

November 2009

Dear Colleagues:

We are pleased to distribute the Illinois Department of Human Services (IDHS), *Summary of Program Evaluation Findings 2009*. As of October 2009, fifteen (15) programs representing **\$33,554,483** in federal grants funded through the Illinois Department of Human Services (IDHS) for FY2009 had independent evaluations that were ongoing or recently completed. A total of **\$2,788,830** of the **\$33,554,483** was used to fund these evaluations.

This booklet represents the fourth report to combine a mixture of detailed reports and summaries of all of the IDHS evaluations into a single document. The fundamental purpose of evaluation is to examine services and/or systems to determine what works most efficiently and effectively. When the findings are fully integrated into the operations of a system or the delivery of services, it results in an overall improvement of services and outcomes for Illinois residents. Some findings presented in this year's report include:

- In September 2003, the Illinois Department of Human Services was awarded a cooperative agreement by the U.S. Department of Health and Human Services for its *Screening, Brief Intervention, Referral, and Treatment (SBIRT)* application. All patients who presented at one of the participating Cook County Health and Hospitals or community health clinics were eligible to be screened by a health counselor for substance use and/or abuse. Upon conclusion of this project, a total of 97,533 Illinois residents had received services. *Largely due to the evidence of demonstrating the cost-effectiveness of providing screening and interventions for substance use in the context of general healthcare that was gained during this project, the Cook County Health and Hospitals Board of Directors approved integration of the SBIRT activities and program personnel into the permanent staff of the health system. The Cook County Commissioners also recommended that SBIRT become a permanent component of their health care delivery system. In February 2009, the Cook County Commissioners and the Cook County President approved the overall budget that included the establishment of ten positions in their 2009 budget.*

**IDHS, DASA Contract Manager: Deborah Levi, Ph.D.
Evaluator: Richard Sherman, Ph.D. and Christy K. Scott, Ph.D.**

- *During the final phase of the evaluation of the Illinois Adolescent Substance Abuse Treatment Coordination Initiative, one of the criticisms heard most often was parents' disappointment with the lack of information in schools about adolescent substance abuse treatment. In response, the Division of Substance Abuse partnered with the Illinois Federation of Families to write and produce "The Parent Handbook." This publication guides parents through the adolescent treatment process. "The Parent Handbook" which was published at the end of*

2008 (in English and Spanish), has been distributed to parents and schools and is posted on the Illinois Treatment Works website.

**IDHS, DASA Contract Manager: Danielle Kirby
Evaluator: Maria Bruni, Ph.D.**

- In September 2007, the Division of Alcoholism and Substance Abuse was awarded a federally funded Targeted Capacity Expansion/HIV grants. The purpose of this project is to expand and enhance the evidence-based outpatient methadone treatment services that are available to African-American and Hispanic/Latino injecting males, including men who have sex with other men (MSM), who are residents of the near north and west side of the City of Chicago community areas that have high rates of HIV infection and AIDS. *A total of 98 follow-up interviews were completed as of July 9, 2009. A significant interim finding reports only four of the clients were employed at admission, but at six-month follow-up, 17 reported being employed part-time.*

**IDHS, DASA Contract Manager: Carolyn Hartfield
Evaluator: Richard Sherman, Ph.D.**

- The Division of Mental Health's McHenry County Family CARE emphasizes the use of the System of Care values and principles to empower youth and families as well as to enhance system-wide collaboration. A key component of the system of care is the formation of Child and Family Teams using traditional and non-traditional supports in care planning. Families participate in the development of their plans of care, learn to manage their care, resources, and establish desired outcomes for their families. *Parents of youth with serious emotional disturbances, are employed throughout the community as Family Resource Developers, Child and Family Team Facilitators, data collectors, and peer supports to family members in need.*

During the past year, Family CARE partners and stakeholders participated in an assessment of the cultural and linguistic competence of the system of care. Respondents to the surveys included senior management of five (5) agencies participating in the system of care, consumers, volunteers, and agency staff. The assessment highlighted key strengths and challenges in the ways in which organizations have to date embraced the concept of cultural and linguistic competence.

Greatest strengths:

- Organizations have instituted policies against discrimination and harassment.
- Organizations actively enforce policies against discrimination and harassment.
- Board members and volunteers are interested in and supportive of cultural diversity.

Greatest challenges:

- Need for multi-cultural training across the system of care.
- Need for orientation to the concept of cultural diversity as well as ongoing educational opportunities that reinforce basic learning about issues of cultural diversity and competence.
- Need to recognize and embrace the role of natural healers within various

cultures.

Key recommendations:

- Develop, implement, and evaluate long term comprehensive professional development training for all staff and board members in issues related to cultural and linguistic competency.
- Offer conversational Spanish to all staff and board members as soon as possible.
- The recruitment, hiring, and retention of qualified minority staff should become an agency wide priority.
- Increase minority participation on the Board of Directors to provide balance at the governance level given the diversity of the clientele being served.
- Extend Professional Development curriculum beyond African American and/or Hispanic cultural awareness to include knowledge of other ethnic groups, social classes, sexual orientations, and disabilities.
- Determine if there are benefits to greater involvement of clients, staff, and volunteers into the agency decision-making process.

Several system of care committees are working to ensure that strengths identified in the cultural competence needs assessment are reinforced and challenges are addressed. In particular, efforts are being made to ensure that through training and other forms of experiential learning, system of care providers can deliver more culturally and linguistically competent services that meet the needs of the culturally diverse population that they serve.

State Project Director: Todd P.Schroll, MSW

Evaluator: Mary Spooner Ph.D.

Mental Health Services and Policy Program of Northwestern University

- The State of Illinois was one of six states awarded the Substance Abuse and Mental Health Services Administration Jail Diversion – Trauma Recovery grant. This grant for approximately \$2 million over five years has enabled the **Division of Mental Health** to establish the *Illinois Veterans Reintegration Initiative* to increase diversion for criminal justice-involved veterans with trauma histories in Cook and Rock Island counties.

Veterans in the criminal justice system with mental illnesses and combat-related trauma disorders represent a growing population with unique service needs. The significant number of returning veterans to Illinois also underscores the importance of adapting current training and treatment strategies to meet the needs of these soldiers and their families.

Without these services, veterans with mental health disorders or co-morbid substance abuse may lack the supports necessary to achieve successful reintegration, and usually find themselves caught in a cycle of homelessness, hospitalization, and incarceration. In accordance with the federal requirement, services under this grant could not be provided until the Strategic Plan was approved by the U.S. Department of Health and Human Services, Substance Abuse Mental Health Services Administration. ***Illinois was the first state to submit its Strategic Plan for review and to receive approval for the plan.***

IDHS, DMH Contract Manager: Debra Ferguson, Ph.D.
Evaluator: Sue Pickett, Ph.D, Associate Professor
University of Illinois-Chicago Department of Psychiatry
Center for Mental Health Services Research and Policy

- The fundamental purpose of the Division of Community Health and Prevention's Illinois Steps AHEAD (ISA) program is to increase the number of low-income students who attend and succeed in college. The Illinois Steps AHEAD program works with students in middle and high school to improve their achievement, build study skills, assist in course selection, and increase their knowledge of admission requirements for college education. Illinois Steps AHEAD provided services to 1,914 youth in FY08 with 1,270 participating in activities on an ongoing and regular basis throughout the year. The core components of tutoring, mentoring, and college advisement were delivered by participating providers. *Students received an average of 32.1 hours of tutoring, an average of 10.6 hours of mentoring, and an average of 13.6 hours of counseling/advising throughout the year.* **Key outcome findings to date include:**
 1. *When youth were asked in the 2009 survey about their academic performance and study habits since participating in the program, 50% said their grades in school this year were better than last year.*
 2. *More than 85% of all youth reported numerous positive outcomes from their participation in the program, including: ability to set goals, complete homework more often, improved academic skills, and stated they feel more prepared for college.*
 3. *Ninety one (91%) percent of youth in 2009 'strongly agree' or 'agree' that since attending the program, they are more interested in going to college.*
 4. *Additionally, 85% of the youth 'strongly agree' or 'agree' that since attending the program they are more prepared to attend college.*

IDHS, CHP Contract Manager: Karrie Reuter
Evaluator: Peter Mulhall, PhD.
Center for Prevention Research and Development (CPRD),
and University of Illinois at Urbana-Champaign;

- The Division of Community Health and Prevention's *Teen Parent Family Services (TPFS) project* is a five year federally-funded demonstration project. The project is designed to help teen mothers who are enrolled in Teen Parent Services with the necessary supports to develop and strengthen family unity. These supports include connecting each family member to community resources and involving them in a variety of programs, customized to their own interests and needs typically focusing on education, employment and personal development. *A statistically significant finding related to financial resources and self-sufficiency was the teen mothers in the intervention group use of public benefits decreased over time, and was lower than the comparison group's use of public benefits, which increased. This may be related to the greater number of teen mothers in the comparison group who had a subsequent birth (48%) compared to the teen mothers in the project group that did not report any subsequent births at all (0%).*

IDHS, CHP Contract Manager: Denise Simon
Evaluators: Peter Mulhall, Ph.D. and Erin Ficker M.P.A.
Center for Prevention Research and Development
University of Illinois at Urbana-Champaign

- Between January 2008 and July 2009, The Division of Alcoholism and Substance Abuse's Access to Recovery II (ATR-2) project provided services to 3,258 Illinois residents. Six month follow-up interviews were completed on 1,825 clients. The six month follow-up rate for this project was **91.4%**. **This is significant because the current follow up rate for ATR II grantees is 62.9%**. Results from an interim analysis of these clients include:

1. *Statistically significant increases from enrollment to six month follow up of clients who reported being enrolled in training part time (from 3.5% at enrollment to 8.6% at follow-up; and of clients who reported being enrolled in training full time (from 3.9% at enrollment to 15.6% at follow-up).*
2. *Statistically significant increase in reported average income from wages among the interviewed clients from enrollment (\$143.62) to six-month follow-up (\$296.34).*
3. *Statistically significant increase from enrollment to six month follow-up of clients who self-reported their health status as good or excellent.*
4. *Statistically significant increase from enrollment to six-month follow-up in abstinence rates from alcohol, and illegal drugs including cocaine, marijuana, methamphetamine, and heroin. There were statistically significant decreases from enrollment to six month follow-up among the interviewed clients in average days of reported depression, serious anxiety, hallucinations, trouble concentrating or remembering, and trouble controlling violent behavior.*

IDHS, DASA Contract Manager: Rex Alexander
Evaluator: Richard Sherman, Ph.D.

This report produced by the **IDHS Office of Grants Administration** presents each evaluation in place or completed by the end of June 2009. Sources for the information in this report range from continuation applications to full evaluation reports provided by IDHS staff and their evaluators.

The Illinois Department of Human Services envisions that this booklet, *Summary of Program Evaluation Findings 2009* will:

- Assist state agencies and the human services field by providing state of the art information necessary to improve human services and systems;
- Fulfill a key requirement for federal grants. This report is a mechanism to disseminate evaluation findings;
- Assist IDHS staff in the development of evaluations, a key requirement of all federal grant applications;
- Demonstrate to funding entities the extent of IDHS's experience with program evaluations; and,
- Provide a vehicle for Illinois evaluators to share information.

The following individuals are to be acknowledged for their diligence and hard work in developing, editing, and providing the information that is presented in this report.

- **IDHS staff:** Rex Alexander; Danielle Kirby; Richard Sherman, Ph.D.; Deborah Levi Ph.D.; Peggy Alexander; Kim Fornero; Denise Simon; Carolyn Hartfield; Karrie Reuter; Debra Ferguson, Ph.D.; Gloster Mahon; Tanya R. Anderson, M.D.; Philip Matute; Denise Eligan; and Sharon Zahorodnyj.
- **Evaluators:** Maria Bruni, Ph.D.; Beth-Anne Jacob, Ph.D.; Richard E. Sherman Ph.D.; Peter Mulhall, Ph.D.; Nancy Flowers; Beth Welbes M.S.P.H.; John Lyons, Ph.D.; Mary Spooner, Ph.D.; Christy K. Scott, Ph.D; Erin Ficker M.P.A.; Julie Spielberger, Ph.D., and Sue Pickett, Ph.D.

Sincerely,

Michelle R.B. Saddler
Secretary
Illinois Department of Human Services

Table of Contents

IDHS/Division of Alcoholism and Substance Abuse

Access to Recovery	4
Adolescent Substance Abuse Treatment Coordination	16
Screening, Brief Intervention and Referral to Treatment (SBIRT)	21
Strengthening Treatment Access and Retention (STAR-SI)	28
El Rincon Targeted Capacity Expansion/HIV	38
Family Guidance Centers Targeted Capacity Expansion/HIV	42

IDHS/Division of Community Health and Prevention

Illinois Steps Ahead	47
Substance Abuse Prevention Block Grant	52
Teen Parent Family Services	57
Strategic Prevention Framework	62
Strong Foundations	67
Early Underage Drinking	69

IDHS/Division of Mental Health

System of Care McHenry	70
Jail Diversion	76

IDHS/Office of the Secretary, Special Projects Unit

Adult Prisoner Reentry Initiative	78
-----------------------------------	----

IDHS Division of Alcoholism and Substance Abuse

Access to Recovery – II (ATR-II)	
DHS Contract Mgr	Theodora Binion-Taylor
Annual Grant \$	\$4,636,800
Project Manager Name and Contact Information	Rex Alexander Rex.Alexander@Illinois.gov
Contact for copy of the Evaluation Data Analysis Report	Richard Sherman, Ph.D. Richard.Sherman@Illinois.gov
Annual Eval \$	\$42,580
Funding Source	SAMHSA/CSAT-TI16845
Evaluation Period	9/30/2007-9/29/2010

Interim data analyses are described in the *Interim Summary of Project Data Collection and Reporting Activities, July 2009*.

Background. In September 2007, the Illinois Office of the Governor received a Notice of Award (NoA) in response to the Access to Recovery II (ATR-II) cooperative agreement application that was submitted by Illinois to the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT). ATR-II funding awards were made to 18 states, 5 Native American tribal organizations, and the District of Columbia. The original ATR-II application submitted by Illinois proposed serving 9,000 clients over a 3-year period, at a requested CSAT funding level of \$7 million for each of 3 project years.

On August 29, 2007 a facsimile transmission was received from CSAT stating that the Illinois application was being considered for funding but that the Year 1 award would be reduced to \$4,636,800. There was a stipulation that at least \$556,633 of Year 1 funds be spent in support of treatment and recovery support services for clients with methamphetamine abuse issues. It was further indicated in this transmission that there would be an expectation to serve at least 6,210 clients over the three years of federal funding, with the following annual client intake targets: *Year One - 1,164; Year Two - 2,523; and, Year Three - 2,523*. As required in this transmission, a response was returned to CSAT indicating agreement with these conditions. Following receipt of the initial Notice of Award, a request was made to CSAT that the State of Illinois, Office of the Governor would transfer programmatic and fiscal management responsibilities for the Illinois *ATR-II* project to the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA). This request was approved by CSAT.

Project Summary. Through this CSAT award, Illinois is continuing and expanding its *Pathways to Recovery* Access to Recovery (ATR) initiative that was implemented in 2004 through a grant from CSAT. Authority for administrative management of this *ATR-II* project was delegated to the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA). A revised project scope was submitted to CSAT and subsequently approved that described programmatic and fiscal changes which were necessitated on the basis of a reduced award of \$4,636,800 for each of Years 1 and 2 and \$4,404,960 for Year 3, as compared to an originally-requested funding level of \$7,000,000 per year for each of three years.

As proposed in the original application to CSAT, Illinois *ATR-II* supported services are being continued in Cook County and the 5th and 6th Illinois Judicial Districts, and expanded to the 10th District in west central Illinois. The total number of unduplicated clients that will be enrolled in the Illinois *ATR-II* supported services is projected to be at least **6,210** individuals.

As originally proposed, the continued Illinois *ATR* Program includes a methamphetamine treatment component that is targeted to residents of the 11 counties in east central Illinois that comprise the 5th and 6th Judicial Districts. Early in Year 2, a change in scope request was made to CSAT to expand Illinois *ATR-II* activities to additional judicial districts in the southernmost areas of the state. This request was approved by CSAT and is designed to assist in the identification of methamphetamine-involved clients.

The Illinois *ATR-II* screening and enrollment processes are structured in a manner that ensures objective and genuine client choice in selection of the providers to whom they will be referred for *ATR-II* supported treatment and recovery support services. *As was the case with the Illinois ATR-I project, a primary emphasis is placed on clients involved with the criminal justice system. Clients of Illinois TASC are a major source of participating individuals within Cook County, as are women involved with the Department of Women's Justice Services within the Cook County Jail. Furthermore, it is anticipated that the majority of clients served through the methamphetamine treatment expansion component will be involved with the criminal justice system.* The Illinois System for Tracking Addiction and Recovery Services (I-STARS), a customization of the CSAT WITS data infrastructure, supports a screening, enrollment, referral, vouchering, billing, and services utilization management system. Key partners in this initiative are TASC, Far East Industries (FEI) Inc., the Lighthouse Institute (LI), Family Guidance Centers (FGC), Inc., and IOTA, Inc. TASC, FGC and IOTA function as client enrollment and referral entities. TASC and LI provide recovery management services, to include the conducting of six-month follow-up interviews. TASC and FGC provide client toxicology services. FEI assists in the further customization of I-STARS required for the continued program and on-going maintenance support of the system.

Summary of Key Findings

Status of Progress toward Client Intake Target. *This project has an intake goal of enrolling 6,210 clients to the expanded treatment and recovery support services during the 3 years of CSAT funding support.* The experience gained by Illinois in *ATR-I* was a substantial advantage

in rapid start-up of ATR-II. ATR-II grantees were expected to start serving clients at the start of January 2008. Illinois ATR-II enrolled its first client on January 3, 2008. Beginning with February 2008, a monthly intake target of 129 clients was established for the Illinois ATR-II project on the CSAT SAIS web site. For each subsequent month in Year 1, the client enrollment target to-date for Illinois ATR-II increases by either 129 or 130. These incremental increases were obtained by dividing the project's Year 1 client intake target (1,164) by 9 (months). The Illinois ATR-II project has an intake target of enrolling 2,523 clients in each of Years 2 and 3. Therefore, in each of Years 2 and 3, the Illinois client target to-date increases by 210 for 9 of the 12 months, and 211 for three of the 12 months. The data analyzed in this interim report was downloaded from the CSAT SAIS web site on July 8, 2009. The intake coverage report table that appeared on the CSAT web site for the Illinois ATR-II project on that date is provided below. As can be seen from the below table, our project had a **106.5%** interim client enrollment rate as of this point in time.

