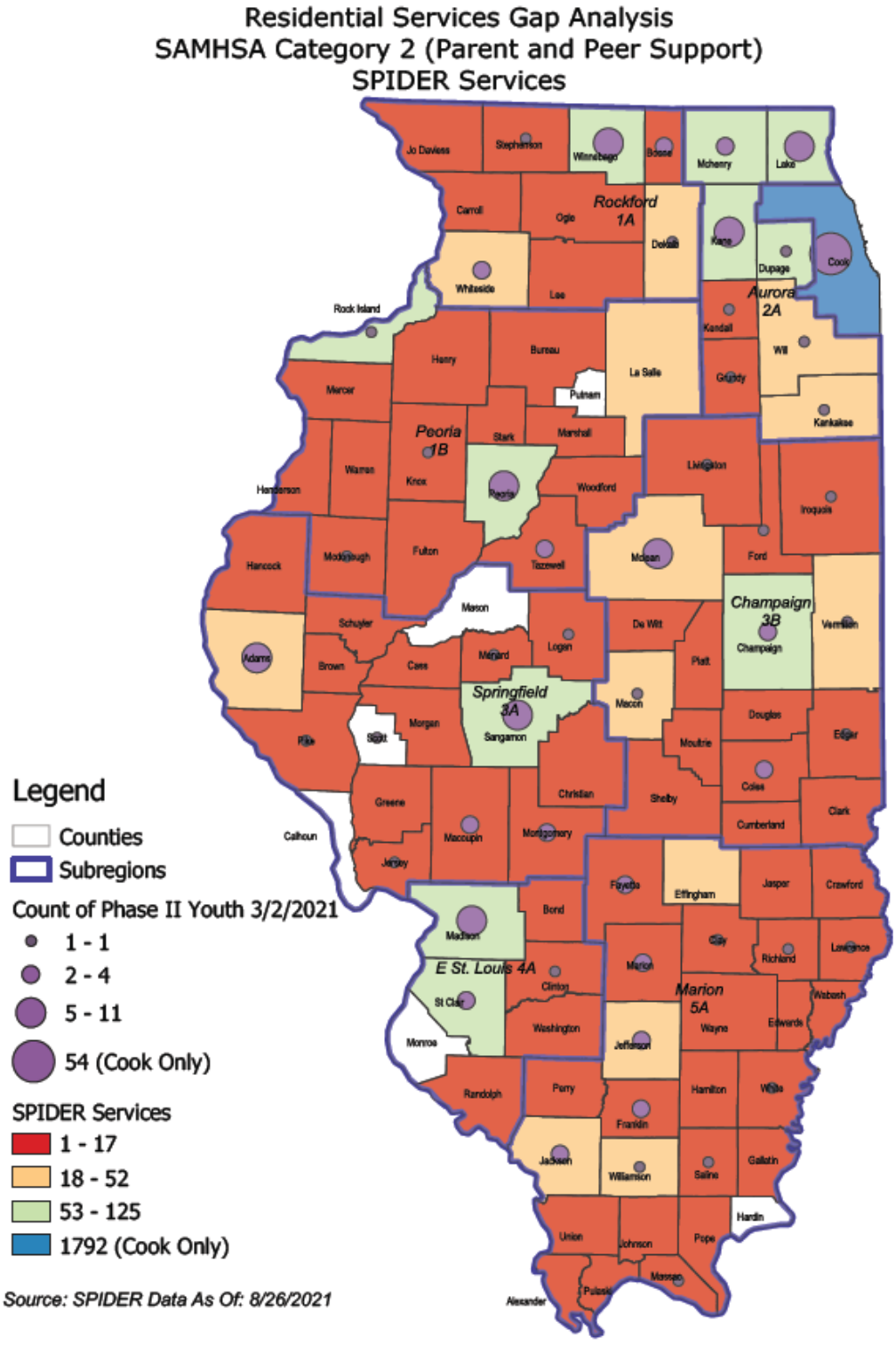


Figure 12. County-level distribution of SAMHSA intensive in-home services based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.

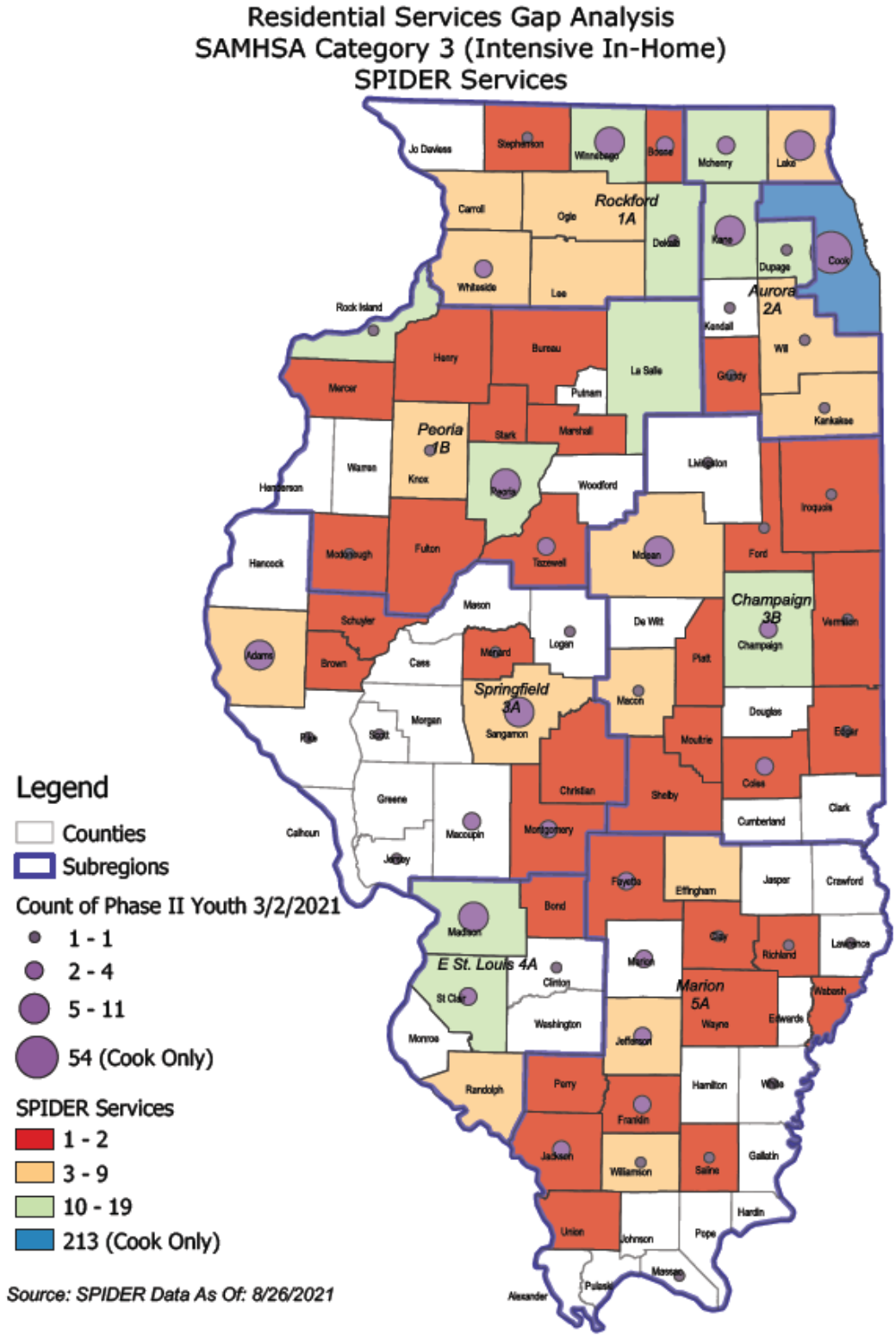


Figure 13. County-level distribution of SAMHSA respite services based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.

