

2020-2024 CHILD AND FAMILY SERVICES PLAN (CFSP)

Illinois Department of
Children and Family Services

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FY 20-24

Illinois Department of Children and Family Services
2020-2024 Child and Family Service Plan

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Acronyms

Acronym	Translation
ACF	Administration for Children and Families
ACR	DCFS Administrative Case Review
AFCARS	Adoption and Foster Care Analysis and Reporting System
ASFA	Adoption and Safe Family Act
AIP	AFCARS Improvement Plan
AOIC	Administrative Office of the Illinois Courts
APT	Agency Performance Team
BMN	Beyond Medical Necessity
BSF	Be Strong Families
CAC	Children's Advocacy Centers
CANS	Child and Adolescents Needs and Strengths
CAP	Community Assistance Programs
CAPTA	Child Abuse and Prevention Treatment Act
CASA	Court Appointed Special Advocate
CAYIT	Child and Youth Investment Teams
CBCAP	Community-Based Child Abuse Prevention
CCAC	Chicago Children's Advocacy Center
CCA-I	Child Care Association of Illinois
CCC	Continuity of Care Center
CCPP	Community College Payment Program
CDRT	Child Death Review Team
CERAP	Child Endangerment Risk Assessment Protocol
CFCIP	Chafee Foster Care Independence Program
CFRC	Children & Families Research Center
CIPAC	Court Improvement Program Advisory Committee
CIPP	Clinical Intervention for Placement Preservation
CLSA	Casey Life Skills Assessment
COA	Council on Accreditation
CPCT	Child Protection Circuit Teams
CPDC	Child Protection Data Courts Project
CQI	Continuous Quality Improvement
CRMR	Case Review Monthly Roster
CSSP	Center for the Study of Social Policy
CWAC	Child Welfare Advisory Council
CWEL	Child Welfare Employee Licensure
CYCIS	Child and Youth Centered Information System
DASA	DHS Division of Alcoholism and Substance Abuse
DCFS	Illinois Department of Children & Family Services
DHR	Illinois Department of Human Resources
DHS	Illinois Department of Human Services
DHS/DD	DHS Office of Developmental Disabilities
DMH	DHS Division of Mental Health
DQE	Division of Quality Enhancement
DVIP	DCFS Domestic Violence Intervention Program
EAP	Educational Access Project
EFSP	Extended Family Support Program

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ETV	Education and Training Voucher
FAC	Family Advocacy Centers
FCURP	Foster Care Utilization Review Program
FISP	Field Implementation Support Program
FOIA	Freedom of Information Act
FPSS	DCFS Foster Parent Support Specialist
FTS	DCFS Family-Centered, Trauma-Informed, Strength-Based
GAL	Guardian ad Litem
HMR	Home of Relative
IB3	Illinois Birth to Three Waiver
ICC	Interagency Coordinating Council
ICPC	Interstate Compact on the Placement of Children
ICWA	Indian Child Welfare Act
IF/R	Intact Family Recovery
IIAA	Illinois Inter-Agency Athletic Association
ILO	Independent Living Option
IPS	Intensive Placement Stabilization
ISBE	Illinois State Board of Education
LOS	Length of Stay
MAC	Maintaining Adoption Connections
MARS	Management Accounting and Reporting System
MCH	Maternal and Child Health
MIECHV	Maternal Infant Early Childhood Home-Visiting
MPEEC	Multidisciplinary Pediatric Education and Evaluation Consortium
MY TIME	Mentoring Youth to Inspire Meaningful Employment
NCTSN	National Child Trauma Stress Network
NPP	Nurturing Parenting Program
OCFP	DCFS Office of Child & Family Policy
OER	Outcome Enhancement Review
OETS	DCFS Office of Education and Transition Services
OIG	DCFS Office of the Inspector General
OITS	DCFS Office of Information Technology Services
PAS	Permanency Achievement Specialists
PAT	Parenting Assessment Team
PEP	Permanency Enhancement Program
PHP	Psychiatric Hospital Program
PII	Permanency Innovations Initiative
PIP	Program Improvement Plan
POS	Purchase of Service
PRIDE	Parent Resources for Information, Development, and Education
RYAB	Regional Youth Advisory Boards
SACWIS	DCFS Statewide Automated Child Welfare Information System
SAF	Substance-Affected Families
SCAN	Statewide Committee on Child Abuse and Neglect
SOC	System of Care
SPD	Statewide Provider Database
STEP	Supervisory Training to Enhance Practice
SYAB	Statewide Youth Advisory Board
TARGET	Trauma Affect Regulation, Guidance for Education and Therapy
TFFH	Treatment Foster Family Home

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TI-EBP	Trauma-Informed Evidenced Based Practices
TLP	Transitional Living Program
TPR	Termination of Parental Rights
TPSN	Teen Parent Services Network
TRPMI	Therapeutic Residential Performance Monitoring Initiative
UIR	Unusual Incident Report
YHAP	Youth Housing Assistance Program

Additional frequently used terminology:

Abbreviations	What they mean
DCFS, IDCF, The Department	Illinois Department of Children and Family Services
P 300, Procedures 300	Child Protection procedures/processes
P 315, Procedures 315	Permanency Planning procedures/processes
POS, private agencies	Purchase of Service, our private agency partners

Chapter 1 – General Information

State Agency Administering Programs

Illinois' Department of Children and Family Services (DCFS) is the state agency designated to administer and supervise the administration of child welfare services, Title IV-B, subpart 1 and 2 and the Title IV-E of the Social Security Act. In addition, the Department is designated to administer the Chafee Foster Care Independence Program and the Child Abuse Prevention Treatment Act.

DCFS provides comprehensive social services and child welfare programs that include protective services, protective child care, family services, foster care and adoption. In addition, DCFS licenses and monitors all Illinois child welfare agencies and more than 14,000-day care centers, homes, group homes and day care agencies in the state.

The Department of Children and Family Services (DCFS) consists of a central office, and four regions, Cook County, Northern, Central and Southern. Each region is divided into field service areas. The general statewide management and support functions of the agency are currently performed at the central office level. The State Central Register (which includes the child abuse hotline) is also a central office function.

Unique to Illinois is the volume of care provided by private agencies. More than 85% of the care and services offered to Illinois child welfare cases are provided by the private sector. Private agencies provide services via contracts with DCFS. DCFS selects community-based agencies and organizations to provide a full continuum of services.

An array of service provision is available for children and families. DCFS makes contract dollars available to private agencies to provide day-to-day operations. These can include case management services, family preservation and support services, family foster care, kinship care, adoption, respite care, institutional care, group care, independent living skills and transitional living skills. This arrangement allows voluntary agencies to assume the traditional responsibilities of the state, while keeping ultimate responsibility and oversight with DCFS and the Illinois General Assembly.

DCFS was intentional about including stakeholders at every level throughout the process of preparing for round 3 CFSR and developing the PIP. Those efforts evolved into workgroups to plan for improvement. DCFS is prioritizing efforts to make data more accessible and to use data to drive decision making at all levels. There is agreement that meeting compliance objectives has not resulted in improved practice and outcomes and that a balance with quality work is critical.

As the Illinois Child Welfare community of DCFS, private agencies, judicial partners, university partners, community providers and many more stakeholders to the child welfare system continue the implementation and work of the Program Improvement Plan (PIP) and the 5-year Strategic CFSP, there is ongoing commitment to improve safety assessments, early and often engagement with families and rigorous ongoing training and support for staff.

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Link to the DCFS Organizational Chart:

https://www2.illinois.gov/dcfs/aboutus/director/documents/dcfs_orgchart.pdf

Link to 2019 APSR:

https://www2.illinois.gov/dcfs/aboutus/newsandreports/Documents/APSR_FY19.pdf

Mission, Vision and Values

Mission: To promote prevention, child safety, permanency and well-being. We bring the voices of Illinois children and families to the forefront, building trusting relationships that empower those we serve.

Vision: Communities strengthening families to ensure every child is safe, healthy and productive at home and in school.

Values:

We value Trust.

We value Compassion.

We value Accountability.

We value Responsiveness, Relationships and Respect.

We value Empathy.

We value Safety.

Collaborations

DCFS has long standing collaborations with a number of agencies and entities across the State. In preparing for the CFSR (Child and Family Services Review) numerous private child welfare agencies, court systems, federal partners, service providers, biological, foster and adoptive parents, and youth were called upon to participate. In the year that has passed since the Review, these groups and individuals have continued to be active partners as our work together has involved the Illinois PIP (Program Improvement Plan), the BH Implementation Plan, the FFPSA (Family First Prevention Services Act), as well as other endeavors. A description of some of these collaboration efforts will begin below. Others will be found in the following chapters.

Administrative Office of the Illinois Courts (AOIC)

The Administrative Office of the Illinois Courts (AOIC) is invaluable in our joint work toward improving the work shared in child and family safety, permanency and well being.

The AOIC assists the Supreme Court with its general administrative and supervisory authority over all Illinois courts. The AOIC's Court Services Division - Courts, Children and Families Unit (CCFU), on behalf of the Supreme Court of Illinois, is responsible for administering the federally funded State Court Improvement Program (CIP) Basic, Data and Training grants. The purpose of the CIP is to: "1) promote the continuous quality improvement of court proceedings in child welfare proceedings and 2) enhance and expand collaboration between the judicial branch of state government, the title IV-E/IV-B agency and tribes to improve child welfare outcomes." The

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CCFU also works to support the mission, vision, and core values of Illinois' CIP of ensuring safety and stability for children and families involved in juvenile abuse and neglect court system and to improve timely permanency in Illinois. The unit includes four staff positions: CCFU Manager, CIP Coordinator, CIP Grants Program Developer, and CIP Administrative Assistant.

The AOIC's CCFU works with statewide and local court partners, such as: juvenile abuse and neglect court judges and attorneys, educational institutions, governmental agencies, nonprofit organizations, legal services providers and other child welfare stakeholders to initiate statewide and local interagency collaboration and support court improvement efforts as it relates to children and families involved with the judicial system. These efforts focus on improving the quality of legal representation for children and parents, promoting coordination between local courts and child welfare stakeholders, developing judicial and attorney trainings, building capacity to collect local child protection court data, and ongoing collaboration with state level IDCFS partners.

Current initiatives continuing into FY20:

Illinois CFSR Round 3 Program Improvement Plan: In 2018, the CCFU continued its' working relationship with the Department by assisting with the third round of the Child and Family Services Review (CFSR). The onsite review occurred in May 2018 and the CIP Coordinator participated as a state reviewer where the CCFU Manager assisted with the organization of court related stakeholder interviews. CCFU staff also participated with DCFS representatives in a facilitated process with the Capacity Building Center for Courts with the purpose of developing court related interventions for the Program Improvement Plan (PIP) aimed at addressing compliance issues identified during the CFSR. The AOIC is contributing to Illinois' current drafted PIP proposal as it relates to Goal #7: Effectively engage mothers, fathers and youth during the early stages of a case (TC Hearing to Disposition) through quality hearing practices in order to establish a vision, culture and specific practices that center on asking "what needs to happen to return the child home today?" AOIC will determined detailed activities and timelines once the drafted PIP proposal is approved by the Children's Bureau.

Title IV-E/IV-B Review: CCFU staff will continue to collaborate and participate in the upcoming Title IV-E/IV-B review with IDCFS's Office of Federal Financial Participation. Detailed activities and timelines are yet to be determined.

Family First Prevention Services Act: In November 2018, Illinois submitted a request to delay implementation of the Title IV-E provisions for 2 years, with the option of beginning implementation sooner upon statewide readiness. CIP is required to provide training for judges and attorneys on the FFPSA. The CCFU Manager is Co-Chair of the FFPSA Legal & Policy Committee, which is one of eight workgroups developing and implementation strategy for Family First. Also, the CCFU Manager and CIP Coordinator are co-leads on two subcommittees, working closely with IDCFS and justice partners to create court-related forms and training development. By September 2019, CIP will begin to provide initial FFPSA training to juvenile abuse and neglect court judges and attorneys throughout Illinois. FFPSA CIP Judicial and Attorney training will be on-going and with varied delivery methods. A detailed training schedule will be finalized once IDCFS is ready to implement FFPSA.

AOIC-IDCFS Joint Court Report Pilot Project: CIP federal funding requires AOIC and the Department to identify a joint project to address court reform issues and work to improve the safety, well-being, and permanency of children in foster care and strengthen the legal and judicial system. In 2017, based on the size and quality of court reports provided by the caseworkers, the AOIC and IDCFS identified the need for a uniform court report that provides the number of days

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the child has been in placement and other key information for the court to make appropriate findings and decisions. The Mt. Vernon Immersion Sites participated in the development and testing of the new service provider court report. Changes in leadership at IDCFS slowed down the original timeline. In December 2018, Lake County Immersion Site agreed to pilot the court report. Preliminary discussions and planning are taking place. Once the pilot process is completed in Lake County the court report will continue to be rolled out to additional counties. Detailed timeline is to be determined.

Court Improvement Program Advisory Committee (CIPAC): CIPs are required to establish and operate a statewide multi-disciplinary task force to guide and contribute to CIP activities and to create opportunity to promote and enhance "meaningful and on-going collaboration" between the courts and IDCFS. Several representatives of IDCFS are members of the Court Improvement Program Advisory Committee, as well as judges, state's attorneys, parent and child attorneys, trial court administrators, CASA, etc. The CIPAC convenes on a quarterly basis each year and as needed. Recent meetings have included joint review of the 2018 CFSR findings and explanation of the PIP/CFSP/APSR/OER. Although the APSR is a built-in mechanism to annually assess and report progress of the CFSP 5-year-plan, as a result of CIP and IDCFS joint attendance at the Children's Bureau State Planning Team meeting (Apr. 22-24th) in Washington, DC, it was determined to also utilize the CIPAC quarterly meetings as an opportunity to collaboratively update and assess progress.

Child Protection Data Courts (CPDC) Project: Through the CPDC Project, the CCFU continues to collect and analyze child protection court performance measures, demographic information and case characteristics in child abuse and neglect cases. Currently, ten counties collect CPDC Project data, including a multi-disciplinary team to review data and determine system change. The CPDC Project sites track case demographic information as well as 18 of 30 nationally recognized child protection court performance measures. Data coders perform manual data collection on all closed juvenile abuse and neglect cases within the current calendar year. The CPDC Project sites bring their teams to an annual CPDC Project Networking meeting. CPDC teams engage in collaborative learning, information sharing, and receive their CPDC data reports. The CPDC data reports help drive discussions on identifying strengths/areas needing improvement and helps foster local data-driven court improvement efforts. The CPDC Project Networking meetings will occur September 2020 (reporting 2019 data), 2021 (reporting 2020 data), 2022 (reporting 2021 data), 2023 (reporting 2022 data), 2024 (reporting 2023 data).

BH Consent Decree

In April 2015, the Court appointed a panel of experts to evaluate the services and placements provided to plaintiff class members with psychological, behavioral or emotional challenges. In July 2015, the Expert Panel submitted a report to the Court outlining specific findings and making six recommendations for systemic change at DCFS. In October 2015, the Court adopted the Expert Panel's findings, subject to certain revisions, and reappointed an Expert Panel. The DCFS B.H. Implementation Plan was submitted to the Court on February 23, 2016. The Implementation Plan sets forth the specific steps DCFS will take to begin addressing the six recommendations and the specific needs of children and youth in care with psychological, behavioral or emotional challenges. The BH recommendations are as follows:

Recommendation #1: Institute a children's system of care demonstration program that permits POS agencies and DCFS sub-regions to waive selected policy and funding restrictions on a trial basis in order to reduce the use of residential treatment and help children and youth succeed in living in the least restrictive, most family-like setting.

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Recommendation #2: Engage Department offices in a staged 'immersion' process of retraining and coaching front-line staff in a cohesive model of practice that provides children and their families with access to a comprehensive array of services, including intensive home-based services, designed to enable children to live with their families.

Recommendation #3: Fund a set of permanency planning initiatives to improve permanency outcomes for adolescents who enter state custody at age 12 or older either by transitioning youth to permanent homes or preparing them for reconnecting to their birth families reaching adulthood.

Recommendation #4: Retain an organizational consultant to aid the Department in "rebooting" a number of stalled initiatives that are intended to address the needs of children and youth with psychological, behavioral or emotional challenges.

Recommendation #5: Restore funding for the Illinois Survey of Child and Adolescent Wellbeing that uses standardized instruments and assessment scales modeled after the national Survey of Child and Adolescent Wellbeing to monitor and evaluate changes in the safety, permanence, and well-being of children for a representative sample of DCFS-involved children and their caregivers.

Recommendation #6: The implementation plan will provide for the Department to contract with an external partner to perform an effective residential and group-home monitoring program. The Department shall use an external partner for that function until such time as the Department has sufficient staff with the necessary experience and clinical expertise to perform the function internally and further has developed an in-house program that can monitor residential and group-home placements effectively.

Within these 6 recommendations, there are multiple projects that DCFS continues to implement and evaluate whether they are meeting desired outcomes for children and youth in the class.

The BH Consent Decree is heard before federal Judge Hon. Jorge L. Alonso. DCFS interfaces with the BH Experts, Dr. Mark Testa and Marci White, and the Plaintiffs attorneys to review progress towards implementation and evaluate outcomes.

Each project in the BH Implementation Plan has an assigned project manager. Contracts have been developed with various vendors to assist DCFS project managers with implementation. DCFS collaborates with youth in care, private child welfare providers, courts, other state agencies, law enforcement, hospitals and community based service providers in the implementation of the plan. Many of the projects are being formally evaluated by university partners.

In December 2018, retired Judge Hon. Geraldine Soat Brown was appointed as a Special Master in the BH Consent Decree. The Special Master's role is to facilitate the exchange of information between parties and to resolve disputes. In January 2019, the parties began meeting regularly with Judge Brown. At this time, there is not a specified end date to Judge Brown's appointment.

The work associated with the BH Implementation Plan will be ongoing until DCFS can show improvement in the agreed upon outcome measures. DCFS is using 6 of the safety, permanency and wellbeing outcome measures that are currently utilized by the federal government in the Child and Family Service Review (CFSR) to assess progress for children and youth in the class. DCFS is also using wellbeing measures developed by the Illinois Child Welfare Advisory Committee (CWAC) Sub-Committee on Wellbeing:

- Maltreatment in Foster Care
- Permanency in 12 months for children entering foster care
- Permanency in 12 months for children in foster care 12 to 23 months

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- Permanency in 12 months for children in foster care 24 months or more
- Placement Stability
- Re-entry to foster care in 12 months
- Health and educational wellbeing indicators

There is alignment between DCFS' PIP for the CFSR and the BH Implementation Plan. One of the key permanency strategies included in the PIP is the implementation of the Core Practice Model (CPM) throughout the state. While the CPM is currently being implemented in the 4 Immersion Sites and the Southern Region, the plan is to achieve statewide implementation by 2020. Given the current challenges with implementation, however, the target completion date will need to be reassessed. Another key permanency strategy in the PIP that aligns with the BH Implementation Plan is the use of Subsidized Guardianship as the first permanency option once reunification is ruled out. This strategy may also require addressing adaptive challenges (attitudes, assumptions, etc) before we see systemwide improvement.

As it relates to Family First, both Traditional Residential Monitoring and TRPMI(Therapeutic Residential Performance Monitoring Initiative) will be significantly impacted. Currently there are various workgroups meeting to determine statewide readiness and to plan for implementation.

Office of Strategic Planning

The IDCFS's Office of Strategic Planning has begun several projects with a prime incentive of engaging stakeholders in the work to support Illinois children and families.

Voice of Customer: In order to better understand and meet the needs of the people served, staff is engaging and building relationships with the Department's primary consumers: youth in care, birth parents, (especially birth fathers), foster caregivers and adoptive parents, with a listening tour. The plans include forming focus groups to gather qualitative data regarding what does and does not work, areas for improvements, and identifying trends per region. The ideas and opinions of the consumers will then inform service providers for re-evaluating, amending, creating and/or promoting programs, services and initiatives.

Illinois Heart Gallery: This is an Illinois adoption listing service that identifies youth with terminated parental rights who are available for adoption. At this time, staff plan to revisit a 2017 project review and analysis of the Illinois Heart Gallery, and partnering with key stakeholders, work towards increasing the number of youth displayed on the photo listing service. One goal of this project is to help to ensure older youth (14+) have an opportunity to achieve permanency despite a DCFS goal of independence. Over the coming months, stakeholders will be working together to develop ways to better promote the Illinois photo listing, and children and youth available for adoption to prospective forever families.

Legislative Shadow Day: Several DCFS offices work together to support and encourage older youth to participate in this day to experience the legislative process and meet some of the lawmakers who establish the rule of law for citizens in the State of Illinois. Since 2016, both youth in care and alumni from across the State have been able to share their experiences directly with legislators to help inform and improve child welfare policy.

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Partnering with Parents – Birth Parent Council: Various offices throughout DCFS assist in working with the Birth Parent Councils across the state. Currently, the Councils are working on several initiatives:

- 1) To amend/develop and create policy establishing a more comprehensive *Birth Parent Rights and Responsibilities* that mirrors DCFS foster parent and youth bill of rights.
- 2) To educate and inform birth parents on their rights and responsibilities and how bridge communications gaps with field staff and the Advocacy Office to help birth parents navigate the child welfare system to improve customer experience.
- 3) To utilize a peer-to-peer approach in revising the existing *Birth Parent Reunification Handbook* to ensure birth parents are knowledgeable about their involvement with DCFS and to share best practices.
- 4) To help facilitate and establish an agenda that offers birth parents the value they deserve when they participate and attend the DCFS Birth Parent Summit(s).

Illinois Planning for FFPSA

Illinois has established an FFPSA Steering Committee and several other committees to guide planning and decision making for FFPSA, including four substantive committees (Prevention, Intact Family Services, Residential & Congregate Care, and Licensing) and four support committees (Data & Performance, Financial & Federal Compliance, Legal & Policy, and Technology). More than 300 DCFS and private agency stakeholders are represented on these committees. In November 2018, Illinois submitted a request to delay implementation of the Title IV-E provisions for 2 years, with the option of beginning implementation sooner upon statewide readiness.

Progress in Committees

Residential & Congregate Care

Purpose: To provide guidance, recommendations, and support for implementation of Family First provisions related to congregate and residential care facilities serving Illinois youth in care.

The Residential & Congregate Care Committee has worked with committee members to assess readiness of congregate care agencies in meeting provisions for Qualified Residential Treatment Programs (QRTPs) of FFPSA. This Committee has also worked with the Technology, Legal, Financial & Federal Policy, and Data & Performance Committees to begin building support structures for implementation of necessary documentation for QRTPs. This Committee has provided recommendations regarding:

1. Assessment procedures and documentation practices for clinical report by a qualified individual within 30 days of placement in a Qualified Residential Treatment Program
2. Coordination with court personnel to complete determinations within 60 days of youth placement in a Qualified Residential Treatment Program
3. Procedures for placement continuation after 12 consecutive months and 18 non-consecutive months for youth in Qualified Residential Treatment Programs
4. Supports for QRTPs to implement trauma-informed treatment models, assess fidelity of implementation, and provide ongoing training for effective trauma-informed care to be implemented.

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5. Building capacity for implementation of evidence-based, trauma-informed treatment models within QRTPs
6. Development of strengthened practices for discharge and post-discharge planning among QRTPs, including appropriate staffing, training, administrative capacity, and evaluation/documentation.
7. How to address the Medicaid Institutions for Mental Diseases (IMD) exclusion, which prohibits the use of federal Medicaid financing for care provided to most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds.
8. Strengthening of programming for family-centered residential substance use disorder treatment for parents and their children
9. Changes to the Child Care Act (Illinois Administrative Code, Title 89, Ch. III, Subch a, Part 301.100) to frame placement in residential care facilities and group homes as based on child's clinical needs, desire for close proximity to child's identified family members, and availability of appropriate trauma-informed intervention.
10. Assurance that all QRTPs are accredited by an approved accreditation body.
11. Supports for QRTPs to maintain and implement available licensed nursing staff 24/7 for youth in QRTP placements.
12. Strengthening of practices and procedures regarding the implementation of Child and Family Team meetings with youth in QRTPs to foster maximum permanency, safety, and wellbeing of participating youth.

Additionally, this Committee has worked with liaisons who are focused on FFPSA provisions related to:

- 1) programming to serve victims of and those at-risk for human or sex trafficking
- 2) strategies to limit increases to juvenile justice involvement among Illinois youth in care

Prevention

Purpose: To develop a continuum of care that maximizes the state's use of existing evidence-based resources and builds that capacity, that provides comprehensive and coordinated support to families to prevent them from entering the child welfare system.

There are 6 Sub-Committees within the Prevention Committee:

Target population: FFPSA defines foster care candidacy as the qualifier for FFPSA prevention services. This group is working on recommending the specific targeted populations (e.g. screened out calls; repeat reports; reunified families). Data analysis has been completed by Dana Weiner at Chapin Hall Center for Children and Lina Millett, Senior Advisor, Performance Management and Accountability for DCFS. Lead is Maria Nanos, Executive Director of the Center for Law and Social Work.

Pregnant & Parenting Families: This group was not originally a subcommittee within the proposed structure, but was a response to this aspect of the legislation beginning in December 2018. Leads are Kimberly Mann and Robin LaSota. The work of this team has focused largely on utilization of home visiting as a primary intervention for preventing DCFS involvement.

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Evidence-based and supported interventions: The goal of this group is to determine interventions that are already in use in Illinois, and recommend inclusion/adoption of others utilizing the guidance of the *Title IV-E Prevention Services Clearinghouse*. Lead is Carie Bires, MSW, Senior Policy Manager, Illinois Policy Ounce of Prevention Fund. There are 11 initial recommendations based upon the interventions identified for the first round of review by the Title IV-E Clearinghouse.

Measurement & Evaluation: This group provides recommendations on how to measure outcomes under FFPSA. Co-Leads are Amy Dworsky [Research Fellow-Chapin Hall] and Tracy Fehrenbach [Co-Director, Center for Child Trauma Assessment, Services and Interventions; Assistant Professor of Psychiatry and Behavioral Sciences; Northwestern University, Feinberg School of Medicine]. Three designs are currently being offered with different levels of rigor in evaluating the effectiveness of interventions employed for FFPSA Prevention Services, that include a comparison group receiving services as usual.

Alternative/ Differential Response: This group reviews lessons learned from Illinois' implementation of differential response, and proposes considerations for the Alternative Response Model under FFPSA. Leads are Lori Welcher-Evans, Agency Performance Team Supervisor, Illinois Department of Children & Family Services and Audrena Spence, Executive Director-Metropolitan Family Services-Calumet Center. The primary focus has been given to the adoption of the Red Team which utilizes a multidisciplinary team to screen cases for the determination of alternative response vs. investigations.

Other Economic Interventions: This group recommends non-traditional interventions that involve an economic response to support deflection/ prevention of state custody. Lead is Diane Scruggs, Executive Director- Healthy Families Chicago. The group developed "Resources and Barriers of Children and Youth in Care (by Age Group).

Intact Family Services

Purpose: To strengthen programming for children and families at high-risk of child maltreatment, serious injuries, and death, including kinship navigator, family finding, and prevention services. Intact Family Services has a separate Committee from Prevention, even though prevention is a function of Intact Family Services. The goal is to rework the existing services provided through Intact Family Services to align with new Title IV-E requirements. This committee is also focused on how to strengthen efforts for family reunification, among families who previously received Intact Family Services with children are currently under DCFS care.

- The Intact Family Services committee has identified a target population who would be considered candidates for Intact services. The committee also identified desired services to support the identified clients.
- The Intact Family Services committee identified specific data needs to assist in identifying clients and assessing their presenting needs, concerns, and geographic locations. Data is needed to ask to better identify services identified and provided; the reason for case opening; the reason for case closing (successful/unsuccessful); the length of time case is open; how long after case opening do disruptions occur; and demographics of the children and families. Chapin Hall Center for Children conducted an audit of Intact Family Services for the Illinois Governor's Office providing data-informed recommendations on serving at-risk families.

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- The committee has created a survey to be distributed to agencies with Intact Family Services. The survey will collect data that will help map services and identify how the services are provided. Where the services exist needs to be determined, and where they do not exist. How are the services provided? Do the agencies provide services internally? If so, which services do they provide? Do they pay for services/contract with outside resources to provide services? Do they refer to services with a sliding scale? Accept the medical card? The survey has been pilot tested, formatted, and will be distributed in June 2019.
- The Intact Committee has partnered with the Prevention committee to work on recommendations for an Alternative Response program. Illinois previously implemented a Differential response program, but there are some minor proposed changes, now being referred to as the Alternative Response program.

Licensing

Purpose: To support the adoption of updated Illinois foster care licensing rules and procedures in alignment with national foster care licensing standards, including meeting federal requirements for background checks for foster care families.

The comprehensive proposal to include changes based on Family First to Rule 402, i.e., Licensing Standards for Foster Family Homes, was submitted to the DCFS Office of Child & Family Policy (OCFP) in March 2019. OCFP has since formatted all of the proposed changes into a draft rule. The Licensing Committee will meet with Stacey Simek-Dreher from OCFP in June 2019 to review progress made towards promulgating the changes into rule. A bill has been passed in both houses to amend the Child Care Act to state a family foster home cannot have more than 6 children, instead of 8. There are provisions for waivers to expand the capacity based upon certain criteria. The Child Care Act requires that character references have to be non-family related persons; actions to address this requirement are forthcoming. The Licensing Committee has reviewed and approved the Health & Safety standards that cannot be waived. The standards that can be waived are listed in a proposed Appendix to Rule 402.

Data & Performance

Purpose: 1) To support the development of FFPSA readiness assessment surveys and summarize the findings from these surveys, in partnership with substantive Committees; and 2) To support the development of FFPSA-related performance metrics and performance management systems, in partnership with substantive Committees.

- *Congregate Care FFPSA Readiness Assessment Survey:* All 46 agencies with congregated care programming completed the survey, giving a 100% response rate. Lina Millett and Robin LaSota are working to support Alex McJimpsey in Michael C. Jones' office on the aggregate and individual analysis of the survey responses. The survey has been sent mostly to prospective QRTP providers to revisit whether and how the survey should proceed with additional providers, those specializing in programs with parenting youth, victims of sex trafficking, or family-based substance abuse treatment. The analysis of survey data will be presented at the June 2019 meetings of the Congregate Care and Data & Performance Committees.
- *Intact Family Services FFPSA Readiness Assessment Surveys:* (Administrator and Supervisor versions). These surveys have taken longer than anticipated for pilot testing due to the length of the surveys, and work with OITS on Survey Monkey formatting of

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questions based upon feedback from the pilot testing. Once the final versions of the surveys are distributed, it will take a couple of weeks for survey completions, additional follow-ups to obtain a full response rate, and then analysis. Intact Family Services Committee does not have any analytic support within their group, so our workgroup will need to support them. Lina Millett has already secured support to make maps for their different services, and arranged for OITS to support survey finalization. The survey will be ready for distribution in June 2019.

- *Follow-Ups to FFPSA Readiness Assessment Surveys:* Once survey data is analyzed, the next steps will be to partner with Congregate Care and Intact Family Services Committees to relate back with providers about areas of strength and weaknesses, and develop strategies to support problem-solving and capacity-building among providers to meet requirements for Qualified Residential Treatment Programs (QRTPs) and FFPSA Prevention Services.

Report on FFPSA-Related Performance Metrics:

A number of conversations have been held with substantive Committees about potential outcome metrics to be considered for various FFPSA provisions, and proposals from other Committees have been reviewed (such as subcommittee on Assessment/Documentation for Congregate Care, and subcommittee on Data/Evaluation for Intact Family Services). Conversations have been held with Derek Hobson and Deborah Kennedy on strategies for evaluating implementation and outcomes achieved under Family First. Performance metrics follow from the defined scope of work in the FFPSA Prevention Services Plan, plans for implementing QRTP provisions, implementation of foster care licensing standards, and recruitment of high-quality foster care families and kinship navigator programs. The goal is work with substantive committees, contract monitoring, and program leads to support the design and implementation of a robust performance management system, supported by OITS, etc.

Financial & Federal Compliance

Purpose: To support fiscal and compliance discussions; address and research questions; provide information; correct FFPSA interpretations; and facilitate needed changes. Different members of the committee attended all other committee meetings, including subcommittees, to stay abreast of what was being discussed and any decisions that were being contemplated. Many decisions are yet to be made.

Primary items completed:

- Laying out a timeline of the elements of FFPSA that need to be addressed.
- Providing a summarized version of the Act.
- Taking any of the groups policy questions to DHHS-ACF.
- Getting the basic system requirements / changes needed to OITS to give them an opportunity to plan their approach while waiting for key decisions to be made.
- Reaching out to other states who have been impacted by the IMD exclusion. As a result of many states' concerns, it does appear that federal CMS and ACF will have discussions to provide a possible compromise.
- Developed initial picture of what our maintenance of effort for prevention services spending might look like. As it turns out, Maintenance of Effort (MOE) may be as low as zero.

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- Considered options with the Residential & Congregate Care Committee to expand programming that would prevent sex trafficking among youth in congregate care, who are disproportionately at risk for sex trafficking.

Continuing work:

- What will be the prevention population we intend to serve?
- What evidence-based prevention services will be utilized and will new services will be funded with new dollars?
- Into what programmatic buckets do all of our current residential programs fall? (ie. ILO/TLP; Parenting support; Sex Trafficking; QRTP = Qualified Residential Treatment Program; or, non-qualified program such as a group home) and how well will agencies be able to adapt if necessary?
- Overall approach to shortening residential length of stays and approach to necessary resource development to better facilitate step downs.

Legal & Policy

Purpose: To support coordinated implementation of FFPSA provisions by Illinois courts and DCFS. Family First requires training of judges in Family First standards and provisions for Qualified Residential Treatment programs. A key component of this group's work is addressing practices and procedures for courts to complete approval within 60 days of a congregate care placement (necessary for federal claiming), with review of a new independent assessment (by a third party unless use of staff, such as DCFS Clinical, is approved by Children's Bureau) after congregate care placement. This group is also exploring ways for DCFS and Illinois courts to strengthen family supports for preventing DCFS involvement and promoting family reunification, in alignment with Family First provisions.

The Legal & Policy Committee is largely waiting on the other FFPSA Committees to submit their draft policy for Office of Legal Service (OLS) Review and Office of Child and Family Policy for Rule and Procedure-making expertise. This Committee has finalized proposed amendments to the Juvenile Court Act and The Child Care Act to align Illinois Statutes with FFPSA, which has currently made it out of House Committee and is currently in Senate Committee. Additionally, the Judge and Judicial Training Committee is awaiting finalization of other committee's work to finalize their training and schedule training dates.

Technology

Purpose: To work with all substantive and support committees on the design and implementation of technology-enhanced supports for Family First provisions associated with FFPSA Prevention Services, Qualified Residential Treatment Programs, foster care licensing standards, supports for DCFS coordination with courts around FFPSA provisions, etc. Additionally, this group leads the effort to implement requirements for digital interstate case processing by 2026.

The Family First Technology Committee is continuing to elicit information from all the committees and stakeholders. The Technology Committee has established a process and templates in conjunction with the Office of Policy and numerous other committees to facilitate the building of a holistic view of the system impacts related to the Family First initiative. The Technology Committee is actively driving meetings with other committees to gather the necessary information

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to form a roadmap for the delivery of system changes related to Family First. The Technology Committee has two significant concerns: 1) coordinating FFPSA system changes with upcoming CCWIS changes; and 2) early assessment of the effort necessary to realize the system changes will exceed October 1st.

DCFS is continuing to plan for Family First. DCFS has identified the target population and has created its vision statement. DCFS will ask for increased prevention funding to be included in the FY21 Budget. FY21 contract program plans will be amended to reflect the requirement of evidence based, well supported, supported or promising interventions identified in the Plan. These interventions must be submitted to and approved by the Children’s Bureau to get reimbursed for prevention services. DCFS is working towards an implementation start date of July 2020 if the FY 21 budget is approved. DCFS is also working with DHS and HFS to integrate sister agencies into the Family First plan. A Family First Technology Committee has been established to support the design and implementation of technology enhancements related to Family First.

Leaders and Committee Members of FFPSA

Jason Keeler	Allendale for Kids	Laura Kuever	Catholic Charities
Judy Griffeth	Allendale for Kids	Laura Rios	Catholic Charities
Heather Dorsey	AOIC	Maria Nanos	Center 4 Law/Social Work
Kristie Schneller	AOIC	Kim Zang	Centerstone
Dora Maya	Arden Shore	Deb Roberts	Chaddock
Vicky Tello	Arden Shore	Matt Obert	Chaddock
Iris Williams	Aunt Martha’s	Molly Bainter	Chaddock
Michelle Padula	Aunt Martha’s	Amy Dworsky	Chapin Hall
Angelica Jimenez	Aunt Martha’s	Fred Lee	CHASI
Audrey Pennington	Aunt Martha’s	Stephanie Herink	CHASI
Clete Winkelmann	Aunt Martha’s	Donna Kasper	Childrens Home and Aid
Gary Bevills	Aunt Martha’s	Melissa Ludington	Childrens Home and Aid
Jessica Cummings	Aunt Martha’s	Arlene Happach	Childrens Home and Aid
Keith Tyrka	Aunt Martha’s	Keith Polan	Childrens Home and Aid
Kenny Martin Ocasio	Aunt Martha’s	Stefanie Polacheck	Childrens Home and Aid
Mia Collins	Aunt Martha’s	Cathy Krieger	Children's Place
Natasha Stumpf	Aunt Martha’s	Alpa Patel	Cook County
Philoniese Moore	Aunt Martha’s	Hon. Francis Martinez	Court
Raul Garza	Aunt Martha’s	Hon. Linda Abrahamson	Court
Rocco Biscaglio Jr.	Aunt Martha’s	Alan Morris	DCFS
Shante Roberson	Aunt Martha’s	Alex McJimpsey	DCFS
Christina Bruhn	Aurora University	Amara Smith	DCFS
Karen Major	Baby Fold	Angela Hassell	DCFS
Nina Aliprandi	Be Strong Families	Angelique N. Momon	DCFS
Dee Restrepo	Caritas	Anika Todd	DCFS
Mark Becker	Caritas	Anne Gold	DCFS
Mary Savage	Caritas	Annette Stafford	DCFS
Mike Philbin	Caritas	Ashley Deckert	DCFS
Paula Valencia	Casa Central	Berry, Kathleen	DCFS

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Birdell Fry	DCFS	Patricia Ege	Cunningham Home
Bruce Dubre	DCFS	Shawn Peterson	Cunningham Home
Carol Melton	DCFS	Amy Dralle	CYFS
Carol Morris	DCFS	Chris Kelly	CYFS
Carole Ruzicka	DCFS	Kris Kelly	CYFS
Carolyn Spann	DCFS	MaryKay Collins	CYFS
Carolyn Thomas	DCFS	Scott Hasset	CYFS
Cindy McCleary	DCFS	Kristy (Kristine) Herman	DHFS
Corey Wiegand	DCFS	Wendy Nussbaum	DHS
Coty E. Corcoles	DCFS	Andria Goss	Erickson Institute
Cynthia Richter-Jackson	DCFS	Brigid Luke	Evangelical CFS
Dallas (Jay) Crome	DCFS	Melissa Frydman	Family Advocacy Clinic
Darlene Feliciano	DCFS	Diane Redleaf	Family Defense Center
Darryl Johnson	DCFS	Rachel Retenburg	Family Defense Center
David Nika	DCFS	Candice Their	FCURP
Deann Muehlbauer	DCFS	Jennifer Eblen-Manning	FCURP
Deborah Perkins	DCFS	Alan Novick	Frontier
Deborah Wilson-Gord	DCFS	Emmanuel Jackson	Garden of Prayer
Debra Dyer-Webster	DCFS	Michael Maloney	Garden of Prayer
Delores Wilks	DCFS	Mikkal Harris	Garden of Prayer
Derek Hobson	DCFS	Jim Woywod	Hephzibah Home
Desiree Silva	DCFS	Shaun Lane	Hephzibah Home
Diane Cottrell	DCFS	Julie Dvorsky	Hephzibah Home
Director Smith	DCFS	Merry Beth Sheets	Hephzibah Home
Edie Washington	DCFS	Brice Bloom-Ellis	Hoyleton
Erica Cabrera	DCFS	Destin Mays	Hoyleton
Faith Seals	DCFS	Kristen Shinn	Hoyleton
Franklin, Tina	DCFS	Amanda McMillen	ICOY
Gail Simpson	DCFS	Andi Durbin	ICOY
George Vennikandam	DCFS	Chris Boyster	ICOY
Glendora Thomas	DCFS	Deb McCarrel	ICOY
Grove, Michelle	DCFS	Jack Kelley	ICOY
Harriet Kersh	DCFS	Kacy Anderson	ICOY
Heather Blancke	DCFS	Louis Bedford	ICOY
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Hilary Melbourne	DCFS	Chase Zajc	Indian Oaks Academy
James Daugherty	DCFS	Christopher Bintz	Indian Oaks Academy
Hon. Martin Mengarelli	Court	Mary Ann Berg	Indian Oaks Academy
Hon. Patricia Martin	Court	Jan Hooks	DCFS
Hon. Valerie Boettle	Court	Janet Ahern	DCFS
Nydia Molina	Court - Casa Kane Co	Janet Miller	DCFS
Jessica Bryar	Court - Cook Co	Jason House	DCFS
Larry Grazian	Court - Cook Co	Jeff Osowski	DCFS
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Chantelle Porter	Court – DuPage Co	Jennifer Marett	DCFS
Kim Guest	Cunningham Home	Jennifer Seward	DCFS

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Judy Yeager	DCFS	Trisha Booker	LCFS
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Julia Monzon	DCFS	Emily Rawsky	Little City Foundation
Juliana Harms	DCFS	Emily Rawsky	Little City Foundation
Julie Barbosa	DCFS	Rich Bobby	Little City Foundation
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Kim Taylor	DCFS	T Hemphill	Maryville Academy
Kristina Engel	DCFS	Teresa Maganzini	Maryville Academy
Lania West	DCFS	Thelma Hemphill	Maryville Academy
Laura Coffey	DCFS	William Fletcher	Maryville Academy
Lauren Williams	DCFS	Audrena Spence	Metro Family Services
Lee Annes	DCFS	Viviane Ngwa	National Advocate
Lesley Schwartz	DCFS	Chidima Okorie	Northwestern Univ
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Nancy Reeves	DCFS	Traci Massey	DCFS
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Rodrigo Remolina	DCFS	Christine Achre	Primo Center
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Sam Gillespie	DCFS	Mandy Bernard	Spero Family Svcs
Schwartz, Edward	DCFS	Michelle Moreno	Spero Family Svcs
Scott Manuel	DCFS	Marc Fagan	Thresholds
Shawn Eddings	DCFS	Andrea M. Chua	UCAN
Shelia Riley	DCFS	Milbrook, Nacole	UCAN
Shirley Davis-Barsh	DCFS	Robin LaSota	UIUC
Stacey Simek-Dreher	DCFS	Christina DeNard	University of Illinois
Stany D'Souza	DCFS	James Ronayne	University of Illinois
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Sylvia Woods-Thomas	DCFS		
Tawnya Hooper	DCFS		
Theresa Matthews	DCFS		

Chapter 2- Assessment of Performance

Child and Family Outcomes

NOTES:

During the 2015-2019 CFSP, DCFS has experienced change in directors and executive leadership. The Plans for Improvement identified in the 2015-2019 CFSP were developed under the leadership of an Acting Director (Gregg) who was not in place at the time the CFSP was submitted.

During the 2015 – 2019 CFSP period, Illinois adjusted its Outcome Enhancement Review (OER) process to align it with CFSR Round 3 changes. Illinois chose to use the federal Onsite Review Instrument (OSRI) as its main review tool for the OER, and the federal Online Monitoring System (OMS) as its database to ensure that the state was using completely comparable tools.

During this 2015 – 2019 CFSP period, Illinois completed several case reviews using the OSRI, and completed its 2018 CFSR (Round 3): In 2016, a total of 100 cases were reviewed (70 Foster Care; 30 In-Home); in 2017, a total of 54 cases were reviewed (43 Foster Care; 11 In-Home); in 2018, 65 were reviewed as part of Illinois' Traditional CFSR Round 3 (40 Foster Care; 25 In-Home) and 7 cases (4 Foster Care; 3 In-Home) were reviewed post-CFSR.

In 2018 and 2019, in terms of its data collection processes that mimic the CFSR, Illinois has been focused on:

- 1) training reviewers and (review) QA staff on the OSRI and supporting tools to maximize accuracy and consistency during the PIP Baseline (and beyond; this has included the enhancement of the Initial QA/"Coach" function),*
- 2) developing "Supplemental Questions" (as a complimentary tool to the OSRI; also stand-alone) to assess the quality of specific practices of interest to the state (Child and Family Team Meetings, Transition Planning, and Supervision), and*
- 3) developing an (unofficially) approved PIP Measurement Plan (Baseline, 2-year PIP Implementation Period, and non-overlapping year as needed)*


A. Safety

SAFETY OUTCOMES: *Children are first and foremost protected from abuse and neglect (S1), and Children are safely maintained in their homes whenever possible and appropriate (S2).*

Outcome Enhancement Review¹ (OER) data for Outcome S1 and S2 during the 2015-2019 CFSP indicates differences in performance before and after the federal CFSR, which is attributable to the state's interpretation and application of the OSRI:

¹ The Outcome Enhancement Review (OER) is Illinois' internal qualitative case record review process that mimics the federal CFSR.

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 2016 - 2018 STATE Data	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSR: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	100.00%	42	42	100.00%	30	30	92.86%	26	28	83.33%	5	6
Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	76.00%	76	100	79.63%	43	54	50.77%	33	65	57.14%	4	7

Outcome S1: Children are First and Foremost Protected from Abuse and Neglect


Item 1 evaluates the timeliness of initiating investigations or reports of child maltreatment.

OUTCOME S1 DATA

OER data related to the timeliness of investigations (Item 1, the only Item in Outcome S1) remains a relative strength for the state. Meeting the state mandates for initiating reports of abuse/neglect in a timely manner is a historical strength for DCFS. State policy requires one of three conditions to be met within 24 hours of the state receiving the report in order to meet the initiation mandate:

1. Investigator must meet face-to-face with alleged victim(s)
2. Investigator must make a good faith attempt to meet with the alleged victim(s)
 - a. Good faith attempts must be made every 24 hours or sooner, including weekends and holidays, until the child victim is seen, unless a waiver is granted by the Child Protection Supervisor
3. Law enforcement makes a face-to-face contact with the alleged victim(s) due to exceptional circumstances (e.g. weather issues, disaster, or other extreme circumstance)

DCFS is the only entity in the state that is responsible for conducting child protective investigations. There are no Priority Levels assigned to cases. All assigned investigations must be initiated within 24 hours of assignment. There is the provision for a more urgent response as needed, but these are infrequently occurring.

 2016 - 2018 STATE Data	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSR: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Outcome S1, CHILDREN ARE FIRST AND FOREMOST PROTECTED FROM ABUSE AND NEGLECT	100.00%	42	42	100.00%	30	30	92.86%	26	28	83.33%	5	6
Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment	100.00%	42	42	100.00%	30	30	92.86%	26	28	83.33%	5	6

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Prior to the CFSR 3, Item 1 was assessed based on meeting the 24-hour initiation mandate, and neglected to equally consider the frequency of ongoing efforts per state policy in situations where the child victims were not seen during an initial attempt (called “Good Faith Attempt”). During the CFSR 3 the Item was comprehensively assessed not only for meeting the 24-hour mandate, but also for the ongoing attempts when initiation was made by a Good Faith Attempt. In 2 cases during the CFSR, the ongoing attempts required per policy were not made (nor was there a supervisory waiver) resulting in an ANI rating for those cases. Subsequent to the CFSR 3, Illinois has ensured accurate interpretation of the instructions during its reviews and hence has observed in 1 case where the Item is also rated an ANI due to the lack of ongoing efforts to see alleged child victims per state policy.

In the Fall of 2018, Illinois conducted a review of 500 cases that had been opened for investigation during a specific week in October 2018. The review was conducted to determine compliance with initiation of investigations and the Good Faith Attempts ongoing requirements to determine the scale of the problem. From the review of the 500 cases, the state could observe that in 99% of cases the initiation mandate was made, and that in 66.7% of cases the children were seen within 24 hours of a report being received. The state was unable to determine through documentation whether ongoing Good Faith Attempts were made as required for the 33.3% of children who were not seen within 24 hours. Interviews were not a part of this review.

The state then also compared this data to historical data, which supported that historically 1/3 of all investigations meet the 24-hour initiation mandate through the Good Faith Attempt condition. The volume of investigations received annually (see table below) and persistent investigative workforce turnover (between 25-30% monthly, over the last 12 months) combined with the stringent state policy requirements governing ongoing efforts to see alleged child victims following a Good Faith Attempt are identified as the reasons for the inability of staff to meet the state policy requirements regarding ongoing efforts.

**Illinois Department of Children & Family Services
State Central Registry Call and Intake Volume
Fiscal Year to Date 3/31/2019**

		FYTD 2019		FY 2018		FY 2017		FY 2016		FY 2015		FY 2014	
		Total		Total		Total		Total		Total		Total	
Call Volume		197,420		276,538		252,568		245,388		222,719		231,536	
Intake Type	Intake Sub Type	Total	% of All Intakes	Total	% of All Intakes	Total	% of All Intakes	Total	% of All Intakes	Total	% of All Intakes	Total	% of All Intakes
Assigned	CA/N	63,576	47.4%	81,245	49%	75,003	43.4%	78,571	43.3%	67,721	36.2%	67,747	38%
	CWS	4,257	3.2%	6,014	3.6%	6,012	3.5%	8,665	4.8%	8,774	4.7%	8,008	4.5%
	Information Only	13,472	10.1%	14,455	8.7%	8,880	5.1%	8,184	4.5%	9,689	5.2%	8,655	4.8%
	Licensing Complaint							2	0%				
	Licensing Referrals	658	0.5%	854	0.5%	955	0.6%	1,094	0.6%	1,258	0.7%	949	0.5%
	Licensing Resource Inquiry							2	0%			1	0%
	Neglect By Agency	6	0%	24	0%	37	0%	7	0%				
	Related Information	19,720	14.7%	23,646	14.3%	23,548	13.6%	25,315	14%	23,434	12.5%	21,446	12%
	SIDS/Unusual Death	184	0.1%	239	0.1%	241	0.1%	242	0.1%	340	0.2%	287	0.2%
Assigned Total:		101,873	76%	126,477	76.2%	114,676	66.3%	122,082	67.3%	111,216	59.4%	107,093	60%

To address the area needing improvement specific to Item 1, the state will develop a PIP Strategy.

In the 3rd round of the CFSRs, Item 2 (Repeat Maltreatment) was removed from the evaluation of Outcome S1 in the case review portion of the process, and is evaluated for each state via performance on two (2) national safety indicators. The table below reflects Illinois’ most recently available performance per the CFSR 3 national indicator safety measures and illustrates that there is improvement to be made:

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Federal Safety Indicator: Maltreatment in Foster Care

**CFSR 3 Safety Indicator: Maltreatment in Foster Care, Illinois performance
(as of 1/19 Data Profile)**

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP*	IL Performance Trend
(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	9.67 victimizations (preference is less) <i>*state result multiplied by 100,000</i>	7.98 (FFY13)	11.17 (FFY13)	↓ Wrong Direction
		9.88 (FFY14)	12.90 (FFY14)	
		11.22 (FFY15)	14.65 (FFY15)	
		11.29 (FFY16)	14.75 (FFY16)	
(S2) Of all children who were victims of a substantiated or indicated report of maltreatment during a 12-month period, what percent were victims of another substantiated/indicated report within 12 months of their initial report?	9.5% (preference is less)	7.9% (FY12-13)	10.1% (FY12-13)	↓ Wrong Direction
		8.7% (FY13-14)	11.2% (FY13-14)	
		10.7% (FY14-15)	13.6% (FY14-15)	
		11.0% (FY15-16)	13.9% (FY15-16)	
		11.6% (FY16-17)	14.7% (FY16-17)	

**Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page: <https://training.cfsrportal.org/resources/3105#Data Indicators and National Standards>*

Illinois has not met the federal national standard for either of the above indicators. During the 2015-2019 CFSP period, two qualitative case record reviews of children maltreated in foster care were conducted² and revealed that the practice of “placing” children with their parents while retaining legal guardianship instead of discharging to reunification with an order of supervision had a significant impact on the number of children who became a part of the numerator for this indicator. More significantly, the frequency and quality of assessments of safety and risk (and follow-up on identified concerns) is an area for improvement within the population of children maltreated in foster care. Additionally, supervisors of caseworkers were not providing needed support, direction, and monitoring/following up on identified concerns. Last, continued data quality issues were observed around the use of the incident date.

Maltreatment in foster care is a measure that is monitored by the Department's Agency Performance Team (APT) and by private agencies on a regular basis. The performance goal is

² Previously reported in the 2017 and 2018 APSRs; no reviews were conducted in FFY18 or FFY19.

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100% (no maltreatment in foster care ever). The chart below illustrates annual state performance for FY15 – 19:

Traditional/Relative Foster Care - STATE
(All Regions Combined)

Measure	Description	Dash-board Goal*	FY'13	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
			(as of 8/14 run)	(as of 7/15 run)	(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)	
6	Absence of Maltreatment While In Foster Care	100%	98.7%	98.5%	98.5%	98.4%	98.3%	98.3%	98.3%

The Absence of Maltreatment data in the above chart indicates that improvement is needed toward achieving less maltreatment in foster care. Cook County data tends to be marginally better than other regions (i.e., there is less maltreatment in Cook than elsewhere in the state).

The table below illustrates that maltreatment in foster care occurs less often for children/youth in specialized foster care, and performance has been very consistent:

Specialized Foster Care Data Site - STATE

Measure	Description	Dash-board Goal*	FY'16	FY'17	FY'18	FY'19
			(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
6	Absence of Maltreatment While In Foster Care (% of Case NOT Experiencing an Episode of Indicated Maltreatment While in Agency Care)	100%	99.1%	99.4%	99.3%	99.3%

Absence of maltreatment is more challenging in Intact Family Service cases as illustrated below:

Intact Data Site - STATE

Measure	Description	Goal	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
			(as of 8/14 run)	(as of 7/15 run)	(as of 8/16 run)	(as of 8/17 run)	(as of 8/18 run)	(as of 4/19 run)
3	No maltreatment during service period	100%	88.9%	89.1%	92.1%	91.6%	91.4%	91.4%

In an effort to improve these statistics, Illinois child welfare has begun the following projects:

UIUC Children and Family Research Center is redoing a 2015 study that looked at variables associated with maltreatment in care. In the 2015 study, the variables that were more closely associated with maltreatment in care were casework contact within the last 60 days and whether the child was in an unlicensed HMR home. Their redo of this study should be completed in November 2019. DCFS is also reviewing the recommendations from two prior research projects on how to better license and support of Home of Relatives.

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Agency Performance Team Monitors are meeting monthly with agencies to discuss performance on key dashboard measures, including casework contact. Corrective action plans are developed if an agency is not meeting performance expectations and improvements must be made.

All DCFS and POS placement workers are required to go through a Safety Reboot training to refocus the attention of front line staff on the importance of safety. The refocus will include: timely safety assessment, drawing logical conclusions based on the evidence presented and making appropriate decision to control immediate safety threats. Approximately 2,700 staff have been identified to go through a 2-day training. DCFS will offer 78 in-person trainings between July and December 2019. Investigations and Intact are scheduled to complete the Reboot training between July and September and Permanency and Adoptions staff will complete between October and December 2019. To date 650 staff have completed the training and 1,576 participants are enrolled to receive training by December 2019. The Office of Learning and Professional Development is working with Operations and POS Monitoring to continue enrollment for the reminder of the target population.


Outcome S2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate

Item 2 evaluates services to families to protect children in the home and prevent removal or re-entry into foster care.

Item 3 evaluates risk and safety assessment and management of the child(ren) in any environment.

OUTCOME S2 DATA

As with Outcome S1, data specific to Outcome S2 during the 2015-2019 CFSP indicates differences in performance before and after the federal CFSP. Illinois' performance in Outcome S2 and related Items continues to highlight the need for improvements in the areas of engagement, assessment, ongoing monitoring and adequate service provision generally (here specific to safety, but also elsewhere as will be noted further along in this document):

 2016 - 2018 STATE Data	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSP: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Outcome S2: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE	76.00%	76	100	79.63%	43	54	50.77%	33	65	57.14%	4	7
Item 2: Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry Into Foster Care	88.37%	38	43	95.45%	21	22	30.77%	4	13	100.00%	1	1
Item 3: Risk and Safety Assessment and Management	78.00%	78	100	79.63%	43	54	50.77%	33	65	57.14%	4	7

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Much of the change in the OER data between what was reported in previous APSRs and this Final Report is attributable to a more enhanced understanding of how to more appropriately apply the items in the CFSR 3 review tool following a site visit by our federal partners in April 2017 and the CFSR 3 itself. The 2018 OER Plus data for Item 2 reflects 100% because only 1 case was applicable. Thus the 2018 OER Plus data is not comparable to any previously reported data due to the small number of cases reviewed to-date.

Illinois' performance on Item 3 reflects the need for improvements in the areas of engagement, assessment, ongoing monitoring and adequate service provision generally, especially for children in Intact Family Service cases. There are efforts underway and under consideration by the Department to address concerns specific to Intact Family Service cases.

B. Permanency

PERMANENCY OUTCOMES: *Children have permanency and stability in their living situations (P1), and the continuity of family relationships is preserved for children (P2).*

Outcome Enhancement Review (OER) data for Outcome P1 and P2 during the 2015-2019 CFSP indicates declining performance in both outcomes³:

 2016 - 2018 STATE Data	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Outcome P1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS	31.43%	22	70	11.63%	5	43	2.50%	1	40	0.00%	0	4
Outcome P2: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN	82.61%	57	69	69.77%	30	43	62.50%	25	40	100.00%	4	4

There are several items that inform overall outcome performance for each of the Permanency Outcomes:

P1 and P2 Items:

P1, associated Items (CF SR 3)	P2, associated Items (CF SR 3)
Item 4: Stability of Substitute Care Placement	Item 7: Placement with Siblings
Item 5: Permanency Goal for Child	Item 8: Visiting with Parents and Siblings in Substitute Care
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	Item 9: Preserving Connections
	Item 10: Relative Placement
	Item 11: Relationship of Child in Care with Parent(s)

OUTCOME P1 DATA: Children Have Permanency and Stability in Their Living Arrangements

In P1, the evaluations of three (3) items support the overall outcome achievement rating.

Data specific to Outcome P1 during the 2015-2019 CFSP indicates differences in performance before and after the federal CF SR in May 2018. Illinois' performance in Outcome P1 and related Items continues to highlight the need for improvements in the areas of:

- Stability of children in foster care (reducing the number of unplanned moves),

³ OER Plus data for P2 is noted at 100%. This is attributable to the incomparable sample size and potential interpretation issues for Items 9 and 10 in 1 of the 4 cases

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- Assigning appropriate permanency goals in a timely manner (IL has a history of retaining a return home permanency goal well beyond 12 months regardless of progress made toward case goals), and
- The need for a more timely, urgent, concurrent, and coordinated (between the agency and the courts) approach to achieving permanency for children in foster care

OER and CFSR data across the 2015-2019 CFSP period suggests inconsistent performance in the stability of children in foster care (Item 4), and a continued decline in performance related to the appropriateness of the current permanency goal (Item 5), timely achievement of permanency (Item 6), and the outcome overall:

% of cases rated a "Strength"	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> (9/11 – 2/14)	OER II R7 <i>(reported in the 2016 APSR)</i> (3/15 – 5/15)	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> (4/16 – 5/16)	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> (9/16 – 11/16)	OER 3 <i>(updated for the CFSR 3 SAI)</i> (9/16 – 9/17)	CFSR 3 <i>(May 2018)</i>	OER Plus <i>(9/18 – 12/18)</i>
Item 4: Stability of Substitute Care Placement	87.10%	100%	73.33%	84%	82.35%	75%	100%
Item 5: Permanency Goal for Child	63.30%	75.00%	46.67%	34%	29.41%	25%	25%
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement (<i>new, CFSR 3 combined item</i>)			53.33%	40%	36.73%	15%	0%
(CFSR 2) Item 8: Reunification/Guardianship	22.20%	7.1%					
(CFSR 2) Item 9: Adoption/SCpTPR	16.30%	15.4%					
(CFSR 2) Item 10: Independence/HENA /Continuing Foster Care	87.30%	92.3%					
OUTCOME P1 overall	33.30%	35%	28.89%	24%	20.59%	2.5%	0%

Some of the observed is attributable to changes in the definitions of how to rate items (CFSR 2 versus CFSR 3), and learning how to more appropriately apply the items in the CFSR 3 review tool. Some of the decline may also be attributed to systemic issues such as changes in leadership at DCFS as previously noted, the impact of two years during this CFSP period in which IL did not pass a budget, and the staff turnover rate (c. 50%).

DCFS and its POS partners track stability of children/youth on the APT dashboards for children placed in traditional or relative foster care and for children in specialized foster care via the following measure:

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Traditional/Relative Foster Care - STATE
(All Regions Combined)


Measure	Description	Dash-board Goal*	FY'13	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
				(as of 8/14 run)	(as of 7/15 run)	(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
9	% of Children Placed With Less Than 2 Paid Providers Over 12 Month Period	90%	83.4%	82.9%	82.9%	85.0%	83.5%	82.8%	82.9%

Specialized Foster Care Data Site - STATE

Measure	Description	Dash-board Goal*	FY'16	FY'17	FY'18	FY'19
			(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
9	% of Children Placed With Less Than 2 Paid Providers Over 12 Month Period	90%	86.44%	85.69%	87.84%	87.72%

In addition to the OER 3/Plus data, the state also evaluates its performance regarding stability with data from the CFSR national indicator:

CFSR 3 Safety Indicator: Placement Stability, Illinois performance (as of 1/19 Data Profile)

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P5) Of all children who enter foster care in a 12-month period, what is the rate of placement moves per day of foster care?	<p>4.44 moves (preference is less)</p> <p><i>*state result multiplied by 1,000</i></p>	<p>10.69 moves (FY13-14)</p> <p>10.47 (FFY14)</p> <p>8.67 (FY14-15)</p> <p>6.72 (FFY15)</p> <p>4.69 (FY15-16)</p> <p>5.00 (FFY16)</p> <p>4.51 (FY16-17)</p> <p>5.77 (FFY17)</p> <p>4.41 (FY17-18)</p> <p>4.51 (FFY18)</p>	<p>11.38 moves (FY13-14)</p> <p>11.08 (FFY14)</p> <p>9.27 (FY14-15)</p> <p>7.30 (FFY15)</p> <p>5.10 (FY15-16)</p> <p>5.45 (FFY16)</p> <p>4.96 (FY16-17)</p> <p>6.33 (FFY17)</p> <p>4.87 (FY17-18)</p> <p>5.01 (FFY18)</p>	 Improving

DCFS and its POS partners also track achievement of permanency on the APT dashboards for children placed in traditional or relative foster care and specialized foster care. For foster care

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(traditional, relative or specialized) cases, the measures reflect permanencies achieved on active caseloads as of 7/2 of a fiscal year. Counted permanencies are reunification, adoption or guardianship only:

Traditional/Relative Foster Care - STATE
(All Regions Combined)

Measure	Description	Dash-board Goal*	FY'13	FY'14	FY'15	FY'16	FY'17	FY'18	FY'19
			(as of 8/14 run)	(as of 7/15 run)	(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)	
1	% of Children Achieving Legal Permanency	40%	26.2%	28.8%	33.3%	30.2%	31.3%	32.2%	23.8%

In the table above, the reader can observe that the goal is to achieve permanency in 40% of cases. Since the data site was created in 2012, only one region (Southern) met or exceeded that goal (in SFY15; Central region nearly achieved the goal in FY18 at 39.71%). The state as a whole came closest to achieving the goal also in FY15 (that year there were several concerted statewide efforts to increase the achievements of permanency). FY19 to-date (as of March 2019) is at 23.8%, and this is slightly above average for this time of the year compared with previous years. Overall, trend-wise, annual performance on this measure is improving. Achievement of permanency in Cook County significantly impacts the state performance.

In the current state fiscal year (SFY19), most regions were more than halfway toward achieving the 40% goal as of Quarter 3 (March 2019; downstate regions averaged 27.05% permanencies achieved, Cook was at 16.28%).

The state also tracks achievement of permanency for children/youth in specialized foster care. Performance data is provided for three types of children in specialized foster care, children/youth with: Medically Specialized (MD), Mental Health (MH) or MH/MD, or in Adolescent Foster Care (AFC).

Specialized Foster Care Data Site - STATE

Measure	Description	Dash-board Goal*	FY'16	FY'17	FY18	FY19
			(as of 7/16 run)	(as of 8/17 run)	(as of 7/18 run)	(as of 4/19 run)
1a	% of Children Achieving Legal Permanency (MD Cases)	40%	30.4%	35.5%	35.6%	19.4%
1a1	% of Children Reunified	40%		6.4%	8.4%	3.6%
1a2	% of Children Achieving Guardianship	40%		29.1%	27.2%	15.8%
1b	% of Children Achieving Legal Permanency (MH, MH/MD Cases)	25%	19.3%	22.3%	24.4%	19.9%
1b1	% of Children Reunified	25%		4.2%	5.3%	4.2%
1b2	% of Children Achieving Guardianship	25%		18.1%	19.1%	15.7%
1c	% of Children Achieving Legal Permanency (AFC Cases)	25%	5.9%	5.7%	9.5%	3.8%
1c1	% of Children Reunified	25%		2.5%	4.4%	2.5%
1c2	% of Children Achieving Guardianship	25%		3.2%	5.1%	1.3%



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In addition to the OER 3 and APT data, the state also evaluates its performance regarding permanency with data from the CFSR national indicators. The table below reflects Illinois' most recent performance per the CFSR 3 permanency measures (data received January 2019):

**CFSR 3 Permanency Indicator: Permanency Achievement, Illinois performance
(as of 1/19 Data Profile)**

CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* (age at entry, State entry rate)	IL Performance Trend
(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	42.1%	11.3% (FY13-14) 12.3% (FFY14) 12.6% (FY14-15) 11.9% (FFY15) 11.4% (FY15-16) 10.3% (FFY16)	12.5% (FY13-14) 13.6% (FFY14) 14.2% (FY14-15) 13.4% (FFY15) 13.0% (FY15-16) 11.8% (FFY16)	↓ Wrong Direction
(P4) Of all children who enter foster care in a 12-month period, who discharged within 12 months to reunification, living with a relative, or guardianship, what percent re-enter foster care within 12 months of their discharge?	8.4% (preference is less)	.3% (FFY13B-16A) 2.1% (FFY14a-16B) 1.5% (FFY14B-17A) 2.6% (FFY15A-17B) 4.5% (FFY15B-18A) 5.8% (FFY16A-18B)	1.8% (FFY13B-16A) 2.1% (FFY14a-16B) 3.5% (FFY14B-17A) 4.8% (FFY15A-17B) 7.0% (FFY15B-18A) 8.6% (FFY16A-18B)	↓ Wrong Direction

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CFSR National Statewide Indicator	National Performance	Illinois Observed Performance	Illinois RSP* <i>(age at entry, State entry rate)</i>	IL Performance Trend
(P2) Of all children in foster care the first day of the year who had been in foster care (in that episode) between 12 and 23 months, what percent discharged to permanency within 12 months of the first day of the 12-month period?	45.9%	21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16) 20.6% (FY16-17) 24.4% (FFY17) 23.2% (FY17-18) 25.5% (FFY18)	20.4% (FY13-14) 20.4% (FFY14) 21.4% (FY14-15) 22.3% (FFY15) 21.1% (FY15-16) 20.7% (FFY16) 19.7% (FY16-17) 23.1% (FFY17) 22.2% (FY17-18) 24.2% (FFY18)	 Improving
(P3) Of all children in foster care on the first day of a 12-month period, who had been in foster care (in that episode) for 24 months or more, what percent discharged to permanency within the 12 months of the first day of the 12-month period?	31.8%	21.3% (FY13-14) 21.2% (FFY14) 22.2% (FY14-15) 23.3% (FFY15) 21.9% (FY15-16) 21.2% (FFY16) 26.4% (FY16-17) 30.5% (FFY17) 32.3% (FY17-18) 30.8% (FFY18)	18.7% (FY13-14) 19.9% (FFY14) 21.5% (FY14-15) 22.3% (FFY15) 19.6% (FY15-16) 21.7% (FFY16) 20.7% (FY16-17) 23.7% (FFY17) 24.8% (FY17-18) 23.9% (FFY18)	 Improving

*Risk Standardized Performance. For much more information about how these Indicators, national standards, and state performance are determined, please visit the Children's Bureau's CFSR Round 3 Resources page: <https://training.cfsportal.org/resources/3105#Data Indicators and National Standards>

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As noted in the data above, Illinois meets the national performance for the observed performance on the re-entry indicator, but not for FFY16A-18B when adjusted for risk. During this CFSP period, there has been an increase in the percent of re-entries. The reasons for this change is not currently known and must be evaluated.

The state is making progress toward improved performance regarding stability, permanency in 12-23 months, and permanency in 24+ months.

OUTCOME P2 DATA: The Continuity of Family Relationships and Connections is Preserved for Children

In P2, the evaluations of five (5) items support the overall outcome achievement rating.

OER and CFSR data for Outcome P2⁴ and related Items across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Concerted efforts to engage and involve parents (particularly fathers) in their children’s lives through visitation and other typical/expected parenting experiences;
- Preserving connections with extended family (particularly paternal), siblings not in care and adherence to ICWA requirements; and
- Making concerted and ongoing efforts to identify, locate, inform and evaluate maternal and paternal relatives

% of cases rated a “Strength”	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> <i>(9/11 – 2/14)</i>	OER II R7 <i>(reported in the 2016 APSR)</i> <i>(3/15 – 5/15)</i>	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> <i>(4/16 – 5/16)</i>	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> <i>(9/16 – 11/16)</i>	OER 3 <i>(updated for the CFSR 3 SAI)</i> <i>(9/16 – 9/17)</i>	CFSR 3 <i>(May 2018)</i>	OER Plus <i>(9/18 – 12/18)</i>
Item 7: Placement with Siblings	98.00%	100%	93.94%	88.57%	91.49%	86.7%	100%
Item 8: Visiting with Parents and Siblings in Substitute Care	77.00%	85.3%	87.50%	73.17%	67.86%	62.1%	100%
Item 9: Preserving Connections	85.4%	95%	88.64%	85.71%	80.60%	69.2%	75%
Item 10: Relative Placement	90.70%	84.2%	92.68%	85.37%	77.59%	64.9%	100%
Item 11: Relationship of Child in Care with Parent(s)	74.10%	88.9%	86.49%	70.27%	72.55%	52.4%	100%
OUTCOME P2 overall	81.3%	87.5%	88.89%	75.51%	70.15%	62.1%	100%

⁴ OER Plus data for P2 is noted at 100%. This is attributable to the uncomparable sample size and potential interpretation issues for Items 9 and 10 in 1 of the 4 cases

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A deeper look at the data related to the frequency and quality of parent-child visits indicates that for the visits that did occur, the frequency and quality were sufficient for mothers (not fathers):

Item 8 Parent Visits Data												
What was the usual frequency of visits between the parent and the child during the PUR?												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018		
	#	%		#	%		#	%		#	%	
Mother	More than once per week	9	17.6%	68.6%	4	7.8%	59.4%	5	9.8%	76.2%	1	2.0%
	Once per week	13	25.5%		7	13.7%		7	13.7%		0	0.0%
	Less than once per week but at least twice per month	3	5.9%		2	3.9%		2	3.9%		0	0.0%
	Less than twice per month but at least once per month	10	19.6%	6	11.8%	2	3.9%	0	0.0%	50.0%		
	Less than once per month	10	19.6%	11	21.6%	5	9.8%	1	2.0%			
	Never	6	11.8%	2	3.9%	0	0.0%	0	0.0%			
	TOTAL	51			32			21			2	
Father	More than once per week	4	13.3%	36.7%	2	6.7%	40.9%	1	3.3%	42.9%	1	3.3%
	Once per week	4	13.3%		5	16.7%		2	6.7%		0	0.0%
	Less than once per week but at least twice per month	0	0.0%		0	0.0%		0	0.0%		0	0.0%
	Less than twice per month but at least once per month	3	10.0%	2	6.7%	0	0.0%	0	0.0%	50.0%		
	Less than once per month	9	30.0%	10	33.3%	1	3.3%	0	0.0%			
	Never	10	33.3%	3	10.0%	3	10.0%	1	3.3%			
	TOTAL	30			22			7			2	

Item 8 Parent Visits Data												
Frequency of visitation/contact between the child and his or her parent was of sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		%	
Mother	YES	47	92%	YES	29	91%	YES	19	90%	YES	2	100%
	TOTAL	51		TOTAL	32		TOTAL	21		TOTAL	2	
Father	YES	24	80.0%	YES	15	68.2%	YES	3	42.9%	YES	1	100%
	TOTAL	30		TOTAL	22		TOTAL	7		TOTAL	1	

Quality of visitation/contact between the child and the parent was sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		%	
Mother	YES	43	96%	YES	27	90%	YES	17	81%	YES	2	100%
	TOTAL	45		TOTAL	30		TOTAL	21		TOTAL	2	
Father	YES	16	84.2%	YES	13	68.4%	YES	3	75.0%	YES	1	100%
	TOTAL	19		TOTAL	19		TOTAL	4		TOTAL	1	

The data related to the frequency and quality of sibling visits is an area for improvement.

Item 8 Sibling Visits Data												
Frequency of visitation/contact between the child and his/her siblings was sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		%	
Siblings	YES	23	85.2%	YES	16	84.2%	YES	9	60.0%	YES	1	100%
	TOTAL	27		TOTAL	19		TOTAL	15		TOTAL	1	


Quality of visitation/contact between the child and his/her siblings was sufficient to maintain or promote the continuity of the relationship												
	OER 3 2016 Data			OER 3 2017 Data			2018 CFSR Data			OER Plus 2018 Data		
		#	%		#	%		#	%		%	
Siblings	YES	22	84.6%	YES	15	88.2%	YES	8	57.1%	YES	1	100%
	TOTAL	26		TOTAL	17		TOTAL	14		TOTAL	1	

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C. Well-Being

WELL-BEING OUTCOMES: Families have enhanced capacity to provide for their children's needs (WB1), children receive appropriate services to meet their educational needs (WB2), and children receive adequate services to meet their physical and mental health needs (WB3).

Outcome Enhancement Review (OER) data for Outcomes WB1, WB2⁵, and WB3 during the 2015-2019 CFSP indicates declining performance in both outcomes:

 2016 - 2018 STATE Data	2016 TOTALS: 70 Foster Care 30 In-Home (100 Total)			2017 Running Totals: 43 Foster Care 11 In-Home (54 Total)			2018 IL CFSR: 40 Foster Care 25 In-Home (65 Total)			2018 OER Plus: 4 Foster Care 3 In-Home (7 Total)		
	COMBINED DATA			COMBINED DATA			COMBINED DATA			COMBINED DATA		
	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable	%SA/S	#Substantially Achieved/ Strength	#Applicable
Outcome WB1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS	71.00%	71	100	61.11%	33	54	27.69%	18	65	57.14%	4	7
Outcome WB2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS	90.91%	60	66	92.31%	36	39	82.50%	33	40	100.00%	3	3
Outcome WB3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS	80.68%	71	88	86.00%	43	50	56.14%	32	57	50.00%	3	6

Some of the observed change over time is attributable to learning how to more appropriately apply the items in the CFSR 3 review tool in preparation for and in response to the 2018 CFSR. Some of the decline may also be attributed to systemic issues such as changes in leadership at DCFS as previously noted, the impact of two years during this CFSP period in which IL did not pass a budget, and the staff turnover rate (c. 50%).

There are several items for each Outcome that informs overall outcome performance:

WB1, associated Items	WB2, associated Items	WB3, associated Items
Item 12: Needs and Services of Child, Parents, and Foster Parents	Item 16: Educational/ Develop-mental Needs of the Child	Item 17: Physical Health of the Child
12a: Needs Assessment and Services to Children		Item 18: Mental/Behavioral Health of the Child
12b: Needs Assessment and Services to Parents		
12c: Needs Assessment and Services to Foster Parents		
Item 13: Child and Family Involvement in Case Planning		
Item 14: Caseworker Visits with Child(ren)		

⁵ OER Plus data for WB2 is noted at 100%. This is attributed to the sample size.

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Item 15: Caseworker Visits with Parents		
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OUTCOME WB1 DATA: Families have enhanced capacity to provide for their children’s needs

OER and CFSR data for Outcome WB1 and related Items across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Accurate, comprehensive and ongoing assessments of all stakeholders, but particularly fathers;
- Efforts to actively engage stakeholders in the case planning process, particularly fathers (there is still a mindset that the parents should make the efforts to engage versus the agency, and fathers are almost not even considered); and
- Making caseworker visits with the children and parents meaningful (to relationship-build, engage and assess), versus to achieve compliance with monthly visit mandates

In WB1, the evaluations of four (4) items and three (3) sub-items in Item 12 support the overall outcome achievement rating. Current data suggests a decline in performance for all Items in this Outcome, and in the outcome, itself:

% of cases rated a “Strength”	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> (9/11 – 2/14)	OER II R7 <i>(reported in the 2016 APSR)</i> (3/15 – 5/15)	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> (4/16 – 5/16)	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> (9/16 – 11/16)	OER 3 <i>(updated for the CFSR 3 SAI)</i> (9/16 – 9/17)	CFSR 3 <i>(May 2018)</i>	OER Plus <i>(9/18 – 12/18)</i>
Item 12: Needs and Services of Child, Parents, and Foster Parents	69.4%	86.4%	76.56%	66.67%	66.67%	32.31%	57.14%
12a: Needs Assessment and Services to Children			93.75%	85.51%	85.56%	63.08%	57.14%
12b: Needs Assessment and Services to Parents			78.57%	62.07%	61.84%	28.85%	40.00%
12c: Needs Assessment and Services to Foster Parents			89.47%	95.24%	93.22%	72.22%	100%
Item 13: Child and Family Involvement in Case Planning	76.3%	83.9%	81.97%	72.31%	69.41%	34.92%	50.00%
Item 14: Caseworker Visits with Child(ren)	82.8%	93.9%	93.75%	86.96%	83.33%	55.38%	57.14%
Item 15: Caseworker Visits with Parents	70.3%	84.0%	60.71%	50.88%	52.00%	28.85%	40.00%
OUTCOME WB1 overall	63.4%	81.8%	75.0%	62.32%	62.22%	27.69%	57.14%

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The current data for each Item informs the state that the issues as reported in the 2019 APSR have shown little change. Those issues were:

- Item 12a: For foster care cases, the ongoing assessments of the child's needs should have been more comprehensive (for example, ensuring independent living assessments and social-emotional-normalization needs/activities beyond mental health needs and services) and thus impacted the ability of the reviewer to rate the case a strength. For in-home cases, comprehensive assessments were not completed for **all** children in the family (tended to include an identified child only).
- Item 12b: For foster care cases, the need for improvement of ongoing and adequate assessments of fathers, mothers, or both parents impacted the ability of the reviewer to rate the case a strength. In several cases the need to improve caseworker visits with parents, and/or caseworker turnover, had a significant impact on the agency's ability to assess parents and provide adequate services. For in-home cases, the need to improve ongoing and adequate assessments of mothers and fathers (and/or a paramour) and the need to improve provision of identified services (transportation, parenting education services, sexual perpetrator/offender services, and protective capacity assessments) impacted the ability of the reviewer to rate the case a strength.
- Item 12c: For the foster care cases rated Area Needing Improvement for this sub-item, the need to improve assessments of the caregiver's possible needs as a foster parent was the reason.

- Item 13: Rating determinations for this item are strictly based on the concerted efforts of the agency to actively involve children and parents in the case planning process. The OER data collected shows that when all cases are evaluated together, children are most likely to be actively involved in case planning versus parents.

When observed by case type, a different picture emerged. Children in foster care are more actively involved in case planning versus those in in-home cases, and parents are actively involved in in-home cases than foster care cases. The need for concerted efforts to actively involve parents in case planning in foster care cases directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

- Item 14: Cases were rated a strength for this item because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals for those cases. Cases rated as Area Needing Improvement were due to the **quality** of caseworker contacts. Documentation and interviews corroborated the need for substantive interaction and observations of the child during home visits by the caseworker. For example, the child/youth was not seen separately, insufficient efforts made to engage a reluctant child in conversation, visits of short duration, and/or detailed notes but not substantive (details were lacking professional depth, insight of appropriate description of activities observed during the visits).
- Item 15: Cases applicable for this item rated a strength because the frequency and quality of visits was sufficient to address pertinent issues and achieve case goals. In cases rated as Area Needing Improvement the **frequency and quality** of caseworker contacts were the practice concerns.
 - In general, it was observed that caseworkers should actively seek out and engage parents. It was frequently noted in case notes, or reported during interviews, that "the parents did not avail themselves of" visits/services. Efforts to locate missing parents (particularly fathers) was generally limited to using the Diligent Search Service Center (DSSC) versus that and contacting known relatives/friends for

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updates on whereabouts. Even when the goal was Return Home and the parents whereabouts known, agency staff were not ensuring visits to the parents in their home and using those visits to address pertinent issues and achieve case goals.

OUTCOME WB2 DATA: Children receive appropriate services to meet their educational needs

OER and CFSR data for Outcome WB2⁶ across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Accurate, comprehensive and ongoing assessments of educational needs for all children in applicable in-home cases; and
- Ensuring services for identified needs are provided

% of cases rated a "Strength"	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i> (9/11 – 2/14)	OER II R7 <i>(reported in the 2016 APSR)</i> (3/15 – 5/15)	OER 3 Round 1 <i>(reported in the 2017 APSR)</i> (4/16 – 5/16)	OER 3 Round 2 <i>(reported in the 2018 APSR)</i> (9/16 – 11/16)	OER 3 <i>(updated for the CFSR 3 SAI)</i> (9/16 – 9/17)	CFSR 3 (May 2018)	OER Plus (9/18 – 12/18)
Item 16: Educational Needs of the Child	90.4%	92%	90.9%	95.65%	91.8%	82.50%	100%
OUTCOME WB2 overall	90.4%	92%	90.9%	95.65%	91.8%	82.50%	100%

OUTCOME WB3 DATA: Children receive adequate services to meet their physical and mental health needs

Outcome WB3 includes two Items, Item 17 (Physical Health of the Child), and Item 18 (Mental/Behavioral Health of the Child). OER and CFSR data for Outcome WB3 across the 2015-2019 CFSP period continues to highlight the need for improvements in the areas of:

- Provision of appropriate services to meet identified physical, dental and/or mental/behavioral health needs, particularly for all children in in-home cases

% of cases rated a "Strength"	OER II R1-6 <i>(reported in the 2015 - 2019 CFSP)</i>	OER II R7 <i>(reported in the 2016 APSR)</i>	OER 3 Round 1 <i>(reported in the 2017 APSR)</i>	OER 3 Round 2 <i>(reported in the 2018 APSR)</i>	OER 3 <i>(updated for the CFSR 3 SAI)</i>	CFSR 3 (May 2018)	OER Plus (9/18 – 12/18)

⁶ OER Plus data for WB2 is noted at 100%. This is attributed to the sample size.

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	(9/11 – 2/14)	(3/15 – 5/15)	(4/16 – 5/16)	(9/16 – 11/16)	(9/16 – 9/17)		
Item 17: Physical Health of the Child	98.1%	93.8%	91.8%	90.9%	88%	62.75%	50.00%
Item 18: Mental/Behavioral Health of the Child	89.7%	93%	78.4%	86.8%	84.62%	65.79%	60.00%
OUTCOME WB3 overall	90.4%	91.4%	82.14%	85.25%	82.93%	56.14%	50.00%

Some of the observed change over time is attributable to learning how to more appropriately apply the items in the CFSR 3 review tool in preparation for and in response to the 2018 CFSR. Some of the decline can also be attributed to the change in leadership at DCFS as previously noted, the impact of two years during this CFSP period in which IL did not pass a budget, and the staff turnover rate (c. 50%).

Assessment of Systemic Factors

Item 19: Statewide Information System

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Response: According to established policy and practice, every family and child with whom the Department is involved (e.g. a case) has detailed case information captured in one or more of the Department's data systems (described in detail below). The Department's primary systems for explicitly tracking children in care are:

CYCIS - The Child and Youth Centered Information System (CYCIS) captures data for any person or family that is or ever has received services through DCFS. The CYCIS system tracks significant demographic information on all clients, as well as placement and permanency goal information for all children for whom DCFS is legally responsible. Other than the standard demographic information such as age, race and gender, CYCIS also tracks consent decree data such as pregnant and parenting wards. CYCIS is a mainframe (IMS) system. Some AFCARS data elements are obtained from the CYCIS system, primarily those relating to placement and legal information. CYCIS remains the system of record for these two data areas.

MARS – The Management Accounting and Reporting System (MARS) tracks information regarding service providers and licensed caregivers. It is on the same platform as the CYCIS system. Through the use of unique identifiers, MARS information allows the state to obtain even more specific placement information on children in care, such as the age of the caregivers, what is the licensed capacity (number of slots) in the home, and how long they have been licensed as foster parents. Background check information in providers is also captured.

ICWS (Illinois' SACWIS) is the entry point into the DCFS computer systems. It has undergone many phases of enhancements over the years to keep the system in compliance with numerous federal and state requirements in child welfare, as well as to keep the system relevant to the changing needs of child welfare in the areas of intake, investigations, case management, service planning, unusual incident reporting, health and education. The majority of AFCARS, NYTD and NCANDS reporting data come from the ICWS system.

In addition to the Department's official information systems, there are several systems designed to track specific requirements or functions that fall outside the purview of SACWIS, CYCIS or MARS. Examples of these other systems include the Child and Adolescent Needs and Strengths system, the Statewide Provider Database, and the Administrative Case Review system.

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Strengths

As noted, the Department uses various data systems to enhance child protection and child welfare practice and improve service delivery to families. The Department relies heavily on data to plan for future initiatives and to support management decisions in all areas of the agency. This capability has undergone significant improvements in the past four years, with the creation of a unit dedicated to data management, utilization of more advanced technologies in the areas of data warehousing and visualization, and focused attention to expanding the capabilities of management in data-based decision making.

IDCFS systems capture a wealth of child welfare data that is used to determine outcomes for individual families served by the Department, as well as to validate program effectiveness, enhance program development and project implementation. See sample data report below.

The Department provides a multitude of reports both internally and externally. On a monthly basis, the Executive Statistical Summary, which contains data related to child protection, intact family service and foster care as well as licensing information, is posted on the DCFS website. Child abuse and neglect statistics are also posted on the website each month along with general demographic information for children in substitute care. Through response to Freedom of Information Act (FOIA) requests, the Department also responds to data needs of the community at large. Internally, monthly performance reports at the worker level are produced for child protection staff, intact family staff and placement (foster care) staff.

The Department provides regular data to the University of Illinois' Children and Family Research Center (CFRC), the Chapin Hall Center for Children at the University of Chicago, School of Social Services Administration and Northwestern University. The Department has a data exchange with the Chicago Public School system and receives data from other state agencies, such as the Department of Corrections, so that dually involved wards can be tracked. All of the above provides Illinois with an enormous capacity to collect and disseminate data on all aspects of Department functions including the foster care population. Staff can view data in real-time and receive reports that are updated daily, weekly, monthly, quarterly and annually. Plans are underway to further enhance these capabilities through the provision of an expanding list of useful visualizations and reporting from the unified data warehouse. This data warehouse will also serve as a central repository for the department's external partners to aid in research and analysis of child welfare practices, while maximizing the security of personally identifiable information.

Concerns

Illinois remains in the process of improving AFCARS, to include data elements previously not being recorded in ICWS (SACWIS). Many improvements have been made, but additional work is needed in the areas of data collection and in worker procedures and training.

Another recurring concern focuses on the difficulty of maintaining like data in two systems: ICWS and CYCIS. Plans to move functionality from CYCIS to ICWS have not yet been realized, however plans to implement a CCWIS are continuing to be pursued. This effort would eliminate both legacy systems in favor of the new, unified system, but is dependent upon a variety of factors.

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Sample of data re: children taken into care June 2-4, 2019

Name	Birthdate	Open Date	Legal Status	Placement Type	Placement City	Perm Goal	Gender	Race	Ethnicity
		6/2/2019	TR	FHP	GERMANTWN HLS	Remain Home	M	BL	NH
		6/3/2019	GO	HFK	PEORIA	Remain Home	M	BL	NH
		6/3/2019	TR	FHP	CONGERVILLE	Remain Home	F	WH	NH
		6/3/2019	PC	HMR	CHARLESTON	Remain Home	M	WH	HO
		6/3/2019	PC	HMR	CHARLESTON	Remain Home	F	WH	HO
		6/3/2019	TR	HMR	MATTOON	Remain Home	F	WH	NH
		6/3/2019	TR	HMR	MATTOON	Remain Home	F	WH	NH
		6/3/2019	TR	HMR	MATTOON	Remain Home	F	WH	NH
		6/3/2019	TR	HMR	DECATUR	Continuing Foster Care	F	BL	NH
		6/3/2019	TR	HMR	WESTVILLE	Remain Home	M	WH	NH
		6/3/2019	TR	HFK	WAUKEGAN	Remain Home	F	WH	NH
		6/4/2019	TR	FHP	GARDNER	Remain Home	M	WH	NH
		6/4/2019	TR	HMR	WEST PEORIA	Remain Home	M	BL	NH
		6/4/2019	TR	HMR	WEST PEORIA	Remain Home	M	BL	NH
		6/4/2019	TR	HMR	WEST PEORIA	Remain Home	F	BL	NH
		6/4/2019	TR	HMR	BELLEVILLE	Remain Intact	M	BL	NH
		6/4/2019	TR	HMR	E SAINT LOUIS	Remain Intact	M	BL	NH
		6/4/2019	TR	HMR	NORMAL	Remain Home	M	BL	HM
		6/4/2019	TR	HMR	HEYWORTH	Remain Home	M	BL	NH
		6/4/2019	TR	HMR	CHICAGO	Remain Home	F	BL	NH

Case Review System – Items 20-24

Item 20: Written Case Plan

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Response: Written Case Plan: The state 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. Specifically, DCFS Procedures 315 provides an outline for how the Service Plan is to be developed through information from the investigation, the integrated assessment, in collaboration with the parents and children, and through regular supervision.

The Administrative Case Review (ACR) Unit has the responsibility and authority to manage the ACR process, and must ensure it complies with Department Rules and Procedures, with federal mandates, and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and families of their rights, and may limit participation by the child or family when needed. The Reviewer encourages participant discussion regarding the contents of the service plan and additional case dynamics while maintaining the focus of the ACR process. The Reviewer ensures that the goals of safety, permanency, and well-being, as well as the evaluation of progress, are consistent with the facts of the case; that tasks and time-frames are appropriate for the goal; that the child is placed in a safe environment that is the least restrictive setting to meet the child's needs; and provides a written report of the findings. An additional responsibility of ACR is to determine if the services identified in the plan are appropriate for the parents and children. In 86% of the cases reviewed (FY19) it was determined that the services identified in the plan were appropriate to address the issues that brought the children into care. ACR also issues alert feedbacks on cases where the service plan was not developed timely and thus delayed services to the family. ACRs are conducted every 6-months.

Administrative Case Review had not previously tracked the number of youth in care placed out of State, nor the frequency that these children are visited by their caseworkers. However, effective April 1, 2017, ACR added a question to the Case Review Information Packet (CRIP) which allowed tracking of out-of-state children and youth and monitor if they were being visited by their case managers per policy and procedure. According to ACR data, when youth are placed out of State the caseworker is seeing them per procedural requirements 73% of the time.

Parental/Stakeholder involvement: ACR data regarding parental involvement in service planning, based upon data of those parents who actually attended the ACR and answered the question: 55% stated they had been involved in the development of the service plan, while 45% indicated they had not.

Parents need to be more involved in case planning in foster care cases, as it directly impacts the strength of other items such as achievement of permanency, preserving connections, and ensuring ongoing assessments and adequate service provision are occurring.

Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Response: Periodic Reviews: The state provides a process for the periodic review of the status of each child in care that includes the required provisions no less frequently than once every six months, either by court or administrative review.

Two review processes are required by Rule and Procedures to ensure periodic review on the status of every child in the Illinois substitute care system no less frequently than every 6 months: Administrative Case Reviews (ACR) and Permanency Hearings. ACRs focus on the safety, permanency, and well-being of children in substitute care. The first ACR is conducted six months after a child or youth's placement in substitute care. Subsequent reviews are conducted every 6 months thereafter while the child/youth remains in substitute care.

ACR Surveys: ACR Surveys are customer satisfaction surveys distributed at the conclusion of the ACR. Using 12 months of the year and 4 regions, each region is assigned four survey months during the year. Surveying take place for one week within the survey month. The ACR manager will select which week within their month in order to take into consideration the majority or reviews. During that week, surveys are distributed to all participants in every review. The ACR manager will be responsible for the data entry of the completed surveys, but may use a designee if he/she chooses. All data entry will be entered into the SharePoint site. Hardcopy surveys are distributed to parents, youth, foster parents, other professionals, and non-professionals who attend the review. The survey link is sent to caseworkers, supervisors and contracted providers for their completion on-line. This link is set to provide anonymity for the respondent.

Note: Within Cook County, during the specified survey month, Cook North, Cook Central and Cook South will each choose a week within the survey month. See survey month assignments at the end of this section).

During FY18 there were a total of 643 surveys submitted statewide: 68 from Cook North, 152 from Cook Central, 27 from Cook South, 40 from Northern, 124 from Central, and 232 from Southern.

The breakdown of survey completion was: Mothers 7%, Fathers 3%, Youth age 12 or older 2%, Foster parents 16%, DCFS workers 11%, Private agency workers 50%, other professionals 5%, and other non-professional 6%. The surveys were mostly positive and narratives from the foster parents and parents stated that the ACR gave them a better understanding of where the case was headed and what they needed to do in order to achieve permanency.

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	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Cook	X				X				X		X	
Northern		X				X		X		X		
Central			X		X		X				X	
Southern		X		X				X				X

ACR Data: According to Statewide ACR data obtained from all DCFS regions, Illinois continues to perform well when it comes to ensuring that ACRs are held in a timely manner (within the first six months of placement and then every six months thereafter) as evidenced by the information below:

#35	Percentage of wards receiving required Administrative Case Reviews												
	FY	Annual JUL	AUG	Q1 SEP	OCT	NOV	Q2 DEC	JAN	FEB	Q3 MAR	APR	MAY	Q4 JUN
2014		96.40%	97.50%	96.90%	97.40%	98.30%	97.60%	94.10%	98.90%	98.20%	98.80%	99.20%	98.80%
2015		98.24%	98.37%	98.54%	98.86%	97.42%	97.86%	98.42%	97.92%	98.28%	98.21%	98.46%	98.52%
2016		97.28%	97.31%	98.15%	99.50%	98.74%	98.61%	98.90%	98.56%	98.76%	99.02%	99.08%	99.07%
2017		99.31%	99.70%	99.23%	99.17%	99.28%	98.59%	99.56%	99.26%	99.34%	99.44%	99.50%	99.17%
2018		99.07%	98.65%	98.80%	99.40%	99.21%	96.15%	98.60%	98.52%	98.86%	98.88%	99.00%	98.91%
2019		98.10%	98.69%	98.23%	98.93%	98.54%	97.95%	98.71%	97.33%	98.99%	99.11%	99.19%	99.05%

*Green highlighted areas are expected data for these time periods, and will be adjusted with actual data

The information in the chart shows statewide data and represents the percentage of children who were eligible for a review and received a review within the appropriate time frames. There are several reasons why all children in care may not be reviewed:

- Child went home prior to review date; review was cancelled, child then came back into care prior to original review month and caseworker did not notify ACR of the need to reschedule the ACR. ACR would receive notice of the child’s return to care through the ACR system download from CYCIS that the child was back in care once the updated paperwork is processed by the worker. This child would then be scheduled for an ACR within the next six-month cycle date;

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- New baby taken into care and added to the case after the ACR date, however the data entry is back dated so it appears the child came into care prior to the ACR. Again, ACR receives notice from CYCIS and the child is reviewed during the next six-month cycle date

Children and families are informed of their rights to appeal (in accordance with 89 Ill. Adm. Code 337, Service Appeal Process) if they disagree with any portion of the service plan resulting from recommendations made at the ACR or from decisions made by ongoing casework services of their worker. Appeals are conducted by the Department's Administrative Hearing Unit.

A Decision Review is available when a service provider, caregiver, or the caseworker (with supervisor approval) disagrees with any recommendations or usage of authority by the reviewer for interventions to be included or excluded in the service plan. The associate deputy director for ACR, or designee, makes a final decision within 10 working days after the Decision Review. Neither an appeal nor a Decision Review is allowed when a judge in a juvenile court proceeding issues a court order amending a specific intervention. There has been 1 decision review held in the past fiscal year.

Item 22: Permanency Hearings

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Response: During each six-month case review ACR requests that the caseworker brings a copy of the latest permanency hearing order so reviewers can verify that permanency hearings are occurring every six months. During FY18 ACR was able to verify that permanency hearings were completed in 81.6% of the cases reviewed. In 18.4% of the cases reviewed a permanency hearing was not held, or it was held but no signed court order was presented at the ACR for verification. In those instances where ACR was unable to verify a permanency hearing, DCFS Region Legal counsel was notified for their follow up with the agency and/or the courts.

Per DCFS Legal, Cook County has DCFS attorneys in the Court daily to help ensure the permanency hearings are held.

Item 23: Termination of Parental Rights

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Response: Termination of Parental Rights: The state provides a process for filing of Termination of Parental Rights (TPR) proceedings in accordance with required milestones. Typically, caseworkers will take a case to a legal screening where the DCFS attorney will review the case to see if there are statutory grounds under the Adoption Act to seek termination of the parents' rights. If the case passes screening, the worker forwards that document to the Assistant State's Attorney (ASA) prosecuting the matter in circuit court. If the ASA files a petition for termination of the parent's rights, the matter is set for a first appearance. At this hearing, the parent is told what the allegations against them are. The court may then continue the matter for one or more pre-trials. The termination hearing itself is bifurcated (separated into two distinct parts). The first part is often called the "grounds" or "fitness" portion. At this hearing, the State presents evidence to show the parent is unfit, unwilling, or unable to exercise parental rights. The State must prove this by clear and convincing evidence. If the State meets its burden of proof, the hearing continues onto the "best interest" portion. This may occur the same day as the "grounds" portion, but it does not necessarily have to be held the same day. At the "best interest" hearing, the ASA will present evidence to support the statutory factors showing it is in the best interest of the minor(s) that the parents' rights are terminated. It is possible that a court would find a parent unfit at the grounds hearing, but subsequently rule that it is not in the best interest of the child that parental rights be terminated. However, if the court deems that the best interest of the child will be served by terminating the parent's rights, then it will enter an order to that effect.

While Illinois has a well-articulated process in place for TPR in conjunction with the juvenile court, the timeliness of TPR in accordance with the Adoption and Safe Family Act (ASFA) continues to be a challenge.

Efforts to address barriers and effect change in this area (i.e. the Illinois PIP) have not yet resulted in sustainable improvement.

The AOIC implemented steps during the Child and Family Services Review Program Improvement Plan (CFSR PIP) period aimed at improving time to child permanency; this includes judicial training on permanency hearings and TPR proceedings. The AOIC developed the Enhancing Permanency Practice in Illinois: a Judicial Training and Road to Permanency and Best Practices in Termination of Parental Rights Proceedings. The AOIC continues to periodically offer the trainings. They have been well received with high evaluation results.

Adoption Safe Family Act (ASFA) Compliance: During the past four fiscal years ASFA compliance has averaged at 82.68. ACR has seen an increase in ASFA compliance over the past three years. This information comes from the ACR Special Needs data.

A specific question asks, "If the child/youth was eligible (in care 15 out of the most recent 22 months), was the Adoption Safe Family Act protocol completed?" Possible answers are Yes/No/NA. NA is reserved for those cases that are not in care 15 out of the most recent 22 months. The number of yes responses is shown along with the total with a response of Yes or No. The form is brought to ACR to verify that the ASFA was completed, or outlines an exclusion to completion.

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	Clients Reviewed requiring ASFA	Clients ASFA meeting
FY15	12,518	9,058 72.4%
FY16	10,941	8,687 81.2%
FY17	11,939	10,382 87.0%
FY18	11,973	10,786 90.1%

The following compelling reasons were noted through ASFA non-compliance utilizing responses from the ACR Case Review Information Packet (CRIP) as to why TPR was delayed or not filed:

- There is a permanency goal of return home and reunification: 33.3%
- The child is being cared for by a relative: 31.6%
- The child is age 14 or older and objects to being adopted: 18.5%
- Court related delays: 6.2%
- Casework related delays: 1.6%
- The child has severe emotional/behavioral problems or serious medical condition: 1.6%
- Other not specified delays: 7.2%

Item 24: Notice of Hearings and Reviews to Caregivers

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Response: Notice of Hearings and Reviews: The state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have a right to be heard during the ACR with respect to the child and family services. Upon scheduling completion, the Department sends official notification to all persons listed on the Case Review Monthly Roster (CRMR) who are to be invited to the ACR. A written notice indicating the date, time, location and purpose of the Administrative Case Review is mailed 21 days prior to the ACR to ensure the notice is received a minimum of 14 days before the scheduled review. This notice goes to the parents (and informs them of their rights to bring a representative to the review); the child, if age appropriate (12 or older); the child's caregiver; the caseworker; the child's Guardian ad Litem/CASA downstate, GAL and Public Defenders in Cook County and all others whom the caseworker identifies to attend. Should any logistical changes be made to the scheduled ACR, revised letters are generated to inform the invitee of the change in date, time and/or location. In Cook County, the GAL and Public Defender contact the respective ACR office to confirm their attendance and are apprised of any logistical changes at that time.

Quality Assurance System

Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Response: The Quality Assurance case reviewing entities for DCFS include:

1. Division of Quality Enhancement (see Ch 10 for the specific programs, interventions, and activities)
2. Agency Performance Teams (APT) in each of the four Regions monitor private agency Intact and Placement performance through case review and dashboards,
3. Administrative Case Review (ACR) reviews case documentation and interviews parents, children/youth and foster parents/caregivers regarding service delivery and progress towards permanency twice a year for every child in substitute /foster care
4. Residential Monitoring uses case review and survey to address concerns and improve services for children/youth receiving treatment in residential facilities.

These entities charged with quality assurance, monitoring and improvement operate statewide for both DCFS and POS agencies and utilize case reviews, administrative data, scorecards and dashboards to identify strengths and needs, evaluate quality of service and the service delivery system and supports continuous quality improvement activities.

Quality Assurance, Monitoring and Improvement (Assessment) Workgroup

While the system is comprised of all the components for a vibrant quality assurance system the question and concern has continued to be “Why are we not seeing measurable improvement?” “Where are the gaps within quality assurance and in the feedback loops?” A workgroup of all levels of the quality assurance entities gathered together over a series of in person and teleconference meetings to identify: the problem, root cause, and propose a theory of change. A number of root causes were identified that included a missing: (1) shared values (2) shared vision and (3) shared mission for Quality Assurance. It was identified that purposeful working together is needed in order to gain momentum for improvement. The components of the Quality Assurance system do not seem to move together but are independent rather than interdependent. Standardized case record review tools with strong quality controls and formalized training of reviewers need to be put into place across the Quality Assurance entities. Communication and messaging needs to be consistent.

The Leadership team of the Quality Assurance entities will be the active workgroup to address and improve upon the areas of need identified within the CFSR Final Report and the internal assessment and recommendations report. Agenda items will include improving relationships, collaboration, and communication as well as utilizing aggregated data reports generated by each of the QA entities. The data reports will be utilized to discuss trends and areas for practice improvement and feedback loops with direct service and administrative staff. This leadership team will be active in the formal CQI structure

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The Program Improvement Plan addresses a goal, strategies and key activities for improving Quality Assurance (see Chapter 3 for PIP)

During the past year, DCFS has developed and/or enhanced standardized dashboards scorecards and reporting to support decision making and monitoring and tracking improvement.

Executive Scorecards have been developed and validated by QE staff to track metrics at a state and regional level. There is capability to drill down to team and agency levels that is not currently in production but planned for the near future. The Executive Scorecard is an internal management tool to help DCFS leadership monitor performance across the system. The Scorecard is updated on a quarterly basis and analyzed at agency leadership meetings as part of ongoing CQI efforts. The Scorecard has also been shared at regional level leadership meetings. Because data is broken out by region, Regional Administrators can then work with their teams to understand what is driving their performance. Executive Scorecards have been helpful during stakeholder PIP development meetings to identify problem areas needing improvement launch root cause discussion and propose strategies for improvement.

Power BI is a new software that DCFS purchased to enhance the display of the active foster care youth, and CFSR measures. Validation of the metrics has been a collaborative effort with the Office of Information Technology, Quality Enhancement and Chapin Hall. All QE staff have access and received training in producing reports. All DCFS Regional Administrators and Area Administrators participated in an in-service on May 20, 2019. Expansion to POS is planned. CFSR data will be shared with DCFS and private providers. Currently, data is broken down by region. Work is being done to provide data at the provider agency and team level. Performance will be monitored by Agency Performance Team staff, who will use the information in monthly performance check ins. DCFS has made research requests to university partners to try to determine the factors driving performance (Maltreatment in Care).

Performance Dashboards the Agency Performance Data Site ensures that both DCFS and POS staff are able to directly view their own agency data and case specific data at any given time for the purposes of viewing performance for the past year, current year and last month and identifying and rectifying data quality issues. Performance against these dashboard measures is monitored by Agency Performance Team staff, who use this information in monthly performance check ins. If necessary, corrective action plans are developed and tracked. An agency might be placed on intake hold so that they have the space to make program improvements. Performance Dashboard reports have been used during the Stakeholder PIP development meetings to identify problem areas for improvement and used in comparison with Round 3 CFSR findings.

Permanency Enhancement (PEP) Data produced by Chapin Hall and shared with university partners specifically interested in the disproportionality and disparity of children of color in the child welfare system. This data has been of specific interest to court personnel and is shared during Permanency Action Teams and Court Improvement teams. These teams are comprised of DCFS, POS, court personnel, as well as other stakeholders specific to different teams in each of the Regions.

AD Hoc report requests have now been automated through a DNET link. Some examples of ad hoc reports include office level caseload reports, regional level permanency reports and agency level child and family team meeting reports. Caseload reports are used weekly to determine projected hiring. Regional level permanency reports are used weekly to target assistance to

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agencies on submitting adoption and guardianship subsidy packets. Child and Family Team Meeting reports are used to determine which cases will receive case reviews.

In addition, to the above data sets, DCFS has multiple avenues for gathering performance data from its network of data systems which covers the life of a child and family's time with the Illinois child welfare system. A variety of data reports are accessible to staff via ICSW (SACWIS) system as well as CYCIS and other legacy systems to assist the field in managing their work towards improved outcomes.

Developing, validating, and improving access to data and the quality of the data has been a lengthy process. With the availability of the above data reports, scorecards and dashboards, the following questions are being integrated within the CQI statewide and regional collaborative team meetings for ongoing assessment of the Quality Assurance system and the CQI process effectiveness.

1. How do we use data to support decision-making?
2. What are examples of decisions that have been made based on the data?
3. How do we know that our improvements efforts are working?
4. What are examples of the improvements identified from the CQI process?
5. Have there been activities abandoned because the CQI process has shown that efforts and activities are not effective?

Continuous Quality Improvement

In FY 2018, DCFS, in collaboration with Purchase of Service Agencies (POS) and University Partners, launched a formal statewide Continuous Quality Improvement approach that includes both DCFS and POS agencies. Utilizing the five essential elements outlined in the ACYF-CN-IM-12-07 Informational memorandum, collaboration was formed starting with dedicated QA staff from DCFS, the CQI staff within POS, and two university partners. The work kicked-off with a commitment to building trust, relationships, and collaboration that led to establishing a framework, re-purposing existing meetings, getting the right people to the table, identifying and focusing on priority outcomes and the "right" data. Essential to the process has been the sharing of data, ideas, and improvement activities in a collaborative effort.

With changes in DCFS directors and executive leadership the CQI Collaboration took a hiatus during FY 2019 with the intention of *relaunching in FY 2020 charged with a focus of overseeing the CFSR Program Improvement Plan (PIP)*.

Staff and Provider Training – Items 27-28

Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff that has case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Areas to Address:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

Response: The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties regarding the services included in the Child and Family Services Plan (CFSP) and State law.

Licensure in the state requires transcripts from the University where the staff attended, fingerprints and background checks, Child Endangerment Risk Assessment Protocol (CERAP) training and exam, Child Welfare Licensure exam (CWEL), Child Adolescent Needs exam (CANS) and the Specialty exam for the area of practice. Staff who are not CWEL licensed must complete the nine units of the Illinois Child Welfare Fundamentals Course and pass the quizzes with an 80%.

Foundation training is a competency-based training course that provides new career entrants and staff transferring from other job classifications foundational training necessary to begin their work in a specialty, whether Placement/Permanency Specialist, Intact Specialist, Child Protection Specialist, Adoption Specialist or State Register Specialist. Courses build upon information learned in the prerequisite Illinois Child Welfare Fundamentals Course. All Foundations Specialist curricula are hybrid courses, including web based facilitator led, self-paced online, classroom and on-the-job training.

New hires and transfer staff complete training in a timely manner as they cannot carry a caseload until they are certified in that specialty. Supervisors are diligent about referring staff to the required training and Office of Learning and Professional Development (OLPD) delivers the scheduled and requested add on Foundations courses as needed.

Foundations trainings for intact and permanency are offered every six weeks at the Springfield and Chicago training centers. To better meet the needs of the field, OLPD can hire trainers outside of Springfield and Chicago headquarters to increase the number of Foundations trainings. This occurred in both 2018 and 2019 with trainings for permanency and intact in the Southern region.

Foundations trainings for investigations are also offered every six weeks in Springfield and Chicago training centers. To better meet the needs of the field, OLPD also provides training in Northern region at the Aurora field office based on the hiring pattern. By legislative mandate, Foundations for investigations includes a week in the Simulation Labs.

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Foundations for the State Central Register (Hotline) staff is offered in Springfield at their employment site. Foundations for Adoption staff is offered in at their employment site and is conducted by field administrators in partnership with OLPD as hiring for this population is infrequent based on the number of statewide position and low attrition rates. The frequency of course offerings for SCR and Adoptions staff is negotiated with the DCFS Office of Employee Services (OES) based on hiring patterns.

Areas for Improvement:

The systems that OLPD has used in the past to evaluate trainings has needed improvement to address the effectiveness of the training that has been delivered. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. Over the next fiscal year consultation will be sought to assist us in the development of new methods to better quantify how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties. In the meantime, OLPD will implement post-learning surveys for Foundations at the three, six, nine and one-year intervals to get staff and supervisor's perspectives on how well pre-service has prepared them to do their jobs and will use a mixed methodology to gain further insight through individual interviews and focus groups.

Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also includes direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Response: The state is operating a staff development and training program that provides ongoing training to address the skills and knowledge that are needed to carry out duties regarding the services included in the Child and Family Services Plan (CFSP) and State law. As reported in past years' APSR, the list of available trainings for continuing education for staff is extensive, with additional trainings added every year, and the Office of Learning and Professional Development is continuously improving the quality of the training programs.

Much of coming year(s) will be focused on the Illinois Core Practice Model which is comprised three parts: Family-centered, Trauma-Informed, Strength-based (FTS) Practice; Model of Supervisory Practice (MoSP); and the Child and Family Team Model (CFTM). The Field Implementation Support Program (FISP) supports the Department's efforts to train and coach the components of the Core Practice Model.

- The Model of Supervisory Practice consists of four classroom based modules. Each module is two days in length and occurs one module per month. In the weeks in between modules, FISP provides individual coaching on MoSP learning content to the module participants. The MoSP was signed into DCFS policy in January 2018. There are currently three offerings of the MoSP to meet the needs of new and veteran DCFS and private sector supervisors:
 1. MOSP Immersion – for all Immersion Site supervisors regardless of years in the supervisory role; full 2-days for 4-months (coaching mandatory)
 2. MOSP Traditional – for supervisors with 1 to 5 years of child welfare supervision in Illinois; full 2-days for 4-months (coaching mandatory)
 3. MOSP Bootcamp – for supervisors with 6 and more years of child welfare supervision in Illinois; truncated 4-days in one week (coaching optional)
- The Child and Family Team Meeting training and coaching was developed nationally by the Child Welfare Policy and Practice Group. FISP staff has been developed by the consulting group as trainers of this curriculum and as Master Coaches. Currently there are six Advanced Master Coaches in FISP with internal capacity to serve in the role as the consultants to coach and approve field and new FISP staff as facilitators, coaches, master coaches and to train additional advanced master coaches. FISP has been working with the consultants and regional staff to develop all permanency workers as approved facilitators and each permanency supervisor as a coach who can continue to develop newly hired staff.

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Staff in all 4 immersion sites have been trained in the CFTM and in October of 2018, Caritas (private child welfare agency) was added as an Immersion expansion site to test a different approach of embedding the practice in a singular agency that had multiple office locations in Southern Region. The effectiveness of this approach is being monitored by DCFS Quality Enhancement and Chapin Hall.

Additional OLPD activities:

- Revisions are now being made to the foster/adoptive PRIDE in-service curricula.
- With a focus on customer responsiveness, a series of “How-to” short, on-demand videos will be created on topics related to filling out various forms and frequently asked questions on navigation of software products such as SACWIS and the DCFS I Phones.
- In addition to the Core Practice Model, FISP also facilitates twice monthly Trauma 201: Case Management Practice for Complex Trauma.
- All DCFS staff continue to complete annual mandatory training on Ethics and Sexual Harassment.

Areas for Improvement:

The in-service curriculum for direct service staff is being revised to address best practices serving LGBTQ youth and families. It has been reviewed by members of the LGBTQ Round Table and its implementation is being planned with the Clinical Division and the LGBTQ expert that was hired under the UIUC contract for the Clinical Division to provide consultation; the expert will also provide a training of trainers (TOT). This process will combine recommendations from a recent audit launching by the second quarter of FY20.

The OLPD, in partnership with the Clinical LGBTQI Program and Human Rights Campaign (All Children All Families), launched an online training series for staff in June 2019. The three 90-minute webinars, created by the Human Rights Campaign, address LGBTQ-affirming interactions and interventions with child welfare-involved families. A caregiver webinar was added in August 2019. Representatives from the Human Rights Campaign, DCFS, and the LGBTQ Roundtable will continue to meet monthly to develop a sustainable, LGBTQI-affirming training practice for DCFS and private agency partners.

The systems that OLPD has used in the past to evaluate trainings has need for improvement to address the effectiveness of the training that has been delivered. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. Over the next fiscal year consultation will be sought to assist us in the development of new methods to better quantify how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties. In the meantime, OLPD will implement post-learning surveys for Foundations at the three, six, nine and one-year intervals to get staff and supervisor’s perspectives on how well pre-service has prepared them to do their jobs and will use a mixed methodology to gain further insight through individual interviews and focus groups.

Item 28: Foster and Adoptive Caregiver Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide 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?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Response: The state is operating a training system that ensures training is occurring statewide that addresses the skills and knowledge needed to carry out the duties of caregivers for children and youth.

The revamping of the Pre-licensure training curriculum to include policy updates and current evidenced-based parenting information for both online and in classroom Pre-licensure training has begun. The process will include a collaborated effort from focus groups made up of child welfare professionals and paraprofessionals located throughout the regions.

A process was developed for the Statewide Foster Parent Advisory Council to receive notification of and access to review draft curricula. This will allow Council members to provide feedback and suggestions, prior to implementation of new foster and adoptive parent training. The will be launched during the first quarter of FY20. The overall evaluation of training completed by the participants to assist with trainer development and the assessment of the training content will remain in place.

DCFS has been selected to participate in the National Foster and Adoptive Parent training collaboration to pilot training developed that will be presented as a national model for states and jurisdictions. This is Year One of the five-year pilot. OLPD is now working with staff in Operations and Licensing to define the test and control populations.

The in-service curriculum for foster and adoptive caregivers is being revised to address LGBTQ issues. This has been reviewed by members of the LGBTQ Round Table and its implementation is being planned with the Clinical Division and the LGBTQ expert that was hired under the UIUC contract for the Clinical Division to provide consultation and the training of trainers (TOT). This process will combine recommendations from a recent audit to be launched by the second quarter of FY20.

Areas for Improvement:

The systems that OLPD has used in the past to evaluate trainings has need for improvement to address the effectiveness of the training that has been delivered. Improvement is needed in this area and is included in Addendum A to this CFSP, the Training Plan, as an area of focus for programmatic infrastructure. Over the next fiscal year consultation will be sought to assist us in

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the development of new methods to better quantify how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties. In the meantime, OLPD will implement post-learning surveys for Foundations at the three, six, nine and one-year intervals to get staff and supervisor's perspectives on how well pre-service has prepared them to do their jobs and will use a mixed methodology to gain further insight through individual interviews and focus groups.

Service Array and Resource Development – Items 29 and 30

Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.
- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

Response: Service needs in Illinois child welfare are often initially assessed by an investigator who first encounters the family. Then, when an investigation is transferred to an intact or permanency caseworker, the investigator will inform the new worker of their initial recommendations for services and if they have already referred the family, or individual members of the family, to a service that may have begun. This provides the caseworker with important information from which to begin their engagement with the family, and continued assessment of service needs.

In placement cases, licensed clinical professionals are utilized to complete the Integrated Assessment to help provide a thorough and inclusive assessment. Extensive interviews occur to allow the family to tell their story, offer information, and provide input into the needs of their family. Intact family caseworkers completed the Integrated Assessment in much the same manner. Integrated Assessments continue to be used as a primary tool to assess a family's strengths, needs and abilities, as well as to help form recommendations on needed service plan items to maintain the family or to bring children back home safely.

Illinois relies upon its Service Provider Identification and Exploration Resource (SPIDER) database which lists services including (but not limited to) Mental Health Counseling, Psychiatric Care, Substance Use, Domestic Violence, Parenting Support, Early Childhood Development, Mentoring, and positive Recreational activities. SPIDER has geocoded all agencies and programs to visually represent the concentration of services and services gaps in rural areas. Programs are also searchable by languages, ages served, payment types, and are regularly updated throughout the year to keep referral and waitlist information current.

The SPIDER database can be found at: <https://spider.dcf.illinois.gov/Search/SearchAgency>

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In addition to these community-provided services, Illinois has implemented a number of services that strive to fill gaps in services that exist geographically or therapeutically. Some of these programs are described below:

- Core Practice Model – Includes enhancement of Illinois' Child and Family Team Meeting structure, which provides for client-directed meetings and problem solving. This has been implemented in a number of sites and is being rolled out across the State over time.
- Therapeutic Foster Care – Provides effective treatment for high-needs youth, as it offers more intensive, yet flexible services to meet the needs of the youth and families.
- Wrap Programs – Have been piloted in areas across the state, and are specifically targeted to serve families that may benefit from intensive home-based programs, either intact or foster care.
- Transportation – Is a needed service, particularly in rural areas, so that all families and youth can access services in surrounding areas.

Continuing goals:

- Adding trauma-credentialed therapists and evidenced-based programs to SPIDER, along with other services that will provide more comprehensive service listings in all areas of Illinois.
- Add more parameters that users request, that align with Department priorities, and expand the usage of Google Analytics of SPIDER usage to understand what users are searching for in areas of Illinois
- Increasing marketing and Department support of SPIDER
- Continued expansion of Department initiatives such as the Core Practice Model, Therapeutic Foster Care, and Wrap Programs to provide more flexibility in services to meet the individual needs of children and families

Item 30: Individualizing Services

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

DCFS has continued to strive for improvement in insuring that the individualized needs of children and families are met whenever they encounter Illinois child welfare and a need for services. Not only does DCFS and its private agency partners employ bi-lingual employees whenever possible, but a 24-hour language line is also available when other languages are needed, and interpreters are hired via private contract when required.

DCFS's training website offers all child welfare staff and foster parents training, information and/or links to other websites on issues such as Working with Deaf and Hard-of-Hearing Individuals, information "tip sheets" on issues such as Cerebral Palsy, Autism, Epilepsy and Sickle Cell, as well as links to a teen parenting services network, and a Chicago community resource directory.

DCFS is also offering individualized services in the form of the Therapeutic Foster Care and Wrap Programs that were introduced in Item 29. Also introduced in the last item was the SPIDER database.

Since SPIDER's inception, there have been continued improvements made and currently search functions not only include searching by Distance, by Service Offered In-Home, and by Payment Types accepted, but also contains searches by languages: English, Spanish and Polish; and target population: Developmentally Disabled, Juvenile Offenders, LGBTQI, Physically Challenged/Medical Complex and Trauma Survivor, just to name a few.

SPIDER also includes other "Helpful Links" that offers the reader direct links to SAMHSA (Substance Abuse and Mental Health Services Administration) Treatment Locator, NowPow and Purple Binder, which are two online resources to search for needed services.

Agency Responsiveness to the Community – Item 31 and 32

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, 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, objectives, and annual updates of the CFSP?

Response: Illinois Department of Children and Family Services (IDCFS) advisory boards and councils continue to develop strategic partnerships with the people served, external stakeholders, community based organizations, academic partners and point of service community based agencies. There are 18 advisory work groups at DCFS that strive to address the needs of those served. The Department continues to work at actively listening and engaging children, youth and families and to collaborate with key internal and external stakeholders and community partners to improve outcomes for children, youth and families in Illinois. Advisory groups are a natural extension of the Department’s public-private partnership. Each group provides recommendations and action steps to the DCFS Director to improve the care and service provided to Illinois children and families, as well as care of those that serve families in crisis in communities statewide.

Advisory boards associated with Illinois child welfare fall within the following categories:

- *People We Serve:* Youth Advisory Board, PWP Birth Parent Council, Statewide Foster Care Advisory Board and Illinois Adoption Advisory Committee.
- *Community, Culture & Heritage:* African American Advisory Council, Asian American Advisory Council, Latino Advisory Council, Indian Child Welfare Advisory Council
- *Governance:* Institutional Review Board, Child Day Care Licensing Advisory Council, Child Welfare Employee Licensure Board
- *Promoting Family Well-Being:* Adoption Registry-Confidential Intermediary Advisory Council, Child Endangerment Risk Assessment Protocol, Child Welfare Advisory Council, Success by 25
- *Citizen Review Panels:* Children’s Justice Task Force; Child Death Review Teams; Illinois Children and Family Services Advisory Council; Statewide Citizen’s Committee on Abuse and Neglect

Below are two examples of work done by two of these groups. Further information on other groups is available in the DCFS Office of Strategic Planning.

Statewide Youth Advisory Board and Regional Youth Advisory Boards (SYAB/RYAB)

The Statewide Youth Advisory Board empowers, educates and advocates for youth in care. SYAB and RYAB advisory councils are the collective voice of youth placed primarily in congregate care at DCFS. The statewide youth advisory is representative of elected youth board members from various regions across Illinois. Each regional youth advisory board member works

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with SYAB and the Department to determine how best to provide services to current and former youth in care.

Statewide and regional youth advisory board (YAB) participation offer youth in care the opportunity to express concerns regarding living conditions, education, financial literacy, employment and any other topic of value to youth. In addition, youth can develop valuable life skills by participating in workshops held throughout the year. The Statewide Youth Advisory Board focused on four areas for improvement last year.

- Use of restraints in congregate care settings
- Sibling Visits
- Rights of fathers who are in care (Teen Parenting Initiative)
- Homelessness after transitioning out-of-care

Adults providing support to SYAB and RYAB help to ensure that youth are made aware of understand pending and existing legislation and legislation is supported by youth members. The main goal of these meetings is to inform the youth of their rights, educate them and empower them to become advocates for change.

Statewide Foster Care Advisory Council (SWFCAC)

The Statewide Foster Care Advisory Council utilizes the expertise of experienced foster-parents and foster care professionals to influence child welfare service delivery systems. The council was established to advise the Department of Children and Family Services on all matters involving or affecting the provision of foster care to abused, neglected or dependent children and their families. The Council worked to establish policy regarding the rights and responsibilities of foster parents as an essential part of the child welfare team. Combined meetings are periodically held with the Illinois Adoption Advisory Council to address issues of importance to both councils.

Response to the community over the past year includes but is not limited to:

- IDCFS Training Office - Provided recommendations on revisions to the curriculum, by developing suggestions for new training opportunities and updating advisory board members on available training and issues surrounding caregiver training.
- Respite Care – Proposed changes to policy and practice that resulted in consistency statewide.
- Statewide Youth Advisory Board – Reestablished a connection with youth and the Statewide Foster Care Advisory Council (SWFCAC) with SYAB members reporting at SWFCAC meetings.
- Improved training that is provided to adoptive parents and professionals working with post-adopt/guardianship youth
- Child and Family Service Plan and Program Improvement Plan – the council provided input on the steps needed to reach PIP goals.
- Ensured that each DCFS region and Purchase of Service (POS) agencies are complying with each the 15 rights and 17 responsibilities outlined in the Illinois Foster Parent Law.

Item 32: Coordination of CFSP Services with Other Federal Programs

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Response: DCFS works in partnership with both State and Federal Agencies and has a number of Intergovernmental Agreements (IGA's) with other State Agencies that allows us to coordinate our work, share information, and continually seek improved methods of providing the children of Illinois with safety, permanency and well-being. Agencies with which DCFS has ongoing IGA's include Healthcare and Family Services, Department of Human Services, Illinois State Board of Education, and the Illinois Department of Juvenile Justice. The Department has been consistent in its pursuit of meaningful and strategic engagement and relationship building with intergovernmental agencies, as well as other stakeholders, to advance policy, programs, services and initiatives that directly touch those we serve.

IDCFS partners with other State Agencies via numerous Intergovernmental Agreements (IGA's). IGA's have allowed the Department to coordinate work, share information, and continually seek improved methods of providing the children of Illinois with safety, permanency and well-being. The agencies with whom IDCFS has ongoing IGA's include, but is not limited to, the following:

1. IECMHC - Infant and Early Childhood Mental Health Consultation
2. HRSA - Health Resources and Services Administration
3. SAMHSA - Substance Abuse and Mental Health Administration
4. ACF - Administration for Children and Families
5. EDC – Education Development Center, Inc.
6. Georgetown University Center for Child and Human Development
7. Social Security Administration

In addition, IDCFS has developed agreements with the Department of Healthcare and Family Services, Department of Human Services, Illinois State Board of Education, and the Illinois Department of Juvenile Justice.

IDCFS partnered with SAMHSA, EDC, HRSA and ACF, to establish the Center of Excellence (CoE) for IECMHC in 2015. The CoE has supported Illinois and other states, tribal nations, and communities in the use of IECMHC. CoE supports youth and children's social emotional development, helps to understand and address challenging behavior to strengthen the capacity of staff, families, programs and systems to meet the relational needs of infants, toddlers and young children. A toolbox was created by leaders and experts in the field of early childhood development, mental health consultation to meet the needs of the field, and support infants, young children and their caregivers. The IECMHC toolbox has helped to bring about increased awareness in core content areas via more than 30 final products from PDF's. interactive products, and videos.

SSI/SSA - DCFS continues to serve as representative payee for youth's benefits and facilitates the social security number card process for verifying SSNs through SSA. The Department has been able to reimburse about \$19M in costs of care for youth in care. DCFS has also been working on a data exchange of system information with SSA consistent with legislative changes.

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DCFS has engaged, consulted and coordinated activities with stakeholders across the spectrum of child welfare to address issues of importance to children, youth and families and it will continue this effort to improve the lives of the people we serve.

Foster and Adoptive Parent Licensing, Recruitment, and Retention – Items 33-36

Item 33: Standards Applied Equally

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Response: The Department’s Office of Licensing continues to work toward insuring that standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B funds. The Child Care Act and respective Administrative Rules & Procedures provide in detail what is required to be issued (and to maintain) a child care facility license. Equal application of the standards is set up through established practices within our system that do not allow someone to be issued an initial license, or remain licensed when they do not maintain compliance with licensing rules. DCFS and POS Foster Home Licensing staff must hold a child welfare employee license and pass examinations on Rules 402 and the Child Care Act, before being activated to conduct foster home licensing responsibilities. In addition, POS and DCFS licensing staff have received specific training related to Foster Care Rules & Procedures 402 and 383, as well as newly developed trainings, described below.

Once a license is issued, it is valid for four years. Compliance during the licensing period is acquired through a standard requiring a minimum of semi-annual monitoring visits to the home. During the semi-annual home visit, each standard is evaluated for compliance, with state-issued forms that includes all standards. When a home has not maintained one or more standards, it is documented, with an agreed upon corrective plan to bring the home quickly back into full compliance. Data will continue to be collected each year regarding the numbers of licensing complaints and their outcomes

Newly adopted federal licensing standards address the need for best interest/expanded capacity waivers of licensing standards. The Illinois foster home licensing rule (Rule 402) already provides the authority to the Director to waive licensing standards when it is found to be in the best interest of a youth in care, and is not prohibited by law. Policy Guide 2018.10 was developed regarding licensing waivers and was issued on 7/10/18. Policy Guide 2018.10 provides procedural steps in how to request a waiver of a licensing standard, including the forms to be used and specific electronic mailbox in which to submit them. Data regarding waivers will continue to be gathered and reported each year.

Below is a current count of licensed foster homes in the State of Illinois, and the capacity of these homes for foster children, as of March 31, 2019:

	# Licensed Homes	Licensed Capacity
DCFS	1520	3320
POS	7052	18794
TOTAL	8572	22114

The Department continues to work towards developing rules, procedures, forms and policies to make further progress towards meeting the overall goal to provide consistent application of foster home licensing standards by all licensing staff across the state, while also providing needed

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supports to foster parents that increase the likelihood they will choose to remain a primary resource for youth-in-care. With this, following are the Office of Licensing's goals for FY2020:

- There have been changes in the Illinois Child Care Act that are currently reflected in policy guides but are waiting for adoption into licensing rules. This includes new "Quality of Care" language pertaining to applicants for foster home licensure who have had a previous license revoked, refused for renewal, or surrendered with cause. Those potential licensees must submit documentation showing that the past concern was not valid, or how these concerns have been satisfactorily addressed or remediated.
- A training curriculum is to be developed to better ensure the waiver process is followed. Currently, waiver requests are returned when all required information is not submitted. This causes delays in the waiver request being processed and a decision being made. The training is expected to reduce the number of returned waiver requests and make the process more efficient. This in turn builds trust within the foster parent community and benefits the best interest of youth-in-care.
- Development of a training curriculum regarding federal licensing standards and conformity with said standards.
- Development of a training curriculum to specifically address conformity with the "Quality of Care" language in the Child Care Act.
- Continue offering Licensing training that covers Rules, Procedures and Policies, but that also provides an emphasis on how to build a more empathetic, trusting and supportive relationship with potential licensees, as well as licensed foster parents undergoing an investigation of licensing violations.

These current and proposed training curriculums and initiatives are expected to improve the quality and consistency the information given to licensed foster parents and aid in their understanding and implementation of licensing standards. The goal is to increase credibility and trust of licensing staff with foster parents. This in turn is expected to result in better communication and improved relationships between foster home licensing staff and the foster parents they serve.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that 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?

Response: DCFS's Office of Licensing is required to provide background checks for all household members of a licensed foster home when they are ages 13 and older. Household members who are ages 13-17 years old are required to have a background check that includes the sex offender registry and history as a perpetrator of child abuse and/or neglect. Adult household members, age 18 and over are required to have fingerprint checks through Illinois State Police and the FBI.

Licensing has an electronic system that does not allow for a license to be issued, until all background checks for all household members are complete and cleared.

Licensing has had numerous internal and external audits related to the process used by the background checks unit, with no findings a foster home was licensed before background clearances were received and data entered into the system.

There were recommendations from these audits to provide additional information in the required authorization form. The authorization form for foster care has been revised to include a Privacy Act Statement; notification that fingerprints will be submitted to FBI, and for what purpose; how to obtain a copy of the criminal history record; how a person can change, correct, or update their criminal history record. This information is being added to protect rights of applicants for foster home licensure who are denied based on criminal background checks.

Licensing currently has procedures in place to protect those denied licensure due to criminal background checks. This process requires applicants receive formal notices to inform them of the agency's recommendation to deny licensure based on background checks, and provides them with an opportunity for a review of the decision by the Central Office of Licensing Background Review Panel. The Background Review Panel reviews all background materials and a decision is made to grant or deny the request. When the decision is made by the Central Office of Licensing Background Review Panel, a second notice of decision is sent to the applicant. This notice provides the applicant with the opportunity to appeal to the Administrative Hearings Unit for a final administrative decision.

Goal 1: Rule 385 (Background Checks) has been opened for needed updates/revisions. The recommendations from audits shall be placed in Rule 385, as well as amending language to make the language clearer and more concise.

Goal 2: A curriculum specific to background checks process is to be developed, after the revisions are adopted into Rule 385.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

See Addendum D

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

Response: The Illinois Interstate Compact Office is the clearinghouse for referrals for Illinois youth in care when the state is seeking an out-of-state placement. There are many challenges that are faced when cross jurisdictional placements are being sought. To provide clarification of the process, Procedures 328 were revised and these updated procedures were released in January 2019. Procedures provide clear and concise instruction to Illinois workers regarding the necessary Compact-required documents that are needed to make an interstate compact referral.

The Interstate Compact Office has implemented the use of a dedicated mailbox for outgoing referrals. This mailbox may be used by all DCFS and POS workers to electronically submit the referral for review to the Interstate Compact Office. There have frequently been issues with the submission of complete ICPC (Interstate Compact on Placement of Children) referral packets. Illinois staff communicate via State of Illinois email when there is missing or partial packets sent, asking for the additional documents to be provided to comprise a complete ICPC packet. Timeframes are provided to the worker and direct supervisor to gather and submit the missing documents. If the documents are received within the requested timeframe, the packet will continue to be reviewed. If it is not, then the incomplete referral is closed with the directive that when the additional documentation is gained, that a new referral should be made to the Interstate Compact Office. Incomplete referrals that do not meet the federal standard of required documents cannot be sent to the receiving state for their consideration as this will facilitate a denial or a delay in the ICPC process.

To eliminate or reduce the ongoing issue of incomplete interstate referral packets, the Interstate Compact Office has devised a checklist that lists all the necessary documents and this checklist has been disseminated to the field via Permanency chain of management as well as by request. Interstate Compact Coordinators provide one-on-one consultation to both field staff and their respective supervisors regarding the necessary documents for a complete Interstate Compact referral. Coordinators have provided both in-person and phone conference training to DCFS and POS staff regarding the process of interstate compact cases to include the referral process and other components of the regulations under the Interstate Compact on Placement of Children.

National Electronic Interstate Compact Enterprise or NEICE has been implemented in 29 states. Illinois was the 8th state to go live in this electronic transfer system that allows for secured electronic submission of interstate compact referrals. If Illinois is sending a referral to a NEICE participating state, the referral may be uploaded to the system with all communication being sent to the receiving state. There is no commitment for all states to participate in NEICE; however, Family First Federal Legislation has federally mandated that by 2028 all states have an electronic means to transmit interstate compact referrals. The NEICE system, again, is not utilized by all

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states; therefore, Illinois has maintained the Access data base as a central point where all referrals are data entered. An electronic sync of data elements from Access to NEICE and from NEICE to Access occurs daily, eliminating the need for double entry into two systems. The Access data base can provide information on the completion of referrals per the compact requirements. Currently NEICE is unable to provide the same level of data. Additionally, it incorporates into the reports all types of referrals, both public and private, which is not beneficial when reviewing specifically child welfare related data.

Illinois also participates on many AAICPC (Association of Administrators of the Interstate Compact on Placement of Children) committees that work to facilitate changes. One such committee is reviewing the formulation of a complete training document regarding general ICPC rules and regulations. This document would be germane for all states to utilize for their field staff up to their court partners.

Data can be gained from the Access data base to show rates of completion of home study requests. It needs to be understood that there is a safe and timely report for all referral types (relative/foster and licensure). However, even with the presence of a safe and timely report, a child cannot necessarily be placed. Most states do not provide provisional or conditional approvals for placement with simply the safe and timely requirement being met. Foster care licensing requests for resources in receiving states follow roughly the same timeframe (4-6 months on average) as Illinois provides. Once a referral is sent to the receiving state it is incumbent on that state to follow the safe and timely standards per the compact. It further needs to be stated that there are many reasons for the delay of completion once the receiving state has the request. Examples of such include, personnel shortages in ICPC offices, delays by field staff once the ICPC referral has been assigned to their field staff for completion, delays of background clearances (LEADS/CANTS/Adam Walsh requirements), unresponsive placement resources, or missing or incomplete documentation from the sending state. Illinois does contact receiving states regarding referrals that are not completed within the safe and timely timeframes and ask for barriers to completion of the referral. Illinois has found that communication with other ICPC offices throughout the country is paramount to resolving barriers.

*See data reported in The Final Report. The ICPC office is aware of needed improvements, and the following plans have been made:

- 1) Continue to utilize the "Safe and Timely" ticklers for NEICE cases to track home studies that are approaching the 60-day due date, as well as contacting other states ICPC offices to inquire about pending home study requests
- 2) Utilize the access data base system to send a list of pending home study request and the days remaining for completion, bi monthly to agencies that are contracted with DCFS in an attempt to increase compliance with safe and timely home studies.

Chapter 3 – Plan for Improvement

Introduction to Illinois PIP

The Illinois Department of Family and Children’s Services is the state department that administers Child Welfare Services. Illinois DCFS plans, directs and coordinates statewide child welfare programs delivered by Department staff and Purchase of Service (POS) agencies statewide. There are 101 POS agencies who provide case management services for 80%+ foster care cases and 90%+ Intact (in-home) cases.

During the week of May 14 through 18, 2018, Illinois participated in a Federally-led Child and Family Services Review (CFSR). Per requirements of the CFSR, three state sites were chosen which included Chicago/Cook County as the largest metropolitan area in the state, the mid-sized site was the City of Peoria and Peoria County, and the Southern state site chosen was comprised of the city of Marion that included Jefferson and Williamson counties. Sixty-five child welfare served cases were reviewed with a breakdown of 40 foster care and 25 in-home cases comprising the review sample.

The results of the Onsite Review determined that Illinois did not pass any of the outcomes or associated items. These include the following outcomes: Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2, and Well-Being Outcome 3. Five of the seven Systemic Factors were identified as needing improvement. The Statewide Information System and Agency Responsiveness to the Community were found to be in substantial conformity

The federal reviewers presented their formal CFSR findings at an Exit Conference on November 14-15, 2018. Invited to the Exit Conference were leadership from DCFS and private agencies, front line workers and supervisors, judges, attorneys for the child, attorneys for the parent, CASA advocates, community providers, university partners, youth in care, birth parents and foster parents. Beginning at the conference and continuing in multiple subsequent meetings, DCFS engaged in conversations with stakeholders to identify the root causes driving performance and potential strategies to impact practice. In November and December 2018, Illinois met specifically related to identifying roots causes where the courts and agency intersect. In preparation for a facilitated process, related to PIP development by the Capacity Building Center for Courts, conference calls were held and CIP, DCFS, members of the judiciary, parent attorneys, prosecutors and GALs were invited to participate. During those calls and the subsequent workshop, participants discussed root cause and formulated strategies. Lastly, multiple stakeholder groups have convened in the past six months, including Youth Advisory and Foster Parent Advisory members to provide input.

As a result of the CFSR findings, qualitative data from stakeholder conversations, ILDCFS QA data (qualitative and quantitative) prior to the federal review and continuing afterwards, the IDCFS has identified themes in the child welfare practice:

- Completing quality safety assessments and identifying appropriate individualized safety-related monitoring and service must be a focus and basic to DCFS practice at all levels and for all those coming into contact with DCFS.
- DCFS and the courts struggle, as a system, to effectively engage parents and youth early, often, and continuing throughout the life of a case.

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- Appropriate services that meet the needs of children and families are difficult to find or are limited in availability.
- Children linger in care and do not achieve permanency in a timely manner.
- Recruiting, developing, and retaining a front-line workforce is an ongoing challenge.
- A robust and iterative Quality Assurance/CQI process that utilizes data to improve practice is needed for improving practice and outcomes.

Based on the above identified themes, Illinois has identified the following processes intended to positively effect outcomes for children and families who come in contact with the Illinois Child Welfare system:

- Institutionalization and integration of a Core Practice Model, strengthening engagement, and strong focus on quality casework and basic child welfare principles, rather than a compliance driven culture. Through the Child and Family Team Meetings (CFTMs), which is a core component of the CPM, engagement will begin early in the work with families and children, and continue throughout the case.
- Creating a sense of urgency with DCFS, Purchase of Service Agencies (POS), Providers, Legal and Courts in order to improve time to permanency.
- Embracing and embedding a Model of Supervisory Practice within the workforce to enhance supervision and support to caseworkers to create a healthy, stable workforce.
- Installing a CQI system that has the capacity to gather, analyze and share data, and monitor implementation of action plans so that practice is improved.

DCFS understands collaboration is key to improving outcomes for children and families. Therefore, collaboration on PIP development continues to occur with such entities as the Administrative Office of Illinois Courts, other state and local human service agencies, community-based Family Advocacy Centers, and the promising improvements related to the Family First Prevention Service Act.

A Core Practice Model (CPM) was identified as a promising basis for practice improvement. The expectation of successful implementation of a CPM is: improved caseworker capacity to engage with families, increased family-led practice, increased timely permanency, and improved supervisor capacity to support workers. Illinois's Core Practice Model and the federal Child and Family Service Outcomes provide the context for casework interventions by identifying strengths, and providing appropriate clinical interventions, social and emotional support, and concrete services aimed at meeting the child, youth, and family's needs.

CPM utilizes a combination of classroom training, simulation labs, and follow-up mentoring, to practice and reinforce learning and new behaviors. The Core Practice Model is made up of three practice components:

- Training and coaching of casework staff on a Family-centered Trauma-informed Strength-based (FTS) model of practice. FTS has been fully integrated into the DCFS Foundation Training required for new DCFS and POS staff.
- Child and Family Team meeting (CFTM) is a directed model aimed at properly preparing staff and supervisors in facilitation of family and youth focused discussion and actions. Child and Family Team Meetings encourage the development of effective working relationships with the child, youth, and family by bringing them in as full partners in case planning, goal setting, and outcome achievement. By participating in the CFTM, the child,

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youth, family and the professional team members involved, have shared ownership in identifying family strengths, unmet needs, and the formal or informal supports that will address those needs to ensure safety and well-being, and facilitate permanency.

- A Model of Supervisory Practice (MoSP) that develops supervisors to support casework staff and embed the CPM. Supervisors play a pivotal leadership role in ensuring safety, permanency and well-being for children and families involved in the child welfare system. By providing guidance and support to casework staff, they are responsible for ensuring effective service delivery, and are accountable for achieving the desired outcomes for children and families in consideration of the child's sense of time.

In addition, DCFS will continue to make private agency contract adjustments to support agencies' ability to implement the CPM that include:

- Lowering the supervisor-to-worker ratio.
- Funding staffing lines to support training and permanency.
- Establishing flexible funds in each region.
- Increasing placement stabilization services in the regions.

Illinois Child Welfare has struggled as it has dealt with the impact of a state budget crisis, administration changes and workforce challenges. With the support of agency and state leadership, and an increased budget, DCFS is poised to bring the changes needed to improve the priority needs of Safety and Permanency. By focusing on four primary areas that cross-cut to safety, permanency and well-being, it is anticipated that DCFS will strengthen into a system correctly balanced between compliance and quality, resulting in children and families receiving and benefitting from the right services at the right time of need.

1. Assessments and Services.
2. Early and Often Quality Engagement continuing throughout the life of a case.
3. Increasing, Stabilizing, and improving the Capacity of the Workforce.
4. Developing an Integrated and institutionalized Continuous Quality Improvement/Quality Assurance System.

Goals, Strategies/Interventions, and Key Activities

I. Assessments and Services

Current Performance

Safety Outcome 1 –Illinois scored well with 93% substantially achieved.

Safety Statewide Indicators –

- Recurrence of Maltreatment - FY 17-18 Risk Standardized Performance (RSP) for Illinois shows a 16.0% compared to the National Performance of 9.5%.
- Maltreatment in Foster Care – FY 16-17 RSP for Illinois shows a rate of 16.40 compared to the National Performance rate of 9.67.

Safety Outcome 2- 51% with Foster Care scoring substantially higher than Intact (In-home) cases for this outcome.

- Foster care scored 70%.
- Intact (In-home) scored 20%.

Systemic Factors

- Service Array and Resource Development Systemic Items 29 and 30 were not found to be in substantial conformity based on Statewide Assessment and stakeholder interviews.

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- Foster and Adoptive Parent Licensing, Recruitment and Retention items 35 and 36 were not found to be in substantial conformity based on Statewide Assessment and stakeholder interviews.

CFSR findings, along with DCFS administrative data and qualitative case review, show poor performance in intact cases as compared to foster care cases. Beginning in 2012, DCFS privatized intact cases and established eligibility criteria that shifted the population receiving Intact without fully broadening or intensifying service array or resources. In 2016, monitoring and oversight was conducted at the regional and local level. While this helped to facilitate communication between DCFS and the provider, the disruption in a clear line of accountability inhibited checks and balances in the referral and case closure processes.

Safety is a priority at any time there is family and/or youth contact with DCFS. DCFS scored well on Safety Outcome 1 regarding timely investigations, the analysis of the data show that Child Protection Investigators meet the required 24-hour mandate for seeing children 99% of the time. In Illinois, per policy, Good Faith Attempts (GFA) count towards meeting the mandate. Timeliness in attempting to see children face to face, every 24 hours after a GFA, is an area for improvement and resulted in the 93% CFSR rating for this item. The Directors "Safety First" message is a strategy to more accurately and effectively use the formal safety assessment as a timely means for ensuring safety.

DCFS and POS use both formal and informal assessment in safety decisions and planning. The Child Endangerment Risk Assessment Protocol (CERAP) is the formal assessment tool for decision-making, safety planning and monitoring and is used across the System in child protection investigations, intact cases and foster care. Through data analysis and qualitative case review findings, there have been growing concerns about the accurate use of the tool, workers understanding of safety vs risk, and the use of safety plans and the monitoring of those plans.

Safety is also front and center for the youngest and most vulnerable population; babies age birth to three years. Focusing on this age group became a strategy known as Birth to Three. (not to be confused with the Birth to Three Waiver) Reducing recurrence of maltreatment through intentional worker activities is meant to produce, not just technical improvements, but adaptive change in worker and supervisor for understanding services as a means for behavior change to enhance safety.

Supporting the focus on this age group is data in Table 1 that shows the percentage of recurrence of maltreatment. The birth to three population shows slightly higher percentage than that of the age 4 to 18 group. While the difference in percentage is small the amount of recurrence for this population, unable to protect themselves, is unacceptable.

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Table 1

Recurrence of Maltreatment				
		FY 2017		FY 2018
	0 to 3	14.5%		14.5%
	4 to 7	13.8%		13.1%
	8 to 10	12.5%		13.6%
	11 to 13	10.6%		11.4%
	14 and up	8.3%		8.8%

Table 2

Maltreatment in Care				
		FY 2018		FY 2019
	0 to 3	6.7		8.3
	4 to 7	10.7		15.4
	8 to 10	9.4		14.5
	11 to 13	9.8		16.4
	14 and up	10.2		12.8

Maltreatment in foster care is a safety concern and area for improvement. Table 2 shows an unacceptable increase in all age groups between FY 2018 and 2019. DCFS has engaged the University of Illinois Child and Family Research Center to update a 2015 study that identified variables related to maltreatment in care. Based on the 2015 study, cases with no caseworker contact within the last 60 days, and children placed in unlicensed home of relatives were most strongly related to maltreatment in care. DCFS realizes that without a full understanding of what is contributing to the increasing maltreatment in care, strategies will likely not be effective. This is the case, in that previous technical efforts of better training for child protection, revising the policy, and addressing errors in data entry of incidents, has not resulted in improvement. It is likely that a more adaptive focus to impact the use of foster care as a service in providing quality service to children is needed. An aggressive monitoring plan will be needed to improve practice around the variables most closely related to maltreatment in care.

Illinois has identified that availability and accessibility of services for children and families is not consistent across the State. Wait lists for mental health services, lack of service accessibility and availability are challenging and impact safety, timely achievement of permanency, and well-being needs. Services are often not accessed in a timely manner. A tool available to DCFS and POS is the Service Provider Identification & Exploration Resource (SPIDER). SPIDER is a database that lists services available for children and family throughout the state and is being underutilized due to insufficient maintenance. To address the maintenance issue, DCFS is identifying

additional staff to maintain and actively update the resources available throughout the state. Enhancements will also be made to facilitate searches, identify Evidence-Based resources, and utilize the services found in the database.

Intact cases, are at times closed, with unsatisfactory progress by the family. Because intact services are considered voluntary services, there are instances when cases are closed with unsatisfactory progress towards the service plan goals and objectives, which could leave children in homes with potential threats. There is differing practice as to when to refer a case for screening for court oversight. Recently, the Governor requested that Chapin Hall perform an analysis and make recommendations to reduce the challenges facing the Intact Family Services Program. According to the report, one of the most important cultural issues is the reluctance to elevate cases in which removals may be appropriate. This may be, in part, due to the pervasive expectations that caseworker concerns will not be heard or considered. In addition, there is inconsistency throughout the state related to court oversight of intact cases. In some counties, the court may monitor a large number of intact cases, using orders of protective supervision (705 ILCS 405/2-24) or continuance under supervision (705 ILCS 405/2-20(5)) and in others, there is little or no use of these tools.

THEORY OF CHANGE

Problem:

Children and families who come to the attention of the Illinois Child Welfare System experience an unacceptable rate of recurrence of maltreatment and maltreatment in care that has been increasing over time.

Root Causes:

- Child welfare staff struggle in appropriately assessing safety and risk, and making safety plans accordingly.
- Currently there is a disconnect in worker understanding between safety and risk.
- Culture of compliance and checking the box, rather than using assessment tools to understand the underlying cause(s) for the family to come to the attention of DCFS. For example, forms such as the CERAP tool are used as a means of compliance, rather than tools to guide quality assessments.
- Families in some areas of the state have not had consistent access to the kinds of supportive family and community-based programs and services that are most likely to help them protect their children from harm. In some communities, these services and programs need to be developed or expanded.
- Inconsistency and reluctance to bring intact cases to the attention of the judges and State Attorneys where court oversight may be appropriate, due to differing beliefs and practices among jurisdictions.

Goal #1: Children and families will have reduced incidents of maltreatment in care; reduction in recurrence of maltreatment through accurate use of valid and reliable safety assessment tool, access to appropriate and timely services and court oversight when appropriate.

Target Population: Children statewide, age birth to 18, and their parents, legal caregivers, and families who come to the attention of the Illinois child welfare system or are identified earlier as at risk for maltreatment.

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Desired Long-Term Outcome: To ensure families and children have timely assessments that are adequately completed to identify safety and well-being needs and services are available and accessible to meet these needs.

AREAS OF FOCUS

Strategy 1.1: Ensure safety to children by building capacity and confidence of workers in the use of formal and informal safety assessments, throughout involvement with DCFS, that includes a primary focus on improving the accurate utilization and understanding of the CERAP, developing a safety plan when needed, and safety plan monitoring.

Illinois DCFS has identified that the Child Endangerment Risk Assessment Protocol (CERAP) is a powerful and important tool to guide workers in determining safety. To gain a better understanding of areas for improvement, qualitative case reviews focusing on Investigation and Intact cases, were implemented to identify safety concerns and practice issues. Case review findings identified the need to more fully develop worker skill level in assessing safety and risk, and their accurate use of the CERAP as a tool for guiding assessment, decision making, and developing and monitoring of safety plans. DCFS Office of Learning and Professional Development (OLPD) is training all DCFS and POS front-line case carrying staff and supervisors on the safety risk protocol (CERAP) to better support identification and planning around safety.

In delivering the training, OLPD has assessed that staff are not appropriately utilizing all components of the CERAP tool, leading to incomplete or inaccurate determinations. Pre-and Post-training assessments are being conducted to ensure that knowledge concepts are learned.

Strategy 1.1: Ensure safety to children by building capacity and confidence of workers in the use of formal and informal safety assessments, throughout involvement with DCFS, that includes a primary focus on improving the accurate utilization and understanding of the CERAP, developing a safety plan when needed, and safety plan monitoring.		
#	Key Activity	Projected Completion Date
1.1.1	Training of all front-line case carrying staff and supervisors for DCFS and POS. <ul style="list-style-type: none"> a. Announcement of mandatory Safety and CERAP training and registration completed by the office of Professional Development. b. Trainings for DCFS and POS that address safety vs risk, CERAP, and the culture of compliance (use of CERAP as a quality assessment rather than check the box) and worker safety. c. Pre-test and post-test of participants to ensure staff have gained knowledge and skills to complete safety assessments. d. Supervisors will support the learning through review of assessments for frequency and quality and coach for ongoing improvement as needs are identified. The MoSP training will support supervisors to coach and develop staff to make practice changes. 	December 31, 2019

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	e. Tracking of improvement completed through case reviews by Quality Enhancement as a means for validating training impact.	
1.1.2	<p>The Intact Case Review team will measure compliance vs quality improvement of practice through Intact safety and practice case reviews.</p> <ul style="list-style-type: none"> a. Intact cases for review are selected based on either/or a combination of multiple contacts with DCFS, birth to three or an agency/team caseload that has generated multiple safety concerns. b. All notifications of safety or practice concern are noted and require a 24-hour response from the supervisor of the case. c. Standardized case review tool and data base are utilized to provide data reports on areas ranging from appropriate use of the CERAP, evidence of appropriate formal and informal assessment, and timely linkage of individualized and appropriate services, 	Beginning Oct 1, 2019 through Dec 31, 2019
1.1.3	<p>Ongoing case reviews are completed by Field Management and Quality Enhancement staff on pending investigations to assess CERAP completion, appropriate safety planning that mitigates safety concerns, and monitoring of safety plans.</p> <ul style="list-style-type: none"> a. Notifications of safety and practice concern in pending investigations are documented by the reviewer. b. Acute safety concerns are communicated to the supervisor for immediate follow up. c. Areas identified as a concern are tracked in a weekly log and require supervisory intervention and remediation. 	September 30, 2019

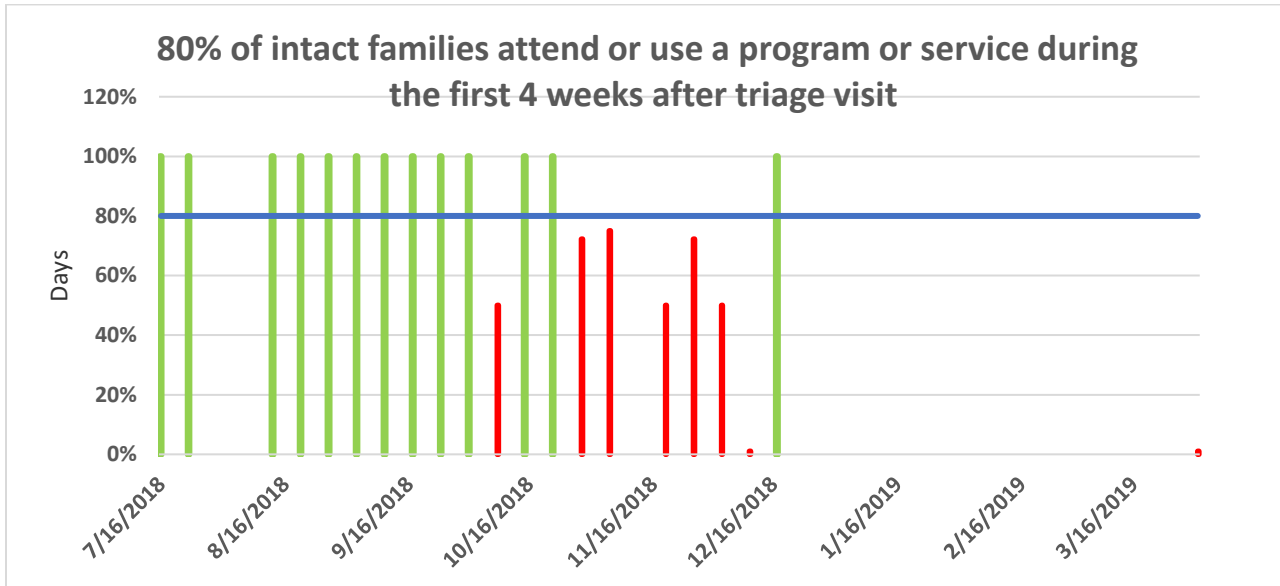
Strategy 1.2: Provide appropriate and timely assessment and connection to services through implementation of a Birth to Three program for assessment and improvement (not to be confused with the Birth to Three Waiver).

Children within the age group of birth to three years of age are considered the most vulnerable, at highest risk, and least able to protect themselves. DCFS, through a Birth to Three emphasis, will focus on identifying, providing and linking families to safety-related timely services through activities meant to assist workers and supervisors in promoting that services are not meant to just be completed as a definition of success, but rather services are a means of behavior change to improve safety and increase parent’s capacity for keeping their children safe. The Birth to Three work utilizes early and often engagement as a means for improved safety assessment, faster referral, and linkage to services. Investigators and workers work collaboratively and interface with the Dept. of Human Services to improve service linkage with those services specifically geared to this age group. Families with small children are better able to access early intervention and day care services. This has proven to be a promising practice in the Southern Region and Northern Region Deerfield site.

The Birth to Three CQI chart below gives an example of a targeted CQI activity aimed at improving Intact family attendance and use of a program or service during the first 4 weeks after a triage visit (otherwise known as a transition visit where the child protection investigator introduces the

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caseworker and/or DHS worker). In this example, the caseworker tracks how many intact families on their caseload did attend/engage in a service during the initial 4-week period. The green line shows success for 80% or greater of the caseworker’s caseload. The red line shows not meeting the goal for that period. This type of CQI activity can be aggregated at the team level, region level, POS agency level, and statewide level. After 12 weeks of consistently meeting the 80% or higher goal, it is believed the activity has now become part of practice and a new goal and activity is set.



As part of the DCFS Erikson Early Childhood Project, DCFS staff follow up with caseworkers to ensure that children birth to three in High Risk Intact cases are assessed for Early Intervention (EI) services and that referrals for EI or another screening resource are made. Data from FY18 showed that children were assessed and referrals were made to EI 35% of the time. Data from FY19 showed that children were assessed and referrals were made to EI 77% of the time, which represents a significant increase. In the FY20 program plan, the goal is to increase referrals to EI 100% of the time where a need is found through assessment or consultation with the case manager.

Strategy 1.2: Provide appropriate and timely assessment and connection to services through implementation of a Birth to Three program for assessment and improvement (not to be confused with the Birth to Three Waiver).			
#	Key Activity	Projected Date	Completion Date
1.2.1	Child Protection worker and Intact worker will do a joint initiation at the onset of an Intact case and complete the 600-3 form with the parent to sign up for DHS services.	Beginning July 1, 2019	and ongoing
1.2.2	Intact worker will send the 600-3 form to DHS to refer services for the family such as day care, and Early Intervention.	Beginning July 1, 2019	and ongoing
1.2.3	DCFS Erikson Early Childhood staff will follow up with caseworkers and High Risk Intact families that have children 0-3 years of age to ensure that children are referred to and receive services such as Early Intervention and day care services.	Ongoing	

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1.2.4	DCFS Erikson Early Childhood staff will hold weekly meetings with EI agency directors to follow up on the status of referrals and to address systemic issues impacting their work with families.	Ongoing
1.2.5	DCFS Agency Performance Team (APT) monitors will review agency specific Recurrence of Maltreatment data for children birth to three with their assigned agencies monthly.	Beginning January 1, 2020 and ongoing

Strategy 1.3: Enhance the current service array to ensure families and children have appropriate individualized services that are accessible to them.

To increase services available to families in Intact services or foster care, flexible funds were established throughout the state to purchase needed services. Flexible funds of \$400.00 became available to Intact and Placement families during FY 2019 and continue for use by DCFS and POS caseworkers. Flex funds allow caseworkers a measure of creativity in providing for those individualized needs not otherwise provided by traditional means. Services and purchased items include providing domestic violence services in which the specific individualized service was not available to the family, dental care not covered by the medical card, eye glasses, and specific counseling service are a few examples.

Illinois also maintains the Service Provider Identification & Exploration Resource (SPIDER) database to assist staff in locating available services in their region. Illinois will enhance utilization of the SPIDER database by adding staff to maintain accuracy of the providers listed in the database. Enhancements are also being made to identify services that are evidence-based and to facilitate easier navigation and utilization of services for caseworkers and supervisors.

Intensive Placement Stabilization (IPS) is a short-term placement stabilization program in Illinois that provides services to children in care. DCFS contracts with IPS providers throughout the state. IPS is expected to provide a mix of formal and informal supports to families to promote placement stability. Treatment plans should be flexible, individualized and tailored to the needs of the child and family. Typically, IPS can be accessed when there is the potential for disruption. Expanded IPS criteria in the Southern Region also include 1. Residential stepdown to a home-based setting, 2. Bridge services for new Specialized foster homes, 3. Pre/post reunification services and 4. Services identified in Child and Family Team Meetings. The expanded criteria for IPS services have been shared with staff in the Southern region. Implementation meetings are held to review and resolve barriers to utilization.

Family Advocacy Centers (FAC) provide services to parents that allow them to preserve and/or reunite their families. Core Services that all FACs offer to clients include advocacy, mentoring, parent support and training, general counseling, employment readiness training, family and youth development, and services for young adults (ages 18-21) including Financial Literacy Training. FAC Providers are expected to use evidence-based models of practice. All services provided by Family Advocacy Centers are free of charge. There are thirty-three Family Advocacy Centers (FACs) operated by twenty-two service providers located throughout the State of Illinois. The FAC focus is to serve a combination of families who have already been involved with DCFS and families who may not have been involved with DCFS, but who have children age 6 and under and may be at greater risk of abuse and neglect. In addition to traditional counseling, referrals and training services, the FAC's may also offer the following services: intensive mediation services, counseling for women and children who are victims of domestic violence, after school, summer and out-of-school programs, parent coaching, mentoring, classes in English and Spanish, execution of intervention strategies to support family reunification, and court-ordered supervised

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child visitation for non-custodial parents who are involved with DCFS and in the general community.

Family Advocacy Centers- Expansion into Alumni Services

On July 1, 2019 DCFS expanded the contract with its 32 Family Advocacy Centers to support Alumni of Illinois Foster care system with hard and soft services. DCFS developed a program plan amendment and introduced it allowing providers to provide hard services such as birth certificates, state ID's, School/Medical records, and soft services like connections to community based mental and behavioral supports. This expansion will help to ensure that youth have ongoing connection and support after their time in DCFS.

Foster Care as a service to families and children, rather than a placement, is a shift in mindset and one that DCFS is prepared to embrace. As a means for preparing foster and adoptive parents and Office of Learning and Professional Development staff, DCFS applied to and has been awarded and approved to enter a 5-year pilot with Children's Bureau. Illinois is currently beginning Year 2 of the 5-year pilot. The National Training and Development Curriculum for Foster/Adoptive Parents (NTDC) will develop and evaluate a state-of-the-art training program to prepare and provide ongoing skill development to foster and adoptive parents so that they can effectively parent children exposed to trauma and/or experienced loss. The NTDC training program will be designed for families who are fostering and/or adopting children through the public child welfare system as well as those adopting through an intercountry or private domestic process. Foster and adoptive families who participate in the NTDC training program are expected to achieve greater levels of competence in performing their caregiving roles for children who have experienced trauma, loss, or separation, with the ultimate goal of increasing placement stability and enhancing child well-being.

At the end of the grant period, states, counties, tribes, territories, and private agencies will have access to a free, comprehensive curriculum that has been thoroughly evaluated, which can be used to prepare, train, and develop foster and adoptive parents. The NTDC curriculum will be comprised of three components: a three-step self-assessment for foster and adoptive parents, dynamic and interactive classroom based training, and "right time" training where participants will be able to guide their own continual learning.

To set the groundwork in Illinois, an NTDC Site Infusion Team has been identified and will have their first meeting on September 10, 2019. The purpose of the Site Infusion Team is to ensure leadership capacity is developed for the duration of the initiative and to plan for sustainability of the initiative. The members of the Site Infusion Team are higher-level staff persons who have decision-making authority in their respective divisions/departments as well as those who will be responsible for the implementation of the curriculum. The final curriculum will be disseminated across the United States in 2022.

Reducing maltreatment in foster care is an area identified as needing improvement. Unlicensed relatives have been identified as a factor in increasing numbers of incidents. Utilizing NTDC to improve education and support in the licensing of relatives, as well as for foster and adoptive parents, is an initiative to reduce maltreatment in care.

DCFS monitors its Central Matching Unit wait list to obtain information on the types of placements and/or programming needed for youth with higher levels of care. DCFS has been reaching out to providers to develop those placement and programming needs. Some resources currently being developed and/or expanded are; a multi-agency collaboration to create recovery homes for

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women and children with a healthcare component, new placements/programming for victims of sex trafficking, enhanced clinical community support for youth discharging from psychiatric hospitals and additional foster homes.

1. DCFS has been redeveloping its Foster and Adoptive Parent Recruitment Plan. As part of the redevelopment, DCFS spoke with foster youth from across the state to get a better understanding of their needs and developed a survey for existing foster parents. DCFS will use information gathered from the surveys and interviews to target FP recruitment. DCFS plans to improve the foster parent application process on the website. DCFS will also improve its data collection system to track foster parent inquiries.
2. DCFS approved a proposal to create a mother child recovery home with a health care component in the Austin community of Chicago. The budget and program plan design were approved in July 2019 and a Notice of Funding Opportunity (NOFO) was posted in August 2019.
3. DCFS is developing placements and programming for victims of sex trafficking/commercial exploitation. DCFS is also reviewing a proposal to develop a training model for sex trafficking prevention. If approved, all congregate care programs will participate in this training program.
4. DCFS is expanding existing capacity to provide Enhanced Clinical Community Support (ECCS) to youth who are preparing to discharge from inpatient psychiatric treatment. The goals of the program are to reduce the number of youth who become psychiatrically hospitalized Beyond Medical Necessity (BMN), promote stabilization in a community based foster home setting, and reduce mental health crises resulting in hospitalization.

Strategy 1.3: Enhance the current service array to ensure families and children have appropriate individualized services that are accessible to them.		
#	Key Activity	Projected Completion Date
1.3.1	DCFS will collect survey results from youth and caregivers to inform ongoing FP recruitment efforts.	October 15, 2019
1.3.2	DCFS will finalize revisions on the Foster Parent inquiry form to update the process and improve data collection from the form.	September 30, 2019
1.3.3	DCFS IT will modify the Foster Parent inquiry portion of the website, making the foster parent application process more mobile friendly.	December 31, 2019
1.3.4	DCFS will make an award decision for the mother child recovery home.	September 30, 2019
1.3.5	The mother child recovery home will begin taking clients.	December 15, 2019
1.3.6	DCFS will finalize program plan requirements and budget to create placements and programming for sex trafficking victims. Once approved, DCFS will issue a Notice of Funding Opportunity.	November 1, 2019
1.3.7	DCFS will make a determination regarding the program plan design and the budget to create a training model on sex trafficking prevention. If approved, DCFS will begin implementation of the training model with all congregate care providers in the state.	March 1, 2020
1.3.8	DCFS will work with the existing provider to finalize the revised budget and program plan to increase Enhanced Clinical Community Support services to serve up to 150 youth in or stepping down from psychiatric hospitals.	October 1, 2019

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1.3.9	<p>Ensure that all staff understand the process for accessing flex funds of \$400.00 per intact family or child in placement through</p> <ul style="list-style-type: none"> a. Quarterly Provider meeting with POS will discuss both the accessibility and updates on utilization. b. DCFS Operation quarterly meetings will discuss both the accessibility and updates on utilization. 	July 1, 2019 and ongoing
1.3.10	<p>Monitor the use of the SPIDER data base Service Provider Identification & Exploration Resource (SPIDER) application, ensuring that all staff understand how to use it and make improvements based on user feedback.</p> <ul style="list-style-type: none"> a. Office of Information technology will provide the contract unit with a monthly utilization report. b. Demonstrations will be provided during manager supervisor meetings, provider meeting, CQI meetings, and team meetings with the Quality Enhancement unit providing oversight. c. A feedback form/survey will be incorporated into the SPIDER database as a means for the user to identify service needs and identify improvement to the data base. 	October 2019 and ongoing
1.3.11	<p>Expand the use of Intensive Placement Stabilization services throughout the regions to provide in-home support for more types of families such as 1. Residential step down into a home setting, 2. Bridge services for new Specialized Foster Care placements, 3. Pre-and post-reunification support and, 4. Services identified in Child and Family Team Meetings.</p> <ul style="list-style-type: none"> a. Track cases referred to IPS under the expanded service criteria. b. Meet quarterly with providers to discuss utilization of IPS for the expanded service criteria and determine if there are barriers to referring cases. c. Messaging of the available service will begin in DNET communications and in person meetings at all levels. 	July 1, 2019 and ongoing
1.3.12	<p>Family Advocacy Centers expand and include the development of “drop in” centers to provide support, more services to the community and as both a service and prevention resource.</p> <ul style="list-style-type: none"> a. Survey current intact service providers to understand service availability and gaps. b. Contracts will utilize an increased financial bump to FACs for adding drop in centers to youth who have aged out and are need of supportive service. 	July 1, 2019
1.3.13	<p>The National Training and Development Curriculum for Foster and Adoptive Parents (NTDC):</p> <ul style="list-style-type: none"> a. The Identified Pilot Sites: Northern Region and Cook Central (a small portion of Chicago needed to be used in the study)-both of these sites will receive the NTDC training b. The Identified Control Site: Central Region (this control site will continue to utilize the PRIDE Training, as well as complete a pre-and post-survey) 	2019 to 2022

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	<p>c. The Training for trainers is expected to start in February 2020 and all other pilot sites will be trained over a one year and half period starting in March 2020</p> <p>d. All the pilot sites will be evaluated prior to full implementation</p> <p>Site Infusion Team will be assembled and is responsible for oversight of the initiative and serves two purposes: to organize and prioritize the work that needs to be done to implement the curriculum and provide leaderships, guidance and consultation necessary once the curriculum is implemented.</p> <p>a. Site Infusion Team implemented.</p> <p>b. Northern Region stakeholder pilot site kick off (10-22-2019).</p> <p>e. Steps to be added with completion and implementation of curriculum (Nationwide in 2022).</p>	
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Strategy 1.4: Ensure continued safety in voluntary Intact services through improved criteria for case closure and improved criteria for orders of protective supervision and continuance under supervision.

The Court Improvement Programs' Child Protection Data Courts (CPDC) Project collects court performance measures in addition to case demographic information on *closed cases* in 10 counties across the state. Coders capture the status of the case when it came into the system, including Intact or removal. In addition, the reason for case closure is also coded, therefore indicating if a case remained Intact or if a removal occurred while the case was open. As stated above, some counties court-monitor Intact cases more often than others. For 2017, in the 10 CPDC project sites, the range of cases that came into the system as Intact was 0% in the lowest county, to 46% in the highest county. In 7 of the CPDC sites, between 19% and 46% of their caseloads came in as Intact where in 3 sites 12% or less of their case load consists of cases that came in as Intact. Clearly, the CPDC data shows variance between the counties in monitoring Intact cases. Currently, DCFS cannot capture which Intact cases are being court monitored. A survey will be conducted to collect data on which counties are currently monitoring Intact cases. Strategies will target those counties not currently using orders of protective supervision or continuance under supervision.

Strategy 1.4: Ensure continued safety in voluntary Intact services through improved criteria for case closure and improved criteria for orders of protective supervision and continuance under supervision.		
#	Key Activity	Projected Completion Date
1.4.1	Survey juvenile court judges concerning the use of orders of continuance under supervision, orders of protective supervision, and orders of protection to monitor Intact cases.	November 30, 2019
1.4.2	Analyze the results of the surveys to determine which counties are using orders of continuance under supervision, orders of protective supervision, and orders of protection to monitor Intact cases.	45 days after completion of the survey
1.4.3	Assemble a multidisciplinary team, including DCFS, CIP, assistant state's attorneys, judges, parent's attorneys, and public	45 days after completion of 1.4.2

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	defenders/GALs to analyze survey results and provide feedback about identified areas of concern, barriers, and strengths.	
1.4.4	Develop written guidance for judges, assistant state's attorneys, Intact case workers, parent's attorneys, and public defenders/GALs to encourage the use of orders of continuance under supervision, orders of protective supervision, and orders of protection as tools to effectively monitor intact cases.	90 days after 1.4.3
1.4.5	All Intact cases set for closure with unsatisfactory progress will be the subject of an approval staffing between the case management agency and the DCFS Intact Administration.	November 30, 2019
1.4.6	Implement a communication strategy, which includes a "training bulletin" and webinars, with key stakeholders on the recent procedural changes for Intact cases set to close with unsatisfactory progress.	December 31, 2019
1.4.7	Initiate a multidisciplinary training with State's attorneys, guardians <i>ad litem</i> , parent attorneys and services providers in those counties not currently using of orders of protective supervision or continuance of supervision in Intact cases. Trainers and facilitators will include court stakeholders who are not currently court monitoring Intact cases, therefore allowing participants the opportunity to ask questions, etc. to overcome initial reluctance to use rules of orders of protective supervision or continuance under supervision.	March 31, 2020
1.4.8	Conduct a follow-up survey with judges and other court stakeholders in targeted counties to determine if any adaptive changes have occurred and, if so, the consistency and frequency courts in the 10 CPDC counties are using orders of continuance under supervision, orders of protective supervision, and orders of protection as tools to monitor Intact cases.	September 30, 2020

II. Early and Often Quality Engagement

Current Performance

Permanency Outcome 1- 3% of Foster Care scored substantially achieved.

- Stability of foster care placement scored 75%.
- Permanency goal for child scored 25%.
- Achieving reunification, guardianship, adoption, or other planned permanent living arrangement scored 15%.
- Data profile for FFY 17 shows performance at 10.9% reaching permanency within 12 months of entry. The National Performance is 42.7%.
- Data profile for FFY 18 shows performance at 25.2% reaching permanency within 12 months for children in care between 12 and 23 months. The National Performance is 45.9%.
- Data profile for FFY 18 shows performance at 24.9% reaching permanency within 12 months for children in care beyond 24 months. The National Performance 31.8%.

Permanency Outcome 2- 63% of Foster Care scored substantially achieved.

Well Being Outcome 1- 28% of cases overall scored substantially achieved.

- Foster Care scored 35%.
- Intact cases scored 16%.

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Well Being Outcome 2- 83% of cases overall scored substantially achieved.

- Foster Care Scored 88%.
- Intact cases scored 57%.

Well Being Outcome 3- 56% of cases overall scored substantially achieved.

- Foster Care scored 65%.
- Intact cases scored 35%.
- Case Review System Items 20, 21, and 23 were not found to be in substantial conformity based on Statewide Assessment and stakeholder interviews.

Illinois Department of Children and Family Services identified that we struggle as a system to effectively engage parents, families and youth early and often in the life of a case. It is vital to engage with families and children early in the case to achieve timely permanency and ensure safety and well-being.

The need for a Core Practice Model as a means of applying best practice across the system, that utilizes an improved model for CFTM, is a course change and one to improve practice and outcomes.

Child and Family Team Meetings was a strategy in CFSR Round 2. The basic infrastructure to support the model was established, but full implementation did not occur because of several factors i.e. leadership changes, change in priorities, budget constraints and limited resources. DCFS Leadership has prioritized and allocated resources for full implementation for the new model of CFTM. The model is currently being assessed to determine the quality and level of implementation.

Closely aligned with CFTM is the family and youth service plan. Service plan documents have become bloated with repetition and technical language. An Illinois Technology Advancement Stakeholder Committee (ITASC) workgroup began the work of revising and streamlining the service plan. It became quickly apparent that the existing plan is written by the Agency from the Agency perspective. Moving the action of service plan development to directly include family will need to start with changing the perspective and language to bring family and youth voice into service planning.

The CPM and specifically the CFTM, targets Family Finding efforts as CFTM prep meetings are used to identify all relatives, including fathers and paternal relatives. Ongoing coaching of supervisors and quality assurance activities will reinforce the Family Finding practice expectation as a casework priority.

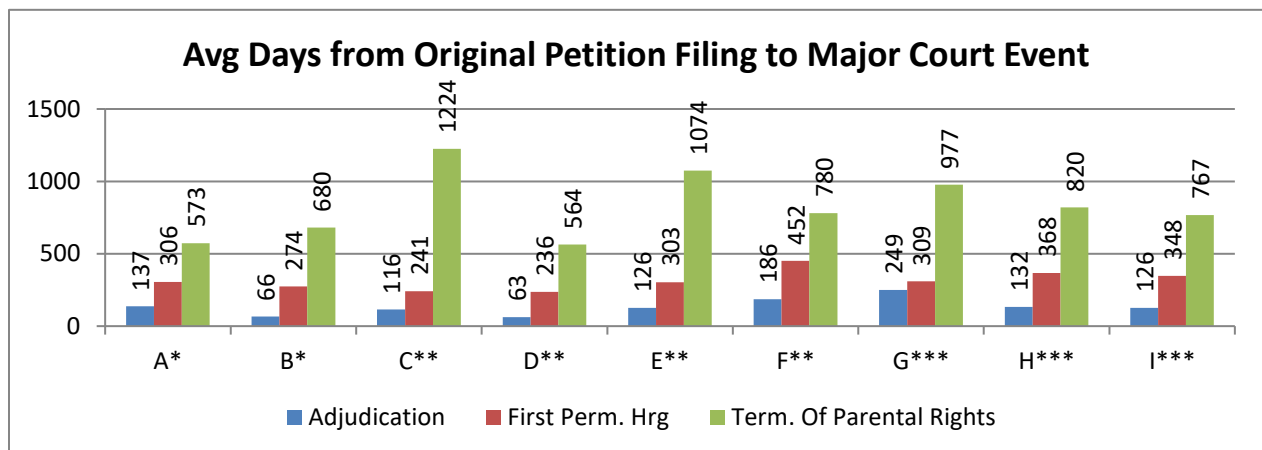
Improving permanency is essential for those children and youth returning home, but attention to those children unable to return home and in need of a permanent home requires directed efforts. In October of 2018, DCFS identified 2645 youth in care who had permanency goals of Substitute Care Pending Termination of Parental Rights (TPR), and Adoption or Subsidized Guardianship. DCFS Permanency Achievement Specialists were assigned by region to work with foster care providers to 1. assess the appropriateness of each child's permanency goal, 2. help resolve barriers to permanency, 3. assist the agency in completing the permanency subsidy packet and 4. work with panel attorneys to schedule the adoption or subsidized guardianship finalization date in court. As of August 2019, 1910, of the 2645 youth have achieved permanency. An additional 2741 children were identified on July 1, 2019 with permanency goals of Substitute Care Pending TPR, Adoption and Subsidized Guardianship and the same permanency work has begun with the children on that list.

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Permanency Achievement Specialists are not only providing support to move children through the permanency process, but are also developing capacity within the provider agencies so that they can work the process on their own.

Early case delay court data supports the findings of the CF SR related to Permanency Outcome 1, specifically that the state's performance is statistically worse than the national performance in Permanency in 12 months, Permanency in 12-23 months and Permanency in over 24 months.

The Court Improvement Program Child Protection Data Courts Project (CPDC) began in 2010 with five pilot sites. The project expanded to 10 counties and collects data on closed cases. The CPDC Project collects 18 of the 30 nationally recognized child protection court performance measures in addition to case demographic and workload data in 10 project sites. Data analysis is currently done by the Administrative Office of Illinois Courts (AOIC) with yearly data reports and trend analysis completed for each county by Dr. Sophia Gatowski. That analysis of the data in the CPDC Project sites show that counties struggle with delay on the front end of the case; between the Temporary Custody Hearing and Adjudication. Statistical significance testing on multiple year CPDC data show delay in time impacts the time to case closure. Specifically, significant findings for 2014-2017 show that the shorter the time to Adjudication, the shorter the time to achieve the First Permanency Hearing (PH) and to achieve TPR. As the case progresses through the court system, delay in the front end of the case impacts the case as it moves through the system and ultimately time to permanent placement.



THEORY OF CHANGE

Problem:

Child welfare staff and court stakeholders are not consistently engaging children, youth, parents and relatives, therefore impacting timely permanency and child well-being. Delay in active engagement of family impacts relationship building and communication necessary to lay a foundation to explore relative placements for children, find fathers or other parties to the case, set expectations for the parents by the courts, develop case plans together with parents and caseworkers, identification of services and supports to assist and help children, families and caregivers. In both foster care and in-home cases, caseworkers face challenges associated with contacting and engaging parents. Of particular concern is that fathers are not routinely engaged in the assessment and case planning processes, even when their whereabouts are known.

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Root Cause:

As a system, there is not a strong practice of effectively engaging children and families through the lens of permanency.

- Lack of engagement, particularly early engagement, with children and families.
- Difficulty with service (finding parties).
- Illinois statute related to adjudication timelines does not reflect best practice (705 ILC 405/2-14(d)), some counties waive adjudication timelines.
- A lack of a sense of urgency related to permanency timelines.
- The focus of the service plan does not reflect the reason(s) why the child came into care.
- The court does not set expectations for parents and caseworkers on the record.

Goal: #2 Engagement of families, children, youth and other stakeholders will improve through the effective implementation of a Core Practice Model and a quality hearing process that focus on permanency.

Target Population: Children and youth, parents and caregivers, relatives, foster parents, community partners including courts, legal community, and child welfare workers and supervisors.

Desired Long-Term Outcome: Children, parents, caregivers, relatives and stakeholders will consistently experience quality engagement with child welfare staff and with judicial and legal community so that children can remain with their families with supports and services in the community; and, if children must be removed from their homes, the agency and Court will effectively engage mothers, fathers and youth during the early stages of Court involvement (TC Hearing to Disposition) through quality casework and hearing practices in order to establish a vision, culture and specific practices that center on asking at every hearing: "what needs to happen to return the child home today?"

AREAS OF FOCUS

Strategy 2.1 Implementing Core Practice Model (CPM) statewide to improve caseworker capacity to engage with families, improve supervisor capacity to support workers, increase family-led practice.

Illinois DCFS is committed to the statewide, comprehensive Core Practice Model and believes that it will change practice and be a major driver in addressing engagement with families, children and community partners. The components of the CPM seek to improve caseworker capacity to engage with families, improve supervisor capacity to support workers, increase family-led practice; therefore, improving well-being outcomes and increasing timely permanency. "Early and often engagement" results in 1) relationship building; 2) knowing and understanding family history and dynamics; and 3) attention to continuity of care through transitions. Four areas within the state were chosen as "test sites" known as Immersion sites, to implement ideas for improvements and evaluate effectiveness and consideration for expansion to the larger system. CPM will continue rolling out with the next four largest private agencies.

Strategy 2.1 Implementing Core Practice Model (CPM) statewide to improve caseworker capacity to engage with families, improve supervisor capacity to support workers, increase family-led practice.		
#	Key Activity	Projected Completion Date
2.1.1	Develop a communication plan to message the importance of CPM statewide.	November 1, 2019

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	<ul style="list-style-type: none"> a) Post updates on CPM rollout on the DNET Update. b) Provider leadership on CPM rollout at quarterly Child Welfare Advisory Council. c) Update DCFS Regional leadership on CPM rollout at quarterly leadership meetings. 	
2.1.2	Use monthly meetings of the CPM /Immersion Rollout workgroup to assess progress and quality of the implementation.	July 1, 2019 and ongoing
2.1.3	<p>Support will continue with the Southern Region and the Immersion sites to embed the CPM practice change.</p> <ul style="list-style-type: none"> a) Identify administrative and process changes that can be made to ease workload and facilitate workers and supervisors having the time to engage in the new practice. b) Align monitoring entities like Agency Performance and Administrative Case Review to support the components of the CPM. c) Monitor utilization of Wraparound and IPS providers to ensure that families are getting individualized services that mitigate safety concerns and expedite permanency. 	July 1, 2019 and ongoing

Strategy 2.2: Increase family and child involvement through a caseworker’s active engagement of the family through the use of Child and Family Team Meeting (CFTM).

The Child and Family Team Meeting (CFTM) is a core component of the Department’s Core Practice Model and serves to increase family and child involvement through a caseworker’s active engagement of the family. In CFTMs, the family takes a lead role in identifying needs and working as part of a team to identify services and supports to meet those needs. The model of CFTM requires early identification of the parent’s team, a pre-meeting to prepare for the CFTM, a location of the family’s preference, a meeting facilitated by the trained staff that includes the family telling their “story” and specific action steps that make up the written family plan. Each meeting ends with specific steps that will be reviewed at every subsequent meeting. CFTM is a vehicle for group decision-making with the intent of increasing the capacity of the family to identify and meet the needs of their children as part of a team. By engaging formal and informal supports, this will increase the “community” of the family; therefore, decisions will be owned not just by the Department but by the family and their team. Child and Family Team Meetings will be strengthened across the State with an emphasis on permanency.

DCFS has implemented CFTMs in four geographic locations (Immersion Sites) and recently expanded to the Southern Region. Preliminary evaluative findings are still inconsistent across multiple review periods, but show that there are positive associations between Child and Family Team Meetings and outcomes, such as decreased use of Independence as a permanency goal, decreased placement moves, and decreased odds of having an investigation in care. More time is needed to gather data points and statistical power.

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Strategy 2.2: Increase family and child involvement through a caseworker's active engagement of the family through the use of Child and Family Team Meeting (CFTM).		
#	Key Activity	Projected Completion Date
2.2.1	DCFS will assess what concrete tools are needed at the supervisory level to support CFTM facilitation and fidelity to the CFTM model for casework.	November 30, 2019
2.2.2	Office of Learning and Professional Development FISP staff will train DCFS and POS Caritas agency caseworkers to the level of approved CFTM facilitators in the Southern Region.	December 31, 2019
2.2.3	Office of Learning and Professional FISP staff will train DCFS and POS Caritas supervisors to the level of approved CFTM Coaches in the Southern Region.	December 31, 2019
2.2.4	DCFS will provide tools to supervisors to support CFTM facilitation and fidelity to the CFTM model for caseworkers.	January 31, 2020
2.2.5	Monthly SACWIS reports will show that CFTM meetings are occurring.	Beginning July 1, 2019 and ongoing
2.2.6	Immersion Site Directors will review a sample of CFTM Action Plans monthly to assess for fidelity to the CFTM model and debrief findings with agency caseworkers, supervisors and agency leadership to make necessary corrections in practice and/or documentation.	Beginning July 1, 2019 and ongoing
2.2.7	DCFS Quality Enhancement staff will conduct in depth case reviews using the OER+ tool to assess the quality of CFTMs and fidelity to the CFTM Model.	Beginning July 1, 2019 and ongoing
2.2.8	DCFS will utilize implementation science principles to assess the quality of CFTM implementation and develop action steps to further embed the practice.	November 30, 2019 and ongoing
2.2.9	Based on the assessment results DCFS will the plan for expansion of CFTMs as part of the Core Practice Model to other areas of the State.	July 31, 2020
2.2.10	Scale the Model statewide.	July 31, 2021

Strategy 2.3: Revise the Service Plan to give family and youth voice and ownership in development and identification of underlying needs of the family.

The existing Service Plan does not reflect a family or youth driven process. DCFS is revising the current Service Plan to better engage families and youth by strengthening the existing tool to give families and youth voice and aligning with the CFTM action plans.

Strategy 2.3: Revise the Service Plan to give family and youth voice and ownership in development and identification of underlying needs of the family.		
#	Key Activity	Projected Completion Date
2.3.1	The Illinois Technology Advancement Stakeholder Committee (ITASC) meets at a minimum of monthly to revise the Service Plan and will oversee implementation and evaluation.	ongoing

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2.3.2	ITASC Co leaders will disseminate revised plans to all levels of DCFS and to stakeholders for feedback, this includes and is not limited to POS, court personnel, parents, foster parents, youth, etc.,	August 1 through September 30, 2019
2.3.3	ITASC will develop and test an instructional guide as an accompaniment guide for completion of the new Service Plan format.	October 31, 2019
2.3.4	ITASC co leaders will disseminate the revised Service Plan and instructional guide to DCFS Leadership for approval prior to testing of the actual Service Plan document.	November 30, 2019
2.3.5	Upon approval by DCFS leadership, and in conjunction with the Office of Learning and Professional Development a training will be developed focusing on both the technical change in completing the new Service Plan and the adaptive change needed for staff to shift focus from the Agency Plan to the Family/Youth Plan.	December 31 2019
2.3.6	Administrative Case Reviewers (Periodic Reviews) will be trained on the new Service Plan format, adaptive change training, and participate in testing.	January 2020
2.3.7	Immersion site caseworkers and supervisors as well as court jurisdictions will be trained in the new format and adaptive change training.	January 2020
2.3.8	Immersion sites including their court jurisdictions will test the new Service Plan format to determine whether parents and youth voice and show improved engagement.	January - March 2020
2.3.9	ITASC will complete and submit an Enterprise Service Request for the integration of the revised Service Plan format into SACWIS. Approval is required by the Review Board.	March 2020
2.3.10	Integrate into SACWIS.	April 2020
2.3.11	Simultaneous to implementation into SACWIS, training will be rolled out to all staff and supervisors.	April 2020
2.3.12	Data set comparisons pre-and post-implementation will be monitored for improvements.	Every 6 months ongoing

Strategy 2.4 Properly utilizing Family Finding Strategy to identify relatives and fictive kin to increase supports for parents and children; if caseworkers increase contact and engagement with fathers, it is believed that fathers will actively participate in the parenting of their child.

Permanency and well-being of children are being negatively impacted by inconsistent efforts to identify, locate and engage relatives. To engage relatives and specifically fathers, Family Finding is a requirement currently found in Procedures 315. The intent is to identify relatives and fictive kin to increase supports for parents and children. All identified individuals are documented on a CFS 458-B form and are to be contacted by the caseworker. Properly utilizing Family Finding as a strategy for identifying fathers will require a change in thinking; that fathers add value to the case process and to children and youth, beginning with investigators, supported by the CFTM, and throughout the life of a case. Starting with the investigation, if investigators initiate contact with fathers, it is believed that more fathers (and paternal relatives) will participate more in the planning for the case. And if caseworkers increase contact and engagement with fathers, it is believed that fathers will actively participate in the parenting of their child.

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Strategy 2.4 Proper utilizing of Family Finding to identify relatives and fictive kin to increase supports for parents and children; if caseworkers increase contact and engagement with fathers, it is believed that fathers will actively participate in the parenting of their child.		
#	Key Activity	Projected Completion Date
2.4.1	Through increased and ongoing messaging that fathers add value to the case process and to children and youth, beginning with investigators, supported by the CFTM and throughout the life of a case. a. Fathers will be identified and contacted during the investigation and the information will be passed on as case goes to Intact services or Foster care.	Beginning December 1, 2019 and ongoing
2.4.2	During each Child and Family Team prep meeting, the caseworker will work with the family to invite fathers and extended relatives to the next scheduled Child and Family Team Meeting.	Beginning December 1, 2019 and ongoing
2.4.3	Track CFTM Prep Meetings to determine if fathers and/or paternal relatives are invited to CFTMs.	Beginning December 1, 2019 and ongoing

Strategy 2.5: Implement a quality hearing project to establish a culture of urgency and greater adherence to timely adjudication so that mothers, fathers, relatives and youth are effectively engaged so that we have an increased focus on the timely achievement of permanency, meaningful hearings and quality permanency plans.

Delay can occur for many reasons (see Root Cause above), but early family engagement by both the court system and the child welfare agency can assist in mitigating those delays. Holding high quality, meaningful hearings are critical to the child welfare process and can impact timely permanency. In the *Exploring the Relationship between Hearing Quality and Case Outcomes in New York*, New York State Unified Court System Child Welfare Court Improvement Project, Alicia Summers, PHD, Data Savvy Consulting, November 2017, the research found that engaging parents through quality hearing practices, rooted in procedural fairness principles, are related to timelier permanency for youth. For example, Judges speaking directly to the parties, addressing parties by name, explaining the hearing process, explaining legal timelines and asking if parties have questions are all components of quality hearing practice and procedural fairness. In the New York study, findings suggest that hearing quality is related to outcomes on cases. Improving timeliness of case processing, ensuring parties are present and engaged, and holding meaningful discussion in the hearing are most related to improved outcomes.

The AOIC as identified four counties (Lake, Sangamon, Madison and Marion) and one Cook County courtroom to implement a quality hearing practice with an emphasis on family engagement utilizing the findings and tool kit developed by the New York Court Improvement Program as a guide. Counties were identified based on geography (different areas of the state), size (urban and rural) and a mix between counties participating in the CPDC Project and counties that have not participated in the Project. Beginning with the Quality Hearing Self-Assessment and the building on current Illinois bench cards and bench book, participating judges will be asked to use a modified script and bench card that includes key questions to ask each party and courtroom stakeholders, as well as on how to engage parties. Attorneys and key DCFS/POS staff will be included in the planning and will receive the bench cards. All participating judges will be trained on how to use the bench cards and expectations of the project, the tenants of procedural fairness and family engagement, and the evaluation process. Pre-and post-data will be used to evaluate the effectiveness of the strategy.

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Strategy 2.5 Implement a quality hearing project to establish a culture of urgency and greater adherence to timely adjudication so that mother's fathers, relatives and youth are effectively engaged so that we have an increased focus on the timely achievement of permanency, meaningful hearings and quality permanency plans.		
#	Key Activity	Projected Completion Date
2.5.1	Identify the Counties for Implementation.	Completed Feb 1, 2019
2.5.2	Administer a modified version of the Quality Permanency Hearing Self-Assessment to participating judges and key stakeholders in the courtroom.	October 31, 2019
2.5.3	Collect data and perform analysis.	December 31, 2019
2.5.4	Development of script and modification of the Child Protection Bench cards.	March 31, 2020
2.5.5	Develop evaluation method.	March 31, 2020
2.5.6	Provide training for County Court Stakeholders on quality hearings, project expectations and new tools to support those hearings.	May 31, 2020
2.5.7	Sites begin using the script and bench cards, etc.	July 1, 2020 through March 31 2021
2.5.8	Bring Sites together to discuss learning's and any possible/needed adjustments.	Oct 15, 2021
2.5.9	Data collection, post self-assessment, and check-in with site key stakeholders.	May 31, 2021
2.5.10	Evaluation completed and hold all site meeting to share results and develop method for roll-out to other counties.	August 31, 2021

Strategy 2.6 Improve upon and maintain a sense of urgency to achieve permanency for children in care when return home is no longer an option so children achieve permanency sooner.

Illinois child welfare struggles to achieve permanency for children in a timely manner. As a system, the Subsidized Guardianship goal is not routinely pursued, even on cases that meet eligibility criteria. A lack of familiarity with the administrative process of finalizing permanencies also creates delays. The Permanency Task Force was created in October 2018 to move children who are ready for permanency through the permanency process. As part of the Task Force, DCFS Permanency Achievement Specialists provide technical assistance to agencies on determining appropriate permanency goals, working through barriers to permanency, accurately completing subsidy packets and coordinating permanency finalization dates in court.

For children who have been in care for more than 24 months, particularly children with a permanency goal of Independence, ongoing efforts to look for permanency resources can decrease. DCFS is developing Permanency Round Tables to do targeted permanency work for this population of children and will begin with children who have Independence goals. Round Tables will include internal and external parties who will problem solve and develop action plans to move the youth to a legal permanency setting. The primary strategy of Permanency Round Tables is family finding, including fictive kin.

Administrative Case Review (Periodic Reviews) address the current circumstance, service provision, and goal for every child in care every 6 months. While technical changes in service planning are underway (see Strategy 2.3) it is the adaptive change needed within the ACR unit to

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bring a sense of urgency around achieving permanency and, if necessary, changing the permanency goal in a timely manner. Through the service plan training, messaging and follow up by ACR managers, ACR reviewers will begin to use each 6 month ACR meeting to assess the appropriateness of the goal and require a pivot in the case if the goal is not appropriate.

Strategy 2.6 Improve upon and maintain a sense of urgency to achieve permanency for children in care when return home is no longer an option so children achieve permanency sooner.		
#	Key Activity	Projected Completion Date
2.6.1	DCFS Permanency Task Force will continue to assist private agencies to move the remainder of the 2645 children identified on October 1, 2018 and the 2741 children identified on July 1, 2019 to permanency. <ul style="list-style-type: none"> a) Assess the appropriateness of the permanency goal. b) Work with provider to resolve barriers to permanency. c) Create adoption and/or Subsidized Guardianship packets. d) Coordinate with attorneys and the court to schedule finalization dates. 	July 31, 2020
2.6.2	Of the 2645 children identified on October 1, 2018 in Cook County, DCFS Permanency Task Force will identify and forward the list of children who have Independence goals to Agency Performance Monitors.	September 2019
2.6.3	Agency Performance Monitors will review the list with their assigned agencies at their monthly meeting.	September 30, 2019
2.6.4	Identified youth will be referred for Permanency Round Tables, which will include the DCFS Permanency Achievement Specialist, DCFS Resource and Recruitment staff, the provider agency, family members, court personnel and members of the child's support system, to identify permanency options for the youth.	January 31, 2020
2.6.5	Action plans will be developed at the Permanency Round Table to move the youth to a legal permanency setting.	Beginning November 2019 and ongoing
2.6.6	Permanency Achievement Specialists will follow up with the provider agency on implementing the action plan.	Beginning November 2019 and ongoing
2.6.7	Youth data will be tracked and analyzed quarterly to promote earlier identification and referral of other eligible youth.	Beginning November 2019 and ongoing
2.6.8	Administrative Case Reviewers will require timely movement towards permanency every 6 months by requiring necessary changes in casework practice or service provision through verbal and written feedback and case debriefings as needed.	October 31 2019
2.6.9	Administrative Case Reviewers will review the appropriateness of the goal every 6 months and require timely change if the goal is not appropriate. ACR will work collaboratively with Agency Performance Team and Permanency Achievement Specialists to promote accountability towards the sense of urgency.	October 31 2019

III. Increasing, Stabilizing, and Improving Capacity of the Workforce

Current Performance

Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well Being Outcomes 1, 2, 3 were not achieved.

Systemic Factor

- Staff and Provider Training Items 26, and 27 were not found to be in substantial conformity based on Statewide Assessment and stakeholder interviews.

Illinois, like other child welfare systems, continues to experience high turnover among DCFS and POS staff serving children and families. Retention and stability are critical to sustaining high quality practice across Investigations, Intact and Permanency. DCFS is solely responsible for Child Protection Investigations, however, the agency shares the responsibility for Intact and Permanency with POS agencies. Accurate data for both DCFS and POS on staff turnover has been challenging to obtain. Data provided to DCFS by Chapin Hall in June 2019 indicated that systemwide turnover for casework staff may be around 30%. Further assessment is needed, however, as regional differences may be significant and there is inconsistency in how turnover is defined. In 2012, the Department “privatized” intact, referring the majority (>90%) of cases to private provider agencies, although DCFS maintained the highest risk cases as capacity allowed. Some of the work to strengthen infrastructure and oversight, such as installing effective monitoring practices and aligning fiscal incentives for achieving desired outcomes, was not done to a sufficient degree.

DCFS adjusted provider contracts to support decreasing the worker/supervisor ratio to 5:1 While the need and desire for a Model of Supervisory Practice across the system remained in a development stage for a significant amount of time, it was in 2016 that DCFS committed to a Model of Supervisor Practice as one of the critical aspects of the Core Practice Model. Providing frequent quality supervision is a cornerstone of the Model with the intent of providing workers with the support and teaching needed to find job satisfaction and stability. The MoSP training is now offered statewide for existing supervisors. New supervisors or higher, must complete the training within 1 year of promotion. Adequately preparing and supporting new staff is key to maintaining workforce stability in private agencies where the majority of casework is performed. Training will be provided through Office of Learning and Professional Development. Supervisors will be developed through the Model of Supervisory Practice training to support caseworkers to better manage their caseload and improve practice. As supervisors gain the necessary skills to support caseworkers, we expect attrition to decline.

Developing recruitment opportunities through university partnerships assist in preparing students for child welfare employment. Students choosing social work may opt into an accelerated licensure and certification program that streamline entry into the workforce.

THEORY OF CHANGE

Problem:

Illinois is challenged to maintain a stable qualified well supported child welfare staff able to meet the needs of children and families that come to their attention.

Root Causes:

- Shortage of qualified staff available.
- Staff do not feel properly prepared to address court concerns.

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- Workers need to feel adequately supported through frequent quality supervision.
- Supervisors do not have the time to be the drivers of change as it relates to practice.
- Stress-producing court experiences, including fear of testifying, lead to caseworker turnover.

Goal # 3: Recruit, develop, retain and support a workforce that is stable and able to effectively and consistently engage children and families.

Target Population: The public and private agency child welfare staff and the office of legal services.

Desired Long-Term Outcome: A stable committed workforce having the skills and capacity to provide quality child welfare practice.

AREAS OF FOCUS

Strategy 3.1 Ensure implementation and institutionalization of the Model of Supervisory Practice to support workforce and improve practice.

With the Model of Supervisory Practice, it is anticipated that focusing on the development of the supervisory staff will have a parallel effect on the front line. Model of Supervisory Practice Training was formally rolled-out statewide in the first quarter of FY19. This roll-out continues on an ongoing basis with cohorts being offered concurrently in each of the four regions (Northern, Cook, Central, Southern). MoSP Boot Camp, a condensed version of the training that did not include coaching sessions, was offered to supervisors with 5+ years of experience. This condensed version was offered for 12 months and ceased in August 2019. Beginning in the first and second quarter of FY20, additional cohorts in Cook will be offered to accommodate the larger numbers of supervisors in that region.

Each module of MoSP, of which there are four in total, include an individualized coaching session with each participant. Coaching sessions occur 2 weeks after the module has been completed and focus on the participant's application of learning material within the context of their role, duties and tasks as a supervisor. The target for the next fiscal year includes conducting 3-month and 6-month coaching follow-up contacts with each participant after all 4 modules have been completed to measure the ongoing application of learning specifically related to frequency of supervision and the incorporation of all four functions of supervision (Administrative, Development, Clinical, and Supportive). These aggregate post training coaching contacts are measured against aggregate pre-survey contact with each participant.

In FY20, Skill Labs will be offered monthly to supervisors after completing MoSP to reinforce learning and provide ongoing peer support to supervisors. Skill Labs are group sessions that provide a recap of content learned in MoSP as well as coaching and role-play. DCFS has approved contract adjustments to Intact and Placement providers to support a 5:1 caseworker to supervisor ratio. By adding supervisory lines, the intention is to give supervisors more time to assist caseworkers assess families, identify services and expedite permanency.

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Strategy 3.1 Ensure implementation and institutionalization of the Model of Supervisory Practice to support workforce and improve practice.		
#	Key Activity	Projected Completion Date
3.1.1	Office of Learning and Professional Development will offer MoSP statewide in each of the four regions (Cook, Northern, Central, and Southern), repeating every four months. New supervisors will be expected to take the training within 1 year of being promoted.	Ongoing
3.1.2	Office of Learning and Professional Development will deliver an Executive Level Overview of MoSP every four months prior to the start of each new cohort to allow executives and administrators an opportunity to learn more about MoSP and how to support their supervisors and managers.	Ongoing
3.1.3	Office of Learning and Professional Development will provide coaching follow up to supervisory staff 3 months and 6 months after completing all 4 modules of MoSP.	Ongoing
3.1.4	Office of Learning and Professional Development will launch mandatory Skill Lab sessions for DCFS supervisors in the Joliet, St. Clair and Cook County.	Beginning January 31, 2020 and ongoing
3.1.5	Office of Learning and Professional Development will launch voluntary Skill Lab sessions for private agency supervisors.	Beginning January 31, 2020 and ongoing
3.1.6	Office of Learning and Professional Development will offer recommendations on how to implement Skill Labs statewide.	June 30, 2020
3.1.7	Quality Enhancement will conduct case reviews to assess the quality and frequency of supervision.	Beginning January 31, 2020 and ongoing

Strategy 3.2: Build Partnership with Universities to support hiring for POS to maintain an adequate workforce.

The University Partnership Program continues to work with interested universities and colleges that wish to provide a one or two semester model course that prepares students to take the Child Welfare Employee Licensure (CWEL) exam, the Child Endangerment Risk Assessment Protocol (CERAP), and the Placement/Permanency Specialty Exam. Upon completion of the course, students can sit for exams, and if receiving passing scores, can inform potential child welfare employers of their passed exam status which would decrease the time necessary for new hire training. Some schools, additionally offer the optional preparation for students to sit for the Child and Adolescent Needs and Strength (CANS) Assessment certification. The University Partnership Program seeks to increase the number of universities and schools that partner with DCFS in offering such a course during the upcoming fiscal year. In FY19, four more schools joined the program bringing the total to 13 current universities or colleges that are part of the program. This will increase the number of child welfare workers who are prepared to become employed with the POS agencies; therefore, reducing time in filling vacant positions.

Strategy 3.2 Build Partnership with Universities to support hiring for POS to maintain an adequate workforce.		
#	Key Activity	Projected Completion Date

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3.2.1	DCFS is contracting with a university partner to hire a liaison for the purpose of supporting the Academic Internship Program and the University Partnership Program.	January 31, 2020
3.2.2	DCFS will establish new opportunities for student internships with DCFS and POS.	July 31, 2020
3.2.3	Office of Learning and Professional Development will hire a half time staff person who will track student internships with DCFS and POS.	December 31, 2019
3.2.4	Office of Learning and Professional Development will bring on additional public and private universities to participate in the graduate student hiring pipeline.	December 31, 2020
3.2.5	Graduate students will be encouraged to include on their resumes that they have successfully passed the CWEL, CERAP and Placement/Permanency Specialty exams.	Ongoing

Strategy 3.3: Develop and maintain a hiring pipeline to support timely filling of vacancies and reduce pressures on POS hiring.

To address the issue of vacancies, DCFS began using a “pipeline hiring approach” in early 2017 and decreased the number of child protection investigator vacancies from an average of 132 per month to 42 per month by December 2017. This innovative approach recruits, hires and trains new staff so that they are ready to fill vacancies in less time and in a more efficient manner. Office of Learning and Professional Development is partnering with 9 designated universities to recruit and directly place graduate students, including those who are bilingual in English and Spanish, into casework and supervisory jobs upon graduation.

Strategy 3.3 Develop and maintain a hiring pipeline to support timely filling of vacancies and reduce pressures on POS hiring and retention.		
#	Key Activity	Projected Completion Date
3.3.1	DCFS will review Child Protection caseload data broken out by region and office monthly to determine how many Child Protection staff need to be hired in advance of attrition (at a 12:1 ratio).	Ongoing
3.3.2	DCFS will hire Child Protection staff in advance of attrition and place them on Deferred Assignment so that they can fill vacancies without losing time to hire.	Ongoing
3.3.3	Deferred Assignment Child Protection staff will be temporarily assigned to offices that have vacancies until formal assignments can be made.	Ongoing

Strategy 3.4 Utilize the Office of Legal Services to more effectively support workers in preparation and testifying in court hearings.

Investigators, caseworkers, and administrators are often unfamiliar with the legal standards applicable in juvenile court and unaware of how to testify persuasively in court proceedings in which decisions affecting permanency outcomes are determined. The activities below highlight efforts to be made by legal staff to address these issues.

In 2016, the AOIC participated in the Reimagining Dependency Courts Project. The Project was aimed at identifying court strategies for improving timely permanency in Illinois. In addition to

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several data sets, DCFS provided caseworker continuity data on a small sub-set of cases closing in 2015 from four counties. That data showed that children had an average of 6.6 caseworkers during the life of the case. Breaking out the data by POS agency vs. DCFS show that POS agencies have more caseworker turnover with an average of 4.8, where DCFS has an average of 1.8. AOIC conducted youth focus groups with youth in care in 2018. Youth talked openly about the fact that their caseworker changes frequently.

Strategy 3.4 Utilize the Office of Legal Services to more effectively support workers in preparation and testifying in court hearings.		
#	Key Activity	Projected Completion Date
3.4.1	Complete a survey of judges and key court stakeholders on caseworker testimony, including areas in need of improvement, expectations of caseworker during court hearings, and key information from caseworkers.	November 30, 2019
3.4.2	Incorporating the survey findings, Office of Legal Services will continue to conduct court testimony trainings in each region every other month for investigators, caseworkers, and administrators. Registration is open to both DCFS and POS via the Training Division. The training will explain: a) the legal requirements and standards at shelter care/temporary custody, adjudication, disposition, TPR, and permanency hearings; b) other provisions of the Juvenile Court Act that impact permanency; and c) how caseworkers can testify persuasively in court or other legal proceedings. Mock direct examinations based on a hypothetical fact pattern provided to registrants in advance.	July 1, 2019 and on-going
3.4.3	Follow-up survey with judges and key court stakeholders to determine if they have experienced improvement in caseworker testimony and comfort with the court process.	December 31, 2020 and December 31, 2021
3.4.4	Office of Legal Services will continue to collaborate with the Office of Learning and Professional Development to provide simulated investigator training in Chicago. The training will include: a) OLS will give a two-hour presentation to new investigators about the juvenile court process and how to testify persuasively in shelter care/temporary custody hearings on the first day of the SIMS training module. b) In the courtroom simulation on the second day of the SIMS, OLS attorneys will play the various roles of ASA, GAL, Parent's Attorney, and Judge. c) The attorneys will conduct mock direct and cross examinations of the investigators and provide strengths-based feedback on the investigator's demonstrated ability to answer questions about their mock investigation.	July 1, 2019 and ongoing

IV - Developing an Integrated and Institutionalized Continuous Quality Improvement/Quality Assurance System

Current Performance

- Quality Assurance System Item 25 was not found to be in substantial conformity based on Statewide Assessment and stakeholder interviews.

DCFS along with POS and Stakeholders are tackling barriers to improvement by focusing on realigning and building up the Quality Assurance (QA) system, installing an inclusive system-wide Continuous Quality Improvement (CQI) process and improving data quality, accessibility, and usability.

A QA assessment workgroup, of all levels of the quality assurance entities, gathered together over a series of in-person and teleconference meetings to address the following questions; the child welfare system is comprised of all the components for a vibrant quality assurance system, so then “Why are we not seeing measurable improvement?” “Where are the gaps within quality assurance and in the CQI feedback loops?”

- A listing of case review types was created to assist the QA assessment workgroup in identifying and understanding the kind of case reviews that are being completed, by which monitoring entity, for what target population and at what frequency.
- The case review instruments currently used by Quality Enhancement, Agency Performance Team and Administrative Case Review were reviewed by the QA Assessment workgroup to identify redundancy, gaps and changes that are needed to focus on quality practice, rather than measuring compliance.
- The QA Assessment Workgroup reviewed the current Intact and Foster Care Performance Dashboards and identified those metrics that are compliance-oriented rather than monitoring for positive outcomes.
- Discussion of Illinois AFCARS Improvement Plan intended to improve data quality issues as it relates to the AFCARS submission. The Measuring and Sampling Committee (MASC) of the Children’s Bureau oversees the improvement plan to assist the state in providing error free data submissions.

The workgroup identified problem, root cause, proposed strategies, and submitted a report to the DCFS Director for consideration. That work is further described in the appropriately labeled sections below.

DCFS historically used a formal CQI structure and process that was DCFS exclusive. As privatization expanded it became evident that an inclusive system-wide structure and process were needed to accurately identify problems and action for improvement. Children’s Bureau Information Memorandum 12-07 guided the collaborative efforts of DCFS, POS, and University partners, Chapin Hall and University of Illinois, in the development of a formal Statewide CQI Logic Model and Framework. (See Illustrations 1 and 2 below). The framework was established and meetings at the state and regional levels began. In addition, Chapin Hall developed a series of training modules (Learning Collaborative-LC) that incorporated classroom training, webinars and homework projects focused on data reporting, data analysis, and data presentations. Messaging a common CQI language and the role of Plan Do Study Act and the principles of the Birth to Three Strategy CQI model were taught, reinforced, mentored and practiced. Initially DCFS and POS QA and CQI staff participated with a “train the trainer” intent for expanding into DCFS and POS staff statewide. The training was rolled-out to DCFS and POS Cook supervisors. The

learning collaborative was placed on hold temporarily to strengthen the collaborative’s focus and alignment with practice priorities and to coordinate with other monitoring entities and activities.

Illustration 1

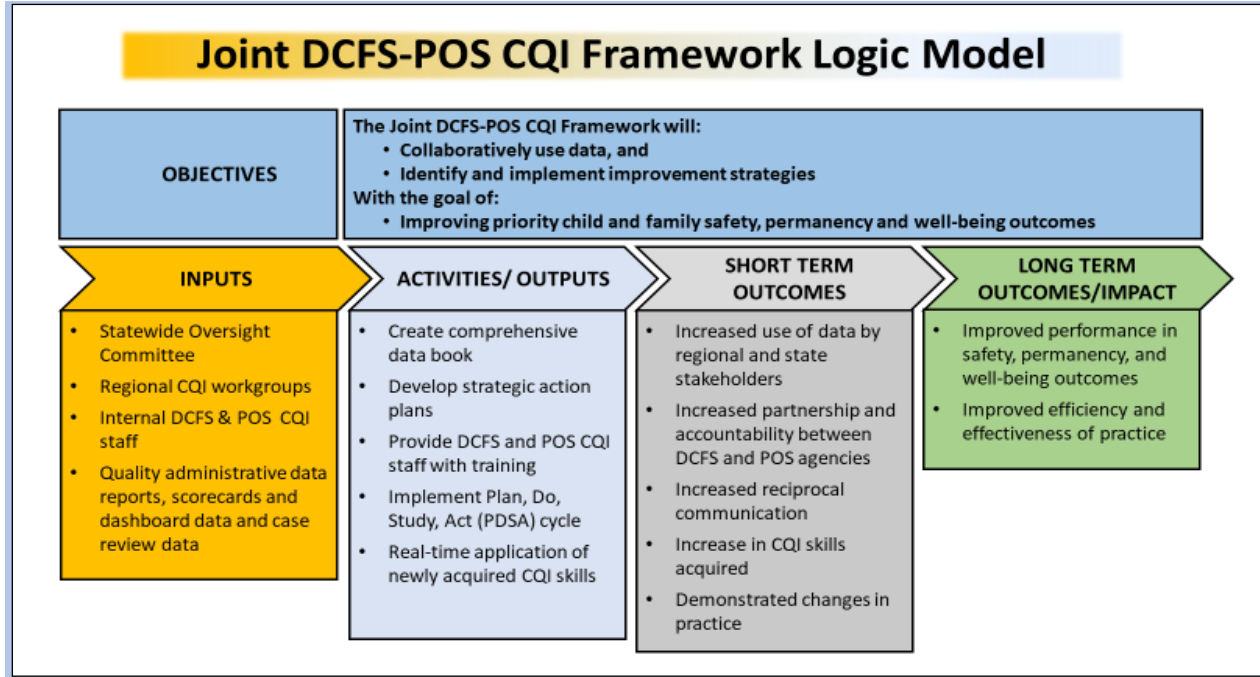
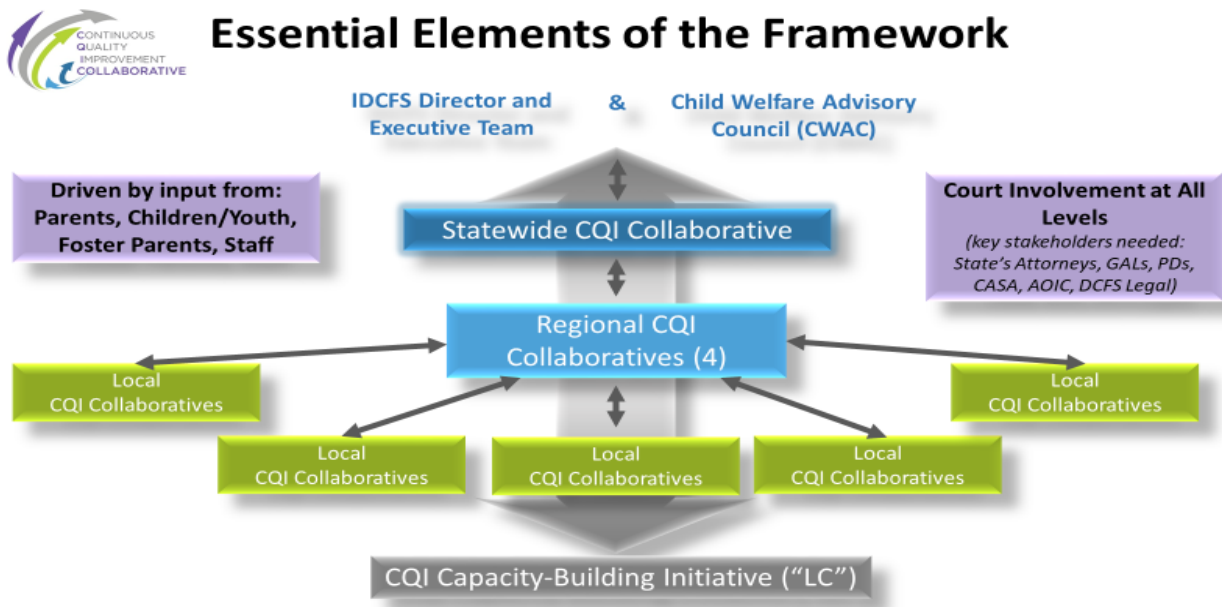


Illustration 2



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While there was some momentum in the CQI process formation, installing a fully functional CQI process has been challenging. Finding focus, identifying the right data sets and moving the CQI meetings from a place of informational discussions to action oriented teams has been an ongoing area for improvement. The statewide framework for Continuous Quality Improvement took a hiatus during FY 2019 and will relaunch with a practice-oriented approach by replicating features of the CQI-like processes modeled in the current Birth to Three Strategy. The framework called the “CQI Collaborative” is a collaboration between DCFS and Private Agencies and stakeholders to establish a structure for improvement. Through repurposing of existing meetings and a focus on priority outcomes, statewide and regional meetings will seek new ways of utilizing consistent data to focus on two priority outcomes; decreasing Recurrence of Maltreatment and increasing Permanencies, especially Reunifications. In addition, the CQI collaborative will be utilized in consistently messaging and monitoring PIP progress.

The Court Improvement Programs (CIP) are required to establish and operate a statewide multi-disciplinary task force to guide and contribute to CIP activities and to create opportunity to promote and enhance "meaningful and on-going collaboration" between the courts and DCFS. The Administrative Office of the Illinois Courts has an established Court Improvement Program Advisory Committee (CIPAC), which includes several representatives of DCFS, as well as, judges, state's attorneys, parent and child attorneys, trial court administrators, CASA, etc. The CIPAC members convene on a quarterly basis each year to guide and contribute to CIP activities. Recent meetings have included joint review of the 2018 CFSR findings and increased education regarding the PIP, CFSP, APSR, OER federal reporting tools to judicial committee members.

Data that is accurate, accessible and usable is critical to support a Quality Assurance system and CQI at all levels. A data warehouse is being developed to meet this need.

THEORY OF CHANGE

Problem:

A fully integrated, cross-cutting, and statewide child welfare CQI system is needed in Illinois. While multiple case review activities exist across the state to monitor compliance with various mandates, the process for using data to inform and monitor the implementation of key initiatives that target casework practice and systemic concerns is uneven and does not routinely occur throughout the state to promote accountability in improving practices and outcomes. The CFSR final report identified that a challenge in our CQI system was a lack of integration of the data from DCFS, POS agencies and the court system to understand and monitor performance in achieving positive outcomes for children and families.

Root Causes:

- The components of the Quality Assurance system do not seem to move together but rather are independent rather than interdependent. While there are written protocols for conducting case reviews, there is a need to revise and operationalize the use of findings in an improvement cycle at all levels of the Department. Stakeholders should be clear as to the expectations for how data and case review findings can be used to make practice change and measure improvement.
- Case review training and quality control measures need to be consistent and strengthened to assure accuracy and confidence in case ratings.
- While data is available, it is not always able to be used to assess practice at the front-line level and drive improvement recommendations. Maintaining data quality in the system of

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record (i.e. data entry) with vast numbers of users is an ongoing challenge which also has an impact on the quality of our data reports.

Goal #4: Develop an integrated Quality Assurance system that effectively uses quantitative and qualitative data to understand and report on measures of performance and to support progress toward achievement of goals and outcomes.

Target Population: Children age birth to 18 and their parents, legal caregivers, and families who come to the attention of the Illinois child welfare system or are identified earlier as at risk for maltreatment.

Desired Long-Term Outcome: Successful implementation of the overall design and key components for a CQI system that will enable it to have the information it needs to take actions necessary to continue effective practices, modify or correct ineffective or harmful practices, and then know if the planned changes achieved the desired results.

AREAS OF FOCUS

Strategy 4.1: Use consistent case review tools across Quality Enhancement, Agency Performance Team and Administrative Case Review entities to focus on data identified practice areas that may be lacking in supporting the safety, permanency and well-being.

It is critical to align the case review entities so that reviewers are consistent in looking at same areas of practice in the same way with minimal redundancy. Prioritizing reviews to look at the areas of practice identified in the data most concerned about and to support and track performance towards desired outcomes is an area for focus.

Strategy 4.1 Use consistent case review tools across Quality Enhancement, Agency Performance Team and Administrative Case Review entities to focus on data identified practice areas that may be lacking in supporting the safety, permanency and well-being.		
#	Key Activity	Projected Completion Date
4.1.1	Monthly meetings of the QA entities to strengthen leadership, coordinate and more effectively enhance communication among the entities.	August 1 2019
4.1.2	QA entities leadership team will finalize a written protocol to standardize case reviews with guidance on conducting interviews, debriefing review results, aggregating trends, communicating areas for improvement, responsible persons and developing a plan for tracking/measuring.	November 30, 2019
4.1.3	Target case reviews across the monitoring entities (Quality Enhancement, Agency Performance Team and Administrative Case Review) to assess the quality of casework practice in our most high need areas of practice; Intact services, Permanency planning, Supervision and Safety to ensure that they are defining and evaluating using the same criteria.	November 30, 2019
4.1.4	Disseminate by way of the DNET, provider meetings and the CQI Collaborative meetings the clear lines of communication for dissemination of case review aggregate findings and closing the loop on areas for improvement.	November 30 2019

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Strategy 4.2: Implement an identifiable CQI structure and process statewide, and at all levels of the Department, while utilizing the statewide multidisciplinary Court Improvement Program Advisory Committee (CIPAC) to enhance CQI collaboration between the courts and DCFS to better monitor state and judicial performance in achieving better outcomes for children and families.

Installing a CQI process overall design and key components for a CQI system that will enable it to have the information it needs to take actions necessary to continue effective practices, modify or correct ineffective or harmful practices, and then know if the planned changes achieved the desired results.

Implement the Birth to Three strategy model for CQI that uses data to identify problem areas, root cause analysis, hypotheses and lead measures. This practice-oriented CQI model is showing promise at the team, agency, region and state levels.

Strategy 4.2: Implement an identifiable CQI structure and process statewide, and at all levels of the Department, while utilizing the statewide multidisciplinary Court Improvement Program Advisory Committee (CIPAC) to enhance CQI collaboration between the courts and DCFS to better monitor state and judicial performance in achieving better outcomes for children and families.		
#	Key Activity	Projected Completion Date
4.2.1	Monthly meetings of the statewide steering committee to organize logistics, agendas and support the facilitation of the discussions and action steps.	October 2019
4.2.2	Identify calendar dates for statewide meetings and regional meetings and disseminate by way of the DNET including invitation, outlook invitation and announcement. Regional CQI work may need to be incorporated into quarterly provider meetings to reduce excessive meetings. a. Included will be the clear lines of communication for dissemination of case review aggregate findings and closing the loop on areas for improvement.	October 2019
4.2.3	Create distribution lists per guidance from the Essential Elements of the Framework (Illustrated above) for the quarterly statewide CQI collaborative and regional team meetings. The statewide collaborative includes DCFS and POS leadership and staff, Court personnel, OIG, CASA, Chapin Hall and FP advocates.	October 2019
4.2.4	Improve external stakeholder participation in the Department's internal CQI committees through invitation and encouragement of Birth parents, foster parents and youth. Information from the statewide CQI collaborative will also be shared with Birth Parent, Foster Parent and Youth Advisory Councils.	October 2019
4.2.4	The focus of the statewide and regional CQI teams will be Illinois' performance on the CFSR outcome measures and activities to improve performance.	TBD

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	a) To promote CQI beyond the PIP, activities/outputs steps of the Framework Logic Model (illustrated above) will be highlighted and addressed during meetings.	
4.2.5	Quality Enhancement will aggregate and provide data from the PIP baseline and measurement reviews as well as OER+ reviews. a. CFSR data will be broken down by region and other relevant data reports will be used to inform statewide CQI discussions.	January 2020 and ongoing
4.2.6	Strict CFSR data by region will be provided to POS agencies. a. APT monitors will review CFSR data with agencies during monthly meetings.	January 2020 and ongoing
4.2.7	DCFS will share quarterly updates with the provider community and will report outcomes annually.	June 2020
4.2.8	To support the Local/Team/Agency levels, examples of the Birth to Three CQI model implementation will be presented using data to identify problem, root cause, goal for improvement (behavior change desired) scorecard for tracking and definition of success or need to change the strategy. These presentations will become a regular agenda item for state regional and local CQI meetings.	January 2020
4.2.9	Utilize the CIPAC quarterly meetings to jointly review and discuss progress being made towards shared PIP goals and activities.	On-going

Strategy 4.3 Improve data accuracy accessibility and usability to support a Quality Assurance System and Continuous Quality Improvement (CQI) at all levels.

Strategy 4.3 Improve data accuracy accessibility and usability to support a Quality Assurance System and Continuous Quality Improvement (CQI) at all levels.		
#	Key Activity	Projected Completion Date
4.3.1	Quality Enhancement will provide monthly communications to DCFS administration, regional administration and POS Monitoring administration regarding specific areas for data improvement identified in monthly runs of AFCARS error reports a. DCFS and POS correct the identified data errors b. A subsequent report is run to monitor that corrections have been made and data quality improved.	July 1, 2019
4.3.2	Data workgroup will finalize the Data warehouse that will display data in a user-friendly format easy to filter to support both DCFS and POS accessibility and usability.	September 30, 2019
4.3.3	Upon validation and testing of usability of data available in the data warehouse a communication plan will be formalized and disseminated.	October 31, 2019
4.4.4	Examples of available data reports and the use of these data to identify and measure improvement will be communicated during the CQI Collaborative meetings and Provider meetings etc.,	December 31, 2019

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Improvement plan strategy implementation in process:

DCFS is pleased to note that several of the above-listed activities are already underway, as Illinois child welfare begins working towards improvement in the areas of child safety, permanency and well-being.

Safety Outcomes 1 and 2

Work is underway on those safety related Improvement strategies of:

- Early and often engagement identifying high risk intact cases where there are children age birth to three
- Implementation of the Model of Supervisory practice as a means for improving safety and risk assessments by providing more frequent and clinically focused supervision to direct service staff
- Reducing the worker to supervisor ratio to help support the improved supervision; and
- Increasing the number of licensed foster homes as means to reduce maltreatment in care.

Permanency Outcomes 1 and 2

- DCFS' new model for Child and Family Team meetings introduced in conjunction with the BH Consent Decree Recommendations has continued implementation with some preliminary anecdotal information from workers and families as to the positive, family voice and team approach to decision making, but challenged due to the workforce shortages and staff turnover in the private agencies.
- The service plan revision has continued moving forward with additional review and comment from stakeholders including parents and youth. Aligning the language of the Child and Family Team Plan with the revised service plan in order to reinforce family voice is a priority. (also see well-being)
- Casey is partnering with DCFS to improve permanencies when return home is no longer an option. A review of youth in this category are the focus of discussion, troubleshooting and purpose driven activities to move them to the place of permanency as quickly as possible.

Well Being Outcomes 1, 2 and 3

- Revision of the service plan specifically brings voice and ownership to families whose children are in care as well as those intact families with an intent to improve services with children that have an identified physical educational or mental /behavioral need.
- The use of Flex funds as a means for supporting individualize service array for both intact and families and youth in care is now accessible the SPIDER data base communication for improved utilization and identification of service gaps is underway and the intensive placement stabilization program is being used in areas of the state with continued intention of expansion.

Staff Training, Technical Assistance and Evaluation

Within the past five years DCFS launched its major learning and development implementation strategies: the Core Practice Model and Model of Supervisory Practice in

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the Immersion and Expansion Sites. These models have been incorporated into Illinois' Program Improvement Plan, and are a part of the goals and objectives outlined in the CFSP. The Office of Learning and Professional Development will work diligently to support the successful implementation of all of the goals and objectives outlined in the CFSP, and will support the Illinois' program improvement strategies in the following ways:

Goal #1: Provide logistical support as requested (registration, conference space, travel reimbursement for attendees, professional clock hours) for the Birth to Three roll out and clinical division motivational interviewing learning events.

Goal #2: 1) Support the Department's rollout strategy for Core Practice Model through the provision of Contracted trainers and mentors using a "train the trainers" approach to equip trained caseworker facilitators, supervisory coaches and agency mentors for both DCFS and POS agencies. 2) Emphasize the importance of the role of investigators in the engagement of fathers by using simulations for new investigators through pre-service Foundations and in-service workshops using simulations for veteran investigator and their supervisors. Simulation scenarios will include situations where investigators must interact with or seek out fathers using Family Finding to engage them in the investigative process. 3) Emphasize the shift in roles during the creation of the IA from the IA screener being lead on the interview process to the caseworker in pre-service Foundations and in-service with veteran caseworker and their supervisors and make modifications to the curricula to reflect procedural changes regarding the completion of the IA and service plan. 4) Rollout MOSP training throughout the state, utilizing feedback and lessons learned to drive implementation to DCFS and POS supervisors.

Goal #3: Support the diligent recruitment of foster and relative homes through the provision of and enhanced pre-service PRIDE and in-service PRIDE courses to better meet the trauma needs of the children in their care.

Goal #4: 1) Develop simulation in-service workshops for permanency and intact staff and their supervisors to support the improvement of the quality of the caseworker visits. 2) Develop pre- and in-service training content to support the enhancements to education works, physical, behavioral and mental health strategies.

Goal #5: 1) Implementation of multiple pre-service Foundation tracks for permanency and intact staff, based on the piloted Foundations Re-design to support the casework recruitment efforts. 2) Implementation of in-service learning and professional development activities within the first three to six month following hire to build staff's confidence and skill through peer-centered, facilitator- lead learning circles focused on practical application as a support to on the job training and supervision. 3) Development of a Foundations for Supervisor for supervisors with less than a year of child welfare supervision as a pre-cursor to the Model of Supervisory Practice. 4) Design and implement plan with Schools of Social Work to develop a pipeline of recruitment for both POS and DCFS caseworkers

Goal #7: Provide logistical support (registration, conference space, travel reimbursement for attendees, professional clock hours) as requested to the AOIC for the caseworkers, attorney, and judges learning events.

Chapter 4 – Update on Service Description

Sub-Chapter 4A - Safety Services

Introduction to Illinois Child Protection: Whenever possible, DCFS provides services that enable at-risk children to remain safely at home. When removal is necessary, every effort is made to provide services, which are also monitored by the courts, to ensure the child's safe return to their family or seek other permanency options that ensure the child's safety. Community-Based Child Abuse and Neglect Prevention programs and Child Welfare Services Intake programs provide additional tools to ensure children the safe, loving homes they deserve while preventing further trauma of family disruption.

When remaining at home simply is not safe, DCFS strives to place children with a capable, supportive and loving relative. Ideally, this is in the same community so that children may maintain important social bonds with family, friends, school and other emotional anchors. When a relative is unavailable or unable to meet a child's needs, DCFS relies on a broad spectrum of licensed foster families and other placement providers to provide the care, nurturing and love the children need and deserve until they may return home safely or achieve permanency through other means.

Critical Strategies to keeping children safe:

- Public education about the need to report abuse and neglect and other child abuse prevention campaigns;
- Fully staffing front line positions, in the hotline and in local child protection investigative units; and
- Re-engage partners across communities and child serving agencies to better meet the needs of families and address communities with historically high incidences of child abuse and neglect.

Child Safety and Well-Being: There are three primary components to keeping children safe. The following pages will describe Illinois' efforts in these crucial areas:

- Prevention
- Protection
- Partnership

Prevention:

With passage of the Family First Prevention Services Act (FFPSA), Illinois child welfare has a unique opportunity to alter the general mindset and change the focus of child welfare from removal of children from their homes, to enabling children to remain safe and well-cared-for in their homes. Increasing engagement with families through expanded and enhanced prevention programs, such as those described below, will be a benefit to all.

Intact Family Services

Intact Family Services are meant to provide reasonable efforts to preserve families to enable children to remain safely at home and avoid separation and/or placement of the children. Primary components of this performance driven program include:

- a) professional assessment of family issues that lead to the Department's involvement;

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- b) short-term arrangement of appropriate safety plans, if necessary;
- c) provision of direct intervention and linkage to community services;
- d) taking protective actions when appropriate.

The Intact Family Services program is designed to work with at-risk families who have been referred for continuing assistance and monitoring following a child abuse or neglect investigation with the Department of Children and Family Services. There are two types of family referrals: voluntary and involuntary (court ordered). It is anticipated that 50% of cases opened will be able to close within nine (9) months of service and 90% closed within twelve (12) months of service. The Intact Family Services Program is a statewide program, and services are provided by DCFS staff and contracted private agency staff. FY20 contracts for Intact providers were adjusted to reflect higher case rates. Contract language was also revised to clarify referral processes, casework expectations on high risk cases, available resources for Intact families, criteria for successful/unsuccessful case closure, programmatic outcome measures and quality assurance expectations.

The goals of the program are:

- o To enable children to remain safely at home
- o To ensure the safety, well-being and continued healthy development of children
- o To make reasonable efforts to keep families together
- o To address the issues that place children at risk
- o To avoid having children separated from their family and community in an out-of-home placement

Intact family providers are change agents that are expected to be knowledgeable of and networked with community and governmental resources available to families. Linkage to services beyond those provided through this program are vital to performance success in serving these families. Community resources include services as diverse as food pantries; Alcoholics Anonymous support groups; inpatient and outpatient substance abuse treatment programs provided through the Illinois Department of Human Services, Division of Substance Abuse Prevention and Recovery (SUPR) and the Child Welfare Integrated Services Program; other addiction support groups; used clothing and furniture outlets; church activity and support groups for adults and/or children; free or reduced price medical clinics; and shelters for battered women and their children. Federal or state supported services include public health clinics, mental health clinics, substance abuse treatment programs, local schools and the Department of Human Services.

State and community services to which a family is referred will largely depend upon the family's Client Service Plan that is developed with the input of the family, the findings of the DCFS Investigation Specialist, and the findings of the comprehensive assessment completed by the Intact family worker. Families will be linked to such services as; domestic violence services, parenting coaching or classes, substance abuse treatment, mental health services, day care services, early childhood intervention, housing and financial assistance either through Norman services or flexible funding as deemed appropriate, based on the assessments.

In addition to the entities mentioned above, Intact workers (both DCFS and private agency) also frequently collaborate with the Department of Human Services. Staff at DHS will triage with Intact service providers to assess for service needs and assist families in linking to the services this agency provides, such as home visiting services, and Women, Infant and Children's programs.

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DHS will also provide 6 months of ongoing day care services after the Intact Services case closes with DCFS.

Intact service providers work closely with court in cases where court intervention has become necessary, and with various community services providers for numerous services for our families. Some of the community agencies with which intact workers collaborate:

- domestic violence counseling programs and shelters
- substance abuse treatment providers will perform assessments, provide educational services, outpatient and inpatient services for clients
- community mental health agencies provide medication management, counseling and assessments
- Headstart and early intervention services are provided to younger children

The Department has the ability, through the Erickson Institute, to offer birth-to-three assessments for intact families with children in this age group. It is important to work with schools in supporting parents needing to obtain services for their children who may need assessments or other special services.

Currently, the Department is involved in a grant study to provide Intact Family Recovery Services for families identified with substance abuse issues in Cook, Winnebago, Boone, Will and Grundy counties. In this program, a recovery coach is co-housed with an Intact Family services caseworker and they work collaboratively with the family. The Department is working to develop a similar co-housed specialist program in the area of Domestic Violence.

County health departments often provide medical services for our families, and caseworkers should be familiar with and partner with these services providers as well.

It is the Department's approach that Intact caseworkers, supervisors, and managers all work collaboratively with service providers to enhance the services provided to intact families.

Goals moving forward:

Illinois' new Governor has commissioned a review and report from the University of Chicago's Chapin Hall regarding the Intact Family Services Program. The report was released in May 2019, and DCFS plans to follow the recommendations made. Intact-specific recommendations on which planning has begun to include: working closely with the court system to file petitions on Intact cases, should that be necessary; developing a case closing review system; and, ensuring the family has a support system in place at case closing.

The High Risk Intact program has become a major focus for the Intact program. The number of Intact staff at DCFS has increased, along with the Department's ability to serve High Risk cases. Additional staff will be hired, and the Department will also be supporting private agency workers in carrying High Risk cases. Evidence-based approaches to service provision will be considered, as well as specialized training for High Risk Intact staff.

At this time there is a daily review of new investigations on open Intact cases. Should there be a safety concern a notification is sent to the Intact case worker and supervisor for their response, to be received within 24 hours. Daily reports are generated on these investigations, along with cumulative data, that will be assessed, perhaps using predictive analytics, to determine any discernable patterns. Quality Enhancement Support Teams (of the Office of Quality

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Enhancement) review intact cases based upon designated high risk and priority allegations. Quality Enhancement also then partners with Intact for special focused reviews as needed. A relevant Dashboard will be created for outcome measures for Intact Services. Outcome measures will be determined with the input of the Child Welfare Advisory Front End committee and Quality Enhancement, as well as Agency Performance Team management.

It is anticipated that work with Illinois' Program Improvement Plan and the Family First Prevention Services Act will enhance programs that Intact and our community partners already provide. While these will improve the quality of the Intact program and increase responsiveness to our providers, additional intact team members have been requested to support the processes that are currently in place. It is helpful to note that Intact cases have increased significantly over the past several years:

Fiscal Year	Intact Cases	Children Served
2012	601	1599
2013	2928	7416
2014	7283	18360
2015	6801	17548
2016	5941	15126
2017	6534	16318
2018	7268	18438

Continued growth is anticipated in the program. In order to ensure Illinois child welfare can meet the needs of this increasing population, adequate staff must be prepared to provide services.

Safe Families Program

The Safe Families for Children program was developed in 2002 by LYDIA, a Chicago based Christian social service agency, in partnership with churches, ministries, and local community organizations to offer voluntary placement arrangements to families whose children are at risk of being removed from their custody by child protective authorities. Safe Families for Children ("SFC") is a program oriented to prevent child abuse recurrence and removal into state protective custody by recruiting and overseeing a network of host families with whom parents can voluntarily place their children in times of need. Families retain legal custody and voluntarily place their children with SFC host families. The families share decision-making authority, and SFC volunteers and paid staff serve as case coordinators for the birth parents and the host families. The average length of stay is 45 days, with ranges from 2 days to 2 years.

Families are referred to the Safe Families program in several ways. First, if the Child Protection Investigator and Supervisor determine that Safe Families may be a viable option for the family,

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the service is discussed with the family and if the family agrees to utilize the program they are referred. They may choose to use the temporary placement option or services such as in-kind assistance or Family Friends, volunteers who are a supportive resource for the family. Parenting instruction can also be provided. A Safe Family caseworker is assigned, and they also work with involved DCFS staff.

About 50% of the families involved with Safe Families are reported by the agency to be self-referred. Finally, another mechanism for referral is through the Intact Family Services Program. Again, if there is a situation where the family would benefit from the support of temporary placement services for the children, the Intact provider can refer the family. The Intact worker and the assigned Safe Families worker serve the family together.

While the temporary home stay is one of the programs provided by Safe Families, there are three additional programs by which more children are served. These additional programs are listed below:

- Family Friends - are volunteers who provide parent mentoring, babysitting, transportation and other supportive services to families;
- Resource Friends - are volunteers who donate a variety of items (beds, clothes, etc) or services to families in crisis;
- Family Coaches - are volunteers who visit host families, monitor the children in a home stay, and help families connect to resources.

When these cases are also served by DCFS Intact programs, services are coordinated with the caