

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Administration for Children and Families  
Administration on Children, Youth and Families  
Children's Bureau

**Final Report**  
**Illinois Child and Family Services Review**

## **EXECUTIVE SUMMARY**

### **Final Report: Illinois Child and Family Services Review**

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Illinois. The CFSR assesses State performance with regard to seven child and family outcomes and seven systemic factors. The Illinois CFSR was conducted the week of September 15, 2003. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the Illinois Department of Child and Family Services (DCFS);
- The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 1999 through 2001;
- Reviews of 48 cases at three sites (Charleston, Cook County, and Rock Island) in the State; and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys.

The Statewide Assessment documents several areas in which the State of Illinois has achieved major progress and made notable changes in serving children in child welfare over the past few years. Some of these changes provide important context for interpreting the findings of the CFSR. For example, one of the most striking changes is the dramatic reduction in the number of children in foster care in the State. According to the Statewide Assessment, the State has reduced the number of children in foster care from a peak of 50,575 in 1997 to fewer than 21,000 in March 2003. The State attributes this progress to Juvenile Court reforms, the implementation of Performance Based Contracting, the effect of the Illinois Permanency Initiative, and the Adoption and Safe Families Act (ASFA). Another example is the increased number of adoptions that Illinois achieved for children in foster care over the past few years. The Statewide Assessment documents record numbers of children placed for adoption in the State in 1998 and 1999, and strong performance in the number of adoptions in succeeding years.

Both the Statewide Assessment and stakeholders interviewed onsite acknowledged that, with these changes, the State is now faced with achieving permanency for an increasingly older population of youth with complex needs and a large number of children coming into care for reasons related to parental substance abuse. Many of the children remaining in care are not in the permanent homes where they will remain or to which they will be discharged to guardianship or adoption, and the State faces many challenges in achieving timely and appropriate permanency outcomes for these children. This observation is borne out in the finding of the Illinois CFSR that the State is not in substantial conformity with any of the seven child welfare outcomes assessed through the CFSR. One of the weakest areas of

State performance on the outcomes occurred for Permanency Outcome 1 (Children have permanency and stability in their living situations). Despite the State's past gains in increasing the number of children exiting foster care to permanent living arrangements, during the onsite review this outcome was determined to be substantially achieved in only 36 percent of the foster care cases reviewed; all indicators for the item were rated as an Area Needing Improvement. In addition, the State data for fiscal year 2001 pertaining to measures relevant to this outcome did not meet the national standards. Although the case reviews revealed many instances of concerted efforts to achieve this outcome, the data provided in the State Data Profile as well as the findings of the case review process indicate a lack of consistency with respect to efforts to ensure placement stability for children in foster care, establish permanency goals in a timely manner, achieve permanency for children (through adoption, reunification, or permanent placement with relatives) in a timely manner, and ensure that older children in long-term foster care receive appropriate services to assist them in making the transition from foster care to independent living.

Information from the Statewide Assessment and from stakeholders interviewed during the onsite CFSR suggest that the State's low level of performance with regard to achieving Permanency Outcome 1 may be attributed in part to one or more of the following court-related issues: (1) some judges in the State do not adhere to the timelines for permanency established by the Adoption and Safe Families Act (ASFA); (2) because of the general reluctance of some judges to terminate parental rights, they extend the timeframe for parents to achieve goals, even when the prognosis for reunification is low; (3) judges frequently grant continuances for hearings; (4) agency attorneys are unwilling to file for termination of parental rights unless an adoptive placement has been identified; (5) there are considerable delays in the initial adjudication hearing, which sometimes does not take place until a child has been in foster care for 9 months; and (6) there is a lengthy appeals process for termination of parental rights that can take a year or longer to complete.

Another area of concern identified through the CFSR pertained to the State's performance on Well-Being Outcome 1 (Families have enhanced capacity to provide for their children's needs). Only 52.1 percent of the applicable cases reviewed were determined to have substantially achieved this outcome. The CFSR case reviews resulted in all indicators for this outcome being rated as areas in need of improvement. DCFS was found to be inconsistent in its efforts to assess needs and provide services to families, involve parents and children in the case planning process, and ensure that caseworkers establish sufficient contact with the children and parents in their caseloads. A key concern with regard to this outcome was that DCFS did not make diligent efforts to involve fathers in all relevant aspects of the case, particularly non-custodial fathers. In addition, stakeholders expressed the opinion that when caseworkers implemented some form of family conferencing or family team meetings, parents and children were more likely to be involved in case planning, have service needs assessed and addressed, and have sufficient contact with caseworkers than when this type of structural approach was not implemented.

The State's performance with respect to Well-Being Outcome 3 (Children receive adequate services to meet their physical and mental health needs) also was an identified concern, with only 66.6 percent of applicable cases rated as having substantially achieved this

outcome. Information from case reviews and stakeholder interviews indicated that many children in DCFS caseloads have mental health service needs that are not being addressed. Stakeholders expressed the opinion that this problem may be attributed to a scarcity of adequate mental health assessment and treatment services throughout the State.

A significant finding of the case reviews was that the Charleston site performed considerably better than the other sites on most of the outcomes. All cases (100%) reviewed in Charleston were rated as having substantially achieved Safety Outcome 2, Permanency Outcome 2, and Well-Being Outcome 2. In addition, 89 percent of the Charleston cases were determined to have substantially achieved Safety Outcome 1, 83 percent substantially achieved Permanency Outcome 1, and 83 percent substantially achieved Well-Being Outcome 3. However, only 58 percent of the cases in Charleston achieved Well-Being Outcome 1. The low level of performance on this outcome was due to the lack of involvement of fathers in various aspects of the case process. Stakeholders in this site noted that services are readily available to assist families when children remain in their homes; that family team meetings are implemented on a regular basis to develop case plans and permanency goals; that the courts, the parents, and the agency work together to establish appropriate permanency goals, when necessary; and that there is a process in place that is effective in promoting voluntary relinquishments of parental rights, which eliminates the need to engage in a lengthy termination of parental rights (TPR) process.

With regard to the systemic factors, the State was determined to be in substantial conformity with the factors of Statewide Information System; Quality Assurance System; Training; Agency Responsiveness to the Community; and Foster and Adoptive Parent Licensing, Recruitment, and Retention. The State did not achieve substantial conformity with the systemic factors of Case Review System and Service Array.

The overall findings with regard to the State's performance on the safety and permanency outcomes are presented in table 1 at the end of the Executive Summary. Findings regarding well-being outcomes are presented in table 2. Table 3 presents the State's performance relative to the national standards and table 4 provides information pertaining to the State's substantial conformity with the seven systemic factors assessed through the CFSR.

## **I. KEY FINDINGS RELATED TO OUTCOMES**

### **Safety Outcome 1: Children are first and foremost protected from abuse and neglect**

Safety Outcome 1 incorporates two indicators. One pertains to the timeliness of initiating a response to a child maltreatment report (item 1), and the other relates to the recurrence of substantiated or indicated maltreatment for the same children (item 2).

Illinois did not achieve substantial conformity with Safety Outcome 1. Although the outcome was substantially achieved in 90.9 percent of the cases reviewed, which is greater than the 90 percent required for substantial conformity, the State Data Profile indicates that the State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period. It is necessary for the State to meet both the national standards and the case review criteria to achieve substantial conformity with the outcome. Performance on this outcome did not differ substantively across CFSR sites (given the differences in the number of applicable cases for each site). The outcome was determined to be substantially achieved in 96 percent of Cook County cases, 89 percent of Charleston cases, and 80 percent of Rock Island cases.

A key finding of the CFSR case reviews was that DCFS is consistent in responding to maltreatment reports in accordance with the State's timeframes. In 92 percent of the applicable cases reviewed, DCFS established face-to-face contact with the child victim within 24 hours of receipt of the maltreatment report, which is the State-required timeframe for responding to all maltreatment reports.

Although the State did not meet the national standard for the incidence of maltreatment recurrence within 6 months, the case reviews found no maltreatment recurrence in 93 percent of the applicable cases. However, in 3 (33%) of the 9 cases in which there was at least one substantiated report during the period under review, there was another substantiated report within a 6-month period. In addition, many stakeholders reported that DCFS does not consistently report maltreatment allegations on open cases to the Hotline for investigation. Stakeholders also noted that often when maltreatment allegations on open cases are reported to the Hotline, the Hotline refuses to refer them for investigation because the case is already open. Consequently, it is possible that the actual rate of maltreatment recurrence within 6 months may be higher than the rate reported in the State Data Profile.

### **Safety Outcome 2: Children are safely maintained in their homes when possible and appropriate**

Performance on Safety Outcome 2 is assessed through two indicators. One indicator (item 3) addresses the issue of child welfare agency efforts to prevent children's removal from their homes by providing services to the families that ensure children's safety while they remain in their homes. The other indicator (item 4) pertains to the child welfare agency's efforts to reduce risk of harm to children.

Illinois did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 81.2 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. Performance on this outcome varied substantively across the CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Charleston cases, compared to 77 percent of Cook County cases and 70 percent of Rock Island cases.

The CFSR case reviews found that DCFS is not consistent in providing appropriate services to families to protect children in the home and prevent their removal, and is not consistent in making concerted efforts to reduce the risk of harm to children. A key concern identified pertained to the lack of comprehensive risk and safety assessments, which results in the delivery of services that are not appropriate to ensure the child's safety and reduce risk of harm over the long term. Another key concern identified pertained to the lack of diligent monitoring of children's safety while they are in residential and group care facilities.

**Permanency Outcome 1: Children have permanency and stability in their living situations.**

There are six indicators incorporated in the assessment of permanency outcome 1, although not all of them are relevant for all children. The indicators pertain to the child welfare agency's efforts to prevent foster care re-entry (item 5), ensure placement stability for children in foster care (item 6), and establish appropriate permanency goals for children in foster care in a timely manner (item 7). Depending on the child's permanency goal, the remaining indicators focus on the child welfare agency's efforts to achieve permanency goals (such as reunification, guardianship, adoption, and permanent placement with relatives) in a timely manner (items 8 and 9), or to ensure that children who have "other planned living arrangements" as a case goal are in stable placements and adequately prepared for eventual independent living (item 10).

Illinois did not achieve substantial conformity with Permanency Outcome 1. This was based on the following findings:

- The outcome was substantially achieved in 36.0 percent of the cases, which is less than the 90 percent required for a determination of substantial conformity.
- Fiscal year (FY) 2001 data reported in the State Data Profile indicate that the State did not meet the national standards for (1) the percentage of children who entered foster care who were re-entering within 12 months of discharge from a prior foster care episode, (2) the percentage of children who achieved reunification within 12 months of entry into foster care, (3) the percentage of children who achieved a finalized adoption within 24 months of entry into foster care, and (4) the percentage of children in foster care for less than 12 months who experienced no more than 2 placement settings.

Case review ratings for this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 83 percent of Charleston cases, compared to 33 percent of Rock Island cases and 15 percent of Cook County cases.

The results of the case reviews and the data provided in the State Data Profile suggest that DCFS is not consistent with regard to making concerted efforts to (1) ensure children's placement stability while in foster care, (2) establish appropriate permanency goals in a timely manner, or (3) achieve children's permanency goals in a timely manner. Although data provided in the State Data Profile indicate that for FY 2001, the State's rate of re-entry into foster care within 12 months of a prior foster care episode (8.8%) did not meet the national standard of 8.6 percent or less, the case reviews found no re-entries into foster care for the 6 cases applicable for this

assessment. To resolve this discrepancy, the CFSR reviewed State data for 2002 and found that the State's rate of re-entry into foster care in FY 2002 of 8.2 percent did meet the national standard. Consequently, this indicator (item 5) was rated as a Strength.

Despite case review findings, many stakeholders commenting on this outcome expressed the opinion that DCFS makes concerted efforts to establish appropriate permanency goals in a timely manner. However, several stakeholders reported that DCFS efforts to establish appropriate goals in a timely manner sometimes are hampered by delays in court scheduling and, as noted by Cook County stakeholders, by the practice of some judges of granting parents multiple opportunities to comply with service plans in order to achieve reunification (particularly in cases involving parental substance abuse). In addition, some stakeholders noted that because only a judge can change a permanency goal, it often happens that an out-dated or inappropriate goal remains in a case file until the next court hearing, even though the caseworker is actually pursuing a new goal.

**Permanency Outcome 2. The continuity of family relationships and connections is preserved for children.**

Permanency Outcome 2 incorporates six indicators that assess the child welfare agency's performance with regard to (1) placing children in foster care in close proximity to their parents and close relatives (item 11); (2) placing siblings together (item 12); (3) ensuring frequent visitation between children and their parents and siblings in foster care (item 13); (4) preserving connections of children in foster care with extended family, community, cultural heritage, religion, and schools (item 14); (5) seeking relatives as potential placement resources (item 15); and (6) promoting the relationship between children and their parents while the children are in foster care (item 16).

Illinois did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 76.0 percent of the cases, which is less than the 90 percent required for substantial conformity. Performance on this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Charleston and Rock Island foster care cases, compared to 54 percent of Cook County foster care cases.

CFSR case reviews found that DCFS makes concerted efforts to ensure that (1) children are placed in foster care placements that are in close proximity to the family and community of origin (item 11), (2) siblings are placed together in foster care whenever appropriate (item 12); and (3) children's primary connections are preserved while they are in foster care (item 14). However, CFSR case review findings also indicate that DCFS is inconsistent in its efforts to ensure that (1) visitation between parents and children and between siblings is of sufficient frequency to meet children's needs (item 13); (2) relatives, particularly paternal relatives, are located and assessed as potential placement resources, particularly paternal relatives (item 15), and (3) the parent-child relationship of children in foster care is supported and strengthened (item 16).

**Well Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.**

Well Being Outcome 1 incorporates four indicators. One pertains to the child welfare agency’s efforts to ensure that the service needs of children, parents, and foster parents are assessed and that the necessary services are provided to meet identified needs (item 17). A second indicator examines the child welfare agency’s efforts to actively involve parents and children (when appropriate) in the case planning process (item 18). The two remaining indicators examine the frequency and quality of caseworker’s contacts with the children in their caseloads (item 19) and with the children’s parents (item 20).

Illinois did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 52.1 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity. Performance on this outcome varied substantively across the CFSR sites. The outcome was determined to be substantially achieved in 70 percent of Rock Island cases, compared to 58 percent of Charleston cases and 42 percent of Cook County cases.

A key CFSR finding was that all indicators for this outcome were rated as areas needing improvement. Case reviews found that DCFS does not consistently make concerted efforts to (1) assess needs of, and provide services to, children, parents, and foster parents; (2) involve children and parents in case planning; or (3) establish face-to-face contact with children and parents with sufficient frequency and quality to ensure children’s safety and/or promote attainment of case goals. One particularly concern pertained to the lack of involvement of fathers in case planning and in service assessments. This was the primary reason for the low performance on this outcome in the Charleston site.

**Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.**

There is only one indicator for Well-Being Outcome 2. It pertains to the child welfare agency’s efforts to address and meet the educational needs of children in both foster care and in-home services cases (item 21).

Illinois did not achieve substantial conformity with Well-Being Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 84.4 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. Performance on this outcome differed somewhat across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Charleston cases, compared to 80 percent of Rock Island cases and 78 percent of Cook County cases.



A key CFSR finding was that DCFS is not consistent in its efforts to assess children's educational needs and provide appropriate services to meet those needs.

**Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.**

This outcome incorporates two indicators that assess the child welfare agency's efforts to meet children's physical health (item 22) and mental health (item 23) needs.

Illinois did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 66.6 percent of the cases, which is less than the 90 percent required for substantial conformity. Performance on this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 83 percent of Charleston cases, 70 percent of Rock Island cases, and 58 percent of Cook County cases.

A key CFSR finding is that DCFS does not consistently make concerted effort to meet children's physical and mental health needs. One concern identified pertained to a lack of providers in the State who will accept Medicaid for dental and mental health services. Information from case reviews and stakeholder interviews indicate that many children in DCFS caseloads have mental health service needs that are not being addressed.

**II. KEY FINDINGS RELATED TO SYSTEMIC FACTORS**

**Statewide Information System**

Substantial conformity with the systemic factor of Statewide Information System is determined by whether the State is operating a Statewide information system that can identify the status, demographic characteristics, location, and goals for children in foster care.

Illinois was determined to be in substantial conformity with this systemic factor. The CFSR found that the current information system is available Statewide and can identify the status, demographic characteristics, location, and goals of children in foster care.

**Case Review System**

Five indicators are used to assess the State's performance with regard to the systemic factor of a Case Review System. The indicators examine the development of case plans and parent involvement in that process (item 25), the consistency of 6-month case reviews

(item 26) and 12-month permanency hearings (item 27), the implementation of procedures to seek termination of parental rights (TPR) in accordance with the timeframes established in the Adoption and Safe Families Act (ASFA) (item 28), and the notification and inclusion of foster and pre-adoptive parents and relative caregivers in case reviews and hearings (item 29).

Illinois is not in substantial conformity with the systemic factor of Case Review System. Information from the CFSR indicates that the case plans for many of the children do not reflect the needs and problems identified in the assessment process, and children's parents, particularly their fathers, are not consistently involved in the case planning process. In addition, the CFSR identified multiple barriers to pursuing TPR in accordance with the provisions of ASFA, including: (1) the extensive screening process that agency attorneys must conduct in order to file a TPR petition, (2) the frequent granting of continuances by the court, and (3) the court and agency practice of routinely maintaining a plan of reunification for at least 9 months even when in some situations, it would be appropriate for the agency to exercise the right to forego reasonable efforts.

Despite these concerns, CFSR information also indicates that periodic reviews of the status of each child are being conducted every 6 months in a high percentage of cases and permanency hearings are held 12 months after temporary custody is awarded to the State; subsequent permanency hearings often are held every 6 months, which exceeds the Federal requirement. In addition, the State has established a set of procedures for notifying foster and adoptive caretakers of hearings and reviews and most stakeholders reported that foster parents, preadoptive parents, and relative caregivers have an opportunity to be heard in the reviews and hearings.

### **Quality Assurance System**

Performance with regard to the systemic factor of Quality Assurance System is based on whether the State has developed standards to ensure the safety and health of children in foster care (item 30), and whether the State is operating a statewide quality assurance system that evaluates the quality and effectiveness of services and measures program strengths and areas needing improvement (item 31).

Illinois was found to be in substantial conformity with the systemic factor of Quality Assurance System. The CFSR determined that Illinois has developed and implemented standards to ensure that children in foster care are provided quality services that protect their safety and health. In addition, information from the CFSR indicates that Illinois is operating an identifiable quality assurance (QA) system that focuses on assessing outcomes and on evaluating the quality of services and the service delivery system.

### **Training**

The systemic factor of Training incorporates an assessment of the State's new caseworker training program (item 32), ongoing training for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34).

Illinois was determined to be in substantial conformity with the systemic factor of Training. Information from the CFSR indicates that ongoing training is available for staff from both DCFS and Purchase of Service (POS) agencies (i.e. private agencies with which DCFS has contracts), and that DCFS requires staff to participate in ongoing training. In addition, the CFSR determined that Illinois provides quality training to foster parents.

Despite these favorable findings, however, the Statewide Assessment notes that the current initial training for staff does not adequately prepare incoming staff to comprehensively identify and assess needs, engage families in case and service planning, plan for reunification, advocate with the various systems involved (particularly the courts and education systems), and link families to appropriate services. These training concerns are consistent with the issues identified during the CFSR case review process.

### **Service Array**

The assessment of the systemic factor of Service Array addresses three questions: (1) Does the State have in place an array of services to meet the needs of children and families served by the child welfare agency (item 35)? (2) Are these services accessible to families and children throughout the State (item 36)? (3) Can services be individualized to meet the unique needs of the children and family served by the child welfare agency (item 37)?

Illinois is not in substantial conformity with the systemic factor of Service Array. The CFSR determined that although the State allocates significant resources to services, the level of existing services does not meet the need. The CFSR identified significant service gaps including appropriate out-of-home placement resources, particularly for adolescents; children's mental health services; culturally responsive services; and services to address family issues of substance abuse, mental health, and domestic violence. In addition, the CFSR found that services are not accessible in all parts of Illinois and in some areas where services are available, there are long waiting lists to access the services. Although Child and Adolescent Local Area Networks have been developed to support the availability of services in each part of Illinois, there is considerable variation in the services available through the various Local Area Networks. Stakeholders reported that not all of them have the resources to meet their objectives. Finally, the CFSR found that there is a lack of individualization of services in the State's most populous county, in which over 60 percent of the children in foster care are served. The CFSR also found that the DCFS assessment process was not consistently effective in identifying the unique needs of children and families. Although an Integrated Assessment Tool is being piloted, at the time of the onsite CFSR it was not yet fully implemented.

## **Agency Responsiveness to the Community**

Performance with regard to the systemic factor of Agency Responsiveness to the Community incorporates an assessment of the State's consultation with external stakeholders in developing the Child and Family Services Plan (items 38 and 39), and the extent to which the State coordinates child welfare services with services or benefits of other Federal or federally-assisted programs serving the same population (item 40).