Intake Coverage Report GFA Program: Access to Recovery 2				
Grantee Information	Client Target (To-Date)	Intakes Received (To-Date)	Intake Coverage Rate (To-Date)	Avg. Rate of All Grantees in this GFA
State of Illinois - TI019513 Performance Period: 09/30/07 - 09/29/10	3,056	3,256	106.5%	149.0%
Total	3,056	3,256	106.5%	149.0%

Summary of Illinois ATR-II Client Baseline Data. This interim summary of Illinois ATR data collection and reporting activities is based on GPRA data for our project that was downloaded from the CSAT SAIS web site on July 08, 2009. As was the case in ATR-I, CSAT is allowing ATR-II grantees to count both negative and positive screen clients to their intake targets. Illinois took this approach in ATR-I. In ATR-II however, Illinois has decided to count **only positive screen** clients to the project's intake target. *A positive screen client is an individual who screens positive for a substance use problem (either currently using or in recovery), is indicated to be in need of treatment and/or recovery support services that are funded through Illinois ATR-II, chooses among alternative providers of the indicated service(s), and accepts a referral to the selected service provider(s).* Baseline GPRA item responses are entered into I-STARS, and subsequently uploaded to the SAIS web site only for clients who satisfy these criteria.

Provided below is a summary of the baseline GPRA item responses for the **3,258 positive screen** clients enrolled by Illinois ATR-II who were represented in the July 8, 2009 download. This count includes two duplicated clients that are included in the below analyses:

- Nearly 74% of persons thus far enrolled in Illinois ATR II are male, nearly 80% are African American, 16.5% are White, and about 5% report being of Hispanic/Latino ethnicity. Mexican is the most commonly indicated ethnic group among clients who report that they are Hispanic/Latino, followed by Puerto Rican. The clients thus far enrolled are on average 37.4 years of age.
- Less than 4.0% of clients thus far enrolled met the CSAT criteria of being methamphetamine clients.
- About one-third of the clients reported that they had been living in their own home or apartment during the past 30 days prior to enrollment, 31.7% reported living in someone else's home or apartment, about 12% reported living in a shelter, and 18% reported being in a halfway house or residential treatment.
- Over 70% of the clients report that they have children and a little less than 5% of the clients reported that they have children living elsewhere due to a court order.
- About 5% of the clients reported at the time of project enrollment that they were currently enrolled in training or school, and nearly 90% stated that they were not currently employed.
- A little over one-third of the enrolled adults reported that they did not have a high school diploma, and an additional nearly 40% of the clients stated that they had no further educational experience or training beyond completion of high school.
- The majority of enrolled clients reported little or no feelings of stress, reduction in important activities, or emotional problems that were attributable to their current or past substance use.
- A little less than 45% of the clients reported having attended self-help groups through a non-Faith-Based Organization (FBO) during the 30 days prior to enrollment, a little over 20% reported attending groups through an FBO organization during this time period, and about 12% reported participation in other activities that support recovery during this time.
- Over 90% of clients reported having had contact with family and/or friends who support recovery during the 30 days prior to enrollment in Illinois ATR.
- Less than 8% of the clients reported that there is no one who they turn to when they are in trouble, and about 60% of the clients report that they primarily turn to family members.
- About 3% of the clients reported having been arrested during the 30 days prior to enrollment, and 6% reported having been incarcerated during this time period.
- Over 45% of the persons enrolled in Illinois ATR II reported being currently on probation or parole, and 7% stated that they were awaiting trial or sentencing.
- The clients enrolled in Illinois ATR II reported generally low average levels of alcohol and other drug use during the 30 days prior to enrollment, and as a group have relatively high rates of recent abstinence from alcohol and other drugs. This reflects a pattern that was observed in Illinois ATR I. This can be attributed to the primary focus of Illinois ATR II on persons who are in recovery.

Summary of Client Outcome Analyses. Illinois ATR II clients first came due for six-month follow-up on June 3, 2008. A total of 1,806 six-month follow-up interviews were entered on the CSAT SAIS web site as of July 9, 2009, for the 1,977 clients who had come due for follow-up. This converted to an interim six-month follow-up rate of **91.4%**. The cumulative six-month follow-up rate of all ATR II grantees on July 09, 2009 was 62.9%.

Results from an interim analysis of Illinois *ATR II* client six-month follow-up GPRA item responses **are provided in the below table for data from the 1,825 interviewed clients** whose completed surveys were downloaded from the CSAT SAIS web site on July 09, 2009. The results of an interim analysis of baseline (project enrollment) and six-month follow-up GPRA item comparisons are summarized below.

- The comparative pattern of living arrangement status from baseline to six-month follow-up was statistically significant. A slightly higher percentage of interviewed participants reported being housed at follow-up than was the case at project enrollment.
- There was a statistically significant increase from enrollment to six-month follow-up in the percentage of interviewed clients who reported being enrolled in training either part-time (Enrollment - 3.5%; Follow-up - 8.6%) or full-time (Enrollment - 2.0%; Follow-up - 6.7%). It should be noted that this assessment is being made at six-month follow-up. If interviews were conducted somewhat closer to the time of project enrollment the increase may have been larger.
- There was a statistically significant increase from enrollment to six-month follow-up in the percentage of interviewed clients who reported being employed either part-time (Enrollment - 5.3%; Follow-up - 12.3%) or full-time (Enrollment - 3.9%; Follow-up - 15.6%).
- There was a statistically significant increase in reported average income from wages among the interviewed clients from enrollment (\$143.62) to six-month follow-up (\$296.34).
- There were statistically significant increases from enrollment to follow-up in the percentages of clients who reported an absence of feelings of stress, reduction in important activities, and emotional problems that were attributable to their substance use.
- There was a statistically significant increase from enrollment to six-month follow-up in the percentage of clients who self-reported their health status as very good or excellent.
- There were statistically significant decreases from enrollment to six-month follow-up among the interviewed clients in average days of alcohol, cocaine, marijuana, heroin, methamphetamine, and any illegal drug use during the previous 30 days.
- There were statistically significant increases from enrollment to six-month follow-up among the interviewed clients, in abstinence rates from alcohol, any illegal drugs, cocaine, marijuana, methamphetamine, and heroin.
- There were statistically significant decreases from enrollment to six-month follow-up among the interviewed clients in average days of reported depression, serious anxiety, hallucinations, trouble concentrating or remembering, and trouble controlling violent behavior.

Voucher Information and Transaction Data. *ATR II* grantees are also expected to enter voucher information and transaction data onto the CSAT SAIS web site within 7 days business days of being collected. Most client vouchers are created at time of enrollment into Illinois *ATR II*. Each voucher is specific to a particular service provider that is chosen by the individual client. The voucher can include multiple service types if these services are to be provided by the same organization. The voucher is assigned a funding level based upon the service rates and time period caps. The organization can bill against the established voucher amount based upon services provided to the client. It is also indicated whether the voucher is

currently active. For vouchers that have been closed, date of closure is indicated and the amount of the voucher reflects the total amount billed against it rather than the amount assigned at time of creation.

Provided below is the Voucher Count Summary Report for the Illinois ATR-II project that was available from the CSAT SAIS web site on July 9, 2009. The following comments summarize the data in this table, in addition to results from additional analyses conducted on voucher information and transaction data downloaded from the SAIS web site on July 9, 2009.

- As reported in the bottom line of the below table, 10,594 vouchers had been uploaded as of this date to the SAIS web site for the clients enrolled in Illinois ATR-II. The total redeemable amount of these issued vouchers was **\$6,090,218**.
- Based on analyses conducted by IDHS/DASA, the average duration between voucher issuance and entry on the SAIS web site was 19.2 days. The median duration for this interval was 7.0 days, which can be interpreted to mean that about 50% of the created vouchers were entered on the web site within 7 days or less time. It should be noted that these measures are in calendar days rather than business days. It can also be assumed that these measures were also influenced by the project's start-up period.
- As of this date, 98.8% (10,464) of the vouchers created had been redeemed in that at least one transaction was billed against the voucher. The total amount redeemed against the created vouchers was **\$5,443,979**.
- ***As of this date, 88.7% (9,399) of the vouchers created had been cancelled or closed.*** These decisions are made primarily as a result to clients reaching their service billing caps, the service being otherwise completed, or clients having ceased participation in service delivery at the organization that was issued the voucher.
- Based on analyses conducted by IDHS/DASA, a total of \$4,682,574 was billed against the 9,399 vouchers that were cancelled as of July 9, 2009. This accounts for 86.0% of the \$5,443,979 that had been redeemed against all vouchers created through Illinois ATR-II. The average duration between issuance of these vouchers and their cancellation was 51.1 days and the median was 40 days. The total amount available to transaction activities for the 1,195 vouchers that remained open at this time was \$646,239.

Voucher transactions represent billings submitted by providers against created vouchers. The voucher transaction data includes the amounts billed against individual vouchers by service type with an indication of numbers of service sessions or units represented in the billing. There is indication of the provider organization that submitted the voucher transaction, and whether the organization is "flagged" as a faith-based organization. Provided below is the Service Average Cost Report that was available for the Illinois ATR II project on July 9, 2009. This report provides information regarding the number of voucher transactions processed, the amount of transactions by service type, and the average transaction amount in total and by service type.

- A total of 80,699 voucher transactions were downloaded from the SAIS web site on July 9, 2009. Based on analyses conducted by IDHS/DASA, the average duration between the transaction date and its entry on the web site was 12.5 days. The median duration between the voucher transaction date and entry on the SAIS web site was 1.0 day. Over 75% of the voucher transactions were entered on the website within 7 calendar days of their submission.

- Nearly 55% (44,247) of these voucher transactions were accounted for by faith-based organizations. The total amount redeemed by faith-based organizations was 35.8% (\$1,875,128) of the total amount thus far redeemed against vouchers issued by Illinois ATR-II.

Interim Summary of Consumer Satisfaction Survey Responses. Methods were implemented to obtain participating client perceptions of, and satisfaction with, the services they receive through the Illinois ATR II Project. Participants are asked to complete a satisfaction tool as part of their initial enrollment process. This tool asks about their perceptions of various aspects of the enrollment process. Participants are asked to complete a second satisfaction tool when they are contacted for six-month post-enrollment follow-up. This second tool asks about their satisfaction with aspects of the services that they later received through Illinois ATR II. Each satisfaction tool consists of forced choice items that ask for their degree of agreement with the service-related statements being asked, followed by an opportunity for them to provide written comments about their experiences. Below are summary findings from the client satisfaction with enrollment tool responses.

- Over 97% of the responding clients *strongly agreed* that they were treated with respect by enrollment organization staff, and that these staff spoke to them in a way they could understand.
- Over 90% of the clients *strongly agreed* that enrollment organization staff was sensitive to gender, racial and ethnic issues, and nearly 90% responded in the same manner to the statement that they were satisfied with the time it took to complete the screening and enrollment process.
- Nearly 90% of the responding clients *strongly agreed* that the enrollment process was helpful in identifying their service needs, and nearly 90% *strongly agreed* with the statement that they were able to participate in identifying the kinds of services that they need.
- Over 85% of the clients *strongly agreed* that they were given the information they needed to choose among alternative treatment and/or recovery support providers, and over 80% *strongly agreed* that they were given a sufficient number of providers from which to choose.
- Nearly 90% of the responding clients *strongly agreed* that the statement that they were satisfied with their choice of treatment and/or recovery support service providers.
- Over 85% of the clients *strongly agreed* with the statement that they know how the issued service voucher works, and a similar percentage of clients *strongly agreed* with the statement that they were clear about what they needed to do next.
- **Satisfaction with Services.** The first group of enrolled Illinois ATR II clients came due for follow-up in early June 2008. As of the preparation of this interim report, **1,590** clients who completed six-month follow-up interviews also completed the Illinois ATR II consumer satisfaction survey. This represents over 85% of the clients who have completed six-month follow-up interviews. Nearly 95% (1,497) of these interviews were completed by Lighthouse Institute staff. Responses to the 15 items on this tool are on a four point scale, with a value of 4 indicating the most positive response. *Below are summary findings from the average responses to the 15 items on the consumer satisfaction survey completed at six-month post-enrollment follow-up.*

- Over or slightly less than 80% of the responding clients rated the services they received as *excellent* or *good*, and responded *completely* or *mostly* to statements that they were the kind of services they wanted and were sufficient or effective in helping them deal with their problems and/or needs.
- Approximately 85% of the clients responded *definitely* or *probably* to statements that they would recommend the services they received to others who needed similar help, and that they would seek out these services if they needed assistance again in the future.
- Approximately 75% of the responding clients responded *excellent* or *good* to statements regarding the location of services, professionalism of service provider staff, perceived understanding of their problems, length and frequency of service sessions, and the extent that the service sessions were helpful in resolving their problems or concerns.

Access to Recovery II (ATR II)

Evaluation/Performance Assessment Design

Richard E. Sherman, Ph.D. and Maria Bruni, Ph.D.

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Process:</p> <ul style="list-style-type: none"> - # of Clients Enrolled - # of Vouchers Issued - # of Service Billings - Follow-up GPRA Completion Rate - # of Treatment Providers Enrolled - # of Recovery Support Providers Enrolled - # of Faith-based Providers Enrolled <p>Outcome:</p> <ul style="list-style-type: none"> Abstinence Rates among Participating Clients Various Changes in Client Functioning 	<p>CSAT ATR-II GPRA Tool Service Voucher Forms Service Encounter/Billing Forms Treatment and Recovery Support Provider MOUs and Service Profiles Clientt Satisfaction Surveys</p>	<p>Data collection and analysis are focused on ensuring compliance with federal reporting requirements. Data is required to be collected from clients at project enrollment,, discharge from services, and six-month follow-up . Voucher information and transaction data must also be reported to CSAT.</p>

Adolescent Substance Abuse Treatment Coordination Initiative FINAL REPORT	
DHS Contract Mgr	Danielle Kirby
Annual Grant \$	\$400,000
Evaluator Name & Contact Info	Maria Bruni, Ph.D. Independent Maria.Bruni.@illinois.gov
Annual Eval \$	Closed
Funding Source	SAMHSA/CSAT
Evaluation Period	07/01/05 through 06/30/08

Program Summary. **The Illinois Adolescent Substance Abuse Treatment Coordination Initiative (IL-SAC) was implemented to improve the capacity in the State of Illinois to provide effective, accessible, and culturally competent substance abuse treatment for youths and their families, through the statewide coordination and enhancement of youth treatment services.** In order to understand the accomplishments and barriers related to developing the infrastructure for adolescent treatment, an evaluation of project activities was carried out over the three years of the grant award. *Since most (over 90%) of the evaluation was completed prior to FY '09, much of the description below is re-printed from the FY '08 Summary of Program Evaluation Findings. The last section of this article provides an update on the final evaluation activities of the IL-SAC project, which focused on qualitative interviews with families of adolescents involved in the treatment system, in order to better understand the barriers that may prevent full access to services among youth in need of substance abuse treatment.*

As the IL-SAC project began, DASA hired a full-time Adolescent Coordinator and a full-time Workforce Force Specialist (as required by the Center for Substance Abuse Treatment). DASA also entered into agreements with DASA licensed organizations to *expand the use of evidence-based treatment (EBT) with Illinois adolescents.* The Adolescent Coordinator worked closely with the treatment providers that make up the adolescent substance abuse treatment system. The Adolescent Coordinator coordinated efforts with key staff in the mental health, child welfare, criminal justice and education systems. The Workforce Specialist worked with provider organizations, higher education organizations, and training institutes to develop strategies to ensure an adequate supply of competent workers enter and are retained in the adolescent substance abuse treatment workforce.

DASA selected organizations through a competitive procurement process to be trained and certified in the GAIN assessment instrument by Chestnut Health Systems' Global Appraisal of Individual Needs (GAIN) Coordinating Center. Staff from these organizations received training and implementation guidance through Chestnut's Lighthouse Institute in either Motivational Enhancement Therapy/Cognitive Behavior Therapy (MET/CBT5) or the

Adolescent Community Reinforcement Approach, *both developed and tested as part of the CSAT-funded Cannabis Youth Treatment study.*

Evaluation Activities. The evaluation and data collection plan included the administration of the following Center for Substance Abuse Treatment (CSAT) Government Performance Results Act (GPRA) forms: CSAT Baseline and Follow-Up Training Satisfaction Survey, CSAT Baseline and Follow-Up Technical Assistance Satisfaction Survey and CSAT Baseline and Follow-up Meeting Satisfaction Survey. Also, focus groups, stakeholder interviews, and process observation of project meetings were used to evaluate program activities.

The process evaluation involved qualitative data collection and analysis. Interviews with DASA staff, treatment provider staff and various council/committee members, as well as focus groups and organizational assessments were employed to answer process evaluation questions, such as “*Is this project facilitating linkages, coordination and sharing of information across state agencies that serve adolescents?*” Focus groups were conducted with staff from the treatment agencies participating in the evidence based practice (EBP) and GAIN pilot projects. In addition, initial stakeholder interviews were completed with policy makers and staff from substance abuse prevention organizations throughout Illinois.

To answer the project’s evaluation questions, the project’s evaluator, (*Maria Bruni, Ph.D.*), developed three separate data collection instruments. *The Adolescent Provider Survey* instrument was administered to licensed adolescent treatment providers to collect data on the scope of services provided to adolescents, including but not limited to: the use of evidence-based practices, services for co-occurring disorders, screening and assessment processes and instruments, and training needs. Both the *Regional Provider Service Satisfaction Survey* and the *Parent/Consumer Satisfaction Survey* assessed the stakeholders' perceptions of access to and coordination of adolescent treatment services. These instruments explored stakeholder perceptions of key changes related to the delivery of services for adolescents.

The outcome evaluation used GPRA data, existing DASA administrative data, and primary data collected from the Adolescent Provider Survey, the Regional Provider Service Satisfaction Survey and the Parent/Consumer Satisfaction Survey. Focus group and semi-structured interview data along with the narrative responses from the Adolescent Provider Survey, the Regional Provider Service Satisfaction Survey, and the Parent/Consumer Satisfaction Survey were the sources of qualitative data. Analysis of these data produced answers to outcome evaluation questions.

Specifically, the measurement of outcomes focused on:

- Reductions in barriers to the coordination between state agencies, providers and consumers;
- Increased involvement of parents and consumers in treatment, practice, and policy;
- Increased interest in training related to evidence-based practices (EBPs);
- Reduction in barriers to the implementation of EBPs in adolescent treatment programs;

- Increased knowledge of financing/allocation related to adolescent treatment; and
- Improvements in clinician-supportive features to state credentialing guidelines.

Final Evaluation Findings. The most important findings are related to:

1. **The implementation of a standardized substance abuse assessment instrument for adolescents.** *The implementation of any standardized assessment instrument into the treatment system is complicated. The training and use of the standardized instrument (GAIN) was less successful for programs that employ clinically advanced front line staff than for those who employ less experienced clinical staff. Programs with seasoned clinical staff found the standardized instrument (GAIN) to severely limit probing and their capacity to uncover details of their clients' circumstances essential to the assessment phase and to rapport building during the starting point of treatment. Programs with less experienced staff tended to appreciate the increased structure of the standardized instrument and the assessment document generated from the instrument.*
2. **Challenges involved in training and implementing the use of evidenced-based practices (EBP) among adolescent providers:** *Eight adolescent substance abuse provider agencies were selected to participate in the pilot project designed to learn about EBP training and implementation. Providers involved in this pilot chose to be trained and certified in either the Adolescent Community Reinforcement Approach (A-CRA) or Motivational Enhancement Treatment/Cognitive Behavioral Treatment (MET/CBT).*

Immediately after the training, one of the agencies dropped out of the EBP pilot due, in part, to major structural constraints in the workplace that would not allow for successful EBP training (The agency serves youth in correctional facilities and staff would not have been able to tape record any of their session and complete planned training and certification activities.) This early event in the EPB pilot highlighted for the evaluators the fact that structural impediments to implementation exist despite much forethought.