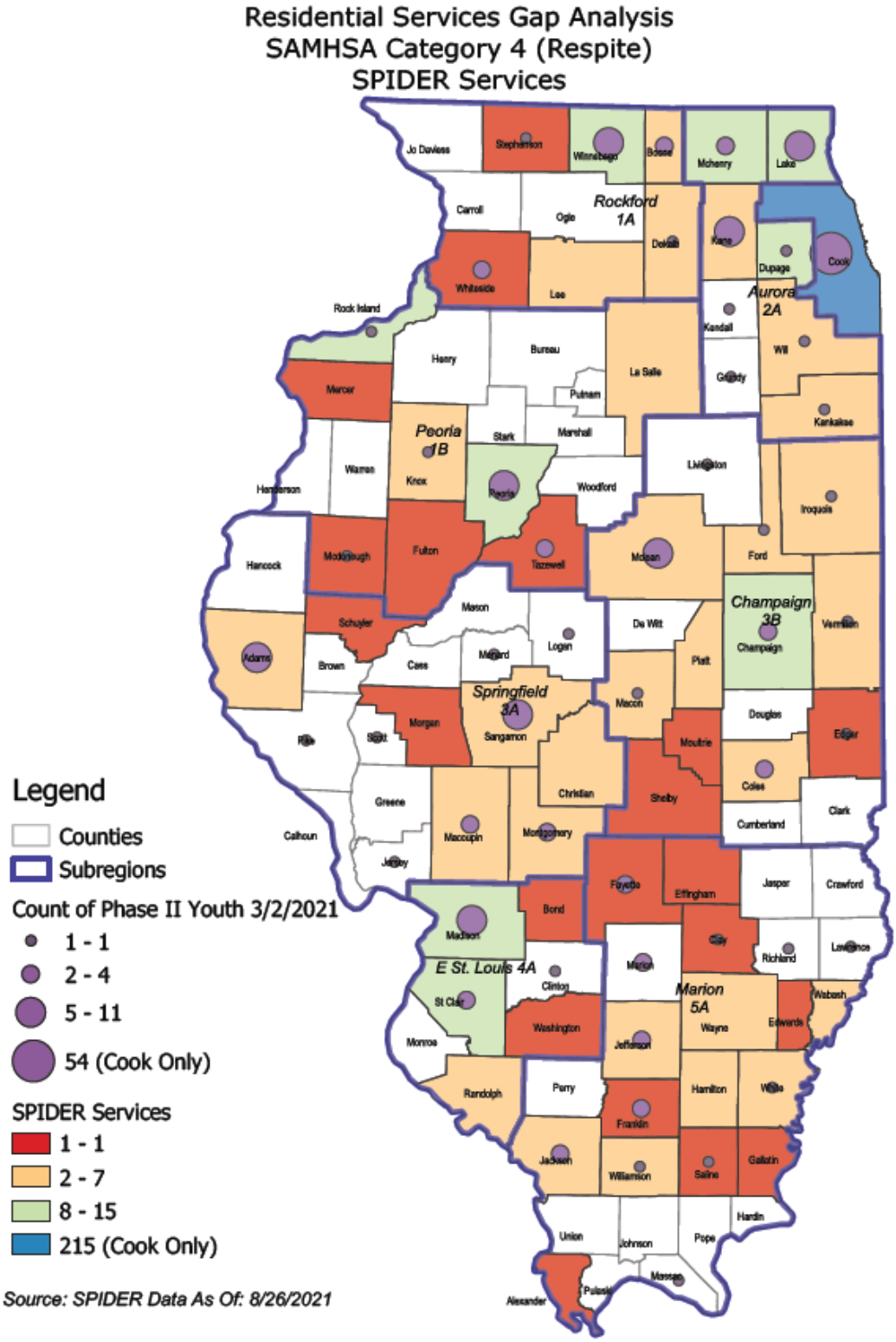


Figure 14. County-level distribution of SAMHSA mobile crisis services based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.