Illinois is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. The CFSR determined that the State engages in ongoing consultation with a wide range of stakeholders in developing the Child and Family Services Plan and that many stakeholders have significant input into the agency's Annual Reports of Progress and Services. In addition, the CFSR identified several substantial efforts on the part of DCFS to coordinate services with other Federal or federally-funded programs serving the same population.

## **Foster and Adoptive Parent Licensing, Recruitment, and Retention**

The assessment of this systemic factor focuses on the State's standards for foster homes and child care institutions (items 41 and 42), the State's compliance with Federal requirements for criminal background checks for foster and adoptive parents (item 43), the State's efforts to recruit foster and adoptive parents that reflect the ethnic and racial diversity of foster children (item 44), and the State's activities with regard to using cross-jurisdictional resources to facilitate permanent placements for waiting children (item 45).

Illinois was found to be in substantial conformity with the systemic factor of Foster and Adoptive Parent Licensing, Recruitment, and Retention. The CFSR found that the State's standards for foster family homes and child care institutions are generally in accord with recommended national standards, licensing standards are applied to all licensed (relative and non-relative) foster care families and child care institutions, and criminal background checks are completed as required.

The CFSR also determined that Illinois has established a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed. In addition, the CFSR determined that the State has an effective process for the use of cross-jurisdictional resources.

**Table 1. Illinois CFSR Ratings for Safety and Permanency Outcomes and Items**

Outcomes and Indicators	Outcome Ratings			Item Ratings		
	<i>In Substantial Conformity?</i>	<i>Percent Substantially Achieved*</i>	<i>Met National Standards?</i>	<i>Rating**</i>	<i>Percent Strength</i>	<i>Met National Standards</i>
Safety Outcome 1-Children are first and foremost, protected from abuse and neglect	No	90.9	Met 1, Did not meet 1			
Item 1: Timeliness of investigations				Strength	92	
Item 2: Repeat maltreatment				ANI	93	No
Safety Outcome 2 – Children are safely maintained in their homes when possible and appropriate	No	81.2				
Item 3: Services to prevent removal				ANI	77	
Item 4: Risk of harm				ANI	81	
Permanency Outcome 1- Children have permanency and stability in their living situations	No	36.0				
Item 5: Foster care re-entry				Strength	100	No***
Item 6: Stability of foster care placements				ANI	84	No
Item 7: Permanency goal for child				ANI	64	
Item 8: Reunification, guardianship and placement with relatives				ANI	43	No
Item 9: Adoption				ANI	40	No
Item 10: Other planned living arrangement				ANI	33	
Permanency Outcome 2 - The continuity of family relationships and connections is preserved	No	76.0				
Item 11: Proximity of placement				Strength	100	
Item 12: Placement with siblings				Strength	95	
Item 13: Visiting with parents and siblings in foster care				ANI	71	
Item 14: Preserving connections				Strength	92	
Item 15: Relative placement				ANI	76	
Item 16: Relationship of child in care with parents				ANI	77	

\*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

\*\*Items may be rated as a Strength or an Area Needing Improvement (ANI).

\*\*\*Illinois' FY 2001 data did not meet the national standard for this item. However, all cases were rated as a Strength. To resolve the discrepancy, Illinois' FY 2002 data for this measure was reviewed. Because the FY 2002 data (8.2%) met the national standard, the item was rated as a Strength.

**Table 2. Illinois CFSR Ratings for Child and Family Well Being Outcomes and Items**

<b>Outcomes and Indicators</b>	<b>Outcome Ratings</b>		<b>Item Ratings</b>			
	<i>In Substantial Conformity?</i>	<i>Percent Substantially Achieved*</i>	<i>Met National Standards</i>	<i>Rating**</i>	<i>Percent Strength</i>	<i>Met National Standards</i>
Well Being Outcome 1 - Families have enhanced capacity to provide for children's needs	No	52.1				
Item 17: Needs/services of child, parents, and foster parents				ANI	54	
Item 18: Child/family involvement in case planning				ANI	57	
Item 19: Worker visits with child				ANI	83	
Item 20: Worker visits with parents				ANI	55	
Well Being Outcome 2 - Children receive services to meet their educational needs	No	84.4				
Item 21: Educational needs of child				ANI	84	
Well Being Outcome 3 - Children receive services to meet their physical and mental health needs are met	No	66.6				
Item 22: Physical health of child				ANI	83	
Item 23: Mental health of child				ANI	66	

\*90 percent of the applicable cases reviewed must be rated as having substantially achieved the outcome for the State to be in substantial conformity with the outcome.

\*\*Items may be rated as a Strength or an Area Needing Improvement (ANI).

**Table 3: Illinois' Performance on the Six Outcome Measures for Which National Standards have been Established**

<b>Outcome Measure</b>	<b>National Standard</b>	<b>Illinois Data FY 2001</b>
Of all children who were victims of a substantiated or indicated maltreatment report in the first 6 months of CY 2001, what percent were victims of another substantiated or indicated report within a 6-month period?	6.1% or less	10.1%
Of all children who were in foster care in the first 9 months of CY 2001, what percent experienced maltreatment from foster parents or facility staff members?	0.57% or less	0.57%
Of all children who entered foster care in FY 2001, what percent were re-entering care within 12 months of a prior foster care episode?	8.6% or less	8.8%*
Of all children reunified from foster care in FY 2001, what percent were reunified within 12 months of entry into foster care?	76.2% or more	51.7%
Of all children who were adopted from foster care in FY 2001, what percent were adopted within 24 months of their entry into foster care?	32.0% or more	8.8%
Of all children in foster care during FY 2001 for less than 12 months, what percent experienced no more than 2 placement settings?	86.7% or more	81.0%

\*Illinois' FY 2001 data did not meet the national standard for this item. However, all cases were rated as a Strength. To resolve the discrepancy, Illinois' FY 2002 data for this measure was reviewed. Because the FY 2002 data (8.2%) met the national standard, item 5 was rated as a Strength.

**Table 4: Illinois CFSSR Ratings for the Seven Systemic Factors**

<b>Systemic Factors</b>	<b>In Substantial Conformity?*</b>	<b>Rating**</b>
<b>IV. Statewide Information System</b>	Yes (4)	
Item 24: System can identify the status, demographic characteristics, location and goals of children in foster care		Strength
<b>V. Case Review System</b>	No (2)	
Item 25: Process for developing a case plan and for joint case planning with parents		ANI
Item 26: Process for 6-month case reviews		Strength
Item 27: Process for 12-month permanency hearings		Strength
Item 28: Process for seeking TPR in accordance with ASFA		ANI
Item 29: Process for notifying caregivers of reviews and hearings and for opportunity for them to be heard		Strength
<b>VI. Quality Assurance System</b>	Yes (4)	
Item 30: Standards to ensure quality services and ensure children’s safety and health		Strength
Item 31: Identifiable QA system that evaluates the quality of services and improvements		Strength
<b>VII. Training</b>	Yes (3)	
Item 32: Provision of initial staff training		ANI
Item 33: Provision of ongoing staff training that addresses the necessary skills and knowledge.		Strength
Item 34: Provision of training for caregivers and adoptive parents that addresses the necessary skills and knowledge		Strength
<b>VIII. Service Array</b>	No (1)	
Item 35: Availability of array of critical services		ANI
Item 36: Accessibility of services across all jurisdictions		ANI
Item 37: Ability to individualize services to meet unique needs		ANI
<b>IX. Agency Responsiveness to the Community</b>	Yes (4)	
Item 38: Engages in ongoing consultation with critical stakeholders in developing the CFSP		Strength
Item 39: Develops annual progress reports in consultation with stakeholders		Strength
Item 40: Coordinates services with other Federal programs		Strength
<b>X. Foster and Adoptive Parent Licensing, Recruitment and Retention</b>	Yes (4)	
Item 41: Standards for foster family and child care institutions		Strength
Item 42: Standards are applied equally to all foster family and child care institutions		Strength
Item 43: Conducts necessary criminal background checks		Strength
Item 44: Diligent recruitment of foster and adoptive families that reflect children’s racial and ethnic diversity		Strength
Item 45: Uses cross-jurisdictional resources to find placements		Strength

\*Systemic factors are rated on a scale from 1 to 4. A rating of 1 or 2 indicates “Not in Substantial Conformity.” A rating of 3 or 4 indicates Substantial Conformity.

\*\*Items may be rated as a Strength or an Area Needing Improvement (ANI).



# FINAL REPORT: ILLINOIS CHILD AND FAMILY SERVICES REVIEW

## INTRODUCTION

This document presents the findings of the Child and Family Services Review (CFSR) for the State of Illinois. The CFSR assesses State performance with regard to seven child and family outcomes and seven systemic factors. The Illinois CFSR was conducted the week of September 15, 2003. The findings were derived from the following documents and data collection procedures:

- The Statewide Assessment, prepared by the State child welfare agency – the Illinois Department of Child and Family Services (DCFS) (DCFS is used to refer to child welfare agency practices pertaining to cases that are managed directly by the public agency and those that are managed by private agencies through performance of service contracts);
- The State Data Profile, prepared by the Children’s Bureau of the U.S. Department of Health and Human Services, which provides State child welfare data for the years 1999 through 2001;
- Reviews of 48 cases at three sites (Charleston, Cook County, and Rock Island) in the State; and
- Interviews or focus groups (conducted at all three sites and at the State-level) with stakeholders including, but not limited to children, parents, foster parents, all levels of child welfare agency personnel, collaborating agency personnel, service providers, court personnel, and attorneys.

The key characteristics of the 48 cases reviewed are the following:

- Twenty-six cases were reviewed in Cook County, 12 in Charleston, and 10 in Rock Island.
- All 48 cases had been open cases at some time during the period under review.
- Twenty-five cases were “foster care cases” (cases in which children were in the care and custody of the State child welfare agency and in an out-of-home placement at some time during the period under review), and 23 were “in-home services cases” (cases in which families received services from the child welfare agency while children remained with their families and no child in the family was in out-of-home care during the period under review).
- Of the 25 foster care cases, 18 children (72%) were younger than age 10 at the start of the period under review; 4 children (16%) were at least 10 years old, but not yet 13 years old; and 3 children (12%) were 13 years of age and older at the start of the period under review.
- All children in the family were Black (non-Hispanic) in 23 cases, White (non-Hispanic) in 17 cases, Hispanic in 2 cases, and of two or more races in 6 cases.
- Of the 48 cases reviewed, the primary reason for the opening of a child welfare agency case was the following:
  - Substance abuse of parents – 13 cases (27%)
  - Neglect (not including medical neglect) – 9 cases (19%)

- Physical abuse – 9 cases (19%)
- Sexual abuse – 6 cases (13%)
- Mental/physical health of parent – 4 cases (8%)
- Medical neglect – 3 cases (6%)
- Abandonment – 2 cases (4%)
- Domestic violence in child’s home – 1 case (2%)
- Substance abuse by child – 1 case (2%)
- Of the 48 cases reviewed, the most frequently cited of all reasons for children coming to the attention of the child welfare agency were the following:
  - Neglect (not including medical neglect) – 27 cases (56% of all cases)
  - Substance abuse by parents – 23 cases (48% of all cases)
  - Physical abuse – 15 cases (31% of all cases)
  - Mental/physical health of parent – 11 cases (23% of all cases)
- In 18 (72%) of the 25 foster care cases, the children entered foster care prior to the period under review and remained in care during the entire period under review.

The first section of the report presents CFSR findings relevant to the State’s performance in achieving seven outcomes for children in the areas of safety, permanency, and well-being. For each outcome, there is a table presenting key findings, a discussion of the State’s status with regard to the outcome, and a presentation and discussion of each item (indicator) assessed. For the most part, findings are presented for all three sites taken together, with differences across sites identified when they are substantive. The second section of the report provides an assessment and discussion of the findings regarding seven systemic factors relevant to the child welfare agency’s ability to achieve positive outcomes for children.

## SECTION 1: OUTCOMES

### I. SAFETY

#### Safety Outcome 1

<b>Outcome S1: Children are, first and foremost, protected from abuse and neglect.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Charleston</b>	<b>Cook County</b>	<b>Rock Island</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	8	24	8	40	90.9
Partially Achieved:	1	1	2	4	9.1
Not Achieved or Addressed:	0	0	0	0	0.0
Not Applicable:	3	1	0		
<b>Conformity of Statewide data indicators with national standards:</b>					
	<b>National Standard (percent)</b>	<b>State's Percentage</b>	<b>Meets Standard</b>	<b>Does Not Meet Standard</b>	
Repeat maltreatment	6.1 or less	10.1		X	
Maltreatment of children in foster care	0.57 or less	0.57	X		

#### STATUS OF SAFETY OUTCOME 1

Illinois did not achieve substantial conformity with Safety Outcome 1. Although the outcome was substantially achieved in 90.9 percent of the cases reviewed, which is greater than the 90 percent required for substantial conformity, the State did not meet the national standard for the percentage of children experiencing more than one substantiated or indicated child maltreatment report within a 6-month period. It is necessary for the State to meet both the national standards and the case review criteria to achieve substantial conformity with the outcome.

A key finding of the CFSR case reviews was that DCFS is consistent in responding to maltreatment reports in accordance with the State's timeframes. In 92 percent of the applicable cases reviewed, DCFS established face-to-face contact with the child victim within 24 hours of receipt of the maltreatment report, which is the State-required timeframe for responding to all maltreatment reports.

Although the State did not meet the national standard for the incidence of maltreatment recurrence within 6 months, the case reviews found no maltreatment recurrence in 93 percent of the applicable cases. However, in 3 (33%) of the 9 cases in which there was at least one substantiated report during the period under review, there was another substantiated report within a 6-month period. In addition, many stakeholders reported that DCFS does not consistently report maltreatment allegations on open cases to the Hotline for investigation; often when these allegations are reported to the Hotline, the Hotline refuses to refer them for investigation because the case is already open. Consequently, it is possible that the actual rate of maltreatment recurrence within 6 months may be higher than the rate reported in the State Data Profile.

Findings pertaining to the specific items assessed under Safety Outcome 1 are presented below.

### **Item 1. Timeliness of initiating investigations of reports of child maltreatment**

  X   Strength                             Area Needing Improvement

**Review Findings:** The assessment of item 1 was applicable for 13 of the 48 cases. Thirty-five cases were not applicable because they did not involve reports of child maltreatment during the period under review. In assessing item 1, reviewers were to determine whether the response to a maltreatment report occurring during the period under review had been initiated in accordance with the State child welfare agency’s requirements. In Illinois, investigative staff are required to begin an investigation of abuse/neglect by establishing in-person contact, or by making a good faith effort to establish contact, with all alleged victims within 24 hours after the Department receives the report. The results of the case review assessments were the following:

- Item 1 was rated as a Strength in 12 (92%) of the 13 applicable cases (4 of the 12 cases were foster care cases).
- Item 1 was rated as an Area Needing Improvement in 1 (8%) of the 13 applicable cases (the one case was not a foster care case).

Item 1 was rated as a Strength when a response to a maltreatment report was initiated and face-to-face contact established within 24 hours of receipt of the report. The item was rated as an Area Needing Improvement in one case because the agency did not establish face-to-face contact with alleged perpetrators until one week after the report was received.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that DCFS investigates maltreatment reports in a timely manner. However, many stakeholders voiced concern about the number of reports to the Hotline that are not accepted for investigation. Stakeholders also indicated that often it is necessary for reporters to make repeated efforts to reach the Hotline before they are connected.

**Determination and Discussion:** Item 1 was assigned an overall rating of Strength because in 92 percent of the applicable cases the agency had initiated a response to a maltreatment report in accordance with required timeframes.

According to the Statewide Assessment, child abuse and neglect reports are made to DCFS primarily through the State Central Register (SCR), the Statewide child abuse toll-free Hotline.

## **Item 2. Repeat maltreatment**

Strength                       Area Needing Improvement

**Review Findings:** The assessment of item 2 was applicable for 44 of the 48 cases. Four cases were not applicable because there was never a substantiated maltreatment report on the family. In three of these 4 cases, the family contacted the agency and requested services. In the fourth case, the court ordered the State to take custody of the child when the mother was incarcerated and the father could not care for the child in her absence. In assessing this item, reviewers were to determine whether there had ever been a substantiated report on the family. Reviewers also were to determine if there was at least one substantiated maltreatment report during the period under review, and if so, if another substantiated or indicated report occurred within 6 months of that report. The results of the assessment were the following:

- Item 2 was rated as a Strength in 41 (93%) of the 44 applicable cases (22 of the 41 cases were foster care cases).
- Item 2 was rated as an Area Needing Improvement in 3 (7%) of the 44 applicable cases (1 of the 3 cases was a foster care case).

Item 2 was rated as a Strength under the following circumstances:

- There was a substantiated maltreatment report involving the family prior to the period under review, but no substantiated or indicated report during the period under review (32 cases).
- There was a substantiated maltreatment report involving the family during the period under review, but there was no substantiated or indicated report within 6 months of that report (9 cases).

The item was rated as an Area Needing Improvement in 3 cases in which 2 or more reports occurred within 6 months of each other and involved the same perpetrator or similar circumstances.

Findings for all 48 cases with respect to the frequency of maltreatment reports on the family prior to and during the period under review were the following:

- In 4 cases, there were no maltreatment reports over the life of the case.

- In 15 cases, there was 1 maltreatment report over the life of the case.
- In 21 cases, there were between 2 and 5 maltreatment reports over the life of the case.
- In 8 cases, there were between 6 and 12 maltreatment reports over the life of the case.

These data indicate that in 17 percent of the cases reviewed, the family was the subject of 6 or more maltreatment reports from the time of their initial contact with the agency.

The majority of stakeholders commenting on this item during the onsite CFSR expressed the opinion that maltreatment recurrence is not a frequent event. They attributed this to the use of ongoing risk and safety assessments and early service interventions by the agency. However, several Cook County stakeholders noted that maltreatment allegations on open cases are not consistently investigated as new reports and, often, when they are reported to the Hotline, the Hotline refuses to investigate because the case is already open. Consequently, the actual rate of maltreatment recurrence within 6 months may be greater than the reported rate based on data from the National Child Abuse and Neglect Data System.

***Determination and Discussion:*** Item 2 was assigned an overall rating of Area Needing Improvement. Although the item was rated as a Strength in 93 percent of the applicable cases, the State's rate of maltreatment recurrence for 2001 (10.1%), as reported in the State Data Profile, does not meet the national standard of 6.1 percent or less. The criteria and standards for both indicators must be met for the item to be rated as a Strength.

According to the Statewide Assessment, the State has taken measures to reduce incidents of repeat maltreatment. These include: (1) establishing more manageable workloads for child protection investigators; and (2) implementing a standardized tool for assessing risk, known as the Child Endangerment Risk Assessment Protocol (CERAP). Information in the Statewide Assessment indicates that focus group participants reported the following information: SCR call floor staff do not accept calls based on third-party information even if the reporter believes the information is reliable; SCR call staff do not accept calls of potential child abuse and neglect if no incident has occurred; and SCR staff often do not accept reports on older children because they do not believe that they are at risk. The Statewide Assessment notes that key concerns identified by focus group participants are (1) the definitions of safety and risk to children used by SCR are not comparable to those used by the community, and (2) the Hotline is now more stringent on what will be accepted as an investigation than they were in the past (i.e., the Hotline no longer accepts risk of harm reports. Unless an incident has occurred, the Hotline does not accept the report).

**Safety Outcome 2**

<b>Outcome S2: Children are safely maintained in their homes whenever possible and appropriate.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Charleston</b>	<b>Cook County</b>	<b>Rock Island</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	12	20	7	39	81.2
Partially Achieved:	0	0	2	2	4.2
Not Achieved or Addressed:	0	6	1	7	14.6
Not Applicable:	0	0	0		

**STATUS OF SAFETY OUTCOME 2**

Illinois did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that the outcome was substantially achieved in 81.2 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity.

Ratings for this outcome varied substantively across the CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Charleston cases, compared to 77 percent of Cook County cases and 70 percent of Rock Island cases.

A key finding of the CFSR case reviews was that DCFS is not consistent in providing appropriate services to families to protect children in the home and prevent their removal, and is not consistent in making concerted efforts to reduce the risk of harm to children. A key concern identified pertained to the lack of comprehensive risk and safety assessments, which results in the delivery of services that are not appropriate to ensure the child’s safety and reduce risk of harm over the long term. Another key concern identified pertained to the lack of diligent monitoring of children’s safety while they are in residential and group care facilities.

Findings pertaining to the specific items assessed under Safety Outcome 2 are presented and discussed below.

