

## **Recovery Matrix – Placement Cases**

### Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

Recovery from substance abuse involves not only attaining and maintaining abstinence but also changing one's thinking, behavior and sustaining those changes over time. When measuring progress in recovery, it's important to keep in mind a child's sense of time, the parent's progress in treatment and the behaviors parents demonstrate that are consistent with good parenting, such as participation in the health, educational and developmental activities. Moreover, in order to increase visitation and eventual family reunification, the caseworker must document activities and observations that indicate a parent's progress in substance abuse recovery and the resumption of positive parenting responsibilities. The recovery matrix worksheets provide caseworkers, parents, and the court with criteria, guidelines and a visual representation for assessing and discussing a parent's progress in recovery and movement toward reunification over a 12-month period. The Recovery matrix uses clear behavioral indicators whenever possible in order to provide a consistent measure of change. By using these indicators, parents, caseworkers and the court have consistent tools to measure progress.

This Recovery Matrix is used in all placement cases where substance abuse has been determined by allegation or when indicated on the substance abuse screen CFS 440-5. Each time the matrix is administered, the caseworker and the parent discuss the parent's progress towards recovery and parenting, unless the parent is unwilling or missing. For questions or assistance, please contact DCFS Service Intervention staff.

### **DIRECTIONS**

Following case opening, the assigned caseworker meets with the parent to introduce the concept of the recovery matrix and to explain its use. There are five separate recovery matrix forms: Baseline 0-45 days, 45 - 90 days, 3-6 months, 6-9 months, and 9-12 months. These forms are used together sequentially to monitor and assess a parent's progress through the first 12 months following case opening. The caseworker completes these forms with and the parent at the designated time frames.

In some instances, substance abuse issues are identified significantly later in the case. Once identified, caseworkers are to complete the matrix worksheet that coincides with the timeline following the TC date. For example, at eight months into the case, the caseworker identifies a substance abuse issue. The caseworker completes the six to nine month worksheet and indicates the date and circumstances surrounding how the substance abuse issue was identified in the Lack of Progress column. Any additional comments are to be made on the notes page.

- After introducing the recovery matrix at the caseworker's initial contact with the parent (e.g., 48 hour meeting), the caseworker meets with the parent to complete the appropriate Recovery Matrix worksheet (CFS 440-9) at the following times:
  - Prior to the 45 day Service Plan in order to establish a baseline – using the 0 – 45 day Baseline matrix
  - At the end of 90 days – using the 45–90 day matrix
  - Prior to the first ACR (6 months) – using the 3 – 6 month matrix
  - At nine months from Temporary Custody – using the 6 – 9 month matrix
  - Prior to the next ACR and Permanency Hearing (Twelve Months from temporary custody) – using the 9 to 12 month matrix

**NOTE:** When the case is opened beyond 12 months, continue to use this matrix at three-month intervals as long as the goal remains return home.

- In addition to the parent's self report, the caseworker must examine additional sources of information to support completion of the recovery matrix: monthly treatment progress reports- completed by the substance abuse treatment agency, urinalysis reports, other professional collaterals, and family members.
- The caseworker should place check marks at the appropriate level of progress in both the Substance Abuse Treatment and Parenting Responsibilities columns. **Check all that apply.**

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Note: although the parent may be showing a lack of progress in one area, there may be partial progress in another. For example, a parent may be showing a lack of progress in parenting responsibilities and partial progress in substance abuse treatment. This process provides the caseworker an opportunity to acknowledge the parent's strengths and progress as well as areas of needed improvement. Because recovery is not always a linear process a parent may experience periods of ambivalence and relapse. The ideal situation would be for a parent to complete substantial progress at the end of each interval in order to obtain unsupervised visitation and eventual reunification.

- The completed Recovery Matrix is signed by the caseworker and parent and then reviewed and signed by the supervisor. Each participant receives a copy before being filed. Caseworkers submit the completed Recovery Matrix with other required documentation to ACR staff and court personnel.

State of Illinois  
Department of Children and Family Services  
**Recovery Matrix – Placement Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Baseline Matrix: Zero to 45 days from TC (Complete prior to 45 day Service Plan)**

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment - Baseline</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____  Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days  Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days  Other: _____ _____ _____

<b>Visiting and Parenting Responsibilities - Baseline</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent was notified and did not attend/participate in: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Was not notified about TC hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Parent was not notified about TC hearing  Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Failed to attend initial visit after T/C was taken <input type="checkbox"/> Did not visit child (ren) <input type="checkbox"/> Did not request visits <input type="checkbox"/> Had not made self-available for services <input type="checkbox"/> Failed to attend/cancelled visits	Parent has participated in <b>two</b> of the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment  Parent: <input type="checkbox"/> Established a visiting plan with worker <input type="checkbox"/> Had begun to visit child – attendance is sporadic <input type="checkbox"/> Did not contact worker to reschedule missed visits <input type="checkbox"/> Failed to attend visits beyond parent’s control (i.e. transportation)	Parent has participated in the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Initial 40 day Family Meeting  Parent: <input type="checkbox"/> Actively contribute to the development of the Comprehensive Service Plan <input type="checkbox"/> Consistently visited child/ren and actively engaged in critical educational, developmental and health appointments for child/ren <input type="checkbox"/> Attended Comprehensive Health Evaluation with Healthworks Primary Care Physician <input type="checkbox"/> Attended routine scheduled medical appointments <input type="checkbox"/> Attended Pre-school or Head Start

**Caseworker tasks to be completed for up to 12 months:** Remove barriers that would prevent parent’s entry into treatment and/or hinder visitation and reunification, such as arrange transportation, location for visits. Facilitate parent’s participation in significant court hearings, assessments appointments, home visitation and engagement activities. Promote longer and more frequent visits to help assess parent’s readiness for unsupervised visits. **Reminder: One week prior to ACR, evaluate with Parent and Supervisor to review expectations & include the completed Recovery Matrix in required documentation for ACR reviewer.**

**Remember: The time clock begins at case opening, therefore it is imperative to impress upon the parent that they are legally required to show substantial progress within 12 months from the date of the child’s placement for successful reunification.** Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following custody, caseworkers would indicate “client continues to use and/or “unable to locate” on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in TX.

Parent’s Signature & Date \_\_\_\_\_  
 Worker’s Signature & Date \_\_\_\_\_  
 Supervisor’s Signature & Date \_\_\_\_\_

**This page of the form is to be:**  
 Introduced during the first contact with the parent  
 **Completed prior to the 45 day Service Plan**  
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois  
Department of Children and Family Services  
**Recovery Matrix – Placement Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**45 – 90 Days from TC (Complete at the end of 90 days- 3 months)**

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____  Other: _____ _____ _____	Parent: <input type="checkbox"/> Failed to consistently meet with caseworker <input type="checkbox"/> Completed substance abuse assessment but has not yet followed recommendations or entered treatment <input type="checkbox"/> Had more than 50% clean urinalysis results <input type="checkbox"/> Self-reported abstinence for _____ consecutive days  Other: _____ _____ _____	Parent: <input type="checkbox"/> Entered residential treatment- movement has not been restricted <input type="checkbox"/> Entered recommended outpatient treatment <input type="checkbox"/> Attending at least 80% of sessions <input type="checkbox"/> Self-reported abstinence for the past 30 days <input type="checkbox"/> Had all clean urinalysis for past 30 days  Other: _____ _____ _____

<b>Visiting and Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent was notified and did not attend/participate in: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Was not notified about TC hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Parent was not notified about TC hearing  Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Failed to attend initial visit after T/C was taken <input type="checkbox"/> Did not visit child(ren) <input type="checkbox"/> Did not request visits <input type="checkbox"/> Had not made self-available for services <input type="checkbox"/> Failed to attend /cancelled visits	Parent has participated in <b>two</b> of the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment  Parent: <input type="checkbox"/> Established a visiting plan with worker <input type="checkbox"/> Had begun to visit child – attendance is sporadic <input type="checkbox"/> Did not contact worker to reschedule missed visits <input type="checkbox"/> Failed to attend visits beyond parent’s control (i.e. transportation)	Parent has participated in the following meetings: <input type="checkbox"/> T/C hearing <input type="checkbox"/> Court Family Conference <input type="checkbox"/> Integrated assessment <input type="checkbox"/> Initial 40 day Family Meeting  Parent: <input type="checkbox"/> Actively contributed to the development of the Comprehensive Service Plan <input type="checkbox"/> Consistently visited child/ren and actively engaged in critical educational, developmental and health appointments for child/ren <input type="checkbox"/> Attended Comprehensive Health Evaluation with Healthworks Primary Care Physician <input type="checkbox"/> Attended routine scheduled medical appointments <input type="checkbox"/> Attended Pre-school or Head Start

**Caseworker tasks to be completed for up to 12 months:** Remove barriers that would prevent parent’s entry into treatment and/or hinder visitation and reunification, such as arrange transportation, location for visits. Facilitate parent’s participation in significant court hearings, assessments appointments, home visitation and engagement activities. Promote longer and more frequent visits to help assess parent’s readiness for unsupervised visits. **Reminder: One week prior to ACR, evaluate with Parent and Supervisor to review expectations & include the completed Recovery Matrix in required documentation for ACR reviewer.**

**Remember: The time clock begins at case opening, therefore it is imperative to impress upon the parent that they are legally required to show substantial progress within 12 months from the date of the child’s placement for successful reunification.** Progress is measured on the matrix from time of case opening, **NOT** from time the parent became available or agreed to enter treatment. I.e. if a parent does not enter treatment until nine months following custody, caseworkers would indicate “client continues to use and/or “unable to locate” on the matrix worksheets for months 0-3, 3-6 and 6-9 and check lack of progress in TX.

Parent’s Signature & Date \_\_\_\_\_  
 Worker’s Signature & Date \_\_\_\_\_  
 Supervisor’s Signature & Date \_\_\_\_\_

**This page of the form is to be:**  
 Introduced during the first contact with the parent  
 **Completed at the end of 3 months (90 days)**  
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois  
Department of Children and Family Services  
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Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Three to 6 Months from TC (Complete prior to the first ACR and/or at end of 6 months)**

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Failed to follow recommendations of substance abuse assessment <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Initially engaged in treatment but left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment program for antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Failed to attend 12-Step or other community support groups <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Entered residential treatment & movement not restricted <input type="checkbox"/> Entered outpatient treatment, attended 50% of outpatient treatment sessions with few unexcused absences <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> Identified and/or started attending 12-Step meetings or other community support groups <input type="checkbox"/> Identified 12-Step sponsor or community support person(s) <input type="checkbox"/> Able to self report relapse <input type="checkbox"/> Self-reported abstinence for 30 days <input type="checkbox"/> Had clean urinalysis for the past 30 days <input type="checkbox"/> Began building a drug-free support network  Program and/or family members have reported that parent: <input type="checkbox"/> Acknowledged the impact substance abuse had on child's well being and the quality of family relations <input type="checkbox"/> Improved insight into effects of substance abuse	Parent: <input type="checkbox"/> Successfully completed treatment or stepped down to a lower level of treatment <input type="checkbox"/> If still in treatment, attendance exceeds 80 % <input type="checkbox"/> Informed worker and or family of aftercare & relapse plans <input type="checkbox"/> Regularly attended 12-Step or other community support groups <input type="checkbox"/> Has 12-Step sponsor or other community support person(s) <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Had all clean urinalysis for past 60 days <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities as evidenced by _____ <input type="checkbox"/> Established a drug-free support network (Include: job training, employment readiness, employment, school, YMCA, church, etc) as evidenced by _____ <input type="checkbox"/> Reciprocated positive support received from non-drug using family and friends have offered <input type="checkbox"/> Continued improved insight into effects of substance abuse

<b>Visiting and Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Did not and/or inconsistently visits child (ren) <input type="checkbox"/> Did not request visits <input type="checkbox"/> Did not reschedule missed visits <input type="checkbox"/> Did not attend 0 - 3 Screening <input type="checkbox"/> Worker made arrangements to transport parent to visit but parent failed to attend/cancelled <input type="checkbox"/> Did not attend well-child appointments or attend parent-teacher conferences <input type="checkbox"/> Demonstrated no interest in establishing or resuming parental responsibility	Parent: <input type="checkbox"/> Attended the majority of visits with child (ren) <input type="checkbox"/> Demonstrated increased parenting responsibility during visits as evidenced by _____ <input type="checkbox"/> Attended some well-child appointments <input type="checkbox"/> Attended at least one parent-teacher meeting and/ or school conference <input type="checkbox"/> Inconsistently attended visits but has attended coaching/teaching visits	Parent: <input type="checkbox"/> Consistently visited with child (ren) <input type="checkbox"/> Attended initial 0 - 3 Screening <input type="checkbox"/> Visited regularly and incorporates opportunities to encourage continued involvement and participation in educational, health and developmental activities for the child (ren) <input type="checkbox"/> Requested and actively involved in developing a plan for unsupervised visits <input type="checkbox"/> Able to identify parenting deficits and strengths as evidenced by _____ <input type="checkbox"/> Developed parenting goals that are child specific and measurable