From the focus groups conducted with the seven remaining agencies in the EBP pilot and from initial stakeholder interviews, it was determined that the success of implementing evidenced-based practices is limited by severe workforce issues such as 1) high rates of staff turnover and 2) the cost of training and materials of current evidence based practices. Providers interested in using EBPs need to consider prior to investing in a practice, the cost of it, the staffing patterns at their agency including typical employment lengths, and the structure of their practice that may impede adequate training (for example, being housed in correctional facilities).

3. **Critical barriers to providing integrated care for adolescents with co-occurring disorders.** *During the first 22 months of the project, goal-specific workgroups were*

created in an effort to impact structural change in specific areas. The MISA workgroup (comprised of representatives from the Division of Alcoholism and Substance Abuse, the Division of Mental Health, The Department of Child and Family Services, and The Illinois MISA Institute) produced information about critical barriers to providing integrated care for Illinois adolescents with co-occurring disorders. For example, in Illinois, state mental health and substance abuse treatment systems operate in different and at times, conflicting ways. Discussions focused on the possibility of creating a single point of entry for adolescents in need of mental health and substance abuse services.

The **most surprising finding from the project's evaluation** had to do with spending related to adolescent treatment. From the process observation of the project's Funding Workgroup, it was found that despite the fact that six (6) residential facilities for adolescents exist in Illinois, *80% of the spending for adolescents in Illinois is for residential treatment.* The Funding Workgroup spent a significant amount of time discussing this issue and is ***continuing to track adolescent spending across service categories in order to examine the effect of policy changes made through the SAC project.***

FY '09 Evaluation Update

The *final phase* of the Illinois **SAC evaluation centered on an examination of family/consumer** involvement in the state's system of adolescent treatment. Central to effective adolescent treatment is family/consumer involvement. Historically, participation of family members in the treatment process and policy creation process has been minimal in Illinois. ***During this phase of the evaluation, the evaluator used data collected from over 20 family listening sessions held across the state as well as surveys to better understand the critical barriers to family/consumer involvement.***

These sessions allowed the evaluator to gather information about parents' experiences with their children in treatment and recovery and to assess parents' interest in creating ongoing groups throughout the state to give input to infrastructure change. *During the family listening sessions, one of the criticisms heard most often was parents' disappointment with the lack of information in schools about adolescent treatment. In response, IDHS/DASA partnered with the Illinois Federation of Families (IFF) to write and produce a Parent Handbook, which guides parents through the adolescent treatment process. The Parent Handbook, which was published at the end of 2008 (in English and Spanish), has been distributed to parents and schools and is posted on the Illinois Treatment Works website.*

Adolescent Substance Abuse Treatment Coordination Initiative

Evaluation Design

Maria Bruni, Ph.D. and Beth-Anne Jacob, Ph.D.

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Process:</p> <ul style="list-style-type: none"> - The degree to which the project adheres to its plan to increase and improve elements of its system. - Existing barriers to the planned increases and improvements. - The occurrence of infrastructure change. - Perceptions of key stakeholders. <p>Outcomes:</p> <ul style="list-style-type: none"> - Changes in access to treatment. - Changes in clinically appropriate assessment skills and interventions for treating adolescents. - Changes in client outcomes as a result of all other changes. 	<p>GAIN</p> <p>DARTS</p> <p>Interviews</p> <p>Focus groups</p> <p>GPRA satisfaction survey</p>	<p>An evaluation team of DASA contractors conducted the evaluation.</p>

Screening, Brief Intervention and Referral to Treatment (SBIRT)	
DHS Project Director	Theodora Binion-Taylor
DHS Contract Mgr	Deborah Levi, Ph.D.
Annual Grant \$	\$3,500,000
Evaluator Name & Contact Info	Richard E. Sherman, Ph.D. IOTA, Inc. & Christy K. Scott, Ph.D. Lighthouse Institute
Annual Eval \$	\$35,000 (IOTA) \$315,000 (Lighthouse)
Funding Source	SAMHSA/CSAT
Eval Period	9/30/2003 through 6/30/2009

Evaluation findings are described in *Final Summary of Project Data Collection and Reporting Activities, July 2009*, by Richard E. Sherman, Ph.D., IOTA, Inc.

Project Summary. In August 2003, the State of Illinois, Office of the Governor received notice of approval of the application submitted by the State of Illinois, *Cooperative Agreements for Screening, Brief Intervention, Referral and Treatment (SBIRT)*. ***The primary goal of the Illinois SBIRT Initiative (ISI) is to expand the state's continuum of care by implementing substance use disorder (SUD) screening, brief intervention, and referral to treatment (SBIRT) services within hospitals and community health clinics operated by the Cook County Health and Hospitals System (CCHHS).*** The scheduled end of this five-year CSAT-funded project was September 29, 2008. CSAT approved a nine-month no-cost extension of project activities through June 30, 2009.

The Illinois Department of Human Service, Division of Alcoholism and Substance Abuse (IDHS/DASA) managed the *Illinois SBIRT Initiative (ISI)*. The following three general hospitals were represented in the Illinois SBIRT Project: *John H. Stroger, Jr. Hospital of Cook County (formerly Cook County Hospital), Provident Hospital, and Oak Forest Hospital*. Four community health clinics located within Chicago also participated in the project. SBIRT health counselors provided screening and brief intervention services within Cook County Health and Hospital System (CCHHS) settings. TASC community care coordinators assist in linking hospitalized substance dependent patients to substance abuse treatment in one of the 11 IDHS/DASA-licensed treatment providers involved in the project.

Patients indicated to be in need of treatment were referred to IDHS/DASA-licensed treatment providers for further assessment and admission. ***Through this project, Brief Treatment (BT) was being implemented as a new treatment modality for patients determined to be appropriate for this level of care.***

Patient Service Categories. All patients who presented to one of the participating hospitals (*John H. Stroger Jr. Hospital of Cook County, Provident Hospital, or Oak Forest Hospital*) or the community health clinics were eligible to be screened by a Health Counselor. The Health Counselors were grant-funded staff who were added to the clinical team at the health care site and reported to a central SBIRT management team. Patients were approached by a health counselor in the course of receiving the usual medical services and told that screening was a routine part of care. Only about 3% of the patients refused screening. All patients were asked if they used beer, wine, or liquor in the past twelve months. Patients who answered "Yes" to alcohol use were asked more questions about the quantity and frequency of alcohol use. All patients were asked if they used marijuana, cocaine, heroin, sedatives or pain medicines not as prescribed or other drugs within the past 3 months. Patients who were screened as not being at risk for a substance use disorder were categorized as **Screening and Feedback Only (SF)**.

Using a structured brief assessment tool, the health counselor asked screen positive patients additional assessment questions. Patients who completed this Brief Assessment and answered, "Yes" to 0-2 of the alcohol/drug use items were given the diagnostic impression of Substance Abuse or Use with Consequences. Patients in this group who received no further SBIRT services were categorized as **Brief Intervention (BI)**.

Patients who completed the Brief Assessment and answered, "Yes" to more than 2 of the alcohol/drug items were given the diagnostic impression of *Substance Dependence*. The Health Counselor asked these patients to participate in a Referral Assessment. The Referral Assessment included additional information necessary to make a level of care recommendation and develop a treatment referral. Substance dependent patients could be referred to **Brief Treatment (BT)** or **Referral to Treatment (RT)** depending on the patient's needs and the availability of desired services.

Evaluation Activities. A primary purpose of the data collection and reporting activities conducted through SBIRT was to assess the project's responsiveness to the Center for Substance Abuse Treatment initiative goals to: 1) expand the state's continuum of care to include screening, brief intervention and referral to treatment services in general medical and other community settings; 2) support clinically appropriate treatment services for non-dependent substance abusers; 3) improve linkages between community agencies performing SBIRT and specialist substance abuse treatment agencies; and, 4) identify systems and policy changes to increase access to treatment in generalist and specialist settings. Data collection activities were put into place to monitor progress toward achievement of project patient service category targets, and assessment of outcomes among a sample of patients receiving Brief Intervention (BI), Brief Treatment (BT) or Referral to Treatment (RT) services.

Capacity. Provided in the table below is the screening only, brief intervention, brief treatment and referral to other treatment service data that had been uploaded to the CSAT GPR website for the *ISI* as of 04/01/2009. **This represents the final patient intake data summary for the project.** This data reflects an unduplicated count of patients served. Upon the conclusion of CSAT-funded *ISI* services, 97,533 unduplicated patients had received SBIRT services through *ISI*. This represents a final intake coverage rate of 97.0% of the five-year target of 100,500

unduplicated patients. Also at the close of CSAT-funded patient services, the Illinois SBIRT project had provided services to a duplicated count of 120,510 patients.

Illinois SBIRT Intake Coverage Rate by Service Category - Final (Duplicates Deleted)				
Grantee Information	Client Target (Final)	Intakes Received (Final)	Intake Coverage Rate (Final)	Average Intake Coverage Rate of All Grantees in this Portfolio
Screening and Feedback (SF)	85,440	74,457	87.1%	94.6%
Brief Intervention (BI)	9,750	15,562	159.6%	89.5%
Brief Treatment (BT)	2,620	3,233	123.4%	103.0%
Referral to Treatment (RT)	2,690	4,281	152.1%	141.4%
Total	100,500	97,533	97.0%	95.1%

SBIRT Patient Demographic Characteristics. This Final Summary of Illinois SBIRT Project Data Collection and Reporting Activities provides results of analyses of the 97,538 patient intake interviews downloaded from the CSAT GPRA web site on April 1, 2009. As discussed above, this total number of interviews reflects an unduplicated count of patients and therefore this report's results vary somewhat from interim reports submitted prior to May 2007. As noted above, the GPRA items administered to SBIRT patients varied according to the service categories into which patients were classified. CSAT required that only the GPRA items pertaining to gender, race/ethnicity, and date of birth (section H) be collected for Screening Only/Feedback (SF) patients. Therefore, these are the only data elements reported for the entire group of Illinois SBIRT patients. Following are summary observations from this analysis of patient demographics for all Illinois SBIRT patients, and separately by the four service categories.

- Slightly less than 50% of Illinois SBIRT patients were female, these patients were on average 47.6 years of age, 65.1% were African American, 10.4% were white, and 19.0% were Hispanic/Latino.
- The relationship between patient gender and SBIRT service category was statistically significant ($\chi^2 = 5206.00$, $p < .001$, $df = 9$). The percentage of SF patients who were female was significantly greater than that of any of the three other SBIRT service categories.
- There was a statistically significant relationship between patients reporting themselves to be of Hispanic/Latino ethnicity and SBIRT service category ($\chi^2 = 822.40$, $p < .001$, $df = 3$). The percentage of SF patients who reported themselves to be of Hispanic/Latino ethnicity was significantly greater than that of any of the three other SBIRT service categories.
- There was a statistically significant difference among the SBIRT groups on the basis of average age ($F = 805.00$, $p < .001$, $df = 3$). The screening only patients had a significantly higher average age than that of any of the other service groups. The BI

patients were on average two years (BI vs. BT) to over one year (BI vs. RT) younger than patients in the other non-screening only service groups. The group differences in average age between the BI patient group and the BT and RT patient groups were statistically significant on the basis of both the Scheffe and Least Significant Difference (LSD) post-hoc tests.

Effectiveness. The Lighthouse Institute, using the legal alias of the Illinois Health Survey Laboratory (IHSL) and under the direction of Christy K Scott, Ph.D., was responsible for contacting and conducting six-month follow-up interviews with consenting patients. During the six-month follow-up interview, patients were asked to complete the follow-up version of the CSAT GPRA tool. SBIRT patients first began to be enrolled in the follow-up study in May 2004, and interviews began in October 2004. As of the conclusion of follow-up activities, 1,865 completed Illinois SBIRT patient follow-up GPRA tools were entered onto the CSAT SAIS web site. These 1,865 contacted patients were broken down by the three SBIRT service categories as follow: BI - 1,042 (55.9%); BT - 292 (15.7%); and RT - 531 (28.5%). A total of 2,009 patients came due for follow-up over the five years of the project, plus the nine-month no-cost extension. The 1,865 follow-up interviews completed by IHSL converts to an interim six-month follow-up interview rate of **92.8%**. The average six-month follow-up rate of all CSAT SBIRT grantees was 43.8%. The six-month follow-up rates across the three SBIRT patient categories were as follows: BI - 93.4%; BT - 92.7%; and, RT - 91.9%. During their follow-up tracking activities, Lighthouse determined that 123 (5.8%) of the total 2,132 patients enrolled in follow-up were deceased at time of their interviews. These individuals were not included in calculation of the follow-up rate. Some of the partial results for the 1,865 interviews include:

- There was a significant change in the pattern of living arrangements from baseline to six-month follow-up for the entire follow-up sample, and separately for the BT and RT patient groups. Overall and for each of the patient groups there was a decrease from baseline to six-month follow-up in the percentage of patients who reported being housed.
- There was a significant change from baseline to follow-up for the entire follow-up sample in the extent to which they report feelings of stress, reduction in important activities, and emotional problems that were considered due to their substance use. In each case, there were **substantial increases from baseline to follow-up** in the percentage of patients who reported no difficulties that were related to their substance use. This pattern of significant change from baseline to follow-up was evident for both the BT and RT groups for each of the three GPRA items.
- There was a significant change in employment status from baseline to follow-up for the entire sample and separately for the RT group. For the entire sample and separately for the BT and RT groups there was an **increase from baseline to follow-up in the percentage of patients who reported full-time employment**. Although these changes were statistically significant, it is questionable whether the changes reflect any practical or clinical significance.

- There was a significant change from baseline to follow-up in patient self-report of overall health status. **The percentage of patients who reported their overall health to be either fair or poor decreased from baseline to follow-up for the entire sample** and separately for each of the BT and RT patient groups.
- At time of six-month follow-up patients reported significant reductions during the past 30 days in average days of use of alcohol, any illegal substance, cocaine, marijuana, and heroin as compared to the 30 days prior to admission. The statistically significant reductions from baseline to follow-up were evident for each of the BI, BT and RT patient groups, with but one exception. There was little change from baseline to six-month follow-up in the average days of marijuana use among the BT patients.
- There were corresponding increases from baseline to six-month follow-up in the percentages of patients in each group who reported abstinence from alcohol, any illegal substance, cocaine, marijuana, and heroin. The sole exception was again the reported marijuana abstinence rate among BT patients.
- There was a **significant reduction from baseline to follow-up in the average number of crimes committed during the past 30 days for the entire sample**. A significant reduction in average crimes committed was observed separately for the BT and RT patient groups.
- Despite the reduction from baseline to follow-up in average crimes committed, there was a statistically significant increase over this time interval in average days incarcerated during the past 30 days for the entire sample, and separately for both the BT the RT groups. It cannot be determined from available data to what extent the days of incarceration can be attributed to crimes committed prior to participation in SBIRT.
- There were statistically significant increases from baseline to six-month follow-up in the average number of days during the past 30 that BT patients experienced serious depression, serious anxiety and tension, and trouble concentrating, understanding and remembering. There were statistically significant increases from baseline to six-month follow-up in the average number of days during the past 30 that RT patients experienced serious anxiety and tension. Further study would be needed to explore a possible explanation for these changes.
- There were statistically significant increases from baseline to six-month follow-up in the average number of days during the past 30 that both BT and RT patients reported use of psychotropic medications. This increase could be attributable to medications prescribed in conjunction with their hospitalization.

Final Summary of Consumer Satisfaction Survey Responses. Patients contacted for six-month follow-up were asked to complete a satisfaction with services tool as part of the interview process. This tool asked about their perceptions of various aspects of the SBIRT service experience. The satisfaction with services tool consisted of eight (8) forced choice

items that asked for their degree of agreement with the service-related statements being asked. A total of 1,867 Illinois SBIRT patients completed this satisfaction with services tool as part of their six-month follow-up interviews. This represents 99.2% of the Illinois SBIRT patients who completed six-month follow-up interviews. Below are final summary findings from an analysis of patient responses on the satisfaction with SBIRT services tool.

- **Over 95% of the responding patients rated the services provided by CCHHS health counselors as *Excellent* or *Good*.**
- Nearly 95% of the patients stated that they *definitely* or *generally* received the kind of services they wanted.
- Nearly 85% of the responding patients indicated that the SBIRT services provided by the CCHHS health counselors met *almost all* or *most* of their needs. This was the item that received the lowest average response score, which could be a reflection of the broad nature of the question's content.
- **Nearly 97% of the responding patients stated that they would recommend the SBIRT services to a friend who needed similar help.**
- Nearly 95% of the patients indicated that they were *very* or *mostly* satisfied with the amount of help they received from the SBIRT health counselor,
- **Over 95% of the responding patients stated that the SBIRT services they received helped a *great deal* or *somewhat* in dealing with their health issues.**
- Over 95% of the patients stated that they were *very* or *mostly* satisfied with the SBIRT services they received from the CCHHS health counselors.
- **Over 97% of the patients indicated that they would *definitely* or *generally* want to make use of these SBIRT services if they looked for similar help again in the future.**

Screening, Brief Treatment and Referral to Treatment (*SBIRT*)

Evaluation/Performance Assessment Design

Christy K Scott, Ph.D. and Richard E. Sherman, Ph.D., Evaluators

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Process</p> <ul style="list-style-type: none"> - # of Screening Only Patients. - # of Brief Intervention Patients. - # of Brief Treatment Referral Patients. - # of Other Treatment Referral Patients. - Characteristics of Patients by Service Categories. - Enrollment to follow-up changes in patient behavior and functioning. - Various Forms of Project Documentation. 	<ul style="list-style-type: none"> CSAT GPRA Tool Project Screening and Assessment Tools Service Referral Documentation Tools Patient Satisfaction Tool 	<p>The process evaluation includes monitoring progress toward project implementation, achievement of patient enrollment targets, patterns of referral to service providers, fulfillment of project federal reporting requirements, and analysis of patient demographics.</p>
<p>Outcome</p> <ul style="list-style-type: none"> - % of Brief Intervention Patients Interviewed - % of Brief Treatment Patients Interviewed - % of Patients Referred to Other Treatment interviewed - Alcohol and Other Drug Abstinence Rates by Service Category and Substance of Use 	<ul style="list-style-type: none"> CSAT GPRA Tool Patient Satisfaction Tool Patient interviews 	<p>The outcome evaluation consists of conducting six-month post-enrollment follow-up interviews with a random sample of patients who are provided brief intervention or referral to treatment services. It is an expectation of the federal funder that at least 10% of patients in these service categories are actually interviewed for six-month follow-up.</p>

Strengthening Treatment Access and Retention State Implementation (STAR-SI)	
Project Director	Theodora Binion-Taylor
DHS Contract Mgr	Peggy Alexander
Annual Grant \$	\$325,000
Evaluator Name & Contact Info	Richard E. Sherman, Ph.D. Richard.Sherman@illinois.gov
Annual eval. \$	\$28,000
Funding Source	SAMHSA/CSAT
Eval Period	9/30/06 through 9/29/09

Project Summary Strengthening Treatment Access and Retention State Implementation Grant or STAR-SI grant funded by the Center for Substance Abuse Treatment *is designed to improve the rates of client access to and retention in publicly funded substance abuse outpatient treatment programs in Illinois.* Specifically, STAR-SI focuses on four goals:

- Reduction in waiting time for treatment;
- Reduction in client no-shows;
- Increased admissions; and
- Increased continuation in treatment.

The project model is quality driven, customer centered, and outcome focused. The project has two provider networks, one in Chicago and one serving rural clients.

Summary of Key Findings The purpose of the evaluation of the Illinois STAR-SI project funded is to assess the project's ability *to improve access to and retention* in outpatient treatment. The evaluation focused on two of the project's major goals:

1. Identification of strategies and process improvements that will increase rates of access and retention in Illinois outpatient substance abuse treatment programs; and,
2. Increase substance abuse outpatient treatment program efficiency in Illinois.

Objectives associated with the first of these goals included the formation of **two networks of outpatient treatment provider organizations**, one in urban *Cook County (Cohort 2)* and the other *in southern Illinois (Cohort 1)*. *Year 1 of the project focused on the establishment and support of a peer learning network of five substance abuse treatment organizations in southern Illinois (Cohort 1)*. Additional objectives under the first project goal pertained to the development of a collaboration with the Network for the Improvement of Addiction Treatment (NIATx), local strategic planning and training activities, and the identification of process improvement strategies to be implemented within each established network.

The second Illinois STAR-SI Project goal concerned the achievement of the following **system outcomes**:

- 1) Reduction in no-shows or failure to keep outpatient treatment appointment rates;
- 2) Increased client retention rates and length of stay; and,
- 3) Increased outpatient treatment admissions.

The CSAT Cooperative Agreement required that all STAR-SI grantees collect and report the following data at baseline and periodic intervals throughout the course of the project. This data is derived from the Government Performance and Results Act (GPRA) data elements that IDHS/DASA submit to CSAT on a routine basis.

- Number of treatment providers participating in STAR-SI implementation;
- Number of unique (unduplicated) client admissions;
- Length of Client stay (defined as duration between dates of admission and last service); and,
- Number of units of service provided between intake and discharge.

Project Year 1 Illinois STAR-SI project services and activities began in collaboration with the following five IDHS/DASA treatment provider organizations located in southern Illinois (**Cohort 1**).

- Community Resource Center
- Egyptian Public and Mental Health Department
- Franklin-Williamson Human Services, Inc.
- Heartland Human Services
- Southeastern Illinois Counseling Centers

Midway through Year 1, Heartland Human Services elected to cease participation in Illinois STAR-SI. This provider organization was experiencing work stoppage problems from the beginning of Year 1. This organization's reduced staffing level made it difficult for them to actively participate in the project. Also, they were experiencing problems in meeting the minimum 150 client admissions/year criteria for participation. The other four Year 1 providers remained active in the project. At the start of Year 2, Illinois STAR-SI project services and activities were expanded to include collaboration with the following five IDHS/DASA Cook County treatment provider organizations (**Cohort 2**).

- Breaking Free
- Healthcare Alternative Systems, Inc.
- Human Resource Development Institute
- Pilsen-Little Village Community Mental Health Center
- South Suburban Council on Alcoholism and Substance Abuse

Updated A&R Measure Summary Tables for the Illinois Cohort 1 and Cohort 2 providers are included with this report. These tables include monthly levels for each provider specific to the two measures reported for each STAR-SI state, and the three additional measures on which Illinois has elected to report. These updated A&R tables were circulated in early March 2009. The two most recent months on these spreadsheets are November and December 2008. The data for each of these months is partial in nature. The Illinois A&R Summary Table format includes data not requested in the template distributed by NIATx. One of the additional pieces of data provided is the number of clients represented in each month's calculations.

Some of the measures, such as average duration from admission to first session, place restrictions on those clients admitted during the particular month who are eligible for inclusion in the measure's calculation. For example, only clients who actually received a first session following admission are included in the measure's calculation. Without this data, it would not be possible to appropriately combine data across months. Converting the number of clients in such monthly calculations into the percentage of clients admitted during the month who met the measure's criteria can provide an additional useful index. That is, it may be useful to consider the percentage of admitted clients who actually received a first session. For example, a decrease in average duration from admission to first session for those clients who received a first session might indicate improvement. However, if at the same time there was a substantial decrease in the percentage of admitted clients who actually received a first session, a broader look at the data might indicate a possible retention problem.

The tables below are among the pages in the Cohort 1 and Cohort 2 A&R Summary Table Excel workbooks. These tables summarize individual provider and overall Cohort progress toward achieving STAR-SI measure targets over the indicated time periods. Following these tables are summary dot points based on the data in these tables.

Cohort 1 Providers

Illinois STAR-SI Project - Year 1 Cohort Average Level I Admissions/Month State Target - 10% Increase from Baseline 08/2007 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
CRC	28.0	31.0	27.9	-0.1	-0.4%
EPMHC	19.0	21.0	21.5	2.5	13.2%
FWHS	39.0	43.0	46.8	7.8	20.0%
SECC	62.0	68.0	72.8	10.8	17.4%
Year 1 Cohort	148.0	163.0	168.9	20.9	14.1%
CRC - Community Resource Center (Monthly Average N=335) EPMHC - Egyptian Public and Mental Health Center (Monthly Average N=258) FWHS - Franklin/Williamson Human Services (Monthly Average N=561) SECC - Southeastern Illinois Counseling Centers (Monthly Average N=873)					

Illinois STAR-SI Project - Year 1 Cohort Average # of Service Sessions/First 30 Days State Target - 10% Increase from Baseline 08/2007 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
CRC	2.3	2.5	2.6	0.3	13.0%
EPMHC	2.8	3.1	3.4	0.6	21.4%
FWHS	1.6	1.8	2.4	0.8	50.0%
SECC	1.8	2.0	1.6	-0.2	-11.1%
Year 1 Cohort	2.0	2.2	2.2	0.2	10.0%
CRC - Community Resource Center (Monthly Average N=335) EPMHC - Egyptian Public and Mental Health Center (Monthly Average N=258) FWHS - Franklin/Williamson Human Services (Monthly Average N=561) SECC - Southeastern Illinois Counseling Centers (Monthly Average N=873)					

Illinois STAR-SI Project - Year 1 Cohort Avg. Duration (Days) from Admission to First Clinical Session State Target - 10% Reduction from Baseline 08/2007 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
CRC (Unit 73)	29.5	26.6	13.4	-16.1	-54.6%
EPMHC (Unit 74)	19.1	17.2	15.5	-3.6	-18.8%
FWHS (Unit 71)	46.7	42.0	18.8	-27.9	-59.7%
SECC (Unit 71)	23.0	20.7	38.9	15.9	69.1%
Year 1 Cohort	34.6	31.1	22.2	-12.4	-35.8%
CRC - Community Resource Center (Monthly Average N=42) EPMHC - Egyptian Public and Mental Health Center (Monthly Average N=85) FWHS - Franklin/Williamson Human Services (Monthly Average N=383) SECC - Southeastern Illinois Counseling Centers (Monthly Average N=135)					

Illinois STAR-SI Project - Year 1 Cohort Avg. Duration (Days) from First to Second Clinical Session State Target - 10% Reduction from Baseline 08/2007 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
CRC (Unit 73)	25.7	23.1	13.0	-12.7	-49.4%
EPMHC (Unit 74)	20.5	18.5	14.8	-5.7	-27.8%
FWHS (Unit 71)	12.1	10.9	14.6	2.5	20.7%
SECC (Unit 71)	24.3	21.9	39.2	14.9	61.3%
Year 1 Cohort	17.8	16.0	19.3	1.5	8.4%
CRC - Community Resource Center (Monthly Average N=38) EPMHC - Egyptian Public and Mental Health Center (Monthly Average N=80) FWHS - Franklin/Williamson Human Services (Monthly Average N=330) SECC - Southeastern Illinois Counseling Centers (Monthly Average N=106)					

Illinois STAR-SI Project - Year 1 Cohort % of Admitted Level I Clients/At Least 4 Sessions/First 30 Days State Target - 10% Increase from Baseline 08/2007 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
CRC	9.4%	10.3%	20.0%	10.6%	112.8%
EPMHC	29.8%	32.8%	63.7%	33.9%	113.8%
FWHS	5.2%	5.7%	23.3%	18.1%	348.1%
SECC	5.4%	5.9%	4.4%	-1.0%	-18.5%
Year 1 Cohort	9.2%	10.1%	17.5%	8.3%	90.2%
CRC - Community Resource Center (Monthly Average N=335) EPMHC - Egyptian Public and Mental Health Center (Monthly Average N=258) FWHS - Franklin/Williamson Human Services (Monthly Average N=561) SECC - Southeastern Illinois Counseling Centers (Monthly Average N=873)					

- The four Cohort 1 providers had a combined average of 168.9 client admissions per month, which was a 14.1% increase over the baseline of 148 admissions per month. Three of the four providers had increases that exceeded the target 10% increase over baseline.
- The four Cohort 1 providers had a combined monthly average of 2.2 service sessions provided to admitted clients during the first 30 days, which was a 10.0% increase from the baseline of an average of 2.0 sessions during the first 30 days. Three of the four providers had a monthly average that exceeded the target 10% increase over baseline.

- The four Cohort 1 providers had a combined average duration from opening to first service of 22.2 days, which was a 35.8% decrease from the baseline of 34.6 days. Three of the four providers had decreases that exceeded the target 10% decrease from baseline.
- The four Cohort 1 providers had a combined average duration from first to second service of 19.3 days, which was a 8.4% decrease from the baseline of 17.8 days. Two of the four providers had decreases that exceeded the target 10% decrease from baseline.
- The four Cohort 1 providers had a combined average percentage of 17.5% of admitted clients who had at least four sessions during the first 30 days following opening, which was a 90.2% increase from the baseline of 9.2% of admitted clients. Three of the four providers had increases in percentage of admitted clients with at least four sessions in the first 30 days that exceeded the target 10% increase from baseline.

Cohort 2 Providers

Illinois STAR-SI Project - Year 2 Cohort Average Level I Admissions/Month State Target - 10% Increase from Baseline 02/2008 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
Breaking Free	48.0	53.0	48.2	0.2	0.4%
HAS	72.0	79.0	77.5	5.5	7.6%
HRDI	47.0	52.0	45.8	-1.2	-2.6%
Pilsen Little Village	22.0	24.0	30.5	8.5	38.6%
South Suburban	35.0	39.0	37.3	2.3	6.6%
Year 2 Cohort	224.0	247.0	239.3	15.3	6.8%
Breaking Free (Monthly Average N=289) HAS - Healthcare Alternative Systems (Monthly Average N=465) HRDI - Human Resources Development Institute (Monthly Average N=275) Pilsen-Little Village (Monthly Average N=183) South Suburban (Monthly Average N=224)					

Illinois STAR-SI Project - Year 2 Cohort Average # of Service Sessions/First 30 Days State Target - 10% Increase from Baseline 02/2008 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
Breaking Free	2.9	3.2	2.8	-0.1	-3.4%
HAS	1.9	2.1	2.7	0.8	42.1%
HRDI	3.6	4.0	3.7	0.1	2.8%
Pilsen-Little Village	5.2	5.7	5.3	0.1	1.9%
South Suburban	2.7	3.0	3.0	0.3	11.1%
Year 2 Cohort	2.9	3.2	3.3	0.4	13.8%
Breaking Free (Monthly Average N=289) HAS - Healthcare Alternative Systems (Monthly Average N=465) HRDI - Human Resources Development Institute (Monthly Average N=275) Pilsen-Little Village (Monthly Average N=183) South Suburban (Monthly Average N=224)					

Illinois STAR-SI Project - Year 2 Cohort Avg. Duration (Days) from Admission to First Clinical Session State Target - 10% Reduction from Baseline 02/2008 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
Breaking Free (Unit 62)	18.2	16.4	16.7	-1.5	-8.2%
HAS (Unit 10)	26.9	24.2	19.1	-7.8	-29.0%
HRDI (Unit 01)	0.6	0.5	1.8	1.2	200.0%
Pilsen-Little Village CMHC	10.0	9.0	8.6	-1.4	-14.0%
South Suburban Council	16.9	15.2	16.2	-0.7	-4.1%
Year 2 Cohort	12.9	11.6	12.1	-0.8	-6.2%
Breaking Free (Monthly Average N=166) HAS - Healthcare Alternative Systems (Monthly Average N=102) HRDI - Human Resources Development Institute (Monthly Average N=140) Pilsen-Little Village CMHC (Monthly Average N=154) South Suburban Council (Monthly Average N=124)					

Illinois STAR-SI Project - Year 2 Cohort Avg. Duration (Days) from First to Second Clinical Session State Target - 10% Reduction from Baseline 02/2008 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
Breaking Free (Unit 62)	10.7	9.6	10.1	-0.6	-5.6%
HAS (Unit 10)	8.0	7.2	6.4	-1.6	-20.0%
HRDI (Unit 01)	2.4	2.2	6.4	4.0	166.7%
Pilsen Little Village	6.6	5.9	5.9	-0.7	-10.6%
South Suburban Council	8.2	7.4	7.0	-1.2	-14.6%
Year 2 Cohort	7.8	7.0	7.4	-0.4	-5.1%
Breaking Free (Monthly Average N=144) HAS - Healthcare Alternative Systems (Monthly Average N=98) HRDI - Human Resources Development Institute (Monthly Average N=66) Pilsen-Little Village CMHC (Monthly Average N=140) South Suburban Council (Monthly Average N=113)					

Illinois STAR-SI Project - Year 2 Cohort % of Admitted Level I Clients/At Least 4 Sessions/First 30 Days State Target - 10% Increase from Baseline 02/2008 - 07/2008					
Provider	Baseline	Target	Monthly Avg.	Net Change	Percent Change
Breaking Free	38.3%	42.1%	34.7%	-3.6%	-9.4%
HAS	18.8%	20.7%	33.1%	14.3%	76.1%
HRDI	48.5%	53.4%	52.0%	3.5%	7.2%
Pilsen-Little Village	62.7%	63.3%	59.6%	-3.1%	-4.9%
South Suburban Council	28.8%	31.7%	32.6%	3.8%	13.2%
Year 2 Cohort	35.1%	38.6%	40.2%	5.1%	14.5%
Breaking Free (Monthly Average N=289) HAS - Healthcare Alternative Systems (Monthly Average N=465) HRDI - Human Resources Development Institute (Monthly Average N=275) Pilsen-Little Village (Monthly Average N=183) South Suburban (Monthly Average N=224)					

- The five Cohort 2 providers had a combined average of 239.1 client admissions per month, which was a 6.8% increase over the baseline of 224 admissions per month. One of the five providers had an increase that exceeded the target 10% increase over baseline.
- The five Cohort 2 providers had a combined monthly average of 3.3 service sessions provided to admitted clients during the first 30 days, which was a 13.8% increase from

the baseline of an average of 2.9 sessions during the first 30 days. Two of the five providers had a monthly average that exceeded the target 10% increase over baseline.

- The five Cohort 2 providers had a combined average duration from opening to first service of 12.1 days, which was a 6.2% decrease from the baseline of 12.9 days. Two of the five providers had decreases that exceeded the target 10% decrease from baseline.
- The five Cohort 2 providers had a combined average duration from first to second service of 7.4 days, which was a 5.1% decrease from the baseline of 7.8 days. Three of the five providers had decreases that exceeded the target 10% decrease from baseline.
- The five Cohort 2 providers had a combined average percentage of 40.2% of admitted clients who had at least four sessions during the first 30 days following opening, which was a 14.5% increase from the baseline of 35.1% of admitted clients. Two of the five providers had increases in percentage of admitted clients with at least four sessions in the first 30 days that exceeded the target 10% increase from baseline.

Illinois Strengthening Treatment Access and Retention – State Implementation (*STAR-SI*)

Evaluation Design

Richard E. Sherman, Ph.D. , Evaluator

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>The Illinois STAR-SI project will collaborate with five treatment provider organizations in southern Illinois.</p> <p>All STAR-SI states are required to report the baseline and periodic status of the following service and retention measures.</p> <ul style="list-style-type: none"> - Average Units of Service Provided to Admitted Outpatients will measure the average level of treatment participation among admitted outpatients. - Average Length of Stay--average number of days that clients remain open in outpatient services. <p>Illinois has decided to additionally report on the following service access and retention measures.</p> <ul style="list-style-type: none"> - Average Time to Assessment Appointment—from date client first contacts the agency. - Average Time from Assessment to First Outpatient Session. - Average Time from First to Second Outpatient Session. - Early Client Engagement Rate will measure the successful completion of four group or individual sessions within thirty days of admission. 	<p>DARTS</p>	<p>Not Applicable at this time.</p>

Targeted Capacity Expansion and HIV Services El Rincon Community Clinic	
DHS Project Director	Theodora Binion-Taylor
DHS Contract Mgr	Carolyn Hartfield
Annual Grant \$	\$500,000
Evaluator Name & Contact Info	IOTA, Inc. Emma J. Flowers/773-271-2348
Annual Eval \$	\$90,000
Contact for a copy of evaluation reports	Richard Sherman, Ph.D./773-478-9265
Funding Source	SAMHSA/CSAT
Eval Period	9/30/2007 – 9/29/2012

Targeted Capacity Expansion and HIV Services (TCE/HIV) Grant - El Rincon Community Clinic (Chicago). In September 2007, IDHS/DASA was awarded funding of this five-year TCE/HIV project through an application submitted to Center for Substance Abuse (CSAT).

The purpose of this project is to expand and enhance the outpatient methadone treatment (OMT) services that are available to Chicago community areas. *The target population of this TCE/HIV project is adult male and female Hispanic/Latino and African American residents of the following three mid-north City of Chicago community areas who are assessed to be in need of outpatient methadone treatment (OMT) services: Logan Square, Humboldt Park, and West Town. To be eligible for project services, male residents of the targeted communities must also be injection drug users or have been released from incarceration in prison or jail within the past two years.*

It is projected that 250 minority male and female clients will be served through these expanded and enhanced OMT services during the five years of CSAT funding. IDHS/DASA contracted with El Rincon Community Clinic to provide the expanded and enhanced services supported through this CSAT TCE/HIV grant. The Outpatient Methadone Treatment services provided by El Rincon will be expanded by 75 slots, specifically for Hispanic/Latino and African American adult residents of the targeted Chicago community areas. Included in this project are service enhancements in the form of the evidence-based practice of comprehensive case management services.