**Item 3. Services to family to protect child(ren) in home and prevent removal**

Strength       Area Needing Improvement

**Review Findings:** There were 30 cases for which an assessment of item 3 was applicable. Eighteen foster care cases were excluded from this assessment because the children entered foster care prior to the period under review and/or there were no substantiated or indicated maltreatment reports or identified risks of harm to the children in the home during the period under review. For this item,

reviewers assessed whether, in responding to a substantiated maltreatment report or risk of harm, the agency made diligent efforts to provide services to families to prevent removal of children from their homes while at the same time ensuring their safety. The results of the assessment were the following:

- Item 3 was rated as a Strength in 23 (77%) of the 30 applicable cases (4 of the 23 cases were foster care cases).
- Item 3 was rated as an Area Needing Improvement in 7 (23%) of the 30 applicable cases (3 of the 7 cases were foster care cases).

Ratings for item 3 varied substantively across sites. The item was rated as a Strength in 100 percent of Charleston cases, compared to 71 percent of Cook County cases and 67 percent of Rock Island cases.

Item 3 was rated as a Strength when reviewers determined the following:

- Appropriate services were provided to the parents and child to prevent removal (20 cases).
- The children were appropriately removed from the home to ensure their safety (3 cases).

The item was rated as an Area Needing Improvement when reviewers determined the following:

- The agency did not conduct necessary assessments or offer services to ensure that children could be safely maintained in the home (4 cases).
- The agency offered services, but they were not appropriately matched to the family's needs and therefore could not ensure the safety of the children in the home (2 cases). In one case, the agency provided housing, financial and legal assistance but did not provide services to address issues of sexual abuse which were apparent in the case. In another case, there were domestic violence and mental health issues with the family, but services were not provided to address these issues.
- The agency closed a case involving a mother who was a cocaine addict when the target child was adopted, even though there was a newborn infant living at home with the mother (1 case).

Services provided to the families included, but were not limited to the following: Mental health services, including counseling, individual and family therapy, psychiatric and psychological assessments, and mental health evaluations and treatment; substance abuse treatment and aftercare services; developmental therapy for children; medical assessments and treatment; sexual abuse counseling; domestic violence interventions including safety plans and anger management; parenting education classes; family preservation services; day care; financial assistance; transportation, particularly to facilitate visitation; housing advocacy; and school advocacy.

Most stakeholders commenting on this item expressed the opinion that DCFS attempts to maintain children in the home whenever possible, conducts a thorough assessment of risk, and offers an array of services to prevent removal. However, although some stakeholders suggested that there are sufficient community-based services and supports to maintain children safely in the home, others



indicated that services are not available in all areas, and, even where services are available, there often are long waiting lists to access them.

**Determination and Discussion:** Item 3 was assigned an overall rating of Area Needing Improvement because in 23 percent of the applicable cases, reviewers determined that DCFS had not made diligent efforts to provide the necessary services to maintain children safely in their own homes.

According to the Statewide Assessment, DCFS and its private sector partners operate under several judicial consent decrees, one of which addresses the removal of children from the home. The Norman v. Suter consent decree bars DCFS from removing children from their parents solely because of poverty or homelessness. It also bars the agency from refusing to return children home for the same reasons. The consent decree requires DCFS to provide housing, temporary shelter, cash assistance, food, clothing, childcare, emergency caretakers, and advocacy with public and community agencies.

The Statewide Assessment also notes that the implementation of CERAP has resulted in greater use of intact family/in home services. Other efforts identified in the Statewide Assessment as being designed to prevent removal of children from the home include: (1) Family Centered Services, which provides prevention services throughout the State through community-based Local Area Networks; (2) the Community-Based Family Resource and Support initiative, which supports the development, operation, and expansion of a network of community-based and prevention-focused family resource and support programs; and (3) the Citizen-to-Citizen initiative that makes use of State tax check-off funds to support additional community-based services.

The Statewide Assessment reports that aggregate data collected through the State's Federal Preparatory Review (FPR), which was initially implemented in 2001, indicate that DCFS made attempts to safely maintain children with their families in 83 percent of the cases. Of the families known to DCFS prior to the children's entry into care and for whom provision of preventive services were appropriate, the adequacy of those services was determined to be a strength in 79 percent of the FPR cases.

#### **Item 4. Risk of harm to child**

Strength       Area Needing Improvement

**Review Findings:** An assessment of item 4 was applicable for all 48 cases. In assessing item 4, reviewers were to determine whether the agency had made, or was making, diligent efforts to reduce the risk of harm to the children involved in each case. The assessment resulted in the following findings:

- Item 4 was rated as a Strength in 39 (81%) of the 48 applicable cases (21 of the 39 cases were foster care cases).
- Item 4 was rated as an Area Needing Improvement in 9 (19%) of the 48 applicable cases (4 of the 9 cases were foster care cases).

Ratings for this item varied substantively across CFSR sites. The item was rated as a Strength in 100 percent of Charleston cases, compared to 77 percent of Cook County cases and 70 percent of Rock Island cases.

Item 4 was rated as a Strength when reviewers determined the following:

- The risk of harm to children was appropriately managed by providing services to families to address risk concerns while the children remained in the home (12 cases).
- The risk of harm to children was appropriately managed by removing the perpetrator from the home and preventing contact between the child and the perpetrator (3 cases).
- The risk of harm to children was appropriately managed by removing the children from home either prior to or during the period under review and providing services to the family (18 cases).
- The risk of harm to children was appropriately managed by removing the children from the home either prior to or during the period under review and seeking termination of parental rights (TPR) (2 cases).
- The risk of harm was appropriately managed by placing children voluntarily with relatives to prevent foster care placement (4 cases).

The item was rated as an Area Needing Improvement when reviewers determined the following:

- Either no services were offered or the services offered by the agency were insufficient to reduce the risk of harm to the child (7 cases).
- Allegations of abuse in foster care were not fully investigated and a risk of harm was present (1 case).
- Ongoing safety assessments of the risk of harm in the home were not conducted and risk of harm to the child remained (1 case).

Many stakeholders commenting on this issue questioned DCFS' effectiveness in addressing risk of harm to children during investigations. Stakeholders also expressed differing opinions regarding the effectiveness of CERAP as a risk assessment tool. While some stakeholders observed that it is useful for identifying immediate safety concerns, others suggested that the tool results in assessments of the presenting problem rather than more comprehensive assessments of underlying issues that may have contributed to the presenting problem. Stakeholders noted that CERAP is much more effective when workers conduct a more thorough investigation in addition to using the tool, otherwise there is a potential that key problems or issues may be missed. A State-level stakeholder indicated that the CERAP was designed to address short-term safety concerns and not long-term risk, but it is being used for both purposes.

Stakeholders commenting on the issue of risk of harm to children also expressed the opinion that the agency is not consistently effective in addressing risk of harm to children in foster, residential, and group care. A key concern identified pertained to the lack of monitoring of facilities and the failure to respond consistently to allegations of maltreatment of children by foster parents or facility staff. Although stakeholders reported that there are specific guidelines to follow with respect to reports of maltreatment by care givers, they also noted that often there is a lack of communication between caseworkers and licensing staff, as well as a lack of coordination in the investigation process.

Stakeholders also indicated that DCFS has initiated an Unusual Incident Reporting process in an effort to identify and respond to potential risk-related situations in residential facilities before they escalate to the level of child maltreatment. The Governor has recently approved hiring 50 additional DCFS staff members who will be responsible for monitoring institutional out-of-home care facilities.

***Determination and Discussion:*** Item 4 was assigned an overall rating of Area Needing Improvement because in 19 percent of the applicable cases, reviewers determined that DCFS was not effective in addressing the risk of harm to children. A key concern was that services either were not offered to families to reduce risk of harm, or the services offered were not sufficient to reduce the risk of harm.

According to the Statewide Assessment, there are concerns about DCFS's effectiveness with regard to addressing the risk of harm to children. As noted in the Statewide Assessment, in recent years, DCFS has conducted fewer investigations and has added fewer children to its caseloads. Furthermore, the Child Safety Profile, which is part of the State Data Profile, indicates that during Calendar Year 2001, only 21.8 percent of the children with a substantiated child abuse and neglect report had a case open for services. The Governor's Task Force Report, included as an appendix to the Statewide Assessment, notes that in State fiscal year (SFY) 2001 approximately 29,000 of the children investigated for child abuse and neglect were found to be victims of abuse and neglect or at imminent risk of maltreatment. However, formal cases were opened on only 20 percent of these children and while these children received services, it is unclear what, if any, services were provided to the other 80 percent of confirmed or at-risk victims. The Task Force Report indicates that a significant number of stakeholders who spoke with the Task Force expressed concern that some investigations do not result in actions that adequately protect children.

## II. PERMANENCY

### Permanency Outcome 1

<b>Outcome P1: Children have permanency and stability in their living situations.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Charleston</b>	<b>Cook County</b>	<b>Rock Island</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	5	2	2	9	36.0
Partially Achieved:	1	10	3	14	56.0
Not Achieved or Addressed:	0	1	1	2	8.0
Not Applicable:	6	13	4		
<b>Conformity of Statewide data indicators with national standards:</b>					
	<b>National Standard (percentage)</b>	<b>State's Percentage</b>	<b>Meets Standard</b>	<b>Does Not Meet Standard</b>	
Foster care re-entries	8.6 or less	8.8*		X	
Length of time to achieve reunification	76.2 or more	51.7		X	
Length of time to achieve adoption	32.0 or more	8.8		X	
Stability of foster care placements	86.7 or more	81.0		X	

\*Illinois' FY 2001 data did not meet the national standard for this item. However, all cases were rated as a Strength. To resolve the discrepancy, Illinois' FY 2002 data for this measure was reviewed. Because the FY 2002 data (8.2%) met the national standard, the item was rated as a Strength.

### STATUS OF PERMANENCY OUTCOME 1

Illinois did not achieve substantial conformity with Permanency Outcome 1. This was based on the following findings:

- The outcome was substantially achieved in 36.0 percent of the cases, which is less than the 90 percent required for a determination of substantial conformity.
- Fiscal year (FY) 2001 data reported in the State Data Profile indicate that the State did not meet the national standards for (1) the percentage of children who entered foster care who were re-entering within 12 months of discharge from a prior foster care episode, (2) the percentage of children who achieved reunification within 12 months of entry into foster care, (3) the percentage of children who achieved a finalized adoption within 24 months of entry into foster care, and (4) the percentage of children in foster care for less than 12 months who experienced no more than 2 placement settings.

Ratings for this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 83 percent of Charleston cases, compared to 33 percent of Rock Island cases and 15 percent of Cook County cases.

The results of the case reviews and the data provided in the State Data Profile suggest that DCFS does not consistently make concerted efforts to (1) ensure children’s placement stability while in foster care, (2) establish appropriate permanency goals in a timely manner, or (3) make diligent efforts to achieve children’s permanency goals in a timely manner.

Findings pertaining to the specific items assessed under Permanency Outcome 1 are presented below.

**Item 5. Foster care re-entries**

Strength                       Area Needing Improvement

**Review Findings:** Six of the 25 foster care cases were applicable for an assessment of foster care re-entries because they involved children who entered foster care at some time during the period under review. In assessing this item, reviewers determined whether the entry into foster care during the period under review occurred within 12 months of discharge from a prior foster care episode. The assessment resulted in the finding that the item was rated as a Strength in all 6 applicable cases (100%).

Item 5 was rated as a Strength when the child’s entry into foster care during the period under review did not take place within 12 months of discharge from a prior episode.

Stakeholders commenting on this item during the onsite CFSR expressed the opinion that children’s re-entry into foster care often is due to a lack of services and ongoing supports available to families following reunification and case closure. Cook County stakeholders reported that although the courts sometimes require that a case remain open for a year following reunification, DCFS only funds post-reunification services for 6 months. In addition, several stakeholders noted that those children who re-enter the system generally come from families in which parents have a history of substance abuse.

**Determination and Discussion:** Item 5 was assigned an overall rating of Strength. Although Illinois’ FY 2001 data did not meet the national standard for this item, all six applicable cases were rated as a Strength. To resolve this discrepancy, Illinois’ FY 2002 data for this measure was reviewed. Because the FY 2002 data (8.2%) met the national standard of 8.6 percent or less, the item was rated as a Strength.

According to the Statewide Assessment, the rate of re-entry into foster care has decreased each year since 1999, when it was 15.6 percent. The Statewide Assessment attributes the decrease to a corresponding decrease in Illinois' substitute care caseload and increased efforts by DCFS during the past 3 years to implement strategies to provide permanency supports for children and families. As noted in the Statewide Assessment, in 2002, 93 percent of the children who returned home remained home for at least 12 months following their reunification.

### **Item 6. Stability of foster care placement**

     Strength                        X   Area Needing Improvement

**Review Findings:** All 25 foster care cases were applicable for an assessment of item 6. In assessing this item, reviewers were to determine whether the child experienced multiple placement settings during the period under review and, if so, whether the changes in placement settings were necessary to achieve the child's permanency goal or meet the child's service needs. The findings of this assessment were the following:

- Item 6 was rated as a Strength in 21 (84%) of the 25 applicable cases.
- Item 6 was rated as an Area Needing Improvement in 4 (16%) of the 25 applicable cases.

Ratings for this item varied substantively across CFSR sites. The item was rated as a Strength in 100 percent of Charleston cases and 85 percent of Cook County cases, compared to 67 percent of Rock Island cases.

Additional findings of the case review were the following:

- Children in 20 cases experienced only 1 placement during the period under review.
- Children in 3 cases experienced 2 placements during the period under review.
- The child in 1 case experienced 3 placements during the period under review.
- The child in 1 case experienced 4 placements during the period under review.

Item 6 was rated as a Strength when reviewers determined either that the child did not experience a placement change during the period under review (20 cases), or that the placement changes experienced were in the child's best interest (1 case). The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- The child's current placement is not stable (1 case).
- Placement changes were the result of inappropriate matching of children with placement resources (3 cases).

Stakeholder comments on the stability of foster care placements differed by site. Charleston stakeholders indicated that placements are stable and that the agency provides numerous supports to ensure stability. However, Rock Island and Cook County stakeholders suggested that placements often disrupt and that many disruptions may be attributed to the poor matches that result from the use of the rotation system with the POS agencies. Under this system, children are assigned to a POS agency based on whether it is the POS agency's "turn" to receive a child, rather than on whether the POS agency has a placement available that is a good match for the child.

In addition, while Rock Island and Charleston stakeholders noted that there are support specialists available to foster parents 24 hours a day, Cook County stakeholders said that DCFS does not provide sufficient supports to foster parents and relative caregivers who are experiencing difficulties parenting the children in their care. State-level stakeholders reported that agency policy is not clear on how to support foster parents. They expressed the opinion that the lack of a clear policy is an important issue for DCFS to address because many placement disruptions are due to the inability of foster parents to deal with the behaviors of the children in their care.

Several stakeholders commenting on this issue expressed the opinion that the increase in DCFS' use of relatives as placement resources has resulted in considerable improvements in placement stability.

*Determination and Discussion:* Item 6 was assigned an overall rating of Area Needing Improvement based on the following findings:

- In 16 percent of the applicable cases, reviewers determined that children experienced multiple placement changes that did not promote attainment of their goals or meet their treatment needs.
- FY 2001 data from the Illinois State Data Profile indicate that the percentage of children experiencing no more than 2 placements in their first 12 months in foster care (81.0) did not meet the national standard of 86.7 percent or more.

According to the Statewide Assessment, DCFS policy requires that (1) all placements are to be consistent with the best interests and special needs of the children; and (2) children are to be placed in the least restrictive, most family-like settings. The Statewide Assessment notes that data collected over the last 3 years regarding the placement of children in their current living arrangement indicate that "matching activities" occurred in approximately 83 percent of cases, but that pre-placement visits occurred in only 54 percent of cases.

The Statewide Assessment reports that a key DCFS goal is to minimize placement disruptions. From 1999 to 2001, the percentage of children in the cohort group having only one placement rose from 49 to 52 percent, while the percentage of children in two placements declined from 28 to 25 percent. The Statewide Assessment reports that efforts are made to stabilize placements when they are at risk of disruption through special placement stabilization services programs, such as the Screening, Assessment, and Support Services (SASS) program.

## Item 7. Permanency goal for child

       Strength                        X   Area Needing Improvement

**Review Findings:** All 25 foster care cases were applicable for an assessment of item 7. In assessing this item, reviewers were to determine whether the agency had established an appropriate permanency goal for the child in a timely manner. The results of this assessment were the following:

- Item 7 was rated as a Strength in 16 (64%) of the 25 applicable cases.
- Item 7 was rated as an Area Needing Improvement in 9 (36%) of the 25 applicable cases.

Ratings for the item varied substantively across CFSR sites. Item 7 was rated as a Strength in 100 percent of Charleston cases, compared to 66 percent of Rock Island cases and 46 percent of Cook County cases. In addition, the item was rated as a Strength in 80 percent of the 5 applicable foster care cases served directly by DCFS compared to 43 percent of the 14 applicable foster care cases served by a POS agency (Charleston was excluded from this analysis because there was only one POS agency case in that site).

The case review found that children in the 25 foster care cases had the following permanency goals:

- 15 children had a goal of adoption.
- 4 children had a goal of reunification.
- 3 children had a goal of guardianship.
- 3 children had a goal of long-term foster care or emancipation.

None of the cases had concurrent goals for the child at the time of the onsite case review.

At the time of the onsite review, 17 (68%) of the 25 children in the foster care cases had been in foster care for 15 of the most recent 22 months. TPR had been filed in 12 of these 17 cases. For the five cases for which TPR had not yet been sought, reasons for not filing for TPR were not provided in the case records.

Item 7 was rated as a Strength when reviewers determined that the child's permanency goal was appropriate and had been established in a timely manner. The item was rated as an Area Needing Improvement when reviewers determined the following:

- The goal is not appropriate given the needs of the child and the circumstances of the case (1 case).
- The goal is appropriate, but there was a delay in establishing the goal (8 cases).

Despite case review findings, many stakeholders commenting on this item expressed the opinion that DCFS makes concerted efforts to establish appropriate permanency goals in a timely manner. Several stakeholders reported that agency efforts to establish



appropriate goals in a timely manner are hampered by delays in court scheduling and, as noted by Cook County stakeholders, by the practice of some judges of granting parents multiple opportunities to comply with service plans in order to achieve reunification (particularly in cases involving parental substance abuse). In addition, some stakeholders noted, however, that because only a judge can officially change a permanency goal, often an out-dated or inappropriate goal will remain in a case file until the next court hearing, even though the caseworker is actually pursuing a new goal.

Some stakeholders said that long-term foster care is used as a goal only for children who are expected to be emancipated from foster care. However, other stakeholders voiced concern that caseworkers sometimes establish this goal for a child without fully exploring other options.

***Determination and Discussion:*** Item 7 was assigned an overall rating of Area Needing Improvement based on the finding that in 36 percent of the applicable cases, reviewers determined that the agency had not established an appropriate goal for the child in a timely manner.

According to the Statewide Assessment, the “Permanency Initiative,” which was passed by the Illinois General Assembly in 1997, produced a number of reforms to facilitate permanency for children in foster care. This legislation reduced permanency planning timelines to one year, eliminated “long-term foster care” as a permanency goal, and directed the State to engage in concurrent planning to help achieve permanency at the earliest opportunity. The Statewide Assessment notes that this mandate is reinforced by DCFS Rule and Procedure 315, which establishes the permanency planning process for children in care. Permanency planning begins when the first contact is made with the child and family and continues until the health and safety of the child are assured and Department-funded services have been terminated. The Statewide Assessment also reports that data indicate that the median length of time for which the cases of children in substitute care were open declined from 3.6 years in 2000 to 3.2 years in 2002.

### **Item 8. Reunification, Guardianship, or Permanent Placement With Relatives**

     Strength                        X   Area Needing Improvement

***Review Findings:*** Item 8 was applicable for 7 of the 25 foster care cases. In assessing these cases, reviewers were to determine whether the agency had achieved the goals of reunification or guardianship in a timely manner or, if the goals had not been achieved, whether the agency had made, or was in the process of making, diligent efforts to achieve the goals in a timely manner. The results of this assessment were the following:

- Item 8 was rated as a Strength in 3 (43%) of the 7 applicable cases.

- Item 8 was rated as an Area Needing Improvement in 4 (57%) of the 7 applicable cases. Three of the four cases rated as an Area Needing Improvement for this item were in Cook County.

Four children had a permanency goal of reunification and three had a goal of guardianship. In two cases, the child's goal was achieved during the period under review (one reunification and one guardianship). In one case the goal was achieved within 12 months of the child's entry into foster care. In the other case, although the goal was not achieved within 12 months of entry into foster care, reviewers determined that DCFS had made concerted efforts to achieve the goal in a timely manner.

Item 8 was rated as a Strength when reviewers determined that DCFS had made, or was making, diligent efforts to achieve the child's permanency goal in a timely manner (3 cases). The item was rated as an Area Needing Improvement when reviewers determined that DCFS had not made adequate efforts to achieve the goal in a timely manner (4 cases). Reviewers identified the following barriers to achieving the goals of reunification or guardianship: (1) a lack of agency effort to engage parents in services, (2) insufficient searches for relatives who might become guardians, and (3) a practice of maintaining a goal of reunification when the prognosis for attaining that goal is low.