Parent's Signature & Date \_\_\_\_\_

Worker's Signature & Date \_\_\_\_\_

Supervisor's Signature & Date \_\_\_\_\_

**This page of the form is to be:**  
 **Completed prior to the first ACR (6Months)**  
 Included in required ACR documentation for review  
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois  
Department of Children and Family Services  
**Recovery Matrix – Placement Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Six to 9 Months from TC (Complete at end of 9 months)**

Please use Notes Section (final page) to document significant events.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to meet with caseworker Unable to be contacted/located <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Participated in substance abuse treatment, but currently not in TX, or left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, antisocial behavior and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 60 days <input type="checkbox"/> Identified 12-Step sponsor or community support person <input type="checkbox"/> Inconsistently attended 12-Step meetings or other community support group <input type="checkbox"/> Developed relapse prevention plan, including relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week <input type="checkbox"/> Developed and shared relapse prevention plan with 12-Step sponsor and/or other informal support networks <input type="checkbox"/> Support system confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 30 days  Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Consistently worked self help program <input type="checkbox"/> Attended self-help meetings and maintained regular contact with sponsor or mentor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, church, etc) <input type="checkbox"/> Support network confirmed drug free time as evidenced by _____ <input type="checkbox"/> Had all clean urinalysis for past 90 days <input type="checkbox"/> Reciprocated positive support from non drug using family and friends  Program and/or family members have reported that parent: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step groups as evidenced by _____

<b>Visiting and Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Unwilling to participate in services <input type="checkbox"/> Did not request visits <input type="checkbox"/> Unpredictable attendance at visits <input type="checkbox"/> Did not reschedule missed visits <input type="checkbox"/> Did not attend 0-3 Screening <input type="checkbox"/> Worker made arrangements to transport parent to visit but parent failed to attend/cancelled <input type="checkbox"/> Did not attend well-child appointments or attend parent-teacher conferences <input type="checkbox"/> Demonstrated no interest in establishing or resuming parental responsibility	Parent: <input type="checkbox"/> Consistently attended the majority of visits with child (ren) and reschedules missed visits <input type="checkbox"/> Participated in educational, health and developmental activities for the child during visits as evidenced by _____ <input type="checkbox"/> Attended the majority of child's scheduled appointments such as: 0-3 screening, pres-school/school activities, medical appointments <input type="checkbox"/> Demonstrated increased parenting responsibility during visits as evidenced by _____ <input type="checkbox"/> Began to identify parenting deficits and strengths to program staff, worker, and or family members	Parent: <input type="checkbox"/> Consistently visited with child (ren) <input type="checkbox"/> Used visits to take appropriate actions to enhance care giving skills and promote child's development <input type="checkbox"/> Participated in child's educational or developmental program such as: 0-3 screening, pres-school/school activities, medical appointments <input type="checkbox"/> Regularly attended child's school activities, such as; class plays, sports events, attends parent/teacher conferences <input type="checkbox"/> Actively involved in the development a plan for unsupervised visits <input type="checkbox"/> Ready for unsupervised visits as evidenced by _____

Parent's Signature & Date \_\_\_\_\_

Worker's Signature & Date \_\_\_\_\_

Supervisor's Signature & Date \_\_\_\_\_

**This page of the form is to be:**  
 **Completed at 9 months from Temporary Custody**  
 Signed by parent, caseworker and supervisor before being filed.

State of Illinois  
Department of Children and Family Services  
**Recovery Matrix – Placement Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

***Nine to 12 Months from TC (Complete prior to 2<sup>nd</sup> ACR, permanency hearing and as long as goal remains return home)***

Please use Notes Section (final page) to document significant events/concerns.

<b>Substance Abuse Treatment</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Failed to contact/meet with caseworker <input type="checkbox"/> Continued to use and/or remains in denial of substance abuse/ addiction <input type="checkbox"/> Failed to obtain substance abuse assessment <input type="checkbox"/> Initially engaged in treatment but prematurely left against staff advice (ASA) <input type="checkbox"/> Discharged from treatment for non-compliance, aggressive behavior, and/or numerous unexcused absences <input type="checkbox"/> Had less than 50% clean urinalysis results <input type="checkbox"/> Substance abuse issues were not identified until the following Date: _____ <input type="checkbox"/> Substance Exposed Infant born subsequent to case opening Date: _____	Parent: <input type="checkbox"/> Consistently attended substance abuse treatment with few unexcused absences <input type="checkbox"/> Self-reported abstinence for the past 90 days <input type="checkbox"/> Identified 12-Step sponsor or community support person (s) <input type="checkbox"/> Inconsistently attended 12-Step or other community support group(s) <input type="checkbox"/> Identified relapse triggers and discussed them with worker and/or family members <input type="checkbox"/> If relapse occurred, parent able to self disclose and reengaged in treatment within one week of relapse <input type="checkbox"/> Developed/shared a relapse prevention plan with 12-Steps sponsor other informal support networks <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Clean urinalysis for past 60 days  Program and/or family members have reported that parent: <input type="checkbox"/> Engaged in recommended after care services/activities	Parent: <input type="checkbox"/> Successfully completed treatment <input type="checkbox"/> Self-reported abstinence for the past 120 days <input type="checkbox"/> Consistently worked 12-Step and other community support program, attended self-help meetings and maintaining regular contact with sponsor <input type="checkbox"/> Accepted into a recovery home, transitional living program or is residing with non-drug using relative or friends <input type="checkbox"/> Involved in drug-free/sober relationships and/or activities <input type="checkbox"/> Support network confirmed drug free time <input type="checkbox"/> Had all clean urinalysis for past 120 days <input type="checkbox"/> Established a drug-free support network (Incl. job or employment readiness training, employment, school, YMCA, etc) <input type="checkbox"/> Reciprocated positive support received from non drug using family and friends  Program and/or family members report: <input type="checkbox"/> Demonstrated and understands new coping skills learned in treatment or in 12 step or other self-help groups
<b>Visiting and Parenting Responsibilities</b>		
<b>Lack of Progress</b>	<b>Partial Progress</b>	<b>Substantial Progress</b>
Parent: <input type="checkbox"/> Unable to be contacted/located <input type="checkbox"/> Unwilling to participate in services <input type="checkbox"/> Did not request visits <input type="checkbox"/> Unpredictable attendance at visits <input type="checkbox"/> Did not reschedule missed visits <input type="checkbox"/> Did not attend 0-3 Screening <input type="checkbox"/> Did not attend well-child appointments or attend parent-teacher conferences <input type="checkbox"/> Demonstrated no interest in establishing or resuming parental responsibility	Parent: <input type="checkbox"/> Consistently attends the majority of visits with child (ren) and reschedules missed visits <input type="checkbox"/> Participated in educational, health and developmental activities for the child during visits as evidenced by _____ <input type="checkbox"/> Attended at least 70% of child's scheduled appointments such as: 0-3 screening, pres-school/school activities, medical appointments <input type="checkbox"/> Demonstrated increased parenting responsibility during visits as evidenced by _____	Parent: <input type="checkbox"/> Consistently visited with child (ren) <input type="checkbox"/> Used visits to take appropriate actions to enhance care giving skills and promote child's development <input type="checkbox"/> Regularly attended child's health, educational/developmental activities <input type="checkbox"/> Understood the importance of appropriate caregivers <input type="checkbox"/> Developed an understanding of safety hazards as evidenced by _____ <input type="checkbox"/> Routinely reads to child/homework <input type="checkbox"/> Reinstated roles, rules, & rituals <input type="checkbox"/> Actively involved in the development a plan for children returning home <input type="checkbox"/> Parent ready for reunification

Parent's Signature & Date \_\_\_\_\_

Worker's Signature & Date \_\_\_\_\_

Supervisor's Signature & Date \_\_\_\_\_

***This page of the form is to be:***  
 Completed prior to 2<sup>nd</sup> ACR (12 months from Temporary Custody)  
 Completed as long as return permanency goal is return home & every 3 months thereafter

State of Illinois  
Department of Children and Family Services  
**Recovery Matrix – Placement Cases**

Indicators for Progress in Substance Abuse Recovery and Parenting Responsibilities

**Use this section to include information such as additional substance exposed births and other significant events and extenuating circumstances critical to the case. Also use this page to include examples for “as evidenced by.”**

Notes:

Case Name & DCFS ID:

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Caseworker’s Signature & Date:

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Supervisor’s Signature & Date:

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Parent’s Signature & Date:

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