IOTA, Inc. was contracted to perform this project's evaluation, under the direction of Richard E. Sherman, Ph.D. IOTA, Inc. is an African American female-owned corporation specializing in a range of program development and support services to human service organizations and

agencies. IOTA was incorporated in Illinois in 1992. Two additional IOTA evaluation team members, IOTA President, Emma J. Flowers and Yvonne B. Sherman collaborate in the provision of evaluation data collection, processing, and reporting activities.

Capacity. This project's application contained a statement of goals and objectives that included a proposed cumulative intake target of **250** unduplicated minority male and female clients over the five years of CSAT funding, **50** during each project year. As of July 14, 2009, **149** client intakes had been entered on the CSAT SAIS web site. This represents **156.8%** of the cumulative target of 95 intakes up to this point. The following is a summary of baseline characteristics of the minority male and female clients who have thus far been admitted to treatment through this *TCE/HIV* project.

- Forty percent (40%) of the clients thus far admitted to this *TCE/HIV* project are female and they are on average 40.0 years of age at time of admission. About 30% of the clients indicated African American as their race.
- Nearly 70% of the admitted clients reported themselves to be of Hispanic ethnicity. All but 17 of these 103 clients indicated that they were Puerto Rican.
- Over 50% of the clients reported that they had not completed high school.
- Only three of the admitted clients reported being employed full-time at time of admission and only six of the clients reported part-time employment. Nearly 50% of the clients reported that they were unemployed looking for work, and almost 25% reported that they were unemployed not looking for work.
- A little less than 45% of the clients reported living in their own home or apartment and all but eight of the remaining clients reported living in someone else's home or apartment.
- The majority of admitted clients reported some level of feelings of stress, reduction in important activities, and emotional problems during the 30 days prior to admission that they attributed to their substance use.
- Nearly 50% of the clients rated their current health as "fair" or "poor."
- Over 55% of the clients stated that they had injected drugs during the 30 days prior to admission, and a little over 15% stated that they had used "works" that had been used by others.
- Over 25% of the admitted clients reported being on probation or parole at time of admission and 7% reported that they were awaiting trial or sentencing.
- Over one-third of the clients reported unprotected sexual contacts during the 30 days prior to admission. Seven of the clients reported unprotected sexual contacts with a

drug user and 10 reported unprotected contacts with someone "high" on some substance.

- Relatively few of the clients reported attendance at any type of recovery support group during the 30 days prior to admission. However, over 80% reported interactions with family and/or friends who are supportive of recovery during the 30 days prior to admission.
- Nearly 45% of the admitted clients reported serious depression, over 35% reported serious anxiety or tension, and over 25% reported trouble concentrating or remembering during the 30 days prior to admission that were not attributable to their substance use. However, less than 8% of the admitted clients reported having taken prescribed psychiatric medications during that time period.
- Over 80% of the clients reported having children. There was an average of 2.8 children among the admitted clients. Six of the clients reported having children living elsewhere due to a court order, and 15 reported having lost custody of their children.
- The clients thus far admitted to this project reported an average of 25.5 days of heroin use during the 30 days prior to admission. These clients also reported an average of 3.2 days of cocaine use and an average of 3.0 days of alcohol use during the 30 days prior to admission.

Effectiveness. As part of this *TCE/HIV* project evaluation, attempts are being made to administer the expanded GPRA data collection tool at six-months post-admission. This is the follow-up interval required by CSAT for *TCE/HIV* projects. The first clients admitted to this project came due for six-month follow-up during May 2008. IOTA is responsible for conducting these six-month follow-up interviews. As of this interim report's preparation, a total of 110 completed follow-up tools were received for the 120 clients who had come due for six-month follow-up. This represents an interim follow-up rate of **91.7%**. Partial results from an interim analysis of El Rincon client follow-up responses are provided in the below table.

This analysis is based on the **110** paired baseline and six-month follow-up interviews that were downloaded from the CSAT SAIS web site on July 14, 2009. Baseline and six-month follow-up comparisons that are statistically significant are noted. The Wilcoxon Signed-Rank (*Z*) and chi-square (χ^2) tests of statistical significance are used. "N.S." is noted in the case of comparisons that were not statistically significant. The following is a summary of findings from these interim results. The summary of interim evaluation findings is arranged by CSAT GPRA domain.

Self-sufficiency

- There was a statistically significant change from admission to six-month follow-up in the employment status pattern among the interviewed clients. ***About 7% of the clients***

were employed at admission, but at six-month follow-up 10% reported being employed full-time and 10.9% reported part-time employment.

Social Support/Functioning

- There was a *significant decrease from baseline to six-month follow-up among the interviewed clients in average income from illegal sources.*
- There were statistically significant increases from baseline to six-month follow-up in the percentages of interviewed clients who reported attendance at non-faith based organization self-help groups, and other groups that support recovery.

Mental/Physical Health Status

- There was a significant decrease from baseline to six-month follow-up among the interviewed clients in average days of self-reported depression.
- *There was a significant increase from baseline to follow-up in the percentage of clients who reported their overall health status to be excellent or good.*

Alcohol and Drug Use

- There were significant reductions at the time of follow-up in the percentages of clients who reported feelings of stress, reduction in important activities, and emotional problems due to substance abuse during the past 30 days.
- *At the time of six-month follow-up, clients reported significant reductions during the past 30 days in average days of use of cocaine, marijuana, and heroin as compared to the 30 days prior to admission. Nearly 55% of the interviewed clients reported abstinence from heroin during the 30 days prior to their follow-up interviews.*
- There was also a significant reduction from baseline to six-month follow-up in the percentage of clients who reported injecting drugs during the past 30 days.

Targeted Capacity Expansion and HIV Services Family Guidance Centers, Inc.	
DHS Project Director	Theodora Binion-Taylor
DHS Contract Mgr	Carolyn Hartfied
Annual Grant \$	\$500,000
Evaluation Name & Contact Info	IOTA, Inc. Emma J. Flowers/773-271-2348
Annual Eval \$	\$90,000
Contact for a copy of evaluation reports	Richard Sherman, Ph.D./773-478-9265
Funding Source	SAMHSA/CSAT
Eval Period	9/30/2007 – 9/29/2012

Targeted Capacity Expansion and HIV Services (TCE/HIV) Grant – Family Guidance Centers, Inc. (Chicago). In September 2007, IDHS/DASA was awarded funding of this five-year TCE/HIV project through an application submitted to Center for Substance Abuse (CSAT). The purpose of this project is to expand and enhance the outpatient methadone treatment (OMT) services that are available to Chicago community areas. *The purpose of this TCE/HIV project is to expand and enhance the evidence-based outpatient methadone treatment (OMT) services that are available to African American and Hispanic/Latino injecting males, to include Men who have sex with other Men (MSM), who are residents of the near north and west side City of Chicago community areas that have high rates of HIV infection and AIDS.*

It is projected that **250 unduplicated minority male clients** will be served through these expanded and enhanced services during the five years of CSAT funding. IDHS/DASA will function as the grantee and will be responsible for all grant administration requirements. IDHS/DASA has contracted with **Family Guidance Centers, Inc. (FGC)** to provide the proposed expanded and enhanced services. IOTA, Inc. was contracted to implement an evaluation plan for this grant that includes administration of the CSAT *Government Performance and Results Act (GPRA)* items at admission, discharge from project services, and six-month post-admission follow-up. The evaluation is being conducted under the direction of Richard E. Sherman, Ph.D. Other IOTA staff assist in the data collection, processing, analysis, and reporting activities described below.

Capacity. This project's application contained a statement of goals and objectives that included a proposed cumulative intake target of 250 unduplicated minority male clients over the five years of CSAT funding. **As of July 14, 2009, 127 client intakes had been entered on the CSAT SAIS web site. This represents 133.7% of the cumulative target of 95 intakes up to**

this point. The following is a summary of baseline characteristics of the 127 minority male clients who have thus far been admitted to treatment through this TCE/HIV project.

- The minority male clients thus far admitted to this *TCE/HIV* project are on average 41.8 years of age at time of admission. About two-thirds of the clients indicated African American as their race.
- About one-third (34.6% - 44) of the admitted clients reported themselves to be of Hispanic ethnicity, with about two-thirds of these clients indicating that they are Puerto Rican.
- Over one-third of the clients reported that they had not completed high school.
- Only two of the admitted clients reported being employed full-time at time of admission and only four of the clients reported part-time employment. Over 60% of the clients reported that they were unemployed not looking for work.
- The admitted clients had an average income during the past 30 days from wages of less than \$55, and an average income during the past 30 days from illegal sources of nearly \$430.
- About 35% of the clients reported living in their own home or apartment and over 50% reported living in someone else's home or apartment. Therefore, the majority of admitted clients reported unstable living arrangements.
- The majority of admitted clients reported some level of feelings of stress, reduction in important activities, and emotional problems during the 30 days prior to admission that they attributed to their substance use.
- Over one-third of the clients rated their current health as "fair" or "poor." Over 10% of the clients reported having visited an emergency room for physical health problems during the 30 days prior to admission.
- Over 40% of the clients stated that they had injected drugs during the 30 days prior to admission.
- Over one-fifth of the admitted clients reported being on probation or parole at time of admission and nearly 10% reported that they were awaiting trial or sentencing.
- Over 50% of the clients reported unprotected sexual contacts during the 30 days prior to admission. Three of the clients reported unprotected sexual contacts with a drug user and 20 reported unprotected contacts with someone "high" on some substance.
- Relatively few of the clients reported attendance at any type of recovery support group during the 30 days prior to admission. However, about two-thirds reported interactions

with family and/or friends who are supportive of recovery during the 30 days prior to admission.

- Over one-third of the admitted clients reported serious depression, over one-third reported serious anxiety or tension, and nearly 20% reported trouble concentrating or remembering during the 30 days prior to admission that were not attributable to their substance use. However, only three of the admitted clients reported having taken prescribed psychiatric medications during that time period.
- Over 70% of the clients reported having children. There was an average of three children among the admitted clients. Six of the clients reported having children living elsewhere due to a court order, and four reported having lost custody of their children.
- The clients thus far admitted to this project reported an average of 26.7 days of heroin use during the 30 days prior to admission. These clients also reported an average of 5.3 days of cocaine use and an average of 1.4 days of alcohol use during the 30 days prior to admission.

Effectiveness. As part of this *TCE/HIV* project evaluation, attempts are being made to administer the expanded GPRA data collection tool at six-months post-admission. This is the follow-up interval required by CSAT for *TCE/HIV* projects. The first clients admitted to this project came due for six-month follow-up during May 2008. IOTA is responsible for conducting these six-month follow-up interviews. As of this interim report's preparation, a total of 98 completed follow-up tools were received for the 112 clients who had come due for six-month follow-up. This represents an interim follow-up rate of **87.5%**. Partial results from an interim analysis of Family Guidance client follow-up responses are provided in the below table. This analysis is based on the **100** paired baseline and six-month follow-up interviews that were downloaded from the CSAT SAIS web site on July 9, 2009. One of these interviews was conducted prior to opening of the client's follow-up window. The following is a summary of findings from these interim results. The summary of interim evaluation findings is arranged by GPRA domain.

Self-sufficiency

- There was a statistically significant change from admission to six-month follow-up in the employment status pattern among the interviewed clients. **Only four of the clients was employed admission, but at six-month follow-up 17 reported being employed part-time. Although this change is statistically significant, a greater increase in reported employment at follow-up would be desirable.** *However, the fact that this is a relatively older client population with a relatively low rate of high school completion, present substantial challenges to attaining improved changes in employment.*
- There was a significant increase from baseline to six-month follow-up among the interviewed clients in average income from wages during the past 30 days.

Social Support/Functioning

- There was a significant decrease from baseline to six-month follow-up among the interviewed clients in average income from illegal sources.
- There was a significant increase from baseline to follow-up among the interviewed clients in regards to the percentage who reported attendance during the past 30 days at non-FBO support groups and other groups that support recovery.

Alcohol and Drug Use

- There were significant reductions at time of follow-up in the percentages of clients who reported feelings of stress, reduction in important activities, and emotional problems due to substance abuse during the past 30 days.
- At time of six-month follow-up clients reported a significant reduction during the past 30 days in average days of cocaine, marijuana and heroin use as compared to the 30 days prior to admission. *Over 40% of the interviewed clients reported abstinence from heroin during the 30 days prior to their follow-up interviews.*
- There was also a significant reduction from baseline to six-month follow-up in the percentage of clients who reported injecting drugs during the past 30 days.

Mental/Physical Health Status

- There was a statistically significant increase from baseline to follow-up in the percentage of clients who reported being extremely bothered by psychological and/or emotional issues. *Although not statistically significant, there were increases from baseline to follow-up in average days of various self-reported mental health issues during the previous 30 days. Participation in the treatment process may account for clients being more cognizant of these mental health issues.* Nevertheless, the program may want to examine the extent to which mental health issues are addressed during treatment.

Targeted Capacity Expansion and HIV Services Grants

(El Rincon and Family Guidance Centers)

Evaluation Design

Richard E. Sherman, Ph.D. , Evaluator

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Process Evaluation Questions</p> <ul style="list-style-type: none"> -Was the project implemented as intended? -What types of project plan deviations occurred, what led to the deviations, and what effects did the deviations have on the project? -What are the staffing, logistical and cost characteristics of the delivered services? <p>Outcome Evaluation Questions</p> <ul style="list-style-type: none"> -What are the characteristics of the clients who participate in the implementation of the evidence based substance abuse treatment services? -What outcomes are evident among the clients who participate in the expanded and enhanced services? -What is the durability of observed effects and what individual factors are related to observed effects? -To what extent did the project achieve its quantitative objectives for client admission and service delivery? What are the stakeholder group perceptions of project services? 	<p>GPRA Client Satisfaction Survey Focus Groups</p>	<p>Not Applicable</p>

IDHS Division of Community Health and Prevention

Illinois Steps AHEAD (GEAR UP)	
DHS Contract Mgr	Karrie Rueter
Annual Grant \$	\$3,500,000
Evaluator Name & Contact Info	Peter Mulhall, Ph.D. Nancy Flowers, B.S. Center for Prevention Research and Development University of Illinois at Urbana-Champaign
Annual Eval \$	\$300,000
Funding Source	US Department of Education
Eval Period	10/1/05 – 9/30/11

Program Summary

The Illinois Steps for Attaining Higher Education through Academic Development (AHEAD) provides early intervention educational services and post-secondary educational scholarships for middle and high school students. This initiative has been implemented across the state of Illinois in twenty-one communities. ***The fundamental purpose of Illinois Steps AHEAD is to increase the number of low-income students that attend and succeed in college.*** Program components include; early intervention educational services, creative and engaging academic support for students, career exploration programs, college preparation services, scholarships, increased parent involvement, and increased collaboration with local schools.

The Illinois Steps AHEAD program works with students in middle and high school to improve their achievement, build study skills, assist in course selection, and increase their knowledge of admission requirements for college education. A State-level advisory board oversees the initiative and includes leaders from state agencies and organizations that are integral to academic and school reform, higher education, human services, professional development, and evaluation.

Process Evaluation Findings

FY08 was a transitional year for Illinois Steps AHEAD as the first cohort of youth participants who have been in the program for three years, started high school. Illinois Steps AHEAD administration and providers began working with high school principals and started rendering services to high school students. The process of tracking youth into numerous high schools in each community and effectively retaining students in the program proved challenging. To assist providers, access to IDHS Community Support Service Consultants (CSSC) was increased.

Illinois Steps AHEAD provided services to 1,914 youth in FY08, with 1,270 participating in activities on an ongoing and regular basis throughout the year. The core components of the program (tutoring, mentoring, and college advisement) were delivered by all providers. Students received an average of 32.1 hours of tutoring, an average of 10.6 hours of mentoring, and an average of 13.6 hours of counseling/advising throughout the year. The lower number of regular attendees to the program (1,270) is the result of the greater demands on older students' after-school time due to increased extra-curricular activity options.

The Illinois Steps AHEAD administration worked with providers to establish letters of agreement between extra-curricular activity organizers and the program which allows such participation to occur simultaneously with participation in the Illinois Steps AHEAD program. Administration has also worked with schools to allow the delivery of Illinois Steps AHEAD services during the school day if feasible, thus further lessening the competition for students after school hours.

Engaging parents in the Illinois Steps AHEAD program remains challenging. Attendance data for approximately 340 parents was collected. It shows that these parents received an average of 3.9 hours of workshops on college and an average of 2.5 hours of counseling and/or advising. On the 2009 parent survey, 36% of the parents reported they had never attended any Illinois Steps AHEAD function.

Data on the implementation of the Illinois Steps AHEAD program was gathered during site visits, focus groups, and interviews in 2008. While providers remain focused on the core program components (tutoring, mentoring, college advisement), they implemented them with great variability across providers. The college advisement component was "home grown" at all providers and thus variability in how it is delivered is significant. Additionally, some providers have high levels of community connections and therefore bring these resources, partnerships, and volunteers to the program. Other implementation areas that vary by provider include: staffing, relationship with local schools, summer program offerings, and the process of developing student individual learning plans. This variability in implementation has implications for the consistency of the Illinois Steps AHEAD program.

Submission of attendance and demographic data, as well as access to academic data for purposes of the evaluation varies across Illinois Steps AHEAD providers. Attempts to improve data procedures and practices among providers have included: refining eCornerstone data fields, distributing instructions on eCornerstone entry, monitoring eCornerstone entry, and assisting providers in establishing relationships with local school systems to gain access to academic data.

Outcome Evaluation Findings

Academic Performance. Illinois Steps AHEAD providers work regularly with youth to improve their schoolwork and academic performance. As part of this process, providers are instructed to develop and maintain individual learning plans (ILP) for each youth. Data shows

that 82% of all Illinois Steps AHEAD youth have an ILP. Key outcome findings to date include:

- When youth were asked in the 2009 survey about their academic performance and study habits since participating in the Illinois Steps AHEAD program, 50% said their grades in school this year were better than last year.
- In addition, more than 85% of all youth reported numerous positive outcomes from their participation in the program, including: ability to set goals, complete homework more often, improve academic skills, and preparation for college.
- An examination of report card grades showed no change among Illinois Steps AHEAD youth from 2007 to 2008. Seventy-five (75%) percent of youth had no failing grades in core academic subjects during major grading periods in 2008 (it was 74% in 2007).

Educational Expectations. One of the core goals of the Illinois Steps AHEAD program is to raise the educational expectations and aspirations of youth. Some of the key findings to date in this area include:

- Seventy-six (76%) percent of Illinois Steps AHEAD youth reported in 2009 that they expect to attain a 4-year college degree. When youth were asked how important it was to them to get a good paying job after finishing school, 80% indicated it was 'very important' (up from 76% in 2007).
- Ninety-one (91%) percent of youth in 2009 'strongly agree' or 'agree' that since attending the program, they are more interested in going to college.
- Additionally, 85% of youth 'strongly agree' or 'agree' that since attending the program they are more prepared to attend college.

Knowledge About College. In addition to academic support services, Illinois Steps AHEAD also provides youth with numerous opportunities to learn about college admission requirements, financial aid, how to apply for college, and what the college experience will entail. On average, Illinois Steps AHEAD youth participated in 12.8 hours of college tours in FY08. Some of the key findings in this area include:

- Youth survey data show promising results about the increase in youth knowledge about college. Youth were more knowledgeable about 4-year colleges in 2009 (96%) than they were in 2007 (89%).
- Youth were also more familiar with the tuition costs in Illinois as well (58% in 2009; 29% in 2007). Also, youth who attend the Illinois Steps AHEAD program more often were more likely to increase their knowledge about college (e.g., 4-year colleges, tuition costs, scholarships). Program services about college were also provided to parents. Fifty-seven (57%) percent of the parents surveyed in 2009 reported that Illinois Steps

AHEAD staff have talked to them about college entrance requirements (up from 38% in 2007). As a result, parent knowledge about college has increased.

- While 43% of parents were ‘familiar’ with high school graduation requirements in 2007, it increased to 52% in 2009.

Illinois Steps AHEAD (*GEAR UP*)

Evaluation Design

Peter Mulhall, Ph.D. and Nancy Flowers

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<ul style="list-style-type: none"> - Increased number of students who enroll in and complete college prep courses (e.g., pre algebra, Algebra 1, etc.) - Improved students academic performance (grades, achievement test scores) - Improved school attendance - Increased rate of grade level promotion - Increased number of students who take college entrance exams - Increased number of students who enroll in post-secondary education - Increased perceptions of access to higher education - Improved parent expectations and aspirations related to college - Increased knowledge/understanding of college financial options - Increased number of completed applications for college financial aid - Increased number of college visits - Increased number of students who report having an adult to talk to about establishing educational goals, planning for college and/or career - Increased educational expectations and aspirations related to college attendance, success, and graduation - Improved students' expectations for a productive future - Increased parent involvement in their child's education - Improved parent educational expectations and aspirations related to college attendance, success, and graduation - Improved teacher expectations for academic performance of low-income students - Increased contact between schools and families related to college preparation and career planning. - Increased type and number of strategies that teachers use to promote educational success with "at-risk" students 	<ul style="list-style-type: none"> - Student surveys - Parent surveys - Program staff surveys - Academic records (already available through the Teen REACH evaluation) - Achievement test scores - Program attendance records - Site visits and focus group discussions with program staff, collaborative partners, and the students and families served by Illinois Steps Ahead 	<p>Training and support is being provided to statewide project staff and local program staff as they engage in the ongoing evaluation process.</p>

Substance Abuse Prevention Block Grant	
DHS Contract Mgr	Kim Fornero
Annual Grant \$	\$14,100,315
Evaluator Name & Contact Info	Peter Mulhall, Ph.D. Beth Welbes, M.S.P.H. Center for Prevention Research and Development (CPRD) University of Illinois at Urbana-Champaign
Annual Eval \$	\$821,343
Funding Source	SAMHSA
Eval Period	7/1/08 – 6/30/09

Evaluation information was submitted via e-mail by Beth Welbes, MSPH, August 10, 2009.

Substance Abuse Prevention and Treatment Block Grant (SAPT) *Brief Summary*

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse (CSAT) and the Center for Substance Abuse Prevention (CSAP) make available allotments each year to States through the funding of the Substance Abuse Prevention and Treatment Block Grants for the purposes of planning, carrying out, and evaluating activities to prevent and treat substance abuse to include the abuse and/or illicit use of alcohol and other drugs. The Block Grant funds may be expended to provide for a wide range of activities to prevent and treat substance abuse and may be expended to deal with the abuse of alcohol, the use or abuse of illicit drugs, the abuse of licit drugs and the use or abuse of tobacco products.

The annual uniform application due **October 1, 2008** serves as the application to SAMHSA for the SAPT Block Grant funds and includes: (1) funding agreements and certifications (2) an annual report (3) intended use plan (4) voluntary treatment and prevention performance measures.

The Substance Abuse Prevention and Treatment Block Grant FY 2009 allocation for Illinois is anticipated to be \$69,617,036 based on the President's FY 2009 Budget Request. This figure is based upon a formula allocation determined by three elements: (1) the population of individuals needing services; (2) the cost of providing services; and (3) the state income level. There is not a line item budget submission requirement for the application. As part of the Federal funding requirements, Illinois must meet "Set Aside" requirements for expenditures for the following priority services and risk populations: 20% for Prevention, 5% for HIV and 5% for administration.

Program Summary

The substance abuse prevention evaluation covers programs funded by the Illinois Substance Abuse Prevention and Treatment (SAPT) Block Grant. The SAPT block grant requires that 20% of the block grant funds be spent on prevention activities. In Illinois, the funds are used to support a prevention infrastructure with different types of service providers:

- *Comprehensive Grant Program:* 100 Comprehensive grants are awarded to not-for-profit organizations/governmental entities. These agencies deliver prevention services and build prevention capacity of coalitions and other organizations at the community level.
- *Statewide Programs:* 14 Statewide Programs receive funding to serve large geographic areas or defined target populations.
- *Specialized Services Providers:* 8 Specialized Services Providers are funded to target special populations including people with disabilities, youth in alternative educational settings, etc.

The goal of this prevention infrastructure is to prevent the onset of substance use and delay the progression of substance abuse. *The primary emphasis is to prevent substance abuse among Illinois youth ages 10-17 through impacting the environments where they live, learn, and grow.*

Process Information

During FY08, one hundred (100) Comprehensive Grant Providers delivered 1707 substance abuse prevention programs that served 258,752 people across Illinois. Fifty percent of the population served was between the ages of 12 and 17 with about three-fourths under the age of 21. Based on the race and ethnicity categories required by SAMHSA, 24% of the population served was African-Americans and 9% were identified as Hispanic. Geographically, prevention programs throughout the state directly served 45 Chicago community areas, 329 school districts, and 328 municipalities. *In addition, prevention strategies were implemented countywide within 92 of the 102 counties in Illinois.*

Illinois uses a variety of measures to monitor the performance of *Comprehensive Grant* programs individually and across the prevention system as a whole. *Comprehensive Grant Providers are expected to devote 75% of their contract hours to implement evidence based programming. In FY08, 69% of the Comprehensive Grant Providers met that contract expectation.* In addition, 88% of all programs delivered were considered evidence-based. Evidence-based programming includes model programs, strategies, and practices (*for example, mentoring*) that are recognized by prevention experts as best practices. It is important to note that these practices, programs, and policies include locally developed efforts, consistent with locally defined cultures that meet standards of practice that research has determined to be “essential ingredients” of effective and successful prevention programs.

*To support accountability and ensure that programs are implementing best practice strategies, grant funded programs are evaluated annually. Comprehensive Grant Providers submit evaluation progress reports that present information on key indicators that define quality program implementation to the University of Illinois's Center for Prevention Research and Development. These reports are reviewed against a standard set of criteria based on the number of people served, completion rates, fidelity to their program plan, and sufficient levels of staff training. The results of these reviews are communicated in writing to funded agencies within 2 months. These results provide Illinois Department of Human Service staff and prevention managers with critical information on the functioning of funded programs and whether they meet state prevention standards and goals. **In FY08, 55% of the funded agencies met the standard criteria for high quality program performance.***

Outcome Evaluations

Each year, based on program performance reviews described above, a subset of agencies is selected to participate in a two to three-year outcome evaluation using a quasi-experimental design that employs a comparison group. *In FY08, 3 Comprehensive Grant programs completed the outcome evaluation. An additional 2 agencies employ annual outcome data collection to track the progress toward addressing substance abuse issues via school-based social norms marketing campaigns. The results from these outcome evaluations are presented below based on the type of program evaluated.*

Botvins Life Skills Training (LST) was evaluated in one rural and one urban/suburban setting. All three years of the program (core and two years of booster sessions) were delivered across all evaluation sites. The target population was 6th-8th graders and all sites were based in classroom settings during the school day. All evaluations included a comparison sample against which trends for substance use, attitudes and knowledge could be more confidently interpreted.

The following outcomes were demonstrated in program intervention groups relative to the comparison groups:

- *Increased intent to use ATOD resistance skills*
- *Increased assertiveness skills*
- *Delayed intent to use cigarettes in the future*
- *Decreased perceptions that most adults smoke*

Social Norms Marketing (SNM) is a prevention strategy based on the theory that youth choose to use alcohol, tobacco and other drugs because they believe use is the norm among their peers. In fact, research has demonstrated that adolescents consistently overestimate both the prevalence of use and the frequency of use. SNM requires that data are collected locally about the actual use rates and that messages are disseminated about the factual levels of use to highlight that use is not normative.

Two Comprehensive Grant Providers collect annual data to monitor the progress of their SNM efforts in three suburban high schools. Two of the three high schools are located in suburbs with a high proportion of Hispanic youth. There are no comparison groups against which to judge the changes observed over time.

- During an SNM campaign conducted from 2006-2008, there was a *2% decrease in smoking* and a *2% decrease in alcohol use* observed among students in one high school.
- During an SNM campaign conducted from 2004-2008, there was a *2% decrease in smoking* and a *1% decrease* in alcohol use observed among students in another high school. Notably, the campaign targeted these two substances but did not target marijuana use norms. During the same period, there was a 3% increase in marijuana use.
- During an SNM campaign conducted from 2005-2008, there was a *10% decrease in alcohol use* and a *4% decrease* in smoking among students in the third high school.

One additional Comprehensive Grant Provider participated in a 5 year study of the impact of SNM on alcohol use among high school students from 2003-2008. This study employed a quasi-experimental design and used census level data collection within each school. Exposure to the SNM campaign:

- *had a significant effect on* whether subjects believed most students at their school *used alcohol at least once per month.*
- *had a significant effect on* whether subjects believed most students at their school *get drunk at least once per month.*
- resulted in *lower rates of 30 day alcohol use* among subjects during years 2, 3 & 4 despite starting the study with significantly higher consumption rates than the comparison youth.

Substance Abuse Prevention Block Grant

Evaluation Design

Peter Mulhall, Ph.D. and Beth Welbes, M.S.P.H.

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Substance Abuse Prevention Program</p> <p>Process</p> <ul style="list-style-type: none"> - % of agencies delivering at least one program deemed “ready for outcome evaluation” - % of programs deemed “ready for outcome evaluation” -75% of contract hours are devoted to evidence-based programs, policies and practices -100% of contract hours are delivered (with a10% variance given) <p>Outcome</p> <ul style="list-style-type: none"> -Decrease in alcohol, tobacco and other drug use among youth -Decrease in risk factors and increase in protective factors contributing to youth alcohol, tobacco and other drug use 	<p>On Track MIS system developed and maintained by CPRD through this contract.</p> <p>Readiness for Outcome Evaluation review process conducted annually</p> <p>Comprehensive Grant Program annual work plans</p> <p>Illinois Youth Survey</p> <p>Social Norms Marketing Survey</p> <p>Botvin’s Life Skills Program Evaluation Survey</p> <p>Biannual Provider Survey</p>	<p>This evaluation contract includes a wide array of evaluation services including development of the data collection systems and protocols described in this report and other deliverables such as:</p> <ul style="list-style-type: none"> - Provide training and technical assistance to providers on evaluation issues; - Prepare research briefs that summarize outcomes and implementation standards for prevention approaches included in the CGP workplan; - Conduct a Provider Survey every two years; - Review all locally developed curricula for adherence to SAPP-mandated standards; -Create documents describing success stories of CGPs who have demonstrated high quality implementation; and, -Prepare and submit prevention data required by the annual SAPT Block Grant online application

Teen Parent Family Services (TPFS)	
DHS Contract Mgr	Denise Simon
Annual Grant \$	\$350,000
Evaluator Name & Contact Info	Peter Mulhall, Ph.D. Erin Ficker, M.P.A. Center for Prevention Research and Development University of Illinois at Urbana- Champaign
Annual Eval \$	\$70,000
Funding Source	DHHS/Office of Adolescent Pregnancy Programs
Eval Period	10/01/05 – 9/30/10

Program Summary

The Teen Parent Family Services (TPFS) Project is a five-year federally-funded demonstration project, the Adolescent Family Life Care Demonstration. *It is designed to serve the families of TANF teen mothers who are participants of Teen Parent Services – Central (TPS-Central), located at 2014 South Michigan Avenue in Chicago.* This project enhances and expands upon the existing services of TPS– Central. The project offers services to the siblings (age 7-18) of the teen mother, the parents of the teen mother or mother’s long-term boyfriend, the father of the baby, and the paternal grandparents of the baby. *The project is designed to help enrolled families with the necessary support to develop and strengthen family unity. These supports include connecting each family member to community resources and involving them in a variety of programs, customized to their own interests and needs typically focusing on education, employment and personal development.*

Evaluation of Teen Parent Family Services - 2008

The evaluation team of Dr. Peter Mulhall, Ms. Erin Ficker, and the staff at University of Illinois’s Center for Prevention Research and Development (CPRD) work closely with project staff during bimonthly meetings to implement the evaluation plan, discuss data results, and resolve new challenges. CPRD sends a staff member 2-3 times per week to collect data at the comparison site for the project.

At the completion of Year 3, the project had a number of challenges related to program operations, participant recruitment and retention, and follow-up data collection. The results of the evaluation at this time must be viewed cautiously due to concerns with small sample sizes and attrition. Despite these concerns, it does appear that the project does have comparable samples of teen mothers, between the intervention and comparison sites.

TPFS is clearly serving teen moms and family members who are generally poor, in school, receiving public benefits, but have strong aspirations for improving their position in life. The only major baseline group difference appears to be significantly more Hispanic/Latina women in the intervention site.

The outcome results so far are continuing to emerge, but interesting differences can be drawn from the data and compared to the evaluation goals and SMART objectives.

Evaluation Goal: Does the project enhance self-sufficiency through school completion and/or job readiness among all family members?

- SMART Objective: Increase the percentage of teen parents, siblings, and fathers/partners who have completed high school or received their GED from 55% to 65% by October 2008.

The majority of teen mothers in both locations are currently enrolled in school or a GED program; however, most of these participants have not graduated yet, so the percentages are lower than the SMART objective at this time. We also asked the teen mothers' extended family members – fathers and siblings – about their education attainment and expectations: most want to get a GED or finish high school (59% and 52%), and virtually all believe that getting a good education is important (96% and 100%).

An interesting finding related to financial resources and self-sufficiency was the statistically significant finding that teen mothers in the intervention group use of public benefits decreased over time, and was lower than the comparison group's use of public benefits, which increased. This may be related to the greater number of teen mothers in the comparison group who had a subsequent birth (48%) compared to the teen mothers in the project group that did not report any subsequent births at all (0%).

Evaluation Goal: What impact does the TPFS have on the interaction between the teen parent and her child, the involvement of the father and his child, the grandparents and grandchild?

- SMART Objective: Increase the percentage of parenting/caregiver knowledge and skills of the father/partners and grandparents from 70% to 80% and for the teen parents and siblings from 30% to 40% by October 2009.

Teen mother reports of the child's father's interactions with their child showed mixed results. One interesting finding was that mothers reported that fathers in the intervention group play more games with their child, while the comparison group fathers appeared to have decreased their interactions at a statistically significant level. Reports of teen fathers increasing their interactions with their child demonstrated a consistent pattern across the various types of interactions (8 of 8 types of interactions). This may suggest that TPFS fathers may be more engaged with their child either on or off the TPFS site.

Evaluation Goal: Does involvement in the TPFS project improve goal setting/sense of future of teen mothers and extended family members?

- SMART Objective: Increase the percentage of family members (teen parents, father/partners, siblings) who aspire to get more education or training from 75% to 80% by October 2008.

Teen mother reports of their desire to attain goals related to education and training were very high in both the intervention and control groups, exceeding the SMART objective. ***However, the intervention group showed a 5% increase in desiring additional education and training, compared to a 6% decrease for the comparison group.***

Teen mom siblings participating in the TPFS project at a higher level (more hours) reported a stronger commitment to goals and greater sense of future goals than siblings who participated less (fewer hours). *Also, a higher “dosage” of TPFS (more hours) is associated with staying enrolled in school.*

Evaluation Goal: Does the TPFS program reduce the subsequent pregnancies among teen parents?

- SMART Objective: Maintain the statewide TPFS target to keep subsequent pregnancy rates for teen parents at or below the 1.3% level.

TPFS mothers reported zero pregnancies, while 28 (or 48%) of the teen mothers in the comparison group had subsequent pregnancies. This is a *remarkable finding* and will require further investigation by the project staff and evaluation team members.

Evaluation Goal: What impact does the TPFS project have on the improvement of immunization rates of child of teen parents?

- SMART Objective: Increase the percentage of child of teen parents with up-to-date immunizations from 80% to 90% by October 2008.

Although the intervention group’s immunization rate was higher than the comparison group’s rate, and they both increased slightly over time, the level of protection is still 20-40% lower than projected. The project team is trying to understand this by examining immunization rates in the Illinois Department of Human Services’ health care billing system. Though unsure, project staff attribute this to the possibility that mothers are having a difficult time keeping track or remembering which immunizations their child received. Therefore, they may not be reporting it accurately on the forms.

Recommendations

Based on the findings presented in this end-of-year report, several recommendations emerge:

- Continue to identify ways to increase program participation and tracking at the TPFS location.
- Reduce the attrition rate by using multiple follow-up strategies for locating and gaining cooperation for participants to complete surveys.

- Identify a way to better link TPFS participants and teen mothers to determine if extended family members' participation has an impact on teen mom outcomes, and whether these outcomes are influenced by levels of (e.g., hours of) participation.
- Further investigation must be made to understand the high differential subsequent birth rates, as well as lower than expected immunization rates.

Teen Parent Family Services (Adolescent Family Life)

Evaluation Design

Peter Mulhall, Ph.D.

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Evaluation Objectives for FY08-FY09:</p> <ul style="list-style-type: none"> - Meet or exceed the Teen Parent Services statewide program minimum performance target of 84% for immunizations for Adolescent Family Life Demonstration (AFLD) participants by August 31, 2010. The AFLD immunization percent is 85%. -Meet or exceed the AFLD program minimum performance target of 40% for High School/GED completion for sibling and young father/partner participants by August 31, 2010. -Meet or exceed the minimum performance target of 75% of family members (TPS teen mothers, AFLD father/partners and siblings) who aspire to get more education or training by August 31, 2010. - Decrease the number of subsequent births to teen mothers who have family members in the AFLD project from the statewide Teen Parent Services minimum target of no greater than 4.0% to below 1.0 % by August 31, 2010. -Meet or exceed the minimum performance target of 20% employment rate for AFLD participants (grandparents and partners of teen mother/child's father) by August 31, 2010. - Meet or exceed the minimum targeted percentage of 70% for family members' survey response indicating that they positively interact with the teen mother's child(ren) by August 31, 2010; meet or exceed the minimum targeted percentage of 30% for teen mother's survey response indicating that, according to her perception, her family members positively interact with her child(ren) by August 31, 2010. <p>Process indicators:</p> <ul style="list-style-type: none"> -type of services -number of services provided -participation in core service and supplemental service areas -teen and family member participants are surveyed to assess social-demographic background, levels of education, educational aspirations, number and types of positive social interactions with family members, contraceptive behavior, and parental competency/attachment/and commitment -increase the percent of babies meeting developmental milestones. 	<ul style="list-style-type: none"> -Intake assessments -Participant service/logs -Federally required core surveys for parenting and pregnant teens -Family surveys assessing parent-child communication, parenting skills, family support, family-child interaction, future career and educational aspirations 	<p>The evaluation team developed a Program Management Information System (PMIS) data base for Teen Parent Family Services which tracks participation, case status, activities, and referrals for external services.</p>

Strategic Prevention Framework- State Incentive Grant	
DHS Contract Mgr	Kim Fornero
Annual Grant \$	\$2,350,965
Evaluator Name & Contact Info	Peter Mulhall, Ph.D. Beth Welbes, M.S.P.H. Center for Prevention Research and Development (CPRD) University of Illinois at Urbana-Champaign
Annual Eval \$	\$265,545
Funding Source	SAMHSA
Eval Period	10/1/04 –9/30/09

Evaluation information was submitted via e-mail by Beth Welbes, MSPH, August 7, 2009.