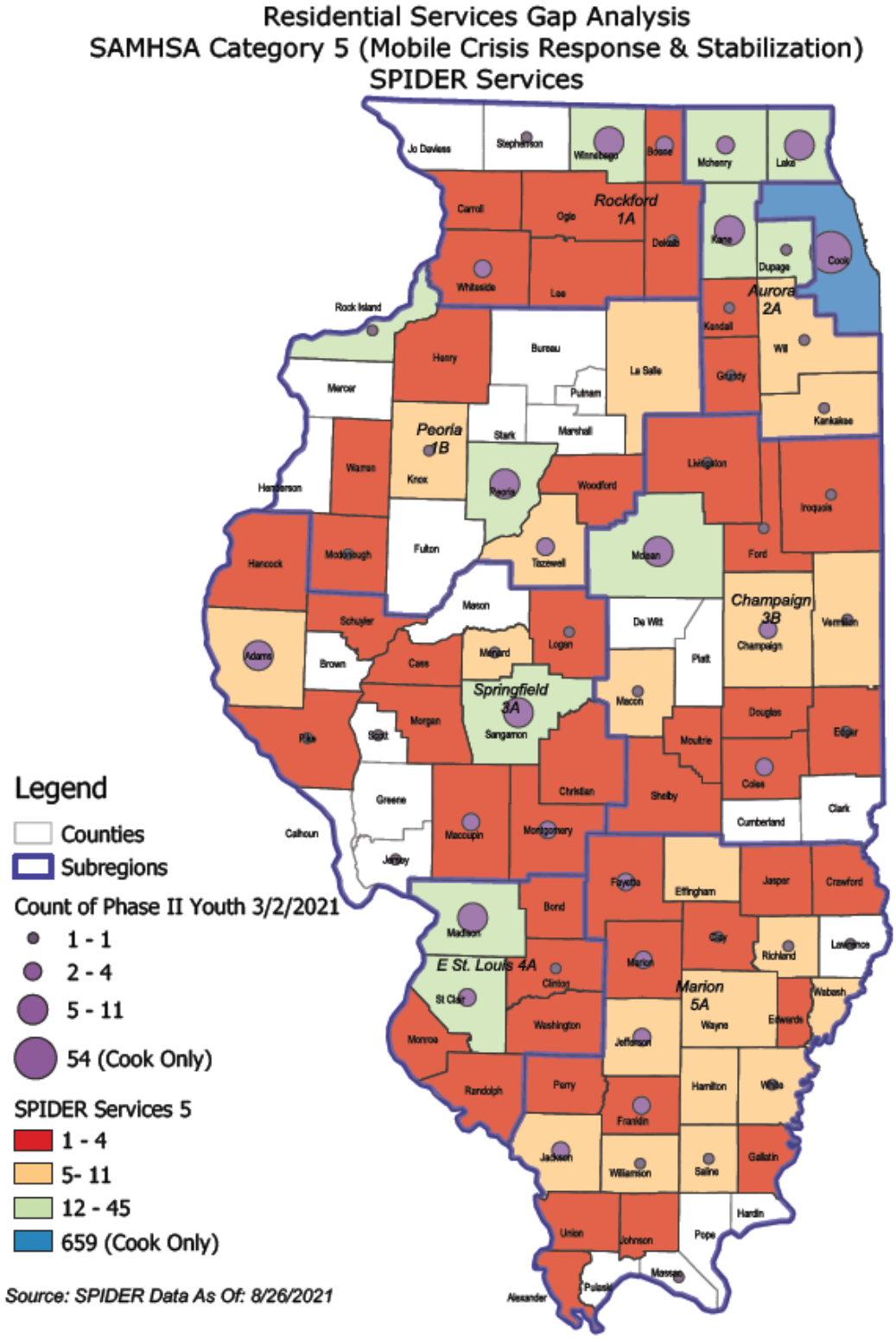


Figure 15. County-level distribution of SAMHSA flex funds based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.

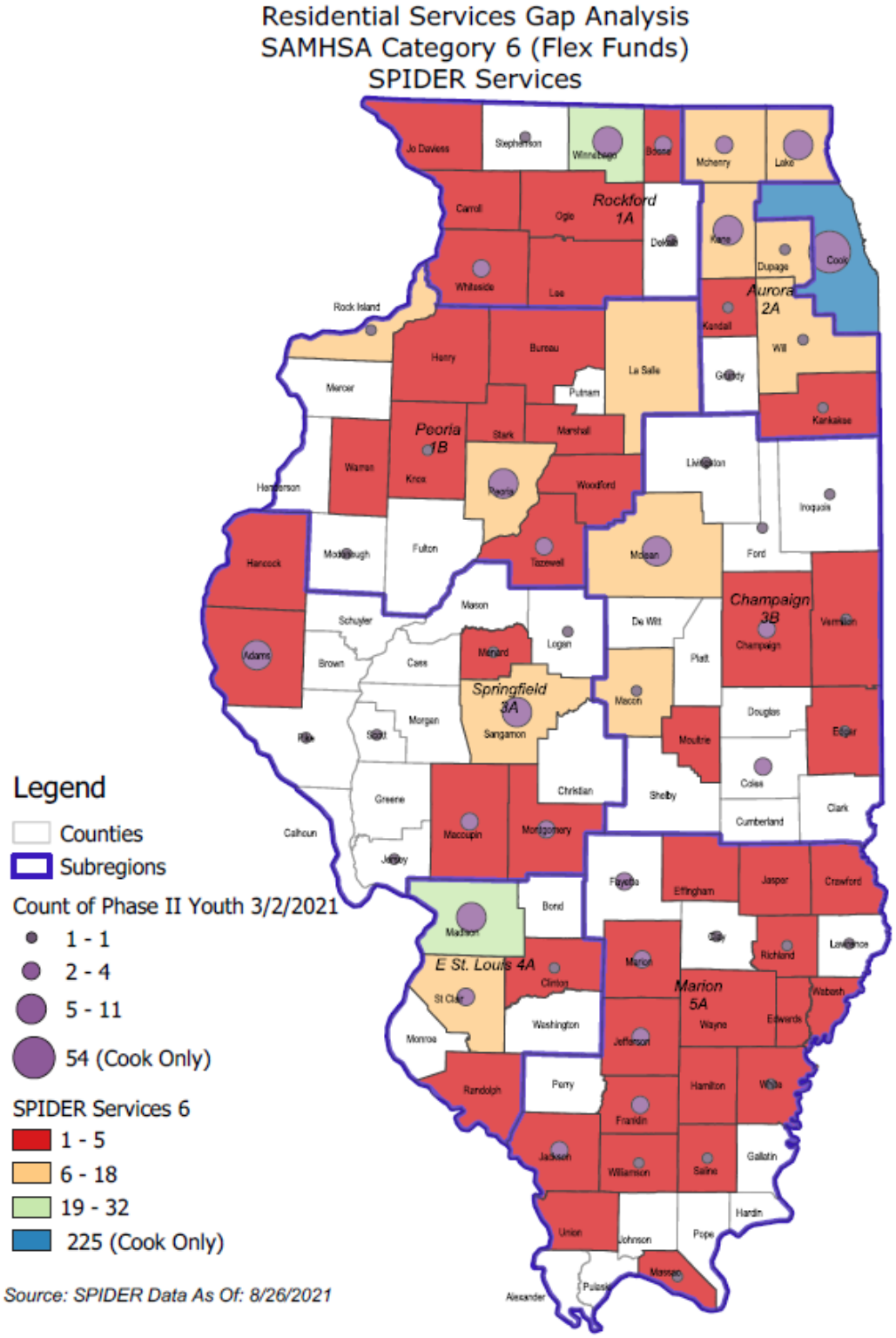
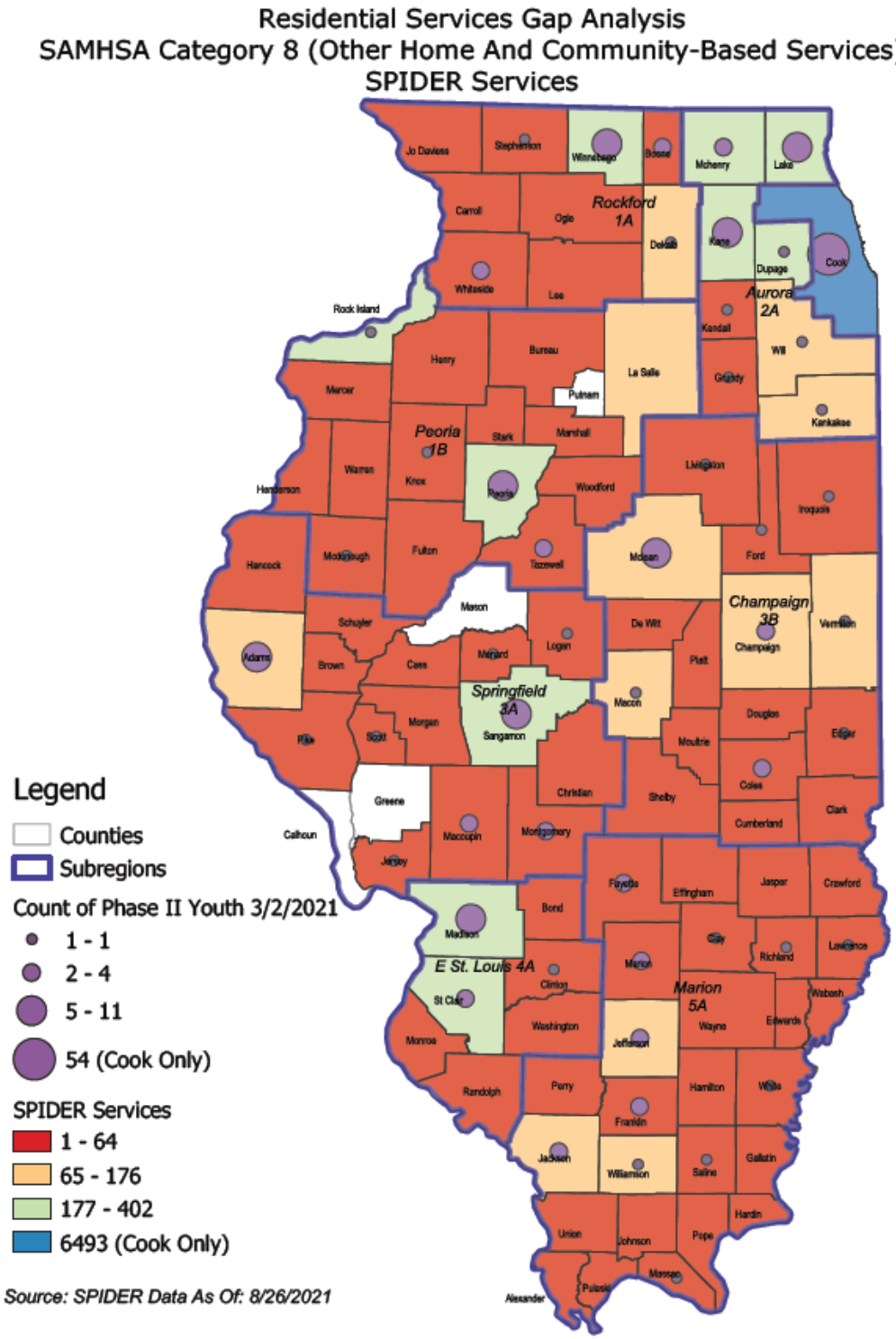