Most stakeholders commenting on this item expressed the opinion that children are not reunified in a timely manner, particularly when the case involves parental substance abuse. Stakeholders noted that in these cases, the courts frequently grant continuances to give parents extended time to work through the substance abuse recovery process, which inevitably includes a period of relapse. Stakeholders also identified the following barriers to reunifying children in a timely manner: (1) a lack of focus of POS performance contracts on achieving reunification; and (2) the lack of services and resources in the community to assist in the reunification process, including adequate housing and sufficient mental health and post-reunification services.

Several stakeholders reported that because Illinois has a subsidized guardianship program, many children are beginning to achieve permanency through this option, which enables families to maintain kinship relationships and receive needed services. They noted that although there continue to be more adoptions and reunifications, subsidized guardianship has become a key permanency option for children in the State.

**Determination and Discussion:** This item was assigned an overall rating of Area Needing Improvement based on the following findings:

- In 57 percent of the applicable cases, case reviewers determined that the agency had not made diligent efforts to attain the goals of reunification or guardianship in a timely manner.
- FY 2001 data from the State Data Profile indicate that the percentage of reunifications occurring within 12 months of entry into foster care (51.7%) did not meet the national standard of 76.2 percent or more.

According to the Statewide Assessment, the number of reunifications continues to decline with the shifting substitute care caseload and the reduction in the number of new case openings (declining from 2,813 children in 2001 to 2,740 children in 2002). The Statewide Assessment also notes that the adoption incentive funding that Illinois received was used to increase funding for family reunification services from \$600 to \$8,000 per family. Between SFY 1999 and SFY 2002, the percentage of children returning home within 1 year of removal rose by 10.8 percent, and the percentage of children returning home within 2 years rose by 13.9 percent.

The Statewide Assessment also reports that Illinois implemented a subsidized guardianship program under a title IV-E Waiver, and that this program has been effective in achieving permanency for children. The program extends subsidies to families who assume private guardianship for children who otherwise would have remained in long-term foster care. Of 6,820 cases that entered subsidized guardianship between April 1997 and March 2002, only 237 (3.5 percent) are no longer living in the home of the original guardian, and 84 of these children are no longer in the home because the guardian died or became incapacitated. The Statewide Assessment notes that, according to SFY 2001 data, of all exits from foster care, 5,740 children exited to reunification, 10,736 children exited to adoption, 7,801 children exited to emancipation, and 3,441 exited to guardianship.

## Item 9. Adoption

Strength                     Area Needing Improvement

**Review Findings:** Fifteen of the 25 foster care cases were applicable for an assessment of item 9. In assessing this item, reviewers were to determine whether diligent efforts had been, or were being, made to finalize adoptions in a timely manner. The results were the following:

- Item 9 was rated as a Strength in 6 (40%) of the 15 applicable cases.
- Item 9 was rated as an Area Needing Improvement in 9 (60%) of the 15 applicable cases.

Ratings for this item differed across the CFSR sites. The item was rated as a Strength in 75 percent of Charleston cases, compared to 40 percent of Rock Island cases and 17 percent of Cook County cases.

In 3 of the 15 applicable cases, the adoption was finalized during the period under review. The adoption was finalized within 24 months of the child's entry into foster care in 2 cases, and finalized in 28 months in the third case. Reviewers noted that the delays in this latter case were due to the incarceration of the parents for a period of time while the children were in foster care. Children in 10

of the remaining 12 applicable cases were in adoptive placements. In two cases, DCFS had not found an adoptive placement for the children.

Item 9 was rated as a Strength when reviewers determined that the goal of adoption had been achieved in a timely manner (3 cases) or that DCFS was making concerted efforts to achieve adoption within 24 months of the child's entry into foster care (3 cases). The item was rated as an Area Needing Improvement when reviewers determined the following:

- Delays were due to the agency not making diligent efforts to achieve an adoption in a timely manner, such as delays in filing for TPR and inadequate or delayed assessments of prospective adoptive parents (7 cases).
- Delays were due to a lengthy TPR appeals process (2 cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that although the number of adoptions in the State has increased considerably, the adoptions are not being finalized in a timely manner. Stakeholders attributed delays in adoption finalizations to a wide range of agency- and court-related barriers, including, but not limited to, the following:

- Prolonged pursuit of reunification in "poor prognosis" cases.
- Lack of timely notice to parents.
- Court continuances (many based on parents' attorney's requests for a continuance).
- A lengthy TPR appeals process.
- Lack of coordination and delays in the transfer of cases from the caseworker to the adoption worker following TPR.
- Lack of coordination between the two court divisions during the post-TPR and finalization phase.

State-level stakeholders observed that although performance-based contracting incentives with POS agencies have been successful in reducing the backlog of adoptions in need of finalization, the POS agencies have not been as successful in finalizing adoptions in a timely manner. Stakeholders noted that performance-based contracting does not serve children well in this regard because POS agencies can meet their contracted goals of achieving a specific percentage of children achieving permanency each year without having placed children who are legally-freed for adoption in pre-adoptive homes.

***Determination and Discussion:*** This item was assigned an overall rating of Area Needing Improvement based on the following findings:

- In 60 percent of the applicable cases, reviewers determined that the agency had not made concerted efforts to achieve a finalized adoption in a timely manner.
- FY 2001 data from the State Data Profile indicate that the State's percentage of finalized adoptions occurring within 24 months of removal from home (8.8%) does not meet the national standard of 32.0 percent or more.

According to the Statewide Assessment, although Illinois did not achieve the national standard for this item, the rate of finalized adoptions within 24 months of the date of the child’s entry into care has improved slightly each year, increasing from 7 percent in 1999, to 8 percent in 2000, and 9 percent in 2001. In 2001, DCFS was recognized for tripling adoptions within 2 years, earning a National Adoption 2002 Award and \$6.9 million in adoption bonus grants. The Governor’s Task Force Report notes that collaborative efforts among the courts, private agencies, and DCFS have resulted in more than 27,000 wards being adopted and 6,000 wards being discharged to private guardianship in the last 6 years. Furthermore, historic disparities in the rates of permanency for African American children have dwindled, partly due to the use of kinship care and guardianship to facilitate permanency. The Statewide Assessment notes, however, that despite these gains and accomplishments, State data indicate that there has been a significant decrease in the number of children in pre-adoptive homes from 1999 through 2001. One possible reason for the decline in pre-adoptive placements may be that the majority of children for whom adoptive homes are more readily available have already achieved permanency, leaving more difficult to place children in other placement types (i.e., older children, those with special medical and behavioral needs, and children belonging to large sibling groups).

**Item 10. Permanency goal of other planned permanent living arrangement**

       Strength              X   Area Needing Improvement

**Review Findings:** Three foster care cases were applicable for an assessment of item 10. In assessing these cases, reviewers were to determine if the agency had made, or was making, diligent efforts to assist children in attaining their goals related to other planned permanent living arrangements. The results were the following:

- Item 10 was rated as a Strength in 1 (33%) of the 3 applicable cases.
- Item 10 was rated as an Area Needing Improvement in 2 (67%) of the 3 applicable cases.

Item 10 was rated as a Strength when reviewers determined that the child was close to emancipation and received appropriate services to make the transition from foster care to independent living (1 case). The item was rated as an Area Needing Improvement when reviewers determined that DCFS had not provided sufficient services or supports to help the child make the transition from foster care to independent living (2 cases).

Many stakeholders commenting on this item noted that the goal of long-term foster care typically is used for older children and youth whose goal is independent living. Other stakeholders, however, expressed concern that the goal of long-term foster care often is assigned to a child when it appears that the child’s prior goal will not be achieved. They noted that once this goal is established, it is rarely re-evaluated for appropriateness.

Stakeholders expressed differing opinions on the efficacy of the agency’s independent living services for youth. Some stakeholders reported that services are available and are of high quality and that Benchmark Permanency hearings are held at ages 14 and 16, and at 6 months prior to case closure to track the child’s progress toward emancipation.

Other stakeholders, however, voiced concern that the quality and availability of independent living services are inconsistent and that often a youth’s caseworker is not aware of the range of supports and services available. Stakeholders also reported that it is particularly difficult for youth in relative care placement and by youth in foster care who are themselves adolescent parents to access independent living services.

**Determination and Discussion:** Item 10 was assigned an overall rating of Area Needing Improvement because in 67 percent of the 3 applicable cases, reviewers determined that DCFS had not made concerted efforts to assist the child in making a transition from foster care to independent living.

According to the Statewide Assessment, Illinois recently has focused greater attention on examining the needs of older adolescents in preparation for emancipation with the goal of improving outcomes for this population. The Statewide Assessment also notes that the Governor’s Task Force Report includes recommendations for improvement in services to missing/runaway youth, youth moving toward independent living, and “troubled” youth. The Task Force Report indicates that the Statewide Youth Advisory Board reported that there is a need for foster parents who specialize in fostering teenagers or who receive special financial incentives for providing foster care to adolescents.

**Permanency Outcome 2**

<b>Outcome P2: The continuity of family relationships and connections is preserved for children.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Charleston</b>	<b>Cook County</b>	<b>Rock Island</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	6	7	6	19	76.0
Partially Achieved:	0	6	0	6	24.0
Not Achieved or Addressed:	0	0	0	0	
Not Applicable:	6	13	4		

## STATUS OF PERMANENCY OUTCOME 2

Illinois did not achieve substantial conformity with Permanency Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 76.0 percent of the cases, which is less than the 90 percent required for substantial conformity. Ratings for this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Charleston and Rock Island foster care cases, compared to 54 percent of Cook County foster care cases.

CFSR findings indicate that DCFS makes concerted efforts to ensure that (1) children are placed in foster care placements that are in close proximity to the family and community of origin (item 11), (2) siblings are placed together in foster care whenever appropriate (item 12); and (3) children's primary connections are preserved while they are in foster care (item 14). However, CFSR findings also indicate that DCFS is inconsistent in its efforts to (1) ensure that visitation between parents and children and between siblings is of sufficient frequency to meet children's needs (item 13); (2) locate and assess relatives, particularly paternal relatives, as potential placement resources (item 15); and (3) support and strengthen the parent-child relationship of children in foster care (item 16).

Findings pertaining to the specific items assessed under Permanency Outcome 2 are presented below.

### Item 11. Proximity of foster care placement

  X   Strength                             Area Needing Improvement

**Review Findings:** Of the 25 foster care cases, 21 were applicable for an assessment of item 11. Cases determined to be not applicable were those in which (1) TPR had been attained prior to the period under review, (2) contact with parents was not considered to be in the child's best interest, and/or (3) parents were deceased or whereabouts were unknown. In assessing item 11, reviewers were to determine whether the child's most recent foster care setting was in close proximity to the child's parents or close relatives. The assessment resulted in all 21 cases (100%) rated as a Strength.

Item 11 was rated as a Strength when the child was placed in the same county or community as the family of origin (17 cases), or when reviewers determined that the out-of-county placement was appropriate because the child was placed with siblings or relatives (3 cases) or in a pre-adoptive home (1 case).

Most stakeholders commenting on this issue expressed the opinion that children usually are placed close to home, and often with relatives. However, stakeholders also voiced concern that the agency practice of assigning cases to POS agencies on a rotating basis

does not support placements of children in close proximity to their homes. Stakeholders noted that there are financial incentives for a POS agency to accept a child, even if the agency has no home in the child's community. They suggested that this is a concern in the State because POS agencies have responsibility for about 75 percent of the children in DCFS custody.

**Determination and Discussion:** Item 11 was assigned an overall rating of Strength because in 100 percent of the cases, reviewers determined that DCFS had made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to the family and community of origin or that were necessary to promote the child's well-being or permanency.

According to the Statewide Assessment, Illinois policy requires that children are to be placed, when possible, in the same community as their home of origin. The Statewide Assessment also reports that residential placements outside of Illinois have been reduced by 98 percent since 1995. As of January 2003, the number of children in out-of-State facilities was under 20.

#### **Item 12. Placement with siblings**

  X   Strength             Area Needing Improvement

**Review Findings:** Twenty of the 25 foster care cases involved a child with siblings who also were in foster care. In assessing item 12, reviewers were to determine whether siblings were, or had been, placed together and, if not, whether the separation was necessary to meet the needs (service or safety needs) of one or more of the children. This assessment resulted in the following findings:

- Item 12 was rated as a Strength in 19 (95%) of the 20 applicable cases.
- Item 12 was rated as an Area Needing Improvement in 1 (5%) of the 20 applicable cases.

In 16 of the 20 applicable cases, the child was in a placement with at least 1 other sibling, and in 8 of those cases, the child was in a placement with all siblings.

Item 12 was rated as a Strength when the child was in placement with all siblings (8 cases), or when reviewers determined that the separation of siblings was necessary to meet at least one child's safety or treatment needs (8 cases). The item was rated as an Area Needing Improvement in one case when reviewers determined that DCFS had not made concerted efforts to place siblings together and there was no valid reason for their separation.

Most stakeholders commenting on this item expressed the opinion that DCFS makes concerted efforts to place siblings together whenever possible. However, they noted that there is a scarcity of homes that can accommodate large sibling groups.



**Determination and Discussion:** Item 12 was assigned an overall rating of Strength based on the finding that in 95 percent of the applicable cases, reviewers determined that DCFS made diligent efforts to place siblings together in foster care whenever possible.

According to the Statewide Assessment, the Aristotle P. v. McDonald consent decree requires that DCFS make a diligent search to place siblings together whenever possible and appropriate. When such placement is not possible, the consent decree requires DCFS to facilitate regular visits and frequent contact between or among siblings.

### **Item 13. Visiting with parents and siblings in foster care**

Strength       Area Needing Improvement

**Review Findings:** An assessment of item 13 was applicable for 24 of the 25 foster care cases. One case was not applicable for assessment because TPR had been established prior to the period under review, the parents were no longer involved in the child's life, and the child had no siblings in foster care. In assessing this item, reviewers were to determine (1) whether the agency had made, or was making, diligent efforts to facilitate visitation between children in foster care and their parents and siblings in foster care; and (2) whether these visits occurred with sufficient frequency to meet the needs of children and families. The findings of this assessment were the following:

- Item 13 was rated as a Strength in 17 (71%) of the 24 applicable cases.
- Item 13 was rated as an Area Needing Improvement in 7 (29%) of the 24 applicable cases.

Ratings for this item varied substantively across CFSR sites. The item was rated as a Strength in 100 percent of Rock Island cases and 83 percent of Charleston cases, compared to 50 percent of Cook County cases.

Typical visitation between children and their mothers for the 20 applicable cases was the following:

- Weekly visits – 6 cases.
- Twice a month visits - 4 cases.
- Monthly visits – 6 cases.
- Less than monthly visits - 3 cases.
- No visits – 1 case.

Reviewers determined that the agency had made concerted efforts to promote more frequent visitation in two of the four cases in which visits between children and their mothers occurred less frequently than once a month.

Typical visitation between children and their fathers for the 16 cases for which this assessment was applicable was the following:

- Weekly visits – 3 cases.
- Monthly visits – 1 case.
- Less than monthly visits – 5 cases.
- No visits – 7 cases.

Reviewers determined that the agency had made concerted efforts to promote more frequent visitation in 7 of the 12 cases in which visits with father occurred less frequently than once a month.

Visitation between siblings was applicable in 10 cases. Typical visitation between siblings was the following:

- Weekly visits – 1 case.
- Twice a month visits – 3 cases.
- Monthly visits – 4 cases.
- Less than monthly visits – 2 cases.

Reviewers determined that the agency had not made concerted efforts to promote more frequent visitation in both cases in which visits with siblings occurred less frequently than once a month.

Item 13 was rated as a Strength when reviewers determined that the frequency of visitation met the needs of children and parents (12 cases), or that, when visitation was less frequent than needed, the agency made diligent efforts to promote more frequent visitation (5 cases). The item was rated as an Area Needing Improvement when reviewers determined the following:

- Visitation with parents was not sufficient to meet the child's needs and the agency did not promote more frequent visitation (5 cases).
- Visitation with siblings was not sufficient to meet the children's needs and the agency did not promote more frequent visitation (2 cases).

The majority of stakeholders commenting on this item expressed the opinion that visits with parents and siblings occur on a regular basis. Several stakeholders reported that the Aristotle P. v. McDonald consent decree requires that 2-hour visits between siblings must occur twice a month, at a minimum. They noted that data are collected on the frequency of sibling visits to ensure that the requirements of the consent decree are being met. Stakeholders also noted that the Bates v. McDonald consent decree requires that DCFS facilitate weekly visits between parents and children whose permanency goal is to return home.

Despite the consent decrees, several stakeholders indicated that parent and sibling visitation is intermittent and not supported by caseworkers. This opinion is supported by data from the case review with regard to sibling visitation. In 6 of the 10 applicable cases

reviewed, visits between siblings occurred less frequently than the twice a month required by the consent decree. However, weekly visitation between children and parents occurred in 3 of the 4 cases in which the child had a goal of reunification.

Stakeholders said that although DCFS has transportation contracts to support visitation, the POS agencies usually do not have transportation workers available and rely on the caseworker or foster parent to provide transportation to facilitate visitation. However, there were no substantive differences in the ratings for this item between DCFS and POS cases.

***Determination and Discussion:*** Item 13 was assigned an overall rating of Area Needing Improvement because in 29 percent of the applicable cases, reviewers determined that DCFS had not made concerted efforts to ensure that visitation between parents and children and between siblings was of sufficient frequency to meet the needs of the child.

According to the Statewide Assessment, the Bates v. McDonald consent decree requires that DCFS facilitate weekly visits between parents and children whose permanency goal is to return home. It also establishes timelines and requirements to provide related statistical information. The Aristotle P. v. McDonald consent decree is similar but focuses on visits among siblings.

#### **Item 14. Preserving connections**

  X   Strength                         Area Needing Improvement

***Review Findings:*** Item 14 was applicable for assessment in all 25 foster care cases. In assessing item 14, reviewers were to determine whether the agency had made, or was making, diligent efforts to preserve the child's connections to neighborhood, community, heritage, family, faith, and friends while the child was in foster care. The assessment resulted in the following findings:

- Item 14 was rated as a Strength in 23 (92%) of the 25 applicable cases.
- Item 14 was rated as an Area Needing Improvement in 2 (8%) of the 25 applicable cases.

Reviewers indicated that in 23 of the 25 cases, children's primary connections had been “significantly” preserved while they were in foster care; and in 2 of the 25 cases, children’s primary connections had been “partially” preserved. There were no Native American children in the sample.

Item 14 was rated as a Strength when reviewers determined that DCFS had made diligent efforts to preserve the child’s primary connections with elder siblings, extended family, or former foster parents (23 cases). In two cases, reviewers noted that DCFS also made efforts to preserve the child’s cultural connections. The item was rated as an Area Needing Improvement when reviewers

determined that the agency had not made diligent efforts to preserve the child's connections with an older sibling (1 case) or with extended family (1 case).

Most stakeholders commenting on this issue during the onsite CFSR expressed the opinion that DCFS makes concerted efforts to maintain children's connections to extended family. They identified a number of agency practices that help to maintain children's primary connections while in care, including relative placements, family team meetings involving extended family, and the PRIDE training for foster parents, which emphasizes working with biological parents and maintaining children's connections. Although some stakeholders reported that DCFS does not always comply with the provisions of the Indian Child Welfare Act (ICWA), others indicated that the agency makes concerted efforts to meet these provisions.

***Determination and Discussion:*** Item 14 was assigned an overall rating of Strength because in 92 percent of the cases, reviewers determined that the State had made diligent efforts to preserve children's connections.

According to the Statewide Assessment, in the most recent census, approximately 78,000 Illinois residents claimed some degree of Native American ancestry. As of July 2003, only 25 Native American children were placed in foster or relative care through the DCFS system. (They constituted 1 out of every 1000 children served by DCFS, or 0.1 percent of the caseload.) However, the Statewide Assessment notes that the results of the Federal Preparatory Review (FPR) indicate that the interests of Native American children in foster care are not being completely addressed in accordance with ICWA provisions. To address ICWA compliance responsibilities, particularly with regard to identifying Native American children entering or already in the child welfare system, a collaboration among DCFS, Loyola University School of Social work, Chicago Child Law Center, the Indian Child Law Center (Minneapolis), and the Native American Foster Parent Association (Chicago) was developed to implement a competency-based training curriculum for DCFS staff members working with Native American children and families in an urban setting.

### **Item 15. Relative placement**

\_\_\_\_\_ Strength        X   Area Needing Improvement

***Review Findings:*** All 25 foster care cases were applicable for an assessment of item 15. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to locate and assess relatives (both maternal and paternal relatives) as potential placement resources for children in foster care. The results of this assessment were the following:

- Item 15 was rated as a Strength in 19 (76%) of the 25 applicable cases.
- Item 15 was rated as an Area Needing Improvement in 6 (24%) of the 25 applicable cases.