Program Summary

The Substance Abuse Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) awarded the Strategic Prevention Framework State Incentive Grant (SPF-SIG) to Illinois in October 2004. The goals of the SPF-SIG are to:

- *Prevent onset and reduce progression of substance abuse, including childhood and underage drinking;*
- *Reduce substance abuse-related problems in communities; and*
- *Build prevention capacity and infrastructure at the state and community levels.*

CSAP requires the creation and maintenance of two statewide groups to provide leadership and oversight for the SPF-SIG grant. The Statewide Advisory Council (SAC) consists of agency directors and policy makers who *use the data in order to develop, review, and monitor the progress of the state's SPF strategic plan.* The Director of the Illinois Department of Alcoholism and Substance Abuse, Theodora Binion-Taylor, chairs this advisory council. Dr. Myrtis Sullivan (Associate Director, Office of Family Health Services, Division of Community Health and Prevention, Illinois Department of Human Services) chairs the State Epidemiological Outcomes Workgroup (SEOW). These two groups, the SAC and the SEOW, provide a platform for leadership and coordination at the state level. *The SEOW (epidemiological workgroup) is specifically charged with analyzing the substance abuse indicators data to determine statewide needs and recommend strategies to improve the framework.*

In June 2007, the Illinois Department of Human Services (IDHS) awarded 85% of the grant funds to 18 community-based agencies. IDHS intentionally funded some communities with pre-existing coalitions (72%) and some without pre-existing coalitions (28%) that would presumably require more mobilization efforts to implement that SPF. Just over one-half of the funded communities were in urban settings, 28% were located in rural settings, and the

remainder were in suburban settings (17%). *The grantees are now implementing the strategic prevention framework which allows them to make data-supported decisions about priorities and programming at the community level.*

State Level Evaluation Activities

The state level evaluation has been monitoring progress of the project since its inception in 2004. At least one member from the CPRD evaluation team attends all SEOW and SAC meetings. All SEOW and SAC activities are tracked and monitored with a SPF/SIG Event Tracking Database, developed by CPRD for monitoring all aspects of the SPF/SIG project. This database allows for tracking: attendance at each meeting; decisions reached; level of participation of all stakeholders and leadership involvement; and the decisions reached on controversies/obstacles identified. This database also tracks all key project events, including activities such as the development of the State Epidemiological Profile, completion of the Comprehensive State Plan for Prevention, and process for funding the 18 SPF/SIG communities.

A key focus of SPF-SIG is to change the way state agencies work together to achieve prevention goals. The project expects that the state's prevention agencies will utilize the data and outcomes learned to better strengthen and focus their impact in the SPF-SIG communities. The SEOW has already demonstrated collaborative action by identifying other epidemiological focused organizations and groups throughout the state, compiling a database of prevention resource dollars per youth capita by county, and has begun to develop a process to review data sources for indicators of quality. In the spring of 2010, a follow-up survey will be conducted with SEOW and SAC members to determine to what extent agencies have adopted one or more components of the SPF. A final round of key informant interviews will be conducted to provide context for those changes. Through these data sources, the goal of state-level adoption of the SPF will be examined.

Community Level Evaluation Activities

The community-level outcome evaluation will be completed in June 2010. All but two grantees will be gathering community-wide youth survey data to determine if 30-day alcohol use rates were impacted by the implementation of prevention strategies. One of the remaining grantees will gather college youth survey data to ascertain if binge drinking has been reduced. The final grantee will compare baseline county-wide alcohol-related motor vehicle fatality rates with rates following implementation of prevention strategies. In addition, rates of relevant local contributing factors (e.g., easy alcohol access) will be compared from baseline to follow-up. Youth survey baseline data were gathered in Spring 2008 and follow-up data will be gathered in Spring 2010. The community-level outcome evaluation will reflect changes in alcohol use and consequences after 1 to 1½ years of prevention strategy implementation. Local evaluations are supported through local "data coaches" hired by grantees. The role of the data coach is an important focus of the cross-community evaluation conducted by CPRD.

SPF Community Level Implementation Steps 1-3: Progress Report Findings

During FY08, all Illinois grantees implemented the first three steps of the SPF (Needs Assessment, Capacity Building, and Planning). CPRD created a progress report that chronicled

their experiences. Key findings from the progress report are included below. *The report explores the process grantees engaged in to assess “risky alcohol use” for their community; how they mobilized and built local capacity to address alcohol use (including developing their community coalition); and how they strategically planned and selected evidence-based, culturally competent programs, practices, and/or policies to address problems.* IDHS provided training on each step of the process to grantees and provided templates for required assessment and strategic plan reporting forms.

In terms of **Needs Assessment**, all grantees conducted population level surveys, environmental scans of alcohol promotion/pricing/norms, community readiness assessments, and community resource assessments. *For many, this was the first time the coalition used locally collected data to guide decision-making. Benefits of assessment included bringing more credibility to the coalition and having the ability to “prove” that risky alcohol use is an issue despite community denial.* Some developed their own data collection tools and others used the IDHS-provided tools. Coalitions experienced challenges integrating the assessment activities when they were not accustomed to action-oriented collaboration (i.e., their historical focus had been networking and information sharing). The data collection expectations were quite intensive and proved very complex for some grantees.

The **Capacity Building** step focused largely on coalition member recruitment/retention and training members how to implement the SPF process. All grantees were successful in developing a coalition with at least 8 community sectors represented (a contractual expectation). Coalition members rated their level of structure and function very favorably. The chief challenge across grantees was engaging critical but hard-to-reach populations like youth or racial/ethnic minorities. Grantees voiced a need for training materials to help them bridge the gap between the training they received on the SPF and the capacity building they were expected to accomplish locally.

Strategic Planning was the final step all grantees had accomplished by the end of FY08. Many grantees engaged a subset of their coalition in the planning process. They were expected to develop a logic model that outlined what their local priorities were and how they would address them. Logic models proved to be challenging for grantees to complete, with some “disconnects” between their objectives, outcomes, and activities. Additional technical assistance was provided by IDHS to firm up the logic models. All plans were submitted and reviewed for completeness and quality by a review team comprised of IDHS staff, SEOW members, SAC members, and CPRD staff.

There were additional observations across all steps of the process:

- Successful implementation of SPF Steps 1-3 is more likely when at least two of the key players (Project Coordinator, Community Coach, and Coalition Leader) have a high capacity to lead, negotiate, and facilitate. Role confusion was more prevalent when one or more key players did not have sufficient capacity or experience with expectations associated with their roles.

- While the structure of required forms and data collection tools helped many of the coalitions that were new to assessment and planning, sometimes the purpose of the forms and tools was lost. It is important to carefully review the purpose of each tool (assessment, planning, and reporting) to assure that information is not unnecessarily repetitive and that all information will be used for a specific purpose.
- Most grantees defined their “community” by geographic boundaries. Grantees that defined their “community” by population characteristics (i.e., race/ethnicity, membership in a group) found the SPF process most difficult to implement because the process is focused on community-level changes rather than individual-level change. Most data collection systems are organized around geographic jurisdictions (e.g., cities, counties).
- Suburban coalitions experienced the fewest barriers to SPF implementation. The level of resources, identification with a geographic community, and reasonable size of the target population all seemed to influence assessment, capacity building, and planning. Rural coalitions consistently found distance an impediment to capacity building and often dealt with multiple jurisdictions in the assessment and planning phases. Urban areas seemed to have many competing issues often related to population density.

Strategic Prevention Framework State Incentive Grant

Evaluation Design

Peter Mulhall, Ph.D. and Beth Welbes, M.S.P.H.

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Process:</p> <ul style="list-style-type: none"> - Develop a reliable database of substance abuse prevention-related services funded by all state agencies - Develop and implement a methodology for data analysis that integrates need with services available across the State of Illinois. - Develop a data-driven plan substance abuse prevention in the State of Illinois. - Develop a data-driven plan for reducing risk factors, enhancing protective factors, and preventing the initiation, progression and negative consequences associated with substance abuse in each community selected for sub-recipient funding. <p>Outcome:</p> <ul style="list-style-type: none"> - Reduce use of alcohol in the PAST YEAR among youth age 10-20 by at least 10% within each sub-recipient community. - Reduce use of alcohol in the PAST MONTH among youth ages 10-20 by at least 10% within each sub-recipient community. - Demonstrate a reduction in at least one alcohol-related problem targeted by each sub-recipient community - Enhance collaboration between prevention, intervention, treatment and extended care providers at the state and sub-recipient level - Improve the coordination and integration of state data systems to guide decisions about where and how resources should be directed. - Demonstrate adoption of or endorsement of the Strategic Prevention Framework among Illinois agencies and organizations committed to substance abuse prevention. - Leverage existing state resources to enhance coordinated planning, service delivery, professional development, and evaluation infrastructure for substance abuse prevention. 	<p>State Level Evaluation:</p> <ul style="list-style-type: none"> - Meeting Tracking and Key Milestones database - State Advisory Council Member Survey - State Epidemiological Outcomes Workgroup Member Survey - Key Informant Interviews <p>Community Level Evaluation</p> <ul style="list-style-type: none"> - Quarterly Grantee Reports - Grantee Assessment Reports - Grantee Strategic Plans - Strategic Plan Ratings - Implementation Fidelity Ratings - Grantee Implementation and Evaluation Plans - Semi Annual Community Level Instrument (CLI) Evaluation data obtained from the national evaluation contractor - Coalition Member Surveys - OnSite and Phone Key Informant Interviews 	<p>The community level grantees are expected to participate in three levels of evaluation:</p> <p>Local evaluation is a step in the SPF. Funds for local data coaches are allowable expenses. These data coaches are intended to build local capacity to use data to guide decisions.</p> <p>National cross-site evaluation is implemented through a federal contractor (Westat). Grantees are expected to submit National Outcome Measures annually and complete an online semi-annual progress report called the Community Level Instrument.</p> <p>Cross-state evaluation is executed by CPRD. the goal of the cross-state evaluation is to provide an overview of what changed in local communities (based on objectives outlined in strategic plans), key accomplishments of community grantees, barriers experienced by community grantees and lessons learned about community level implementation of the SPF. CPRD relies heavily on the data already gathered for the national cross-site evaluation and documents submitted by grantees to DHS per contractual requirements to minimize data collection burden on community grantees.</p>

Strong Foundations	
DHS Contract Mgr	Denise Simon
Annual Grant \$	\$500,000
Evaluator Name & Contact Info	Julie Spielberger, Ph.D., Chapin Hall at the University of Chicago
Annual Eval \$	\$267,000
Funding Source	Administration of Children and Families
Eval Period	SFY2008-SFY2012

Program Summary

The Illinois Department of Human Services, in collaboration with the Illinois State Board of Education and the Department of Children and Family Services, is implementing Strong Foundations, an integrated state-wide infrastructure to support three evidence-based models of home visitation: Parents as Teachers (PAT), Healthy Families America (HFA), and the Nurse-Family Partnership (NPF).

The integrated structure will coordinate resource allocation, community capacity building, training, data collection, monitoring and technical assistance across the three state agency partners and an existing network of close to 200 home visiting programs. Strong Foundations will also develop training to assist home visitors in serving families affected by mental illness, substance abuse, domestic violence and developmental disability. Additionally, the project will bring families into the process of planning, implementing, operating, and evaluating the infrastructure.

Research questions for the evaluation include the following:

- To what extent do Strong Foundations partners implement a state infrastructure consistent with its planned approach?
- What changes are made in the approach to implementation? What contextual factors affect implementation of the state infrastructure?
- What changes in infrastructure occur at the state and local levels as a result of these efforts?
- Are the home visiting programs being implemented and delivered with fidelity? What factors affect implementation?
- How much does the start up and delivery of each program cost, including the cost of providing infrastructure supports, using standard measures of time and cost?
- What are the effects of the enhanced infrastructure on home visiting programs?
- What are the effects of home visiting programs on participating families?

To address these questions, the evaluation will include (1) a process evaluation to assess the implementation of the state infrastructure and improvements in the operation and impact of

local programs and (2) an outcome study of a sample of families participating in these programs.

Enforcing Underage Drinking Laws - Rural Initiative	
DHS Contract Mgr	Kimberly Fornero
Annual Grant \$	\$350,000
Evaluator Name & Contact Info	National Institute on Alcoholism and Alcohol Abuse and the Pacific institute for Research and Evaluation
Annual Eval \$	N/A – Financed by federal funder
Funding Source	Department of Justice, Office of Justice Programs
Eval Period	SFY2005-SFY2008

The Enforcement of Underage Drinking Laws (EUDL) – Rural Initiative program supported three rural communities in Illinois: Amboy, Carroll County (Mt. Carroll, Savanna and Thomson) and Dewitt County. The purpose of the grant was to reduce the availability and consumption of alcoholic beverages by minors in rural communities.

The EUDL site of Amboy has increased the number of police officers to focus on underage drinking enforcement operations. Bar-sweep enforcement operations conducted in Mt. Carroll, Savanna, and Thomson have reduced the number of under age youth attempting to purchase alcohol and frequenting bars. The EUDL site of Dewitt County, in partnership with local law enforcement, implemented two rounds of Compliance Checks in all on and off premise liquor license establishments and achieved a 90 percent compliance rate.

The evaluation of the Enforcing Underage Drinking Laws Rural Communities Initiative is the joint responsibility of the National Institute of Alcoholism and Alcohol Abuse (NIAAA) and the Pacific Institute for Research and Evaluation (PIRE). In a nationwide cross-site evaluation, NIAAA and PIRE examined the impact of EUDL activities on underage drinking and alcohol-related problems (e.g., drinking and driving, motor vehicle crashes) in rural communities receiving Office of Juvenile Justice and Delinquency Prevention (OJJDP) funds relative to comparison communities.

These sites and three comparison communities were part of the evaluation. The comparison communities were selected based upon their demographics, economic conditions, and geographic distribution.

Both sets of communities were examined for incidence of the following alcohol-related problems: unintentional alcohol-related injuries; alcohol poisonings; and alcohol-related traffic crashes, injuries, and fatalities. The EUDL Project Coordinator provided PIRE with outcome, performance and process data. A final report of results of the cross-site evaluation NIAAA and PIRE is anticipated in late 2009.

IDHS Division of Mental Health

System of Care – McHenry	
DHS Contract Mgr	Tanya R. Anderson, MD
Annual Grant \$	\$1,989,977 in Federal FY 09 (varies each grant year)
Evaluator Name & Contact Info	Mary Spooner Ph.D. Mental Health Services and Policy Program Northwestern University
Annual Eval \$	\$350,000 in Federal FY 09
Funding Source	SAMHSA/CMHS
Eval Period	12/01/05 through 9/29/11

The IDHS/Division of Mental Health is currently operating one System of Care grant funded by the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration/Center for Mental Health Services. The McHenry County Family CARE cooperative agreement, a Children’s Mental Health Initiative, was awarded to McHenry County in December 2005.

Project Summary for the System of Care McHenry County The Illinois Department of Human Services, Division of Mental Health, in collaboration with service providers, youth and families in McHenry County, are developing the Child/Adolescent Recovery Experience (CARE) system of care for the county’s youth with serious emotional disturbances. The ***overarching goal of this project is*** to transform McHenry County’s system of care for serious emotionally disturbed youth and their families through system-wide strategic collaboration and implementation of family-driven and youth-guided services. IDHS/DMH has partnered with the McHenry County Mental Health Board to implement system of care transformation, on a local level. The mission of this project *“is to meet the social and/or emotional needs of families, children, and youth by providing leadership to develop and sustain a community of care that provides continuous support and easy access at every level of care.”*

McHenry County Family CARE emphasizes the use of System of Care values and principles to empower youth and families as well as to enhance system-wide collaboration. Youth and families are empowered and engaged through the formation of Child and Family Teams using traditional and non-traditional supports in care planning. Families participate in the development of their plans of care; learn to manage their care, resources, and to establish desired outcomes. *Parents of youth with serious emotional disturbances, are employed throughout the community as Family Resource Developers, Child and Family Team Facilitators, data collectors, and peer supports to family members in need.*

Parents are empowered, participating in the development of the system of care in many

different capacities. Parents serve as Family Resource Developers and School Sector Coordinators. NAMI-McHenry County, Illinois Federation of Families and Families ETC. have teamed up to develop a McHenry County Family Center, increasing the number of education, training and support activities available to youth. Using the Targeted Parenting Assistance framework (adapted from KEYS for Networking, Kansas), parents are engaged in system development activities consistent with their personal development goals. Parents make up 51% of the Governance Council and are active members of the Local Evaluation Team, Transition Age Youth Workgroup and Early Childhood Workgroup. McHenry County Family CARE has also developed an active Family Council and Youth Council representing youth voice in the system of care. Both councils engage in social marketing, evaluation, governance and service planning activities on behalf of youth in McHenry County.

The Governance Council of Family CARE meets on a monthly and quarterly basis with workgroups focused on collaboration, budget, evaluation and sustainability planning. Over the last year, the Governance Council has promoted additional system of care activities through the use of partnership agreements. As Family CARE moves forward, significant effort is being placed on enhancing school/mental health partnerships, developing a trauma-informed system of care, collaborative cross-system training and professional development, the sustainability of local family organizations, and cultural competency in organizational planning and implementation. Based on the year four SAMHSA site visit, priority activities include:

- Strengthening the role of the Governance Council;
- Broadening opportunities for stakeholder input;
- Updating the strategic/sustainability and cultural competency plans with increased stakeholder participation;
- Strengthening local family organizations;
- Increasing enrollment into the National Evaluation;
- Developing local research questions and using findings to guide service response;
- Developing a youth engagement plan and dedicated budget.

Evaluation Activities for System of Care McHenry – The evaluation contract was transferred to Northwestern University (NU) as of July 15, 2008. As a result of the new agreement, project management re-defined the system of care more broadly, to include youth receiving outpatient and community services and not only the youth enrolled in the Wraparound and SASS programs. This strategy made it possible to extend the national study to more youth and families. The Northwestern Evaluation team also implemented a strategy to collect data that remained outstanding from the beginning of the study.