Figure 16. County-level distribution of SAMHSA other home- and community-based services based on number of corresponding SPIDER services by providers as of August 26, 2021, and distribution of youth who were in residential care as of March 2, 2021, ready for residential discharge, and who had a return to the community goal. Note that counties with no SPIDER services are in white.



DISCUSSION

This report summarizes preliminary findings by Chapin Hall at the University of Chicago and Northwestern University to assist the Illinois Department of Children and Family Services (DCFS) in describing the needs of youth in care who are placed in residential care, regarded as clinically ready for discharge, and who have a goal of returning to the county from which their case originated, and the availability of services and supports available in those communities.

Initial findings identified 174 youth in care in March 2021, who were placed in residential care, regarded as clinically ready for discharge, had a discharge goal of returning to the community, and who could be identified in DCFS administrative data. These 174 youth were on average approximately 15 years old. Approximately half were White and half were Black. A majority (roughly 63%) were male and nearly one-third (31%) were from Cook County. In March 2021, these youth had been in DCFS legal custody for approximately four and a half years on average and in residential care for approximately two and a half years on average. These youth have placement histories suggesting complex emotional and behavioral needs: approximately half had a prior placement in another residential setting, 14% had a prior placement in specialized foster care, and 10% had a prior placement in a psychiatric hospital. Across all four DCFS administrative regions, 39% of youth were placed in a residential program located in the same region as for case assignment at legal spell opening. These youth were from 52 of Illinois' 102 counties.

More detailed information about the specific needs of these youth was available from their most recent CANS assessment. The five child CANS items that had the greatest percentage of youth rated as having an "actionable" level of need were: Neglect, Attention Deficit/Impulse Control, Adjustment to Trauma, Physical Abuse, and Family. The five caregiver CANS items that had the greatest percentage of youth with caregivers rated as having an "actionable" level of need were: Safety, Parent's/Caregiver's Understanding of Impact of Own Behavior on Children, History of Maltreatment of Children, Supervision, and Parent Participation in Visitation.

Using information from the DCFS contract and SPIDER databases, the research team was able to categorize relevant DCFS contract descriptor codes and SPIDER service types into the categories of service described in a joint informational memorandum released by SAMHSA and CMS as helpful for maintaining children with emotional and behavioral difficulties in community-based settings. Cook County had the highest DCFS contract capacity and highest concentration of SPIDER services across SAMHSA service categories. Cook County was also the case region for the largest percentage of relevant youth.

In terms of service coverage defined by DCFS contract codes as related to the 52 beginning legal counties of the 174 youth, traditional mental health services, parent and peer support services, intensive in-home services, respite services, flex funds, and trauma services were contracted in all 52 (100%) beginning counties. By contrast, services categorized as intensive

care coordination/wraparound services were contracted in 31 (60%) of the 52 counties and services categorized as other home- and community-based services were contracted in 25 (48%) counties.

In terms of service coverage defined by SPIDER service types as related to the 52 beginning legal counties of the 174 youth, services categorized as intensive care coordination/wraparound services and other home- and community-based services were documented in all 52 (100%) counties, traditional mental health services and parent and peer support services were documented in 51 (98%), services categorized as mobile crisis response and stabilization were documented in 47 (90%) counties, services categorized as intensive in-home services were documented in 40 (77%) counties, services categorized as respite services were documented in 39 (75%) counties, and services categorized as flex funds were documented in 37 (71%) counties.

There were several key limitations. Because the RTOS database does not longitudinally track youth of the Phase II list historically, it could only provide a snapshot of youth on the Phase II list (in this report, on March 2, 2021). Thus, this is a point-in-time analysis that may not be generalizable to all relevant youth. This limitation might be addressed by replicating the analysis at subsequent points in time. Similarly, only 67% of the 174 youth had an available CANS assessment to approximate residential care discharge needs, meaning that the needs of those youth for whom assessment information was missing were not represented. Further, service data were limited to DCFS contract descriptor codes and SPIDER service types and therefore does not include full representation of other services (e.g., YouthCare). Further, the service areas of SPIDER services were likely underestimated by defining them based on provider locations.

After completing this independent report by Chapin Hall and Northwestern University, DCFS raised multiple concerns about the quality of DCFS contract data. First, zero vs. unknown DCFS contract capacity could not be differentiated. Second, there were misalignment and discrepancies on contract service areas between different DCFS systems of records. Third, information about contract eligibility and waitlist was not readily available. Most importantly, there appear to be discrepancies between the information in actual contracts and the contracts database meaning that manual review of scanned contract documents is required, which would be feasible for targeted contract reviews but unfeasible for system-wide contract reviews.

Despite these limitations, this initial analysis clarified the demographic characteristics and service needs of youth in care who were placed in residential care in March 2021, regarded as clinically ready for residential discharge, and had a discharge goal of returning to community-based settings. Importantly, most of these youth had been in DCFS legal custody for a long time and moved into their current placement in residential care from another residential care setting, from specialized foster care, or from a psychiatric hospital. Although individual CANS items could provide more detailed information about the service needs of these youth, their placement history justifies the assumption that they would benefit from having all nine SAMHSA categories of community-based services available to them and their parents or caregivers after

they discharge from residential care. Based on this assumption, both DCFS contracts and SPIDER services provide important information about which services and supports are currently available in which counties. This information is important because it can be used to guide future resource development and resource management activities.

Potential next steps that have been discussed include fiscal analysis of contracted vs. spent dollars for select DCFS contracted services, more geographically granular analysis of service needs and service capacity, and incorporating additional information from other agencies (e.g., SASS, YouthCare).

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The R Foundation for Statistical Computing. (2020). *R version 4.0.3.* Vienna, Austria: The R Foundation for Statistical Computing.

QGIS Development Team. (2021). *QGIS 3.18.0.* QGIS Geographic Information System. Open Source Geospatial Foundation.

APPENDICES

Appendix 1. SAMHSA categories for 24 DCFS contract codes.

DCFS Contract Code	Description	SAMHSA Category (Primary)	SAMHSA Category (Secondary)
ADV	ADVOCACY	Other home- and community-based services	
ADA	ADVOCATE AGENCY	Other home- and community-based services	
CSC	CENTRAL OFFICE COUNSELING	Traditional mental health services	
CPP	CHILD PARENT PSYCHOTHERAPY	Trauma services	Traditional mental health services
CAC	CHILDRENS ADVOCACY CENTERS	Traditional mental health services	Trauma services
CSL	COUNSELING	Traditional mental health services	
CSA	COUNSELING AGENCY	Traditional mental health services	
CCN	CRISIS NURSERY	Respite	Other home- and community-based services
EBI	EVIDENCE BASED INTERVENTION	Trauma services	Traditional mental health services
HAB	FAMILY HABILITATION	Parent and peer support	Other home- and community-based services
FCD	FOSTER CARE DIRECT SUPPORT	Parent and peer support	
RAP	IMMERSION SITES/FLEX FUNDS/CCN	Intensive care coordination/wraparound services	Flex funds
IPS	INTENSIVE PLACEMENT STABILIZATION	Intensive in-home	
NOR	NORMAN CONSENT ORDER	Flex funds	Other home- and community-based services
PTG	PARENT TRAINING GROUPS	Parent and peer support	Other home- and community-based services
PPT	PREGN AND PARENT TEENS	Parent and peer support	Other home- and community-based services
PSY	PSYCHIATRIC HOSPITILIZATION	Traditional mental health services	
SBP	SEXUAL BEHAVIORAL PROBLEMS	Traditional mental health services	Trauma services
CST	TOXICOLOGY	Traditional mental health services	
TLS	TRANSITIONAL LIVING SERV	Parent and peer support	Other home- and community-based services

DCFS Contract Code	Description	SAMHSA Category (Primary)	SAMHSA Category (Secondary)
TRO	TRANSPORTATION ONLY	Other home- and community-based services	
VIT	VISTATION/TRANSPORTATION	Other home- and community-based services	
YIC	YOUTH IN CRISIS	Flex funds	Other home- and community-based services
YOU	YOUTH/COMMUNITY SERVICES	Parent and peer support	Other home- and community-based services

Appendix 2. SAMHSA Categories for 89 SPIDER service types.

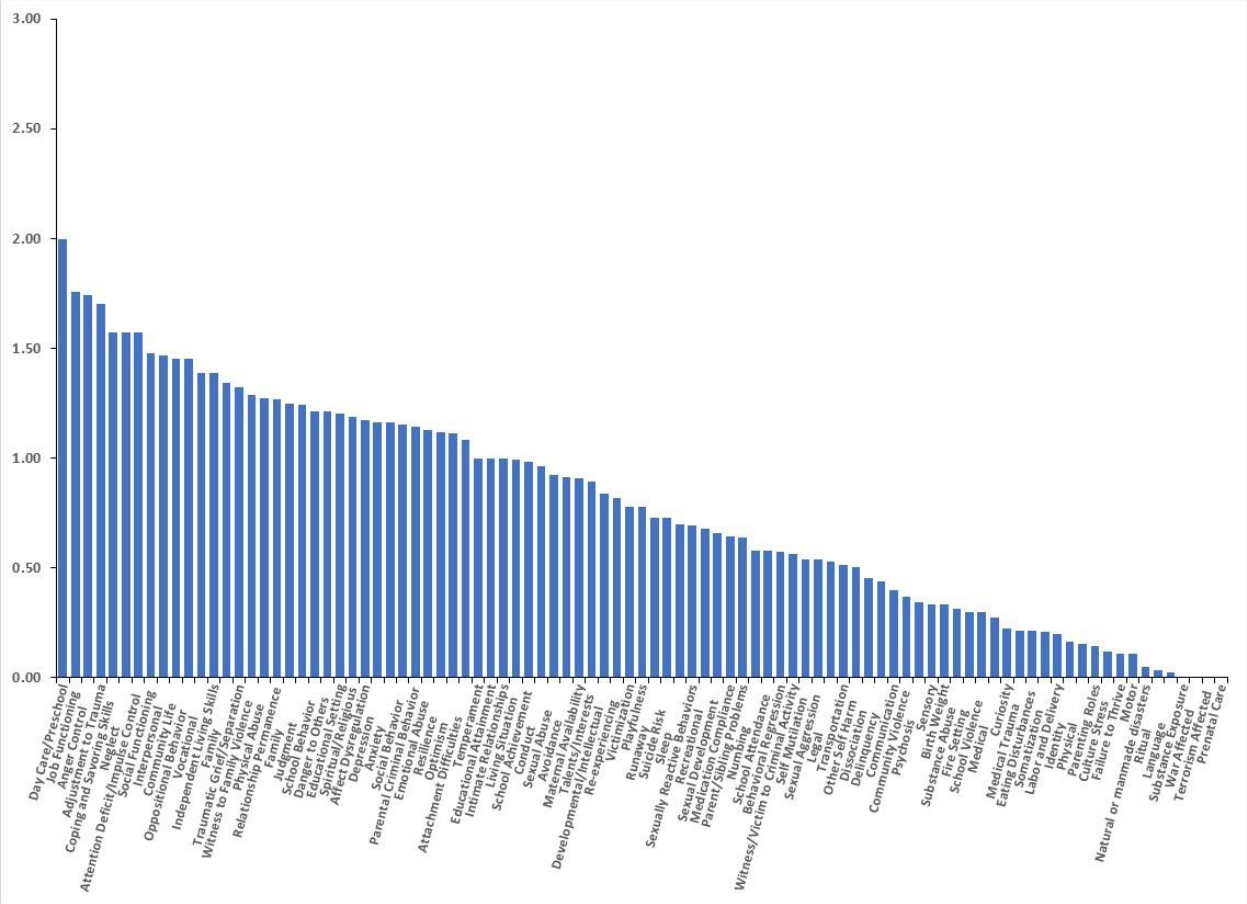
SPIDER Service Type	SAMHSA Category (Primary)	SAMHSA Category (Secondary)
Assessments and Testing - Developmental Assessment	Traditional mental health services	
Assessments and Testing - Early Intervention Eligibility Evaluation	Traditional mental health services	
Assessments and Testing - Fire Safety Assessment	Not applicable	
Assessments and Testing - Neuropsychological Testing	Traditional mental health services	
Assessments and Testing - Parenting Assessment	Traditional mental health services	
Assessments and Testing - Psychiatric Assessment	Traditional mental health services	
Assessments and Testing - Psychological Assessment	Traditional mental health services	
Assessments and Testing - Psychosocial Assessment	Traditional mental health services	
Assessments and Testing - Sexual Abuse Evaluation	Traditional mental health services	
Child Care - General Child Care / Daycare	Respite services	
Child Care - Kindergarten Readiness	Other home- and community-based services	
Child Care - Specialized Child Care	Respite services	
Counseling/Therapy - Anger Management	Traditional mental health services	
Counseling/Therapy - Art Therapy	Traditional mental health services	
Counseling/Therapy - Developmental Therapy	Traditional mental health services	
Counseling/Therapy - Eating Disorder Therapy	Traditional mental health services	
Counseling/Therapy - Family Counseling	Traditional mental health services	
Counseling/Therapy - Fire Starter Intervention Services	Traditional mental health services	
Counseling/Therapy - Group Counseling	Traditional mental health services	
Counseling/Therapy - Individual Counseling	Traditional mental health services	
Counseling/Therapy - Occupational Therapy	Other home- and community-based services	
Counseling/Therapy - Peer Support Group	Parent and peer support services	
Counseling/Therapy - Physical Therapy	Other home- and community-based services	

SPIDER Service Type	SAMHSA Category (Primary)	SAMHSA Category (Secondary)
Counseling/Therapy - Speech Therapy	Other home- and community-based services	
Counseling/Therapy - Substance Use Treatment	Traditional mental health services	
Counseling/Therapy - Telephone Counseling	Traditional mental health services	
Education - Educational Advocacy	Other home- and community-based services	
Education - Educational Testing	Other home- and community-based services	
Education - GED Assistance	Other home- and community-based services	
Education - Tutoring	Other home- and community-based services	
Emergency Services - Crisis Intervention	Mobile crisis services	
Emergency Services - Food	Mobile crisis services	Other home- and community-based services
Emergency Services - Safety Planning	Mobile crisis services	
Financial Help - Financial Assistance	Flex funds	
Financial Help - Rental Assistance	Flex funds	
Financial Help - Utility Assistance	Flex funds	
General Support Services - Case Management	Intensive care coordination/wraparound services	
General Support Services - Clothing or Household Items	Flex funds	
General Support Services - Community Trainings	Other home- and community-based services	
General Support Services - Computer Usage	Other home- and community-based services	
General Support Services - Gang Prevention	Other home- and community-based services	
General Support Services - General Advocacy	Other home- and community-based services	
General Support Services - Homemaker Services	Other home- and community-based services	
General Support Services - Job Training	Other home- and community-based services	
General Support Services - Life Skills	Other home- and community-based services	
General Support Services - Mentoring	Other home- and community-based services	
General Support Services - Other	Other home- and community-based services	

SPIDER Service Type	SAMHSA Category (Primary)	SAMHSA Category (Secondary)
General Support Services - Recreational Activities	Other home- and community-based services	
General Support Services - Referrals	Intensive care coordination/wraparound services	
General Support Services- Field Trips/Outings/Activities	Flex funds	Other home- and community-based services
General Support Services- Home Visiting	Intensive In-Home Services	
Health- Basic Medical Care	Other home- and community-based services	
Health- Birth Control/Family Planning	Other home- and community-based services	
Health- Dental	Other home- and community-based services	
Health- Developmental Screening	Other home- and community-based services	
Health- Diagnostic Testing (Mammograms, X-Rays etc.)	Other home- and community-based services	
Health- Disease Management	Other home- and community-based services	
Health- Doula Services	Other home- and community-based services	
Health- Drug Testing	Other home- and community-based services	
Health- Hearing Exams	Other home- and community-based services	
Health- HIV/AIDS Testing/Monitoring/Counseling	Other home- and community-based services	
Health- Home Heath Care	Intensive In-Home Services	
Health- Immunizations	Other home- and community-based services	
Health- Laboratory Services (blood work, etc.)	Other home- and community-based services	
Health- Medical Advocacy	Other home- and community-based services	
Health- Nursing	Other home- and community-based services	
Health- Nutrition Help	Other home- and community-based services	
Health- Pharmacy	Other home- and community-based services	
Health- Physical Exam	Other home- and community-based services	
Health- Prenatal Care	Other home- and community-based services	

SPIDER Service Type	SAMHSA Category (Primary)	SAMHSA Category (Secondary)
Health- Preventive Health Screenings	Other home- and community-based services	
Health- Sex Education	Other home- and community-based services	
Health- STI Testing/Treatment	Other home- and community-based services	
Health- Urgent Care	Other home- and community-based services	
Health- Vision	Other home- and community-based services	
Housing Services- Domestic Violence Shelter	Mobile crisis services	
Housing Services- Emergency Shelter	Mobile crisis services	
Housing Services- Homeless Shelter	Mobile crisis services	
Housing Services- Housing Search Assistance	Other home- and community-based services	
Legal- Court Advocacy	Other home- and community-based services	
Legal- Legal Aid	Other home- and community-based services	
Parenting- Parent Classes	Parent and peer support	
Parenting- Parent Coaching	Parent and peer support	
Parenting- Parent Skills	Parent and peer support	
Parenting- Respite	Respite services	
Parenting- Supervised Visitation	Parent and peer support	
Psychiatry- Medication Adherence	Traditional mental health services	
Psychiatry- Medication Management	Traditional mental health services	
Psychiatry- Psychiatric Services	Traditional mental health services	