Ratings for this item varied substantively across CFSR sites. The item was rated as a Strength in 100 percent of Charleston cases, compared to 69 percent of Rock Island cases and 67 percent of Cook County cases.

Item 15 was rated as a Strength when the child's current (at the time of the onsite CFSR), or most recent, placement was with a relative (3 cases), or when reviewers determined that DCFS had made diligent efforts to search for and evaluate both maternal and paternal relatives when appropriate (16 cases). The item was rated as an Area Needing Improvement when reviewers determined that DCFS had not made diligent efforts to search for either maternal or paternal relatives (2 cases), or had sought maternal but not paternal relatives (4 cases).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that DCFS routinely seeks relatives as placement resources. They noted that DCFS provides supports to relative caregivers and perceives relatives as potential long-term caregivers and guardians when children and parents cannot be reunited.

However, some stakeholders voiced concern that the initial assessment of relative caregivers does not pay sufficient attention to their ability to provide appropriate care and their willingness to be a resource for permanency. Stakeholders also noted that DCFS tends to favor placement with maternal relatives, and does not make concerted efforts to seek paternal relatives as placement resources.

***Determination and Discussion:*** Item 15 was assigned an overall rating of Area Needing Improvement because in 24 percent of the cases, reviewers determined that the agency had not made diligent efforts to locate and assess relatives as potential placement resources. A key concern pertained to the lack of consistent effort to search for paternal as well as maternal relatives.

According to the Statewide Assessment relative homes are given first consideration as placement options when children enter the child welfare system and efforts are made to use relatives as continued placement resources, when appropriate. The Statewide Assessment also notes that, as of June 2002, there were approximately 20,321 children placed in foster homes, with slightly more than 40 percent of these placements being with relatives.

As indicated in the Statewide Assessment, DCFS has a single foster home licensing system in which relatives are eligible to participate if they apply and meet State standards. However, Illinois places children in care with unlicensed relative caregivers if the home passes basic safety and criminal checks.

**Item 16. Relationship of child in care with parents**

\_\_\_\_\_ Strength                      X   Area Needing Improvement

**Review Findings:** An assessment of item 16 was applicable for 22 of the 25 foster care cases. Three cases were considered not applicable for assessment because parental rights had been terminated prior to the period under review and parents were no longer involved with the child. In assessing this item, reviewers were to determine whether the agency had made diligent efforts to support or maintain the bond between children in foster care and their mothers and fathers. The results of this assessment were the following:

- Item 16 was rated as a Strength in 17 (77%) of the 22 applicable cases.
- Item 16 was rated as an Area Needing Improvement in 5 (23%) of the 22 applicable cases.

All five cases rated as an Area Needing Improvement for this item were in Cook County. The item was rated as a Strength in 100 percent of Charleston and Rock Island cases.

Item 16 was rated as a Strength when reviewers determined that DCFS made concerted efforts to promote the relationship between the child and his or her parents, in some cases even after TPR. The item was rated as an Area Needing Improvement when reviewers determined that DCFS had not made diligent efforts to promote the child’s relationship with parents. In three of the five cases rated as an Area Needing Improvement for this item, a key concern identified was a lack of agency effort to locate an absent parent and involve them in the child’s life.

**Determination and Discussion:** Item 16 was assigned an overall rating of Area Needing Improvement because in 23 percent of the applicable cases, reviewers determined that DCFS had not made concerted efforts to support the parent-child relationships of children in foster care.

### III. CHILD AND FAMILY WELL-BEING

#### Well-Being Outcome 1

<b>Outcome WB1: Families have enhanced capacity to provide for their children’s needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Charleston</b>	<b>Cook County</b>	<b>Rock Island</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	7	11	7	25	52.1
Partially Achieved:	5	12	0	17	35.4
Not Achieved or Addressed:	0	3	3	6	12.5
Not Applicable:	0	0	0		

#### STATUS OF WELL-BEING OUTCOME 1

Illinois did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that the outcome was rated as substantially achieved in 52.1 percent of the cases reviewed, which is less than the 90 percent required for substantial conformity.

Performance on this outcome varied substantively across the CFSR sites. The outcome was determined to be substantially achieved in 70 percent of Rock Island cases, compared to 58 percent of Charleston cases and 42 percent of Cook County cases.

A key CFSR finding was that all indicators for this outcome were rated as areas needing improvement. Case reviews indicate that DCFS does not consistently make concerted efforts to (1) assess needs and provide services to children, parents, and foster parents; (2) involve children and parents in case planning; and (3) establish face-to-face contact with children and parents with sufficient frequency and quality to ensure children’s safety and/or promote attainment of case goals. One concern pertained to the lack of involvement of fathers in case planning and in service assessments. This was the primary reason for the low performance on this outcome in the Charleston site.

Findings pertaining to the specific items assessed under Well-Being Outcome 1 are presented and discussed below.

#### Item 17. Needs and services of child, parents, foster parents

Strength       Area Needing Improvement

**Review Findings:** An assessment of item 17 was applicable for all 48 cases. In assessing this item, reviewers were to determine whether the agency had (1) adequately assessed the needs of children, parents, and foster parents; and (2) provided the services necessary to meet those needs. The results were the following:

- Item 17 was rated as a Strength in 26 (54%) of the 48 applicable cases (16 of the 26 cases were foster care cases).
- Item 17 was rated as an Area Needing Improvement in 22 (46%) of the 48 applicable cases (9 of the 26 cases were foster care cases).

Ratings for this item varied as a function of type of case and across CFSR sites. The item was rated as a Strength in 64 percent of the foster care cases compared to 43 percent of the in-home services cases. The item was rated as a Strength in 70 percent of Rock Island cases and 67 percent of Charleston cases, compared to 42 percent of Cook County cases.

Item 17 was rated as a Strength when reviewers determined that the needs of children, parents, and foster parents had been adequately assessed and that identified service needs had been met. The item was rated an Area Needing Improvement when reviewers determined one or more of the following:

- Children's needs were not assessed (7 cases).
- Needed services were not provided to children (4 cases).
- Services were provided but were not appropriate to the child's needs (7 cases).
- Parents' needs were not assessed (12 cases).
- Needed services were not provided to parents (17 cases—in 1 case services were provided to one parent but not the other).
- Foster parent's needs were not assessed (4 cases).
- Needed services were not provided to foster parents (5 cases).

Stakeholders commenting on this item expressed different opinions regarding the effectiveness of the assessment process and service provision. Some stakeholders indicated that initial assessments are effective and services are provided early in the case. They identified the Integrated Assessment Tool (which is still being piloted), Paired Team model, and family team meetings as effective strategies for assessing needs. However, other stakeholders observed that more comprehensive diagnostic evaluations are necessary to ensure individualized service plans and supports, suitable placements, and the identification of potential risk issues before they escalate.

**Determination and Discussion:** Item 17 was assigned an overall rating of Area Needing Improvement because in 46 percent of the cases, reviewers determined that DCFS had not adequately assessed and/or addressed the service needs of children, parents, and foster parents. A key concern identified was that in many cases, children's and parents' service needs were not assessed. Consequently, in these cases, either no services were provided or the services provided were not appropriate or adequate.



According to the Statewide Assessment, the case reviews conducted in preparation for the Federal CFSR found that availability and accessibility of services were rated as a Strength in 90 percent of the cases reviewed. However, the reviews identified concerns pertaining to services targeting older youth and services to bring about reunification. The Statewide Assessment notes that reunification efforts are hindered by (1) difficulties in obtaining psychiatric services for parents; (2) parents needing assistance in acquiring housing, medical cards, and accessing other community resources; and (3) parental non-compliance with substance abuse treatment plans. The State’s title IV-E waiver for Cook County funds “recovery coaches” who assist birth parents with obtaining needed substance abuse treatment services and with negotiating the requirements associated with addiction recovery and concurrent permanency planning. It is expected that this approach will be effective in expediting reunification in cases involving parental substance abuse.

**Item 18. Child and family involvement in case planning**

Strength       Area Needing Improvement

**Review Findings:** An assessment of item 18 was applicable for 47 of the 48 cases. One foster care case was not applicable for assessment because the whereabouts of the parents were unknown, the child was not old enough to participate, and the child was not in an adoptive or permanent placement. In assessing this item, reviewers were to determine whether the agency had made concerted efforts to involve parents (including pre-adoptive parents or permanent caregivers) and children (if age-appropriate) in the case planning process, and if not, whether their involvement was contrary to the child's best interest. A determination of involvement in case planning required that a parent or child had actively participated in identifying the services and goals included in the case plan. This assessment produced the following findings:

- Item 18 was rated as a Strength in 27 (57%) of the 47 cases (16 of the 27 cases were foster care cases).
- Item 18 was rated as an Area Needing Improvement in 20 (43%) of the 47 cases (8 of the 20 cases were foster care cases).

Ratings for this item varied as a function of type of case. The item was rated as a Strength in 67 percent of the foster care cases compared to 48 percent of the in-home services cases. In addition, item 18 was rated as a Strength in 70 percent of Rock Island cases, compared to 58 percent of Charleston cases and 52 percent of Cook County cases.

Item 18 was rated as a Strength when reviewers determined that all appropriate parties had actively participated in the case planning process. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Mothers who should have been involved in case planning were not involved (12 [27%] of 44 cases).
- Fathers who should have been involved in case planning were not involved (17 [59%] of 29 cases).
- Children who were old enough to have been involved in case planning were not involved (9 [35%] of 26 cases).

Stakeholders commenting on this item during the onsite CFSR expressed different opinions. Some stakeholders suggested that age-appropriate children and parents are fully involved in the case-planning process, particularly through the use of family team meetings. In contrast, other stakeholders reported that case plans reflect little engagement with children and families and are not well-tailored to their needs. Stakeholders suggested that when family team meetings are convened, the likelihood of parent and child involvement in case planning is high. However, when DCFS does not engage families in family team meetings, parents and children are less likely to participate in the case-planning process. Stakeholders were in agreement that greater efforts are needed to engage fathers in the case planning process.

***Determination and Discussion:*** Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 43 percent of the cases, reviewers determined that DCFS had not made diligent efforts to involve parents and/or children in the case planning process. Key concerns pertained to the lack of involvement of fathers and older children in developing the case plans.

According to the Statewide Assessment, the FPR found that the agency's efforts to engage parents in the assessment and service planning process was acceptable in 83 percent of the 349 intact cases (in-home services cases) included in the review and in 71 percent of the 507 placement cases (foster care cases). The FPR also determined that 85 percent of mothers and 73 percent of fathers were engaged in the case/service planning process.

The Statewide Assessment indicates that a number of concerns regarding case planning were identified during the State's self-assessment process. One concern was that service plans often are developed by caseworkers rather than the family. Caseworkers commenting on this concern reported that they have to deliver case plans within required time frames, but families tend to move at their own pace, and it can be difficult getting the family's involvement when it is needed. Another concern, identified by focus group participants during the State's self-assessment process, was that adults are more actively engaged in case planning than children. The Statewide Assessment also notes that many youth participating in focus groups convened for the self-assessment reported that they had never or had rarely been consulted in the development of their service plan, and many said that they never received a copy of their service plans.

The Statewide Assessment also identified the mediation program adopted by the Cook County Juvenile Court as a significant effort to increase parental engagement with case planning. This program allows parents (and others) to define outcomes and provide input to the case plan.

## Item 19. Worker visits with child

     Strength        X   Area Needing Improvement

**Review Findings:** All 48 cases were applicable for an assessment of item 19. In conducting this assessment, reviewers were to determine whether the frequency of face-to-face contact between caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being, and whether visits focused on issues pertinent to case planning, service delivery, and goal attainment. The results of the assessment were the following:

- Item 19 was rated as a Strength in 40 (83%) of the 48 cases (20 of the 40 cases were foster care cases).
- Item 19 was rated as an Area Needing Improvement in 8 (17%) of the 48 cases (5 of the 8 cases were foster care cases).

Ratings for this item did not differ substantively as a function of type of case. However, item 19 was rated as a Strength in 100 percent of Charleston cases, compared to 81 percent of Cook County cases and 70 percent of Rock Island cases.

Reviewers noted the following with respect to frequency of caseworker contacts with children for the 25 foster care cases:

- In 2 cases, visits typically occurred weekly.
- In 5 cases, visits typically occurred twice a month.
- In 15 cases, visits typically occurred once a month.
- In 3 cases, visits typically occurred less than monthly.

Reviewers noted the following with respect to frequency of visits for the 23 in-home services cases:

- In 8 cases, visits typically occurred weekly.
- In 5 cases, visits typically occurred twice a month.
- In 9 cases, visits typically occurred once a month.
- In 1 case, visits typically occurred less than monthly.

Item 19 was rated as a Strength when reviewers determined that the frequency and quality of visits between caseworkers and children was sufficient to ensure adequate monitoring of the child's safety and well-being and promote attainment of case goals. In all 40 cases rated as a Strength, caseworker visits with children occurred at least monthly.

This item was rated as an Area Needing Improvement when reviewers determined the following:

- The frequency of caseworker visits was not sufficient to meet the needs of the child, but when visits did occur, they focused on issues pertinent to case planning, service delivery, and goal attainment (2 cases).

- The frequency of caseworker visits was not sufficient to meet the needs of the child, and visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (2 cases).
- The frequency of caseworker visits was sufficient to meet the needs of the child, but the visits did not focus on issues pertinent to case planning, service delivery, and goal attainment (4 cases).

Stakeholders commenting on this item expressed the opinion that caseworkers usually visit the children in their caseloads on a monthly basis. However, they noted that the frequency of visitation is impacted by factors such as extensive travel time, worker turnover, and varied levels of caseworker engagement with a case.

***Determination and Discussion:*** Item 19 was assigned an overall rating of Area Needing Improvement based on the finding that in 17 percent of the cases, reviewers determined that caseworker visits with children were not of sufficient frequency and/or quality. A key finding was that even when caseworkers visited children with sufficient frequency, in many cases the quality of the contact was determined to be insufficient to ensure children’s safety or to further their well-being.

According to Illinois State policy, a caseworker is required to see any child in substitute care in the child’s living arrangement at least once every 2 weeks for the first month immediately following initial placement or a change in placement, and at least once a month thereafter, unless otherwise specified in the case plan. It also is required that the child must be seen alone. For families receiving in-home services (where children are not in substitute care placement), assigned workers are required to visit the family at least monthly, and more frequently when deemed necessary through an assessment and/or supervisory discussion. When in-home services cases involve parental substance abuse and/or mental health issues, assigned workers are required to visit the family at least twice monthly until it is determined through an assessment and/or supervisory discussion that the family no longer requires this level of contact. In addition, State policy requires that during each visit, all “verbal” children are to be seen apart from their caretakers.

As noted in the Statewide Assessment, the FPR process found that caseworkers visited with the child at least monthly in 78 percent of the 349 intact cases reviewed and in 78 percent of the 850 placement cases reviewed.

**Item 20. Worker visits with parents**

Strength       Area Needing Improvement

***Review Findings:*** An assessment of item 20 was applicable for 47 of the 48 cases. One foster care case was not applicable for assessment because the parents’ whereabouts remained unknown despite diligent search efforts by the agency. Reviewers were to

assess whether the caseworker's face-to-face contact with the children's mothers and fathers was of sufficient frequency and quality to promote attainment of case goals and/or ensure the children's safety and well being. The results of this assessment were the following:

- Item 20 was rated as a Strength in 26 (55%) of the 47 cases (16 of the 26 cases were foster care cases).
- Item 20 was rated as an Area Needing Improvement in 21 (45%) of the 47 cases (8 of the 21 cases were foster care cases).

There was some variation in ratings for this item as a function of type of case and across CFSR sites. The item was rated as a Strength in 67 percent of the foster care cases compared to 43 percent of the in-home services cases. The item was rated as a Strength in 70 percent of Rock Island cases, compared to 52 percent of Cook County cases and 50 percent of Charleston cases.

Typical patterns of caseworker visits with mothers were the following (42 applicable cases):

- Weekly visits – 11 cases (3 of which were foster care cases).
- Twice a month visits - 10 cases (4 of which were foster care cases).
- Monthly visits – 11 cases (4 of which were foster care cases).
- Less than monthly visits – 8 cases (6 of which were foster care cases).
- No visits – 2 cases (both were foster care cases).

Typical patterns of caseworker visits with fathers were the following (31 applicable cases):

- Weekly visits – 3 cases (one of which was a foster care case).
- Twice a month visits – 3 cases (2 of which were foster care cases).
- Monthly visits – 3 cases (1 of which was a foster care case).
- Less than monthly visits – 13 cases (5 of which were foster care cases).
- No visits – 9 cases (3 of which were foster care cases).

Item 20 was rated as a Strength when reviewers determined that visits occurred with sufficient frequency to meet the needs of parents and children and that visits focused on issues pertinent to case planning, service delivery, and goal attainment. The item was rated as an Area Needing Improvement when reviewers determined the following:

- Visits were not occurring with sufficient frequency, but when they did occur, they focused on substantive issues pertaining to the case (16 cases).
- Visits occurred with sufficient frequency, but did not focus on substantive issues pertaining to the case (4 cases).
- Visits were not occurring with sufficient frequency, nor did they focus on substantive issues pertaining to the case such as case planning, service delivery, and goal attainment (1 case).

**Determination and Discussion:** Item 20 was assigned an overall rating of Area Needing Improvement because in 45 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. A key concern identified pertained to the lack of sufficient face-to-face contact between caseworkers and fathers.

According to the Statewide Assessment, the FPR found that the pattern of worker contact with the family was acceptable in 65 percent of the 349 intact cases (in-home services cases) and in 77 percent of the 869 placement cases (foster care cases). As noted in the Statewide Assessment, the only time that State staff are exempted from direct contact is when a contractual agreement exists that specifies the type of services, contacts, and expectations to be delivered by the contracted agency.

**Well-Being Outcome 2**

<b>Outcome WB2: Children receive appropriate services to meet their educational needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Charleston</b>	<b>Cook County</b>	<b>Rock Island</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	9	14	4	27	84.4
Partially Achieved:	0	2	1	3	9.4
Not Achieved or Addressed:	0	2	0	2	6.2
Not Applicable:	3	8	5	16	

**STATUS OF WELL-BEING OUTCOME 2**

Illinois did not achieve substantial conformity with Well-Being Outcome 2. This determination was based on the finding that the outcome was rated as substantially achieved in 84.4 percent of the cases reviewed, which does not meet the 90 percent required for substantial conformity. Ratings varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 100 percent of Charleston cases, compared to 80 percent of Rock Island cases and 78 percent of Cook County cases.

A key CFSR finding was that DCFS is not consistent in its efforts to assess children's educational needs and provide appropriate services to meet those needs.

The findings for the item assessed for Well Being Outcome 2 are presented below.

## Item 21. Educational needs of the child

       Strength        X   Area Needing Improvement

**Review Findings:** An assessment of item 21 was applicable for 32 of the 48 cases reviewed. Cases that were not applicable for assessment included those in which the children were not of school age or did not have education related service needs. In assessing this item, reviewers were to determine whether children's educational needs were appropriately assessed and whether services were provided to meet those needs. The results of this assessment were the following:

- Item 21 was rated as a Strength in 27 (84%) of the 32 applicable cases (20 of the 27 cases were foster care cases).
- Item 21 was rated as an Area Needing Improvement in 5 (16%) of the 32 applicable cases (2 of the 5 cases were foster care cases).

Ratings for this item varied as a function of type of case. The item was rated as a Strength in 91 percent of applicable foster care cases compared to 70 percent of applicable in-home services cases.

Item 21 was rated as a Strength when reviewers determined that all educational needs were assessed and addressed as appropriate. The item was rated as an Area Needing Improvement when reviewers determined that educational needs were not assessed and educational services were not provided.

Stakeholders commenting on this issue expressed differing opinions regarding the effectiveness of DCFS in meeting children's educational needs. Local-level stakeholders indicated that educational needs are assessed, goals are tracked, services are put in place, and agency-school collaborations are strong. State-level stakeholders, however, identified the following concerns: (1) multiple placement changes tend to have a negative impact on educational achievement, and (2) there is insufficient monitoring of school attendance of children in foster care.

Stakeholders noted that DCFS has contracted with Northern Illinois University to provide training in all DCFS Regions to staff, parents, and youth about education-related issues, including providing staff and parents with information about local school policies. Stakeholders also noted that DCFS has contracts with legal organizations to provide assistance to DCFS children who are about to be suspended or expelled.

**Determination and Discussion:** Item 21 was assigned an overall rating of Area Needing Improvement because in 16 percent of the applicable cases, reviewers determined that DCFS had not made diligent efforts to meet the educational needs of children.

According to the Statewide Assessment, there are a number of measures in place to ensure that the educational needs of children in foster care are met. The *Katie I. et al. v. Ted Kimbrough, the Board of Education, et al. Consent Decree* requires that DCFS provide

the Chicago Board of Education with notification and appropriate identification of State wards who are in shelter care. It also requires DCFS to enable educational enrollment and to verify the immunization records of wards in shelter care. DCFS also has a partnership with the Chicago Board of Education to identify early childhood developmental progress. Furthermore, information in the Statewide Assessment indicates that educational services to children involved with DCFS are offered through Northern Illinois University under DCFS' Educational Access Project. The purpose of this project is to assist DCFS-involved children and youth in obtaining quality educational experiences. Central to the project are Education Advisor offices located throughout the State. Educational Advisors provide technical assistance, on request, to caseworkers on resolving educational issues for individual children.

The Statewide Assessment also notes, however, that stakeholder feedback obtained during the State's self-assessment process identified the following concerns regarding agency efforts to meet the educational needs of children and to collaborate with the school system to ensure the timely provision of services: (1) children need more than what "zero-to-3" services provide, (2) not all schools are able to deal with the needs of wards, (3) the school system tends to discourage attendance by youth over age 16 if they have behavior problems, (4) greater collaboration is needed regarding transition planning for older youth, and (5) there often is insufficient school advocacy on the part of caseworkers.

In addition, the Governor's Task Force Report indicates that students are extremely mobile during the first year that they enter foster care. On average, about 46 percent of children in foster care who are students change schools during the school year and more than 10 percent change schools 2 or more times during the school year. As noted in the Task Force Report, multiple placements result in multiple changes in schools. The Task Report notes that a change in schools not only impacts placement adjustment but it also disrupts the educational process, causing wards to fall behind academically. It was reported that approximately 25 percent of youth between 16 and 18 years old in foster care dropped out of school between the years 1998-2001. Only one-third of youth age 17 to 19 in foster care graduated from high school over the same period. Nearly a fifth of the dropouts were found to have enrolled in General Equivalency Degree (GED) programs or alternative schools.

**Well-Being Outcome 3**

<b>Outcome WB3: Children receive adequate services to meet their physical and mental health needs.</b>					
<b>Number of cases reviewed by the team according to degree of outcome achievement:</b>					
	<b>Charleston</b>	<b>Cook County</b>	<b>Rock Island</b>	<b>Total</b>	<b>Total Percentage</b>
Substantially Achieved:	10	15	7	32	66.6
Partially Achieved:	2	7	1	10	20.8
Not Achieved or Addressed:	0	4	2	6	12.5
Not Applicable:	0	0	0		



### STATUS OF WELL-BEING OUTCOME 3

Illinois did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that the outcome was rated as substantially achieved in 66.6 percent of the cases, which is less than the 90 percent required for substantial conformity.

Performance on this outcome varied substantively across CFSR sites. The outcome was determined to be substantially achieved in 83 percent of Charleston cases, compared to 70 percent of Rock Island cases and 58 percent of Cook County cases.

A key CFSR finding is that DCFS is not consistently effective in meeting children's physical and mental health needs. One concern identified pertained to a lack of providers who will accept Medicaid for dental and mental health services. Information from case reviews and stakeholder interviews indicate that many children in DCFS caseloads have mental health service needs that are not being addressed.

Findings pertaining to the specific items assessed under Well-Being Outcome 3 are presented and discussed below.

#### Item 22. Physical health of the child

Strength       Area Needing Improvement

**Review Findings:** An assessment of item 22 was applicable for 46 of the 48 cases reviewed. Cases that were not applicable for this assessment were in-home services cases in which physical health concerns were not an issue. In assessing this item, reviewers were to determine whether (1) children's physical health needs had been appropriately assessed, and (2) the services designed to meet those needs had been, or were being, provided. The findings of this assessment were the following:

- Item 22 was rated as a Strength in 38 (83%) of the 46 applicable cases (23 of the 38 cases were foster care cases).
- Item 22 was rated as an Area Needing Improvement in 8 (17%) of the 46 applicable cases (2 of the 8 cases were foster care cases).

Item 22 was rated as a Strength in 92 percent of the foster care cases compared to 71 percent of the in-home services cases. However, there was little variation in ratings for this item across CFSR sites.

Item 22 was rated as a Strength when reviewers determined that children's health needs were routinely assessed and services provided as needed. The item was rated as an Area Needing Improvement when reviewers determined the following:

- The child did not receive appropriate screenings and preventive health or dental care while in foster care (1 case).
- The child did not receive appropriate medical screening or treatment at the time of the initial agency contact, although there was evidence that a medical screening was warranted (3 cases).
- The child in an in-home services case did not receive services to address identified medical treatment needs (4 cases).

Most stakeholders commenting on this item expressed the opinion that DCFS generally is effective in meeting children's health needs with regard to both prevention and treatment services. Stakeholders noted that many children are connected to services through the HealthWorks system, which is a health system offered to DCFS-involved children through a collaboration among DCFS, local hospitals, and doctors. Stakeholders also noted that HealthWorks serves children in States that border Illinois.

However, several stakeholders voiced concern that the delivery of health and dental services is hampered by an insufficient number of providers, particularly dentists, who are willing to accept Medicaid payments. Rock Island stakeholders, however, noted that foster care children in that location have access to orthodontic services because of the efforts of a Task Force specifically targeting that service area. Charleston stakeholders reported that there is a DCFS nurse available to provide case consultation to DCFS and POS agency staff and to foster parents to ensure that children's physical health needs are being met. One of the major tasks of this position is to help locate appropriate health care providers.

*Determination and Discussion:* Item 22 was assigned an overall rating of Area Needing Improvement based on the finding that in 17 percent of the applicable cases, reviewers determined that DCFS had not adequately addressed children's health needs.

According to the Statewide Assessment, DCFS implemented the HealthWorks Program in 1994 to provide basic health services as part of the B. H. v. McDonald consent decree. The day-to-day field operations of HealthWorks are coordinated by approximately 20 lead agencies that are responsible for development and maintenance of local provider networks for health care services and coordinating medical case management. Additionally, there is expanded health coverage for adopted children with special needs.

The Statewide Assessment indicates that both DCFS Administrative Case Review (ACR) data and data from the Cornerstone database management system operated for DCFS by the Illinois Department of Public Health (IDPH) show that as of March 2003, completions of immunizations, well-child examinations, initial health screenings and comprehensive health evaluations were found for between 65.1 percent and 78.7 percent of the children in foster care, depending on the indicator. When compared with the December 2002 data, improvements were seen in each of these areas in March 2003.

The Governor’s Task Force Report indicates that approximately 60 percent of the children in foster care during 1999 had a well-child exam, according to paid Medicaid claims data. Approximately 24 percent of children in foster care visited the emergency room. Rates of psychiatric hospitalization and an inpatient admission to a general hospital were low (3 percent and 2 percent respectively). Treatment for chronic conditions was received by approximately 19 percent of children in foster care, including almost 6 percent who received treatment for asthma. However, FPR data indicated that 22 percent of children who were identified as needing some form of health care were not receiving services.

### **Item 23. Mental health of the child**

\_\_\_\_\_ Strength        X   Area Needing Improvement

**Review Findings:** An assessment of item 23 was applicable for 35 of the 48 cases reviewed. Cases that were not applicable were those in which the child was too young for an assessment of mental health needs, or in-home cases in which mental health needs were not the reason for agency contact with the child. In assessing this item, reviewers were to determine whether (1) mental health needs had been appropriately assessed, and (2) adequate services to address those needs had been offered or provided. The findings of this assessment were the following:

- Item 23 was rated as a Strength in 23 (66%) of the 35 applicable cases (13 of the 23 cases were foster care cases).
- Item 23 was rated as an Area Needing Improvement in 12 (34%) of the 35 applicable cases (5 of the 12 cases were foster care cases).

There was some difference in ratings on this item as a function of type of case. The item was rated as a Strength in 72 percent of the applicable foster care cases compared to 59 percent of applicable in-home services cases. Variation in ratings across CFSR sites was more substantive. The item was rated as a Strength in 100 percent of Charleston cases, compared to 71 percent of Rock Island cases and 41 percent of Cook County cases.

Reviewers determined that children’s mental health needs were “significantly” assessed in 26 cases, “partially” assessed in 3 cases, and “not at all” assessed in 6 cases. Reviewers determined that mental health service needs were “significantly met” in 19 cases, “partially met” in 3 cases, and “not at all met” in 8 cases.

Item 23 was rated as a Strength when reviewers determined that children’s mental health needs were "significantly" assessed and service needs were “significantly” met, or when mental health needs were “partially” assessed, but identified needs were “significantly” met. The item was rated as an Area Needing Improvement when reviewers determined the following:

- No mental health needs assessment was conducted, although an assessment was warranted (6 cases).
- A mental health assessment was not conducted in a timely manner upon entry into foster care, resulting in a delay of 1 year before the child received services (1 case).
- Children with identified mental health service needs did not receive ongoing mental health treatment (5 cases).

Most stakeholders commenting on this item expressed the opinion that the availability of mental health assessments and services for children is insufficient to meet the need. Stakeholders noted that access to child psychiatrists and psychologists is inadequate because of the scarcity of providers who will accept Medicaid. Stakeholders also reported that mental health evaluations are not conducted in a timely manner and there often are waiting lists for services. According to stakeholders, the children who are least likely to receive adequate mental health services are sexual abuse victims, very young children, adopted children, and older youth who are transitioning to adult services. In addition, stakeholders expressed concern that the provisions of the Health Insurance Portability and Accountability Act (HIPAA) pertaining to privacy and security regulations hinder sharing of critical, mental health-related information with relevant parties.

Stakeholders also reported that DCFS has established a process whereby the Guardianship Administrator's Office must review and approve all requests for psychiatric hospitalization. This is designed to ensure that children are served in the least restrictive setting appropriate to their needs. Stakeholders also noted that the Guardianship Administrator's Office must review and approve all requests for the use of psychotropic medications. However, some stakeholders expressed concern that there is a large number of children in foster care who are on psychotropic medications and that due to a shortage of psychiatric services, DCFS may rely too heavily on psychotropic medication as a mental health service.

***Determination and Discussion:*** Item 23 was assigned an overall rating of Area Needing Improvement based on the finding that in 34 percent of the applicable cases, reviewers determined that DCFS was not effective in addressing the children's mental health needs. The concerns identified pertained to a lack of assessments and lack of ongoing treatment for identified needs.

According to the Statewide Assessment, services to children with mental health problems are an area of major concern for the State. This was attributed to the following factors: (1) a lack of therapists and child psychiatrists who will accept the State's medical card, (2) the fact that Medicaid will only provide reimbursements for psychiatric services and will not reimburse psychologists, (3) and the difficulty of linking intact families and foster children with community mental health services.

## SECTION 2: SYSTEMIC FACTORS

### IV. STATEWIDE INFORMATION SYSTEM

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4 X

Illinois is in substantial conformity with the systemic factor of Statewide Information System. Information pertaining to the item addressed for this factor is provided below.

**Item 24. State is operating a Statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding months, has been) in foster care.**

  X   Strength         Area Needing Improvement

This item is rated as a Strength because the current information system is available Statewide and can identify the status, demographic characteristics, location, and goals for children in foster care.

According to the Statewide Assessment, although Illinois has not yet fully implemented a Statewide Automated Child Welfare Information System (SACWIS), DCFS has had Statewide, computerized data collection and reporting systems for over 20 years and can readily identify the status, demographic characteristics, location, and goals for children in foster care. In addition, Illinois submits State data to the Federal Adoption and Foster Care Analysis and Reporting System (AFCARS) and the Federal National Child Abuse and Neglect Data System (NCANDS), and has participated in the University of Chicago, Chapin Hall Center for Children, Integrated Databases project.

The Statewide Assessment also indicates that Phase I of the SACWIS was implemented in May 2002 and encompassed intake and investigation. Beginning in July of 2003, much of the existing system was to be enhanced by the first part of SACWIS Phase II implementation. SACWIS Phase II will allow for online tracking of person and case management functions, assessments, service planning, and staff organization. It will more easily allow the State to tie investigation information to service information. Eventually, all private agencies with whom DCFS contracts will be provided the necessary computer equipment and connections to allow the agencies themselves to enter data into the DCFS SACWIS system.

Stakeholders commenting on the Statewide information system during the onsite CFSR were in general agreement that the current system—Child and Youth Centered Information System (CYCIS)—can track the demographics, location, goals, and legal status for all children in foster care. The major concern identified was that the POS agencies do not have access to the system and therefore cannot access or input information. Other concerns were that (1) information can be entered into the system only from the office, which takes time away from being in the field; and (2) the system is difficult for staff members who are not computer literate.

**V. CASE REVIEW SYSTEM**

<b>Rating of Review Team Regarding Substantial Conformity</b>				
	<b>Not in Substantial Conformity</b>		<b>Substantial Conformity</b>	
Rating	1	2 X	3	4

The State of Illinois is not in substantial conformity with the systemic factor of Case Review System. Information pertaining to the items assessed for this factor is provided below.

**Item 25. Provides a process that ensures that each child has a written case plan to be developed jointly with the child’s parent(s) that includes the required provisions.**

Strength       Area Needing Improvement

Item 25 was rated as an Area Needing Improvement based on the following CFSR findings: (1) the Statewide assessment notes that the case plans for many of the children do not reflect the needs and problems identified in the assessment process, and (2) information

from the Statewide Assessment, stakeholder interviews, and case reviews indicates that children’s parents, particularly their fathers, are not consistently involved in the case planning process.

According to the Statewide Assessment, FPR data indicate that 87 percent of cases contained a current service plan, and that in 66 percent of cases the service plans correlated to the needs and problems identified during the ongoing assessment process. For foster care cases, the compliance rate was 90 percent; however, in Intact/Reunified cases the compliance rate was 77 percent. FPR data also indicate that 85 percent of mothers and 73 percent of fathers are engaged in the case/service planning process.

The Statewide Assessment notes that DCFS implemented the family team meeting as a means for engaging the family in the case planning process. Feedback obtained from stakeholders during the State’s self-assessment process indicates that when used, family meetings are very effective in involving parents in the planning process. However, family meetings are infrequently implemented due to a number of factors including the following: (1) increasing caseload sizes; (2) the ever-increasing list of responsibilities and expectations of caseworkers; (3) the lack of time for caseworkers to complete their required tasks; and (4) geographical challenges in some parts of the State that contribute to less time to complete casework.

Stakeholders commenting on case plans and the case planning process during the onsite CFSR were in general agreement that children have case plans. Many stakeholders also expressed the opinion that when DCFS is able to engage families in family team meetings, parents and children tend to be involved in the case planning process. However, when there is no formal mechanism to engage families, parent involvement in the case planning process is less consistent. Several stakeholders suggested that some caseworkers will discuss issues with the parents, but then complete the case plan separately and ask parents to sign it. These stakeholders noted that there are different definitions of what constitutes “parent involvement in case planning.” They suggested that, for some workers, just discussing issues with parents is considered sufficient involvement. This is consistent with the findings of the case reviews that parents and children (when age-appropriate) actively participated in the case planning process in only 57 percent of the cases.

**Item 26. Provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review.**

Strength     Area Needing Improvement

Item 26 was rated as a Strength because the CFSR found that periodic reviews of the status of each child are being conducted through an Administrative Case Review (ACR) process, and are occurring every 6 months in a very high percentage of cases. The CFSR also found that the process is functioning as required.

According to the Statewide Assessment, Illinois has a fully functional comprehensive case-review system that meets Federal requirements. An ACR is conducted every 6 months for each child in foster care. The ACR is designed to measure progress and compliance on meeting case plan requirements. The Statewide Assessment notes that Statewide, the compliance rate for the ACR is 90 percent. However, the Statewide Assessment also notes that ACR scheduling does not take into consideration a family’s work and school schedules, making it difficult for many family members to attend the reviews. In addition, as indicated in the Statewide Assessment, members of the Statewide Youth Advisory Board (SYAB) reported that they generally are not encouraged to attend the ACR.

Most stakeholders commenting on this issue during the onsite CFSR reported that an ACR takes place every 6 months for each child in foster care. They expressed the opinion that the ACRs are helpful and often serve as a “wake-up call” for biological parents. Stakeholders reported that all parties tend to view the ACR as positive and as “keeping everyone on track.” Charleston stakeholders noted that the judge in that site also reviews cases every 6 months. In that location, the findings of the ACR are submitted to the judge every 6 months, just prior to the court’s review hearing.

**Item 27. Provides a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.**

  X   Strength      \_\_\_\_\_ Area Needing Improvement

Item 27 was rated as a Strength because permanency hearings are held 12 months after temporary custody is awarded to the State, and subsequent permanency hearings often are held every 6 months thereafter, which exceeds the Federal requirement.

According to the Statewide Assessment, permanency review hearings are held 12 months after temporary custody is awarded to the State. Illinois law and DCFS rules require subsequent hearings every 6 months, which exceeds the Federal mandate. The Statewide Assessment notes that in Cook County, a Juvenile Court judge conducts the first permanency hearing and subsequent hearings are heard by hearing officers. In Downstate Illinois, the Juvenile Court judge presides at all hearings. The permanency hearings approve any case plan changes and focus on how much progress has been made in achieving permanency. As indicated in the Statewide Assessment, in 2002 and in 2003, approximately 80 percent of all required hearings were completed within a given month. The Statewide Assessment attributes delays in holding permanency hearings to changes in court personnel, the granting of continuances, and inexperienced attorneys.



Most stakeholders commenting on this item during the onsite CFSR were in general agreement that permanency hearings are held every 6 months, rather than annually. Several stakeholders reported that some judges will schedule the next hearing at the conclusion of the prior hearing. This scheduling ensures a place on the court docket. Cook County stakeholders, however, indicated that timeliness is an area needing improvement in that location. The identified barriers to timely hearings were (1) the practice of granting of continuances; and (2) delays in the initial adjudication hearing, which may be up to 9 months.

**Item 28. Provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA).**

Strength                       Area Needing Improvement

Item 28 is rated as an Area Needing Improvement because the CFSR found that there are multiple barriers to pursuing TPR in accordance with the provisions of ASFA. These barriers include, but are not limited to, the following: (1) the extensive screenings that lawyers must conduct in order to file a TPR petition, (2) the frequent granting of continuances by the court, and (3) the court and agency practice of maintaining a plan of reunification for at least 9 months even when in some situations, it would be appropriate for the agency to exercise the right to forego reasonable efforts.

According to the Statewide Assessment, Illinois has aligned the State's TPR provisions to meet those of ASFA. The Statewide Assessment notes that changes in State permanency laws, the Court Improvement Project (CIP), and child welfare system innovations contributed to a 500 percent increase from 1993 to 1998 in the number of TPRs for children in foster care. However, the Statewide Assessment also notes that the Illinois Supreme Court has ordered that the grounds for TPR cannot be based solely on the fact that a child has been in foster care for 15 of the most recent 22 months, but must be supported by other factors, such as failure of parents to rehabilitate themselves, abandonment, or the seriousness of the maltreatment.

The Statewide Assessment identifies the following as barriers to achieving TPR in a timely manner: (1) scheduling problems in the courts, (2) coordination of TPR cases with other related pending cases, (3) lack of efforts to locate or serve absent parents early on in the case, (4) lack of adequate case documentation to support grounds for TPR, (5) rights of incarcerated parents to notice and to be present, (6) implementation problems of Interstate Compact for the Placement of Children (ICPC), (7) hesitation in filing a TPR petition until an adoptive family is identified or approved, (8) the time required to locate adoptive homes for children with special needs, (9) caseworker and attorney turnover, (10) lack of timely resolution of appeals to TPR decisions, and (10) inconsistent representation of parents in termination hearings.

Stakeholders commenting on this issue during the onsite CFSR offered differing opinions. Several Cook County stakeholders suggested that delays in achieving TPR are due to the fact that the ASFA timeframes have been ruled to be unconstitutional in the State of Illinois, and therefore TPR is not being pursued in a timely manner, at least not in Cook County. In addition, Cook County stakeholders noted that a child cannot have a goal other than reunification for the first 9 months in foster care. Consequently, a caseworker cannot recommend TPR until the adjudication hearing 9 months after entry into foster care. This situation, however, appears to reflect the status in Cook County rather than to be consistent with State law requirements.

Several stakeholders reported that another reason for the lengthy TPR process is that the process of achieving TPR requires two parts. First, there must be a “finding of unfitness,” which involves a determination of the parents’ ability to continue care for the children. The second part involves a determination of what is in the “best interests of the child.”

In general, other barriers to achieving TPR that were identified by stakeholders interviewed during the onsite CFSR are consistent with those reported in the Statewide Assessment. The key barriers identified are the following:

- The large number of court continuances.
- The reluctance of some judges to terminate parental rights.
- Delays in the initial adjudication (which sometimes does not happen until a child has been in foster care for up to 9 months).
- A lack of adoptive placements.
- A willingness to continue to extend the timeframe for parents to meet case goals, particularly when parents are undergoing substance abuse treatment.
- Difficulty with ICPC home studies.
- Lack of service provision to fathers.
- The lengthy TPR appeals process, which can take a year or longer.

Charleston stakeholders were generally more positive about the TPR process than Cook County and Rock Island stakeholders. They noted that in Charleston most situations in which parental rights are terminated involve voluntary relinquishments because the caseworkers, the Court Appointed Child Advocates (CASAs), and the courts work closely with the parents to help them understand the process and to focus on the best interests of the child. However, Charleston stakeholders, as well as stakeholders in other locations, noted that DCFS attorneys are unlikely to file for TPR unless an adoptive placement has been identified.

Several stakeholders expressed the opinion that the “exception” process to filing TPR is not clear and that there is some confusion among workers as to what is required.

**Item 29. Provides a process for foster parents, preadoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.**

  X   Strength           Area Needing Improvement

Item 29 is rated as a Strength because the CFSR found that, despite some inconsistency in applying the provisions in every situation, there is an adequate process in place to notify foster and adoptive caretakers of hearings and reviews through various means, and most stakeholders reported that foster parents, preadoptive parents, and relative caregivers have an opportunity to be heard in the reviews and hearings.

According to the Statewide Assessment, under DCFS rule, an ACR must be open to foster parents or relative caregivers and DCFS must provide formal notification of the ACR by letter. The Statewide Assessment also notes that for the most part, foster parents who attend an ACR are encouraged to provide input, although the level of attendance by caregivers at the ACR and at court hearings varies across the State. Information in the Statewide Assessment identified the following key factors as contributing to a lack of caregiver attendance during reviews and hearings in some areas of the State: (1) inconsistent notification about the hearings; (2) a lack of encouragement to attend reviews and hearings; (3) judges refusal to allow foster parents to participate during court hearings; and (4) a lack of flexibility in scheduling hearings (so that hearings are scheduled during normal working hours).

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that foster and preadoptive parents usually receive notification about the ACR and court permanency hearings. Stakeholders differed, however, with respect to their opinions regarding the opportunity for foster parents to be heard during those hearings. Charleston stakeholders reported that foster parents are routinely notified about an ACR and a court hearing, and have the opportunity to be heard in court. However, State-level and Cook County stakeholders indicated that the opportunity for caregivers to be heard during court hearings varies across judges.

**VI. QUALITY ASSURANCE SYSTEM**

Rating of Review Team Regarding Substantial Conformity				
	Not in Substantial Conformity		Substantial Conformity	
Rating	1	2	3	4 X

Illinois is in substantial conformity with the systemic factor of Quality Assurance System. Information pertaining to the items addressed for this factor is provided below.

**Item 30. The State has developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children.**

Strength                       Area Needing Improvement

Item 30 is rated as a Strength because the CFSR determined that Illinois has developed and implemented standards to ensure that children in foster care are provided quality services that protect their safety and health.

According to the Statewide Assessment, DCFS is responsible for developing, implementing, and monitoring standards that ensure the health, safety, and well being of Illinois children placed in foster care. Many Illinois statutes and DCFS rules, procedures, and policies address this responsibility. The Statewide Assessment notes that DCFS develops licensing standards for all homes and agencies providing out-of-home care to children placed in substitute care in Illinois, and uses Regional Management Agreements and Performance Contracting to monitor the private sector.

Stakeholders commenting on this issue during the onsite CFSR were in general agreement that the State has established standards to ensure that children in foster care are provided quality services. They noted that foster parents cannot use corporeal punishment with children, cannot withhold food as a form of punishment, and can use restraints only under limited conditions. Stakeholders also reported that the standards established by the Council on Accreditation are higher than the DCFS licensing standards, which has helped to ensure the protection of children.

However, some stakeholders expressed concern that licensing investigations do not focus on the safety of children in foster care. These stakeholders indicated that licensing workers do not perceive themselves as responsible for ensuring that children are cared for properly and consequently, their investigations do not address child maltreatment issues effectively. For example, when a foster parent has used corporeal punishment on a child and a report is filed, the investigator will ask the foster parent to sign a paper saying that they will not use corporeal punishment again. State-level stakeholders reported that the local office of the American Civil Liberties Union (ACLU) has hired people to review and monitor placement facilities because of concerns about the licensing process.

One stakeholder also noted that Unusual Incident Reports are helpful in preventing more critical situations for children in institutional settings by permitting the State to become aware of potentially abusive situations before they rise to the level of actual maltreatment.

In addition, stakeholders reported that the Governor has recently approved the hiring of 50 additional DCFS staff to monitor institutional facilities with the same diligence as they monitor foster family homes.

**Item 31. The State is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.**

Strength       Area Needing Improvement

Item 31 is rated as a Strength because the CFSR determined that Illinois is operating an identifiable quality assurance (QA) system that focuses on assessing outcomes and on evaluating the quality of services and the service delivery system, although some inconsistencies were found with regard to monitoring cases served by the POS agencies.

According to the Statewide Assessment, Illinois has a comprehensive Statewide QA system that is among the few accredited by the Council on Accreditation of Services for Families and Children. The Statewide Assessment also notes that DCFS Rules and Procedures are an integral part of the infrastructure for delivering quality services to children placed in substitute care in Illinois. In addition, the Best Practice project in Illinois is a multi-year intensive effort to develop a practice model that emphasizes child safety, permanency, and well being from the moment of intake through case closure.

The Statewide Assessment also notes that, after participating as a pilot site for the Federal CFSR in 1996, DCFS initiated the development of a QA review tool and process that closely mirrored the CFSR process. Using this DCFS QA process, which is called the Federal Preparatory Review (FPR), approximately 1,300 cases from both DCFS and POS have been reviewed since the year 2000. In addition to reviewing the case files, interviews were conducted with relevant stakeholders on each case. The Statewide Assessment reports that the FPR has led to improvements in the achievement of positive outcomes for children served by DCFS and private agencies Statewide.

The Statewide Assessment reports that DCFS initiated its formal Continuous Quality Improvement (CQI) process in 1997. DCFS Regions began by first implementing a peer case record review process along with Regional Quality Councils. Since that time, each region's CQI process has grown to include Site and Local QI teams, as well as formal review processes. As part of the CQI process, Unusual Incident Reporting (UIR) data and client and employee grievance data are to be reviewed at least quarterly to address practice issues raised. In addition, DCFS initiated its quarterly peer record review process in 1997. Files are reviewed using a defined process and qualitative criteria in order to identify areas of strengths as well as areas needing enhancements in the provision of services.

DCFS also established the Purchase of Service Monitoring Division in order to strengthen its effectiveness in monitoring the provision of quality services by its contractual private agencies. Specifically, the POS monitoring division is responsible for providing oversight, information gathering, continuous quality improvement, and resource development to private agencies.

As noted in the Statewide Assessment, Illinois has several other QA initiatives. The Division of Quality Assurance (DQA), created to ensure that quality child welfare services are delivered in a timely manner, generates numerous reports on its various activities. The DCFS Office of Internal Audits (OIA) is mandated by statute to conduct audits of major internal accounting and administrative control systems, review designs of major new electronic data processing systems and review major modifications of those systems before installation to ensure the systems provide adequate audit trails and accountability. The DCFS Advocacy Office for Children and Families addresses issues and complaints regarding the quality of services, responsiveness of workers and problems related to the application of DCFS rules and procedures. The Advocacy Office receives information about concerns through a variety of means including letters to the Director, the toll free Help Line and walk-in visitors. The role of the DCFS Office of the Inspector General (OIG) is to assure accountability for services to children and families. It performs this function by conducting investigations of complaints regarding the quality and appropriateness of services and making recommendations about needed changes.

Stakeholders commenting on this issue during the onsite CFSR expressed the opinion that DCFS operates an identifiable QA system that is effective for agency self-monitoring. They noted that DCFS has QA staff in each Regional Office, has established QA committees, and conducts peer reviews and special reviews. Stakeholders said that reports derived from the internal QA system are used for multiple purposes, such as reviewing the quality of casework, monitoring compliance, and providing feedback. Stakeholders noted that the QA unit aggregates data and disseminates reports monthly throughout DCFS. Stakeholders also said that DCFS has developed a contract compliance unit within the QA division to ensure that the language in the contracts focuses on the results that DCFS wants to achieve. However, some State-level stakeholders expressed concern that the QA process does not focus sufficiently on outcomes, particularly whether children are actually safe. Several stakeholders also questioned whether sufficient oversight is provided to the POS agencies at the local level.

Some local stakeholders also noted the effectiveness of the local quality improvement process. Charleston stakeholders said that the QI is very focused on improving services to children and families and that many innovations resulting in improved practice have come from the QI teams.

**VII. TRAINING**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3 X	4

Illinois is in substantial conformity with the systemic factor of Training. Information pertaining to the items assessed for this factor is provided below.

**Item 32. The State is operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services.**

Strength       Area Needing Improvement

Item 32 is rated as a Area Needing Improvement because the Statewide Assessment notes that the current initial training for staff does not adequately prepare incoming staff to comprehensively identify and assess needs, engage families in case and service planning, plan for reunification, advocate with the various systems involved (particularly the courts and education systems), and link families to appropriate services. These training concerns are consistent with the issues identified during the CFSR case review process.

The Statewide Assessment indicates that policies and procedures have been developed to ensure that child welfare staff receive training that promotes competency in the principles stated in the Illinois Child and Family Services Plan. There are mandates that all direct service child welfare staff and their supervisors in Illinois hold a license to practice. This license can be obtained only after sufficient knowledge and skills are demonstrated through passing the Child Welfare Employee License (CWEL) examination on basic competencies in child welfare practice. CERAP training must be completed prior to making casework decisions on risk and safety and acquisition of knowledge must be demonstrated through passing an examination. The CWEL and CERAP are built into the current foundation training.

However, the Statewide Assessment also notes that Illinois views training as an area in which the State will need to significantly improve. Information in the Statewide Assessment indicates that the current "foundation training" does not adequately prepare incoming (and often inexperienced) staff to comprehensively identify and assess needs, engage stakeholders in case and service planning, plan for reunification, advocate with the various systems involved (particularly court and education), and link families to appropriate services. As noted in the Statewide Assessment, there is a title IV-E waiver demonstration that involves the piloting and

implementation of an Enhanced Training Program in addition to Foundation Training. This Enhanced Training replaces the DCFS core child welfare specialty State-mandated training with a program open to public and a few POS agency staff. This waiver demonstration implements major and innovative outcome-based reforms in child welfare training. In addition, DCFS has concentrated its recruitment pre-service programs and services on individuals who have both child welfare experience and a BSW or MSW, or, as a second choice, a degree in a human service field deemed acceptable by the COA.

A key concern identified in the Statewide Assessment and the Governor's Task Force Report is the disparity in training between POS agency staff and DCFS staff. It was noted that the private agencies do not have sufficient time or money to support comprehensive training.

Stakeholders commenting on this item during the onsite CFSR reported that caseworkers do not receive caseloads until the 2-week training is completed. In fact, the computer system prevents the assignment of a case to a staff member who is not certified. The foundation training usually is followed by on-the-job training and mentoring. Charleston stakeholders noted that new workers may be mentored for 6 months after completion of the 2-week training. Some stakeholders expressed concern that the training does not sufficiently address the issue of cultural competence.

A key concern identified by stakeholders was that POS agency caseworkers do not receive as much training as do DCFS caseworkers before they receive a caseload. Stakeholders suggested that this is problematic because the POS agencies handle about 75 percent of the DCFS foster care caseload. However, stakeholders reported that all POS agency staff, as well as DCFS staff, must take the 2-week foundation training that focuses on licensing and the CERAP prior to receiving a caseload and must meet the same licensing requirements as DCFS caseworkers. In addition, there is variation across localities and across POS agencies regarding additional training after the initial 2-week foundation training, with some POS agencies providing more extensive post-foundation training than others.

Finally, stakeholders reported that there is training for new supervisors on the fundamentals of management, but that this training focuses more on personnel rules than on supervision.

**Item 33. The State provides for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.**

Strength                       Area Needing Improvement



Item 33 is rated as Strength because the CFSR found that ongoing training is available for both DCFS and POS agency staff, and that DCFS requires staff to participate in ongoing training.

According to the Statewide Assessment, Illinois statute requires ongoing in-service training for all DCFS staff that are in Child Protective Service Worker (CPSW) or Child Welfare Services (CWS) positions or who supervise these staff. In-service training is evaluated for its applicability to professional requirements and support of the continuation of a professional license. Under the Best Practice Implementation Project, Training Teams have been established to provide maximum supervision to DCFS Interns and field-ready DCFS staff for placement in the regions following the completion of their training. In 1996 DCFS established a Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign (UIUC) to pursue the development of high quality research relevant to DCFS training, best practice, and policy. This CFRC transfers research findings to training and to practice of child welfare in Illinois. Also, annual staff assessments are done in the field by the assigned supervisor according to Illinois law and State personnel policies. This evaluation includes a plan for future in-service training that is relevant to the needs of that staff person.

The Statewide Assessment notes that to ensure that staff have access and are aware of training, DCFS provides all field staff in the public and private sector with monthly training calendars that include details on each training program, conferences, and licensure records provided during that month or scheduled in the future. The DCFS Training and Development Services received re-accreditation from the Council on Accreditation in 2002. The Illinois Child Welfare Training Plan sets forth the annual strategy for training and staff development predicated on the competency-based and outcome-focused, comprehensive Best Practice Model.

Finally, the Statewide Assessment reports that feedback obtained from stakeholders during the State's self-assessment process indicates that there is a need for ongoing training programs for workers that would result in skills development and enhanced competency. The areas where training needs were identified included: assessing safety during home visits, engaging birth parents in services, developing empathy, talking with families about permanency planning, dealing with the educational system and planning for future educational needs, the team approach, medication management and behavioral techniques, and talking with children and families about difficult issues such as domestic violence and sexual abuse

Stakeholders commenting on ongoing staff training during the onsite CFSR noted that staff are required to complete 20 hours of training bi-annually. Most stakeholders expressed the opinion that DCFS provides extensive ongoing training for caseworkers and supervisors and that in-service trainings focus on topics such as adoption, sexual abuse, the Indian Child Welfare Act, domestic violence, law enforcement, and cultural competency. Stakeholders also noted that DCFS emphasizes continuing education for staff and encourages staff to attend professional conferences or seek MSW degrees through the State's scholarship program. Stakeholders also indicated that DCFS works with several universities to provide on-site training to staff in local agencies.

Stakeholders also identified areas for ongoing training that they believe are not being sufficiently addressed at present. These included the following: (1) working with families with mental health problems. (2) understanding substance abuse issues and working with families with substance abuse; and (3) conducting comprehensive assessments that capture underlying risk issues. In addition, stakeholders also expressed concern that although there are many opportunities for ongoing training, there is no clearly delineated plan for how and when workers are trained, how training needs are identified, and how training is accessed. Several stakeholders expressed concern about the quality and quantity of training available to POS agency staff and noted that private agency workers do not have access to scholarships to obtain Master's Degrees in Social Work, while DCFS workers do. However, several stakeholders noted that POS agencies are required in their contracts to provide ongoing training to workers beyond the foundation training. Stakeholders also indicated that an analysis of child fatalities and incidents of serious abuse indicated that there is a need for additional training for mandatory reporters, hotline staff, and caseworkers on the CPS investigative process and on how to identify and respond to risk.

**Item 34. The State provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving foster care or adoption assistance under title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.**

  X   Strength         Area Needing Improvement

Item 34 was rated as a Strength because the CFSR determined that Illinois provides quality training to foster parents, although it was noted that some aspects of this training could be enhanced.

According to the Statewide Assessment, in 1990 the Statewide Foster Care Advisory Council, with DCFS support, initiated a comprehensive, competency-based training program designed to identify and assist prospective foster parents and to support in-service learning for licensed foster parents, which is known as PRIDE. DCFS Rules require that prospective foster parents for unrelated children must attend all nine multi-hour, pre-service PRIDE training sessions prior to finalizing their foster parent license. Relative foster parents must attend the first two sessions, but are encouraged to attend the remaining sessions as well. DCFS Rules further mandate that foster parents must take 16 hours of in-service training within a 4-year period to maintain their foster parent license.

The Statewide Assessment notes that for the most part, foster parents perceive the PRIDE training and ongoing training opportunities as useful. However, feedback from stakeholders obtained during the State's self-assessment process identified the following unmet training needs for foster parents: (1) medication management and behavioral control techniques; (2) behavioral problems, such as Attention Deficit Hyperactivity Disorder and sexually aggressive children; (3) expectations for permanency; (4) appropriate discipline

and corporeal punishment; and (5) joint training with foster parents and caseworkers. Feedback obtained during the self-assessment process also identified a need for caseworker contact with adoptive/foster parents immediately after training to reinforce training objectives, and a need for "buddy" foster families to provide ongoing support.

According to the Governor's Task Force Report (provided with the Statewide Assessment), the Statewide Youth Advisory Board indicated that foster parents need better training in appropriate responding to youth's behavior and in assisting children in foster care, especially adolescents, in developing social skills. They noted that foster parents also need to be prepared to accept children from other cultures in away that lets the youth feel comfortable in the home in addition to helping youth learn more about their culture.

Stakeholders commenting on this item during the onsite CFSR were in general agreement that DCFS provides quality training to foster parents. Stakeholders noted that foster parents are required to complete PRIDE training prior to licensure and complete 16 hours of additional training every 4 years thereafter for re-licensure. Stakeholders said the PRIDE training is helpful, the instructors are excellent, and the training schedule is flexible. Stakeholders also reported that PRIDE has been revised to include Child Welfare League of America (CWLA) and Family-to-Family program information. However, some stakeholders identified a need for more training of foster parents concerning appropriate discipline methods, mental health issues, and parenting adolescents.

**VIII. SERVICE ARRAY**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4
	1 X			

Illinois did not achieve substantial conformity with the systemic factor of Service Array. Information on the items assessed for this factor is presented below.

**Item 35. The State has in place an array of services that assess the strengths and needs of children and families and determine other service needs, address the needs of families in addition to individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency.**

\_\_\_\_ Strength       X  Area Needing Improvement

Item 35 is rated as an Area Needing Improvement because the CFSR determined that although the State allocates significant resources to services, the level of existing services does not meet the needs. The CFSR identified significant service gaps with respect to appropriate out-of-home placement resources, particularly for adolescents; children's mental health services; culturally responsive services; and services to address family issues of substance abuse, mental health, and domestic violence.

According to the Statewide Assessment, although there are services available to assist families to maintain themselves safely or to support families through reunification, the State's self-assessment process revealed many concerns about the existing services system that the State will need to address. One area of concern noted in the Statewide Assessment is that the recent emphasis on achieving "permanency" for children (understood by most POS agencies and staff as adoption or subsidized guardianship) has resulted in increased need for pre- and post-permanency services and a decreased need for reunification services. In addition, the Statewide Assessment notes that throughout the State, psychiatric, psychological, counseling, dental, orthodontic, and vision services are difficult to access. This is in part due to a lack of providers who will accept Medicaid. As noted in the Statewide Assessment, the Illinois Medicaid reimbursement forms take 3-6 months to acquire, and the forms are not compatible with existing claims software and procedures. Therefore, many providers who might be willing to participate in Medicaid, do not because they find it too cumbersome a process.

The Statewide Assessment also notes, however, that Illinois offers a wide array of services to children and families, some of which are mandated by consent decree. The Burgos v. Suter consent decree mandates that DCFS provide appropriate social services in Spanish to Spanish-speaking clients. It also requires DCFS to hire bilingual employees in certain areas and positions and to place Spanish-speaking children of Spanish-speaking clients with Spanish-speaking foster parents. The David B. v. Pavkovic consent decree required certain Illinois State agencies to provide specialized services to delinquent youth. Although this decree was vacated in 1998, services still have to be provided by DCFS to delinquents younger than 13 years of age due to the State statute.

The Statewide Assessment also describes the DCFS and Illinois Department of Human Services (IDHS), Office of Alcoholism and Substance Abuse (OASA) collaboration that began in 1995. The IDHS/DCFS Initiative provides identification of Alcohol and Other Drug Abuse (AODA) issues by DCFS and private child welfare staff, timely access to AODA assessment and treatment for DCFS involved families, enhanced outreach and case management for families receiving AODA treatment, removal of barriers to treatment for families (e.g. childcare), and improved information sharing between the two agencies. In fiscal year 2000 OASA reported spending over \$22 million on AODA treatment services to over 11,000 DCFS clients. Through the funding of the Project SAFE (Substance and Alcohol Free Environment) outreach workers and other AODA ancillary and support services, DCFS also commits over \$7 million for services to AODA affected families on an annual basis. Project SAFE was described as demonstrating success in reuniting families in which substance abuse has been a problem and Norman v. Suter consent decree funds (and others) were

established to address homelessness in families where there was a risk of children being removed.

Despite these initiatives, the Statewide Assessment reported that feedback from stakeholders during the State's self-assessment process identified the following service gaps:

- Post-reunification services that provide longer-term supports and ensure safety, especially for children returning home from residential placements
- Housing services
- Respite services
- Employment services
- Counseling
- Child care services
- Monitoring services for intact families (in-home services cases)
- Supports for biological parents of children in foster care
- Transportation to services (in some regions)
- Mental health therapists and child psychiatrists who accept the State's Medicaid card
- Services in Spanish

Most stakeholders commenting on this issue during the onsite CFSR expressed the opinion that although a wide array of services is available in Illinois, service gaps exist in the areas of housing, substance abuse treatment, primary child abuse prevention services, post-adoption and post-reunification services, specialized foster care services, dental services, and vision services. The most frequently mentioned service gap, however, pertained to mental health services, which were noted to be extremely limited and of questionable quality when available. A key problem identified with respect to mental health services was a lack of mental health providers who will accept Medicaid and a lack of services available to assess mental health service needs. Stakeholders also identified a lack of culturally responsive services, particularly for Latino families.

**Item 36. The services in item 35 are accessible to families and children in all political jurisdictions covered in the State's CFSP.**

Strength       Area Needing Improvement

Item 36 is rated as an Area Needing Improvement because the CFSR determined that services are not accessible in all parts of Illinois and in some areas where services are available, there are long waiting lists to access the services. Although Child and Adolescent Local

Area Networks have been developed to support the availability of services in each part of Illinois, there is considerable variation in the services available through the various Local Area Networks.

According to the Statewide Assessment, service availability and accessibility varies across the State. The Statewide Assessment notes that some regions of Illinois seem to have more in-home services available to assist families after reunification than other areas and some have greater access than others to specific types of services such as dental and vision services. The Statewide Assessment also notes the following variations in services across the State:

- Intensive family services are not available in Cook County
- Intensive medical services are not available in many areas of the southern region of the State, and clients are referred to hospitals in St. Louis, Missouri.
- In many regions, there appear to be "service monopolies," i.e., only one psychiatrist available to all clients.
- In the Central region, there are an insufficient number of African American foster/adoptive families.

Most stakeholders commenting on this item during the onsite CFSR expressed the opinion that the service array varies by geography. It was noted that services are less available in rural areas of the State than they are in urban areas, and in rural areas, transportation often is a barrier to accessing services. Also, in rural areas, there is a lack of providers, particularly providers who speak the same language as the family. Stakeholders also reported that many services are not accessible because they are not offered after hours or on weekends. Cook County stakeholders said that services are more available in the North side than on the West and South sides of the city.

Stakeholders reported that even when services are available, there often are long waiting lists, particularly in Cook County. For example, it may take 6 to 8 months to access a mental health assessment for a child, 3 to 4 months to access psychiatric services, and 5 years to find Section 8 housing for a family. A key problem identified by stakeholders was the lack of services providers who will accept Medicaid, particularly psychiatrists and therapists. Stakeholders also noted that the Local Area Network system, which is intended to ensure that all regions have access to needed services, does not have sufficient resources to achieve its objectives. Consequently, some Local Area Networks are less able to provide needed services than other Local Area Networks.

**Item 37. The services in item 35 can be individualized to meet the unique needs of children and families served by the agency.**

\_\_\_\_\_ Strength                        X   Area Needing Improvement

Item 37 is rated as an Area Needing Improvement because the CFSR found that there is a lack of individualization of services in Cook County, in which over 60 percent of the children in foster care are served. The CFSR also found that the DCFS assessment process was not consistently effective in identifying the unique needs of children and families. Although an Integrated Assessment Tool is being piloted, at the time of the onsite CFSR it was not yet fully implemented.

According to the Statewide Assessment, DCFS policy states that families will receive the level of service that best meets the health and safety needs of the child. Families can move between levels of service during the time that they are served by DCFS.

Stakeholders commenting on this item during the onsite CFSR expressed the opinion that the capacity of the agency to individualize services is adversely affected by the practice of rotating assignment of cases to POS agencies. This practice means that a child is assigned to a POS agency based on whether it is the agency's "turn" to receive a child and not on the ability of that agency to meet the unique needs of the child. For example, if a child is referred to a POS agency outside the child's community of origin, the POS is not obligated to find a foster home within the child's community and thus the child's need for maintaining connections and continuity with family and community may not be addressed.

Stakeholders also noted that the lack of a fully implemented comprehensive assessment tool also affects individualizing services by not consistently identifying needs of children and families and underlying risk issues. Stakeholders reported that although DCFS is piloting an Integrated Assessment Tool to enhance the assessment process, it is not yet fully implemented.

Additional stakeholder opinions regarding this item tended to differ across CFSR sites. Charleston and Rock Island stakeholders expressed the opinion that services provided by DCFS and contracted POS agencies are individualized to meet the unique needs of children and families, and that flexible dollars are available in the community for at-risk families. In addition, they noted that individualizing services is the theory of practice in those sites, and that this practice approach is strengthened by Family-to-Family, Team Decision-Making meetings and Local Area Network wraparound services. In contrast, Cook County stakeholders reported that service plans in that locality tend to be "cookie cutter" rather than individualized. Cook County stakeholders also noted that there is an insufficient number of culturally and linguistically appropriate services to meet the unique needs of children and families in that community.

**IX. AGENCY RESPONSIVENESS TO THE COMMUNITY**

<b>Rating of Review Team Regarding Substantial Conformity</b>				
	<b>Not in Substantial Conformity</b>		<b>Substantial Conformity</b>	
Rating	1	2	3	4 X

Illinois is in substantial conformity with the systemic factor of Agency Responsiveness to the Community. Information on the items assessed for this factor is provided below.

**Item 38. In implementing the provisions of the CFSP, the State engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.**

  X   Strength         Area Needing Improvement

This item is rate as a Strength because there is ongoing consultation with a wide variety of groups.

According to the Statewide Assessment, to support the review of the Child Abuse Prevention and Treatment Act (CAPTA) Plan and Assurances DCFS established four Citizen Review Panels to examine the State and local child protection agencies. The review panels are as follows: the Child and Family Services (CFS) Advisory Council; the Statewide Citizen's Committee on Child Abuse and Neglect (SCAN); the Children Justice Task force (CJTF); and the Child Death Review Team (CDRT). The Citizen Review Panels assume a lead role in ensuring that the child protection system is protecting children from abuse and neglect and helping to find permanent homes for them. During the mid-1990's, the Governor's Task Force on Human Services Reform was appointed to craft improvements in the Illinois human services delivery system. The early recommendations of the task force spearheaded the creation of five distinct Federations that were located in different-sized communities including the Grand Boulevard Neighborhood of Chicago, DuPage County, Waukegan, Springfield, and the Southern Seven Counties. These Federations or "pilots" provided infrastructures for the State and communities to work together in order to address local welfare reforms. Although their pilot phase is over, the Springfield and Grand Boulevard Federations are still actively involved with DCFS.

As noted in the Statewide Assessment, DCFS has several other methods of responding to community issues and concerns. These include the Regional advisory committees; six DCFS Regional Youth Advisory boards (RYAB'S) and a DCFS Statewide Youth



Advisory Board (SYAB); the Family-Centered Services (FCS) Initiative Steering Committee; the Children and Family Services (CFS) Advisory Council and the Child Welfare Advisory Committee (CWAC); the One Church, One Child Advisory Board; the Statewide Foster Care Advisory Council; the African-American Family Commission (AAFC); and the Latino Consortium.

The Statewide Assessment reports that although there are no State-recognized Indian Tribes within Illinois, there are numerous Tribal members from other States who reside permanently in the Cook County area. In the most recent census, approximately 78,000 Illinois residents claimed some degree of Native American ancestry. As noted in the Statewide Assessment, there are 25 Native American children in foster care. Until recently, DCFS had a contract with the Native American Foster Parent Association (NAFPA), located in Chicago, to assist caseworkers in navigating the determination process for eligibility, enrollment, and application for membership in a Tribe. This contract, however, is no longer in effect.

Stakeholders commenting on this issue during the onsite CFSR were in general agreement that the agency engages in ongoing consultation with multiple community partners. Many advisory groups and committees are consulted including the Latino Consortium, CWAC, and AAFC. State-level stakeholders indicated that the directors of the Administrative Office of Illinois Courts (AOIC) and DCFS have begun to discuss joint efforts to enhance collaboration between DCFS and the Court Improvement Program that is under the auspices of the AOIC. Charleston stakeholders also reported collaboration with the Courts, law enforcement, and service providers. Cook County Stakeholders reported strong collaborations between DCFS and the hospitals and doctors, which resulted in the formation of HealthWorks, a network of health care providers who work closely with DCFS.

**Item 39. The agency develops, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP.**

  X   Strength      \_\_\_\_\_ Area Needing Improvement

This item is rated as a Strength because the Statewide Assessment notes that key advisory groups are consulted in the development of the APSR. The Family Centered Services (FCS) Steering Committee is the group that is formally consulted on the CFSP and the Annual Progress and Services Report (APSR). The FCS Steering Committee is a broad based committee that meets quarterly. The Committee is co-chaired by the DCFS Deputy Director of Child Protection and currently a representative from Uhlich Children’s Home, a POS agency headquartered in Chicago. The membership includes the Child Care Association of Illinois (CCAI), Prevent Child Abuse Illinois, the Illinois State Board of Education (ISBE), several Community-Based Child and Adolescent Local Area Networks and other organizations. The CFSP and the APSR are posted on the DCFS internet site.

According to the Statewide Assessment, the CFS Advisory Council and the CWAC biannually review the Department's purpose statement in the autumn before substantive sessions of the General Assembly. The Family-Centered Services (FCS) Steering Committee goal is to provide oversight, monitor, provide for evaluation, and make recommendations for the continuing statewide implementation of the CFSP and the APSR consistent with the overall federal guidelines.

Stakeholders interviewed during the onsite CFSR indicated that there are various committees that provide forums for input to the DCFS Child and Family Services Plan from external sources. These include the CWAC and the African-American Advisory Committee. However, several stakeholders indicated that although there are opportunities for input, all stakeholders do not have equal opportunities. These stakeholders suggested that DCFS is focusing on strengthening the role of CWAC in providing input, and in establishing strong collaborative relationships with key stakeholders, particularly the courts.

**Item 40. The State's services under the CFSP are coordinated with services or benefits of other Federal or federally assisted programs serving the same population.**

  X   Strength          Area Needing Improvement

Item 40 is rated as a Strength because the CFSR identified many service coordination efforts.

According to the Statewide Assessment, DCFS collaborates with a multitude of other State or public agencies. Examples of such collaborations include joint efforts that require planning, service coordination, the use of cross-jurisdictional resources, joint funding of a program, resolution of eligibility issues, interagency agreements, amended contract language, research projects, new rules and procedures and the staffing of individual cases. The purpose of these collaborative efforts is to ensure consistency, accessibility, accountability and the efficient use of services and resources. One of the most notable collaborations is the DCFS and IDHS/OASA/AODA service effort.

Stakeholders commenting on this issue during the onsite CFSR cited several instances of coordination of services between DCFS and the Courts, Public Health, Mental Health, and Education agencies. There is coordination between DCFS and IDHS regarding serving families who are eligible for the IDHS administered Temporary Assistance to Needy Families (TANF) program. Stakeholders also described various data exchanges between DCFS and other agencies, such as child support and health, in order to serve families better. However, State-level stakeholders noted that there is no formal interagency protocol for coordinating services and that interagency coordination is poor because agencies are not sharing information.

**X. FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION**

Rating of Review Team Regarding Substantial Conformity				
Rating	Not in Substantial Conformity		Substantial Conformity	
	1	2	3	4 X

Illinois is in substantial conformity with the systemic factor pertaining to Foster and Adoptive Parent Licensing, Recruitment and Retention. Information on the items assessed for this factor is provided below.

**Item 41. The State has implemented standards for foster family homes and child care institutions which are reasonably in accord with recommended national standards.**

  X   Strength      \_\_\_ Area Needing Improvement

Item 41 is rated as a Strength because the standards for foster family homes and child care institutions are generally in accord with recommended national standards.

According to the Statewide Assessment, Illinois legislation requires licensing standards that are continually revised and updated. DCFS requires that all foster and adoptive homes and childcare institutions meet licensing standards and that they maintain a valid license in order to have children placed in their care. DCFS issues all licenses, although foster and adoptive families can be supervised by contracted POS agencies or DCFS. Childcare institutions are only supervised and licensed by DCFS. Licenses are valid for 4 years. DCFS is accredited by the Council on Accreditation (COA) and sets licensing and placement standards for POS agencies to meet COA standards that serve as national benchmarks. In addition, DCFS rule requires that application forms for license renewal be mailed to a licensed child care institution six months prior to expiration of the current license. The institution must complete the renewal application and submit it to DCFS within three months of receipt of the notice of expiration. DCFS licensing staff members are required to conduct a renewal licensing study and to make a recommendation prior to expiration of the current license.

As noted in the Statewide Assessment, the licensing standards are generally believed to be of good quality and are effective. One area

that was noted as needing possible improvement is that the State does not have a uniform, standardized home-study assessment process. DCFS staff and POS agency staff may focus on different areas depending on the emphasis of the agency.

Stakeholders commenting on this issue during the onsite CFSSR affirmed that standards are in place. Some stakeholders reported that Illinois' standards are stringent, while others noted that the standards should be updated.

**Item 42. The standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds.**

Strength                       Area Needing Improvement

Item 42 is rated as a Strength because the CFSSR determined that licensing standards generally are applied to all licensed foster care families and child care institutions.

According to the Statewide Assessment, all foster and adoptive homes and childcare institutions in Illinois must meet the same criteria for licensing, without exception. However, relative caregivers are not required to be licensed. They are encouraged to become licensed foster parents, but must comply with licensing standards to care for unrelated children. The Statewide Assessment notes that the DCFS Director does have the ability to waive any standard not prohibited by law for foster and adoptive home licenses.

Stakeholders commenting on this issue during the onsite CFSSR indicated that none of the licensing standards are waived except those pertaining to the number of children that may be placed in a home. They noted that the standards are applied equally to relatives and non-relatives if relatives decide to become licensed foster parents. However, stakeholders reported that relative caregivers are not required to become licensed. If relative caregivers choose not to be licensed, a relative/kinship home study is conducted, which includes background checks, safety assessments and social history, but does not require the fire marshal or water quality approvals. Unlicensed relative caregivers receive lower payments than foster parents. Stakeholders also noted that foster parents and unlicensed relatives are subjected to unannounced visits, which occur more frequently for unlicensed homes.

**Item 43. The State complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.**

Strength     Area Needing Improvement

Item 43 is rated as a Strength the CFSR determined that criminal background checks are completed as required.

According to the Statewide Assessment, DCFS conducts fingerprint-based background checks on foster and pre-adoptive home applicants and on all household members age 18 and older. The checks include Illinois State Police Criminal History records; DCFS Child Abuse and Neglect Tracking System records (CANTS) and; Illinois Sex Offender Registry (State Police). In addition, the Federal Bureau of Investigation (FBI) criminal history records are checked if: (a) the individual admits to a criminal history on authorization form; or (b) the individual has not resided in Illinois for all of the prior 3 years. All employees of day care centers/homes and all licensed foster/adoptive applicants and household members have had completed background checks. Agencies may not opt out of pursuing a criminal background check unless the job requirements do not provide for contact with children.

As noted in the Statewide Assessment, the criminal backgrounds of potential foster parent or other adults living in the home creates barriers to recruitment of some African American families. Since 2000, 383 foster or adoptive parents who applied for licensure were found to have criminal records for crimes that barred them from becoming licensed. Some of these could be for household members, not necessarily the applicants themselves. Eighty-nine potential licensed foster/adoptive parents were found to have criminal history for crimes, which barred them from being licensed.

Stakeholders commenting on this issue during the onsite CFSR noted that criminal background checks and fingerprinting are completed for all foster/adoptive and relative placements. Multiple checks are completed during the licensing process and during re-licensing. While the process is generally efficient, stakeholders expressed concern regarding delays in completing FBI checks, observing that delayed responses tend to slow down the adoption process.

**Item 44. The State has in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.**

Strength     Area Needing Improvement

Item 44 is rated as a Strength because the CFSR found that Illinois has established a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the State for whom foster and adoptive homes are needed.

According to the Statewide Assessment, Illinois policy is that placement in a foster or adoptive home is not denied or delayed on the basis of race, color, or national origin and efforts are made to place children in homes where the family's religious affiliation is the same as that of the child or the child's parents. In addition, children of Native American heritage are placed in accordance with the Indian Child Welfare Act (ICWA), which requires placement in extended family members' home, foster homes or group facilities approved by the tribal council, or in a Native American foster home approved by DCFS.

DCFS works with several projects to identify and recruit appropriate homes for children including the Statewide One Church One Child (OC/OC) program, the Holding On To Every Person (HOTEP) program on Chicago's West Side, and the Latino Consortium. Illinois also works with the Annie E. Casey Foundation to implement the Family-to-Family foster care model in four sites. Inherent in the Family-to-Family model is a well-integrated approach to recruitment, which also addresses issues of retention and utilization as part of a unified effort. Illinois was selected to participate in the Casey Foundations' Breakthrough Series Collaborative on Recruitment. It is being implemented in Local Area Network 53 in the south Chicago suburbs. The focus of this initiative is on testing new strategies in recruitment that help to recruit and license, as well as retain and support previously licensed families.

As noted in the Statewide Assessment, public service announcements focusing on recruiting foster parents seem useful. Good recruitment resources identified included the OC/OC program, HOTEP, the Family-to-Family program, community awareness, word of mouth, and the Wednesdays Child and The Waiting Child media campaigns on two Chicago television stations. It also was noted that for children of Latino decent, arrangements are made for placement in Spanish-speaking homes.

However, feedback from stakeholders participating in the statewide assessment process indicated that recruitment of foster families seems child-based and should be family-based; foster parents should be recruited to work with families, not just children; the recruitment of culturally diverse foster homes is very challenging; there are cultural issues around taking responsibility for another person's child; licensing standards are not necessarily culturally competent and may lead to the exclusion of some minority families; and, agencies are competing for homes in saturated areas.

Stakeholders commenting on this issue during the onsite CFSR indicated that the agency has initiated several efforts to recruit ethnically diverse foster families, including OC/OC; FTF; and other targeted recruitment efforts. Stakeholders noted that the television station WGN has had a long-standing commitment to the Waiting Child program. Stakeholders also described the statewide adoption recruitment efforts through the Adoption Information Council of Illinois (AICI) network.

Stakeholders across the State reported the need for foster care placements for adolescents, African American, Native American, and Latino American children. In addition, stakeholders in Charleston reported the need for more foster homes for children leaving the Juvenile Justice system. However, State-level stakeholders noted that barriers to recruitment include lack of affordable housing and the inability of some household members to pass the criminal background check requirements. Another stakeholder reported that the Native American foster parent recruitment contract with NAFPA has been discontinued.

State-level stakeholders indicated that the racial/ethnic identity of foster parents is not being tracked, even though AFCARS has a field for this and MEPA has a requirement for States to determine if the pool of foster and adoptive families is comparable to the pool of foster children. Without the tracking, there is no way for Illinois to know if progress is being made in this area.

**Item 45. The State has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.**

Strength     Area Needing Improvement

Item 45 is rated as a Strength because the CFSR determined that the State has an effective process for the use of cross-jurisdictional resources.

According to the Statewide Assessment, there are efforts to place children across jurisdictions. The Adoption Listing Service (ALS), a component of the AICI, manages the Statewide listing of Illinois children in need of adoptive resources as well as a listing of licensed Illinois foster and adoptive families who wish to adopt. In SFY 2002, 480 children listed with the ALS moved to adoptive homes. Over 10,000 inquiries about foster care and adoption were received and responded to promptly. Over 3,000 families were referred to agencies for foster or adoption licensing. Nearly 3,000 inquiries about waiting children were received and addressed. In SFY 2003, there were 8,617 total inquiries made to the AICI regarding listed children. DCFS has also worked closely with various electronic and print media outlets to develop recruitment campaigns such as the Waiting Child and the Wednesday's Child segments.

DCFS also has several departmental efforts to identify adoptive placements in other jurisdictions. The Department's Matching and Placement (MAP) project continues to aggressively search for adoptive homes for waiting children, particularly those who have been waiting the longest. The MAP process is closely coordinated with other recruitment efforts and initiatives, including the efforts of the AICI. DCFS is finishing its last year of a Federal three-year Adoption Opportunity Grant called the Legacy Project, designed to work systemically in order to increase permanency outcomes for the longest waiting children. In SFY 2002, the Legacy Project created a

series of workshops focusing on child specific recruitment. In addition, Illinois is developing plans for the use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

As noted in the Statewide Assessment, a barrier to TPR includes implementation problems of the Interstate Compact for the Placement of Children (ICPC). In addition, feedback indicated that there is a need to work out interstate-compact problems for better utilization of foster homes bordering certain communities (e.g. Rock Island and Iowa, East St. Louis and St. Louis).

Stakeholders commenting on this issue during the onsite CFSR noted that the agency is effective in using cross-jurisdictional resources, particularly in neighboring States, such as Iowa. They noted that DCFS uses multiple venues to secure adoptive resources and permanent placements. However, some stakeholders expressed concern about the delays involved in accessing information and completing home studies through the ICPC.