To date, the evaluation team has successfully collected enrollment demographic data for 544 youth and assessment data for 117 youth enrolled into the national longitudinal study. The evaluator worked with program managers and community partners to develop logic models and the played a key role in providing guidance in use of the logic models for outcomes management purposes. Data are now being used routinely as an integral part of the decision making process. Additional effort is now being placed on engaging youth and families in the evaluation of the system of care. Youth are being engaged to participate in data collection and

together with caregivers are being engaged in quality assurance processes. In particular, parents participate in monthly program meetings where program managers share data from various program serving youth and families. The evaluation team is presently in the process of meeting federal requests for development of research questions, guidelines, and methodologies for the remaining two years of the cooperative agreement.

The evaluation team presently comprises the lead evaluator, a data coordinator, and five part-time parent interviewers. The evaluator leads the local evaluation team meeting in conjunction with the project director and support from Families ETC. As part of the quality improvement effort, arrangements have been made for ongoing analysis of CANS data by Northwestern University. This will enable programs to monitor youth outcomes more consistently and incorporate the findings into the decision making and continuous quality improvement processes.

The evaluation team and project management completed a cultural competency self-assessment process with six local mental health organizations in May 2009. Additionally, the McHenry County Wraparound program has initiated a sub-study utilizing the Wraparound Fidelity Index, WFI, to assess fidelity with the National Wraparound Initiative model. Furthermore, the findings of the study will help to assess the extent to which youth and families who receive Wraparound services are effectively engaged in and guide the process and are able to achieve the outcomes established as part of Wraparound planning goals.

Preliminary Evaluation Findings for the System of Care McHenry - The National Evaluation provides CQI data on a quarterly basis. Data are extracted from interviews collected at baseline, 6 months, 12 months, 18 months, and 24 months after the initial baseline interviews. These data are used to gain an understanding of the experiences of youth and families.

Preliminary analyses of data related to families indicate that families are experiencing significant stress in caring for children with serious emotional disorders. Data from a sample of caregivers enrolled in the national evaluation indicate that caregivers experience significant subjective internalized strain, i.e., stress related to personal sadness, worry, and fatigue. The findings suggest an association between family strain and socio-structural factors such as socio-economic status, gender, family composition, and living arrangements, and issues such as the presence of family histories of depression, substance abuse, and mental illnesses. Findings from the continuous quality improvement data show positive improvement in service accessibility and service quality. *Noticeable positive change was also evident in school attendance, stability of living arrangements, hospitalization rates, and emotional and behavioral problems.* The evaluation team continues to mine the national longitudinal study data and to use program data, where necessary, to contribute to the continuous quality improvement process.

During the past year, Family CARE partners and stakeholders participated in an assessment of the cultural and linguistic competence of the system of care. Respondents to the surveys

included senior management of five (5) agencies participating in the system of care, consumers, volunteers, and agency staff. The assessment highlighted key strengths and challenges in the ways in which organizations have to date embraced the concept of cultural and linguistic competence.

▪ **Greatest strengths:**

- Organizations have instituted policies against discrimination and harassment.
- Organizations actively enforce policies against discrimination and harassment
- Board members and volunteers are interested in and supportive of cultural diversity

Greatest challenges:

- Need for multi-cultural training across the system of care.
- Need for orientation to the concept of cultural diversity as well as ongoing educational opportunities that reinforce basics of cultural diversity and competence.
- Need to recognize and embrace the role of natural healers within various cultures.

Key recommendations:

- Develop, implement, and evaluate long term comprehensive professional development training for all staff and board members in issues related to cultural and linguistic competency.
- Offer conversational Spanish to all staff and board members as soon as possible.
- The recruitment, hiring, and retention of qualified minority staff should become an agency wide priority.
- Increase minority participation on the Board of Directors to provide balance at the governance level given the diversity of the clientele being served.
- Extend professional Development curriculum beyond African American and/or Hispanic cultural awareness to include knowledge of other ethnic groups, social classes, sexual orientations, and abilities.
- Determine if there are benefits to greater involvement of clients, staff, and volunteers into the agency decision-making process.

Several system of care committees are working to ensure that strengths identified in the cultural competence needs assessment are reinforced and challenges are addressed. In particular, efforts are being made to ensure that through training and other forms of experiential learning, system of care providers can deliver more culturally and linguistically competent services that meet the needs of the culturally diverse population that they serve.

System of Care – McHenry County Evaluation Design

Mary Spooner Ph.D.

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Process: Level of incorporation of System of Care principles in service planning, delivery, and governance System of care compliance with required grant components, such as reports, audits and match funding Collaboration between system partners in service delivery, planning, finance, and governance Utilization of evaluation findings to refine and improve the quality, timeliness, accessibility, and efficiency of services Youth and family engagement in all aspects of system of care planning, service delivery, outcomes evaluation Cultural and linguistic competency of services delivered at all levels of the system of care</p> <p>Outcome: Improved functioning of youth in academic, social, family, and economic domains Improved family status Decrease in numbers institutionalized Decrease in service costs Decrease in child welfare and juvenile justice involvement of system of care youth Increase in transitional youth employment Increased access to mental health care Increased access to parent and professional training and supports Increase in cross-system collaboration to facilitate planning, service delivery, financing and evaluation</p>	<ul style="list-style-type: none"> - National evaluation (i.e., ORC Macro) protocol - Child and Adolescent Needs and Strengths (CANS) assessment tool - Local evaluation team meetings - Youth and family satisfaction with services - Local evaluation surveys to collaborating partners - Service data from partner agencies - Focus groups - CLC needs assessment - Wraparound fidelity assessment - System of care strategic plan 	<p>Participation in national system of care conferences and trainings Publication of research findings and sharing of system of care outcomes at the local and national levels</p>

System of Care – McHenry County Evaluation Design

Mary Spooner Ph.D.

Indicators / Measures	Tools / Instruments / Data Sources	Other Deliverables / Comments
<p>Process: Level of incorporation of System of Care principles in service planning, delivery, and governance System of care compliance with required grant components, such as reports, audits and match funding Collaboration between system partners in service delivery, planning, finance, and governance Utilization of evaluation findings to refine and improve the quality, timeliness, accessibility, and efficiency of services Youth and family engagement in all aspects of system of care planning, service delivery, outcomes evaluation Cultural and linguistic competency of services delivered at all levels of the system of care</p> <p>Outcome: Improved functioning of youth in academic, social, family, and economic domains Improved family status Decrease in numbers institutionalized Decrease in service costs Decrease in child welfare and juvenile justice involvement of system of care youth Increase in transitional youth employment Increased access to mental health care Increased access to parent and professional training and supports Increase in cross-system collaboration to facilitate planning, service delivery, financing and evaluation</p>	<ul style="list-style-type: none"> - National evaluation (i.e., ORC Macro) protocol - Child and Adolescent Needs and Strengths (CANS) assessment tool - Local evaluation team meetings - Youth and family satisfaction with services - Local evaluation surveys to collaborating partners - Service data from partner agencies - Focus groups - CLC needs assessment - Wraparound fidelity assessment - System of care strategic plan 	<p>Participation in national system of care conferences and trainings Publication of research findings and sharing of system of care outcomes at the local and national levels</p>

Jail Diversion – Trauma Recovery (priority to veterans)	
DHS Contract Mgr	Debra Ferguson, Ph.D.
Annual Grant \$	\$411,694 in FY10 (varies each grant year)
Evaluator Name & Contact Info	Sue Pickett, Ph.D. Associate Professor UIC Department of Psychiatry Center for Mental Health Services Research & Policy
Annual Eval \$	\$78,362 in FY10
Funding Source	SAMHSA/CMHS
Eval Period	09/30/08 – 09/29/2013

The State of Illinois was one of six states awarded the Substance Abuse and Mental Health Services Administration Jail Diversion – Trauma Recovery (Priority to veterans) Grant. This grant, for approximately \$2 million over 5 years has enabled the Illinois Department of Human Services, Division of Mental Health (IDHS/DMH) to establish the Illinois *Veterans Reintegration Initiative (VRI)* to increase diversion for criminal justice-involved veterans with trauma histories in Cook and Rock Island counties. VRI will strengthen partnerships among justice agencies and service providers, expand diversion opportunities, and establish an infrastructure for intervention and service delivery that can be replicated across the State.

Project Summary for the Jail Diversion – Trauma Recovery (priority to veterans) Grant

Veterans in the criminal justice system with mental illnesses and combat-related trauma disorders represent a growing population with unique service needs. Critical barriers to successful reintegration for this population include lack of interface between veteran, justice, and treatment systems and lack of access to dedicated services such as mental health and substance abuse treatment, housing, and trauma-informed treatment. In Illinois, the paucity of military base communities amplifies the need for community and systems-level responses to support this population. The significant number of returning veterans to Illinois also underscores the importance of adapting current training and treatment strategies to meet the needs of returning soldiers and their families. Without these services, veterans with mental health disorders or co-morbid substance abuse may lack the supports necessary to achieve successful reintegration, and find themselves caught in a cycle of homelessness, hospitalization, and incarceration.

IDHS/DMH has taken a leadership role in developing significant statewide initiatives for justice-involved individuals with mental illness at every stage, including street-level intervention, jail diversion, correctional programming, and offender reentry. IDHS/DMH has been instrumental in developing integrated processes of identification, reentry linkage, and service delivery between the criminal justice, mental health and substance abuse networks, and recovery support services, such as housing and employment. These efforts have laid the groundwork for a more comprehensive and effective diversion approach based on leveraging

existing successful intervention models, enhancement of capacity, and increased availability of clinically appropriate services.

The VRI is a collaborative effort of stakeholders, from both demonstration sites (Cook and Rock Island Counties) representing veterans, justice personnel, consumers and treatment providers. The VRI will result in the delivery of trauma-informed, evidence-based treatment to 120 consumers per year over a 5-year program period, as well as specialized training for 1,000 police officers in street-level responses to veterans demonstrating mental illness. IDHS/DMH believes the evaluation of the VRI will support the need for ongoing systems collaboration, and the belief that with appropriate supports, justice-involved veterans with mental illness can achieve successful community reintegration.

Evaluation Activities for the Jail Diversion – Trauma Recovery (priority to veterans) Grant

A team from the University of Illinois at Chicago’s Center conducts the evaluation component of the VRI grant for Mental Health Research & Policy. This team, headed by Dr. Susan Pickett, is tasked with gathering and analyzing the project data and reporting findings to both the local partners and to SAMHSA.

In accordance with a SAMHSA requirement, no services under this grant could be provided until SAMHSA approved the Strategic Plan. *Illinois was the first state to submit its Strategic Plan for review and to receive approval of that plan.* SAMHSA has also implemented a new method for gathering and reporting **Government Performance and Results Act (GPRA)** and NOMS data and training on this system is planned for August 2009. Once this training is completed, it is expected that services will begin in September 2009.

IDHS Office of the Secretary/Special Projects Unit

IL RX: Resources for Ex-Offenders Prisoner Re-Entry Initiative	
DHS Contract Mgr	Gloster Mahon
Annual Grant \$	\$539,732 (Entire Grant)
Evaluator Name & Contact Info	Richard Sherman, Ph.D. Sherman Consulting Group LLC Res_scgllc@att.net
Annual Eval \$	\$36,000 (Entire cost)
Funding Source	US Department of Justice
Eval Period	10/1/2008 – 9/30/2010

Proposed Evaluation Plan

The purpose of the evaluation of the *Illinois Rx: Resources for Ex-Offenders* Prisoner Re-Entry Initiative is to assess the program's ability to achieve its stated purpose to develop, coordinate and advance resources for ex-offenders returning to the Englewood and West Englewood communities within the City of Chicago.

The Illinois Department of Human Services (IDHS) is responsible for administration and implementation of this program, through a grant from the U.S. Department of Justice (DOJ), Office of Justice Programs. The Community Mental Health Council, Inc. received a subcontract to provide pre-release eligibility assessments, re-entry planning, and other pre-release services prior to participating ex-offender community re-entry. Liberation Christian Center received a subcontract to provide a range of post-release services to participating ex-offenders following community re-entry.

The evaluation includes methods for assessment of the post-release service provider that will be funded through an award from the U.S. Department of Labor (DOL). *Participating ex-offenders will be men and women who are returning to the targeted Chicago communities following incarceration in the Illinois Department of Corrections (IDOC) system.* Sherman Consulting Group, LLC will conduct this evaluation, under the direction of Richard E. Sherman, Ph.D. The evaluation will contain both process and outcome components. A key aspect of the evaluation will be to monitor and assess program compliance with Government Performance and Results Act (GPRA) performance measure data collection and reporting expectations established by Department of Justice (DOJ) for this funding initiative.

Process Evaluation. The process stage of the evaluation is designed to address the following questions related to returning ex-offender service implementation, delivery, and efficiency.

Process Evaluation Question. *Is the program implemented as intended? (Data Sources: Implementation Plan, Program Time Lines, Program Reports.)*

Aspects of program implementation will be tracked in the following areas: formation and functioning of the advisory group and linkages with other stakeholder groups; staff recruitment and hiring; staff training on program assessment, service plan, and other data collection tools; development of written policies and procedures; program service information dissemination; and participation of program partners in the development and implementation phase. Program records, developed materials, and other related documentation will be reviewed to assist in assessment of service and data collection activity implementation.

Process Evaluation Question. *What is the baseline number of ex-offenders who could be potentially referred to the program's services, the prior availability of pre-release and post-release services for these ex-offenders, and what are their demographic characteristics? (Data Source: Participating IDOC Facilities)*

The DOJ GPRA performance measures for this funding initiative include establishment of a baseline number for the target population. This baseline will be used to assess the extent to which the program has been able to expand the level of pre-release and post-release services currently being provided to returning ex-offenders. IDOC facilities that will serve as sources of referral will be asked to provide data regarding the numbers of ex-offenders that have been released to the targeted Chicago communities during the most recent 12-month reporting period. The referring IDOC facilities will also be asked to provide data regarding the numbers of offenders within this group who received pre-release services prior to their re-entry to the community, and how many received post-release services. Data will also be requested regarding the demographic characteristics of the offenders within this baseline group. The evaluator will be responsible for analysis of this data and the inclusion of target population baseline numbers and service percentages as part of interim program evaluation reports.

Outcome Evaluation. The program's outcome evaluation questions will focus on a range of outcomes among the returning ex-offenders who participate in the IDHS PRI program. The outcome evaluation will focus on the data collection needed to effectively respond to the six GPRA performance measures listed in the DOJ PRI grant announcement.

Outcome Evaluation Question. *To what extent did the program achieve its quantitative objectives for client admission and service delivery? (Data Sources: Implementation Plan, Service Provider Documentation Forms, Monthly Service Reports)*

Types and amounts of client services provided through the program will be tracked on a monthly basis on both group and individual levels. The evaluator will develop monthly report forms during the assessment and planning phase for the Community Mental Health Council, and for Liberation Christian Center and the DOL-funded post-release services provider. These

monthly report forms will be designed to obtain on a routine basis the data needed to respond to several DOJ GPRa performance measure reporting requirements. The Community Mental Health Council monthly report form will indicate the number of ex-offenders referred for program participation, the number of ex-offenders who receive risk and need assessments, the number of assessed ex-offenders who are selected for program participation, the number for whom the initial version of a post-release services plan is developed, and separately the numbers of ex-offenders referred to Liberation Christian Center and the DOL-funded post-release services provider. The Community Mental Health Council monthly report will also indicate the various types of pre-release services provided to participating offenders.

The Liberation Christian Center and DOL-funded post-release services provider monthly reports will include the numbers of new participant referrals, numbers of initial assessments completed, numbers of post-release plans developed, and the numbers of ex-offenders who are enrolled in the program. Numbers of program participants enrolled during the reporting month who were provided post-release services by type will also be reported. The post-release service provider monthly reports will indicate the number of enrolled ex-offenders who successfully completed the program during the reporting period, and those enrolled ex-offenders who were non-successful completions.

Each monthly report will include a narrative section in which the provider organization will be asked to describe any changes in the services provided and the reasons for any such changes. Each organization will be asked to discuss what they view as major accomplishments during the month, as well as any barriers or obstacles they have encountered. In terms of barriers or obstacles, the service provider will be asked to provide a description of the steps that have been or will be taken in response, and whether they require any assistance from IDHS.

In regards to the Community Mental Health Council monthly report, this organization will be asked to describe the circumstances surrounding any ex-offenders who were assessed for program participation but not selected, and any ex-offenders who were assessed and selected for program participation but did not complete pre-release services. The pre-release services provider will also be asked to list the names of ex-offenders who were referred to Liberation Christian Center and the names of the ex-offenders referred to the DOL-funded post-release services provider. The post-release service provider monthly reports will include information regarding any ex-offenders who were assessed but not selected for participation in post-release services, and any ex-offenders who did not successfully complete post-release services.

As part of their monthly service reports, the post-release service providers will be asked to submit an individual service report for each participating ex-offender who received post-release services during the month, as well as a summary close-out report for each ex-offender who completed post-release services during the month.

The evaluator will use the monthly service reports to maintain group level data and information regarding program functioning. The participant monthly service and final close-out reports provided by the post-release service provider organizations will be the source of individual ex-

offender data that is required to comply with the DOJ GPRA performance measure expectations.

Outcome Evaluation Question. *What outcomes are evident among the returning offenders who participate in PRI services?* (Data Sources: Participant Data Collection Tools.)

The outcome portion of the evaluation will focus on evidence of changes in participating returning ex-offender functioning. A process will be developed for documentation of instances of re-arrest and/or re-incarceration among participating returning ex-offenders. Recidivism data and the established baselines will be the basis of comparative outcome analyses that will be conducted by the evaluator on an interim basis. This data is required to comply with DOJ GPRA performance measures relative to recidivism rates among the participating ex-offenders.

Outcome Evaluation Question. *What are participating e-offender perceptions of program services?* (Data Sources: Staff Interviews, Client Focus Group Responses, Client Satisfaction Survey)

A consumer satisfaction survey will be used to gather information regarding the extent to which participating ex-offenders view received services to be adequate and appropriate to their needs. Separate satisfaction surveys will be developed for the pre-release and post-release services. Participating ex-offenders will also be asked to provide any suggestions they might have for improving these aspects of the program's services. Dr. Sherman will also conduct focus groups with ex-offenders who are participating in post-release services. These services will be conducted on a quarterly basis and will be implemented after the post-release services have been operational for at least six months. IDHS staff will be consulted on the discussion questions that will be used to structure these focus groups.

Use of Evaluation Data in Continuous Quality Improvement. Communications between Dr. Sherman and IDHS staff and other program stakeholders will be both verbal and written in nature, ranging from telephone contacts and oral presentations to written reports. The analysis of program evaluation data will result in written findings and conclusions, and resultant recommendations intended to improve the program's operational functioning. Interim reports of data analyses will be presented to IDHS staff and other stakeholders on at least a quarterly basis. These reports will begin with demographic and descriptive data, and will include outcome analyses as soon as a sufficient level of data is available. Reports will also include summaries of consumer satisfaction survey responses and focus groups. Results from analysis of program evaluation data will be combined with information obtained from on-going communications with IDHS staff and other project stakeholders in the development of conclusions regarding program implementation and functioning. On-going recommendations intended to improve program functioning will be developed as indicated from these conclusions, and included as part of interim program evaluation reports.