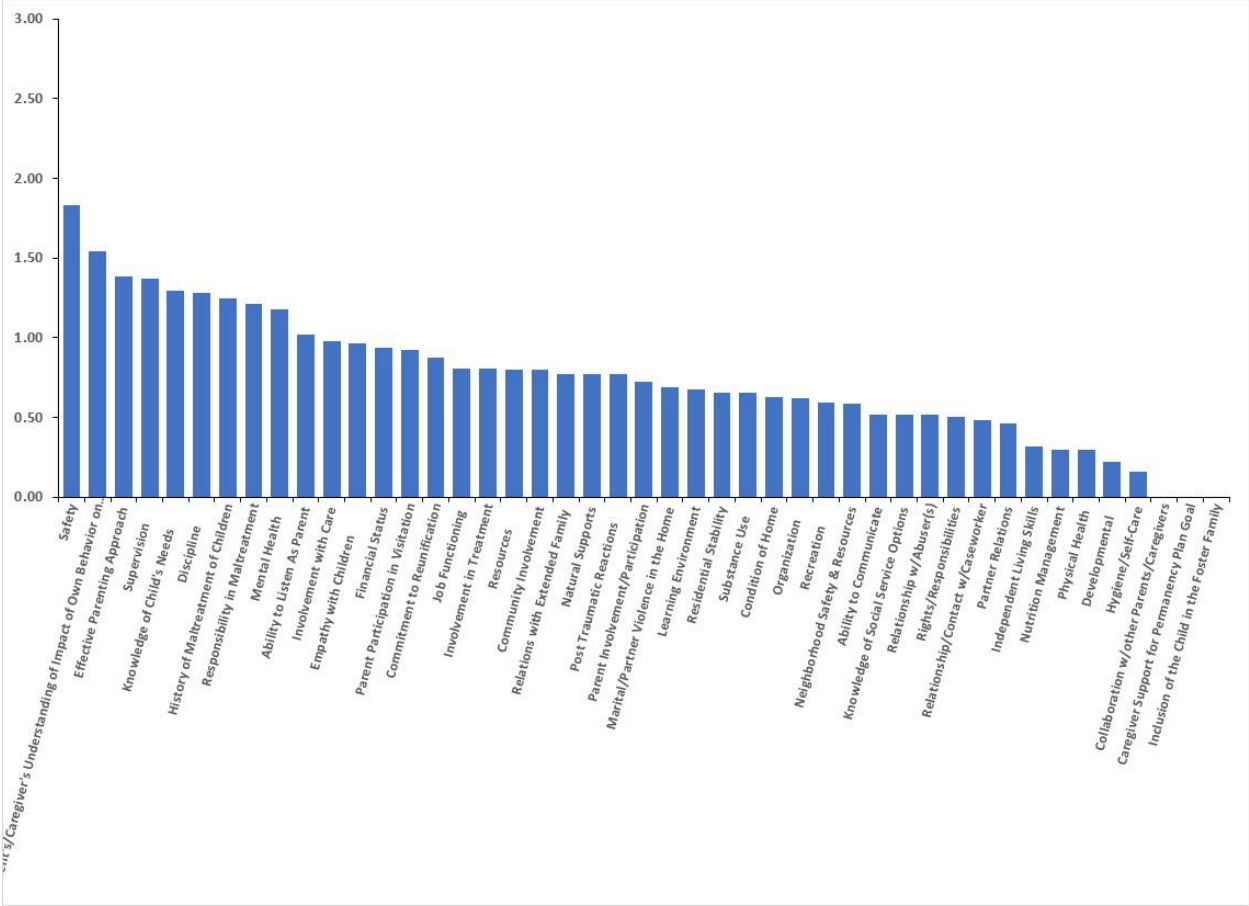
Appendix 3. Baseline child CANS items in the order from highest to lowest average CANS item score.



Appendix 4. Top 10 baseline child CANS items, by average item score.

Baseline Child CANS Item	n	Mean
Day Care/Preschool	1	2.00
Job Functioning	25	1.76
Anger Control	117	1.74
Adjustment to Trauma	117	1.70
Coping and Savoring Skills	61	1.57
Neglect	117	1.57
Attention Deficit/Impulse Control	117	1.57
Social Functioning	117	1.48
Interpersonal	117	1.47
Community Life	112	1.46

Appendix 5. Baseline caregiver CANS items in the order from highest to lowest average CANS item score.

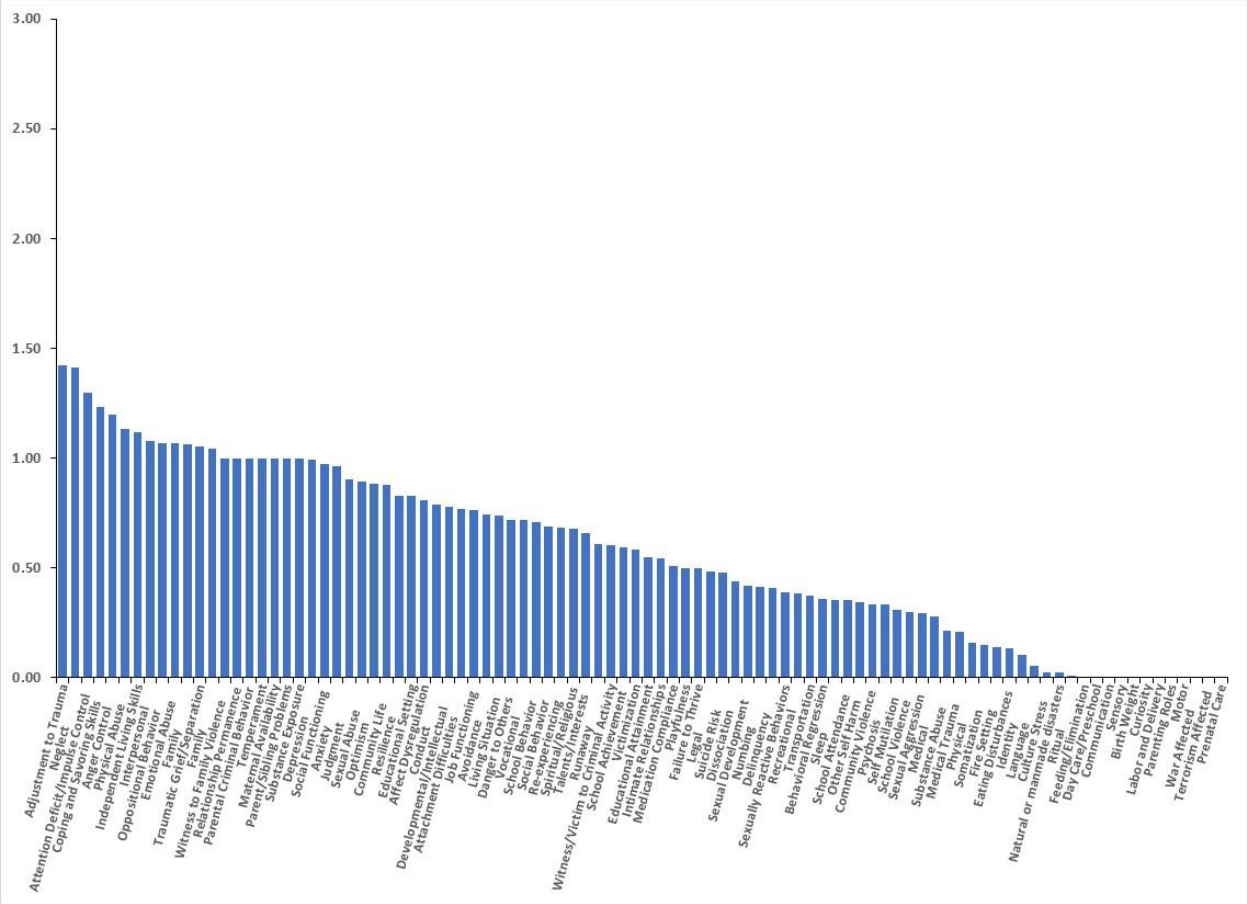


Appendix 6. Top 10 baseline caregiver CANS items, by average item score.

Baseline Caregiver CANS Item	n	Mean
Safety	34	1.83
Parent's/Caregiver's Understanding of Impact of Own Behavior on Children	34	1.54
Effective Parenting Approach	34	1.39
Supervision	34	1.37
Knowledge of Child's Needs	34	1.30
Discipline	34	1.28
History of Maltreatment of Children	34	1.25
Responsibility of Maltreatment	34	1.21
Mental Health	34	1.18
Ability to Listen as Parent	34	1.02

Note. If >1 caregiver on the same CANS record, caregiver item scores are averaged across caregivers, whose roles or relationships to the child might vary from one record to another.

Appendix 7. Child CANS items from the most recent CANS as of March 2, 2021, in the order from highest to lowest average CANS item score.



Appendix 8. Top 10 child CANS items from the most recent CANS as of March 2, 2021, by average item score.

Child CANS Item from Most Recent CANS as of March 2, 2021	n	Mean
Adjustment to Trauma	114	1.42
Neglect	114	1.41
Attention Deficit/Impulse Control	114	1.30
Coping and Savoring Skills	73	1.23
Anger Control	112	1.20
Physical Abuse	114	1.13
Independent Living Skills	59	1.12
Interpersonal	112	1.08
Oppositional Behavior	113	1.07
Emotional Abuse	114	1.07

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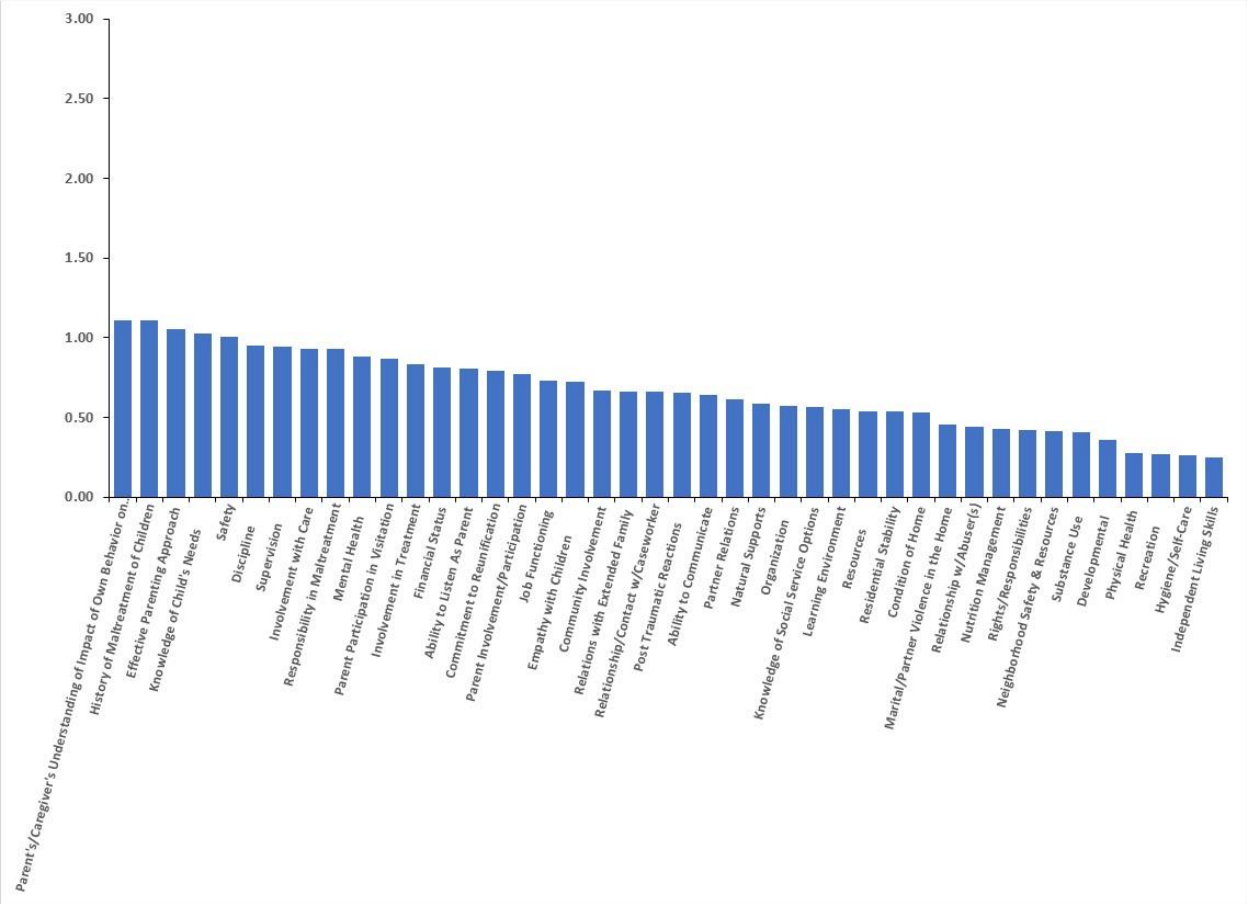
Appendix 9. Caregiver CANS items from the most recent CANS as of March 2, 2021, in the order from highest to lowest average CANS item score.



Appendix 10. Top 10 caregiver CANS items from the most recent CANS as of March 2, 2021, by average item score.

Caregiver CANS Item from Most Recent CANS as of March 2, 2021	n	Mean
Parent's/Caregiver's Understanding of Impact of Own Behavior on Children	36	1.11
History of Maltreatment of Children	36	1.11
Effective Parenting Approach	36	1.05
Knowledge of Child's Needs	36	1.02
Safety	36	1.01
Discipline	36	0.95
Supervision	36	0.95
Involvement with Care	36	0.93
Responsibility in Maltreatment	36	0.93
Mental Health	36	0.88

Note. If >1 caregiver on the same CANS record, caregiver item scores are averaged across caregivers, whose roles or relationships to the child might vary from one record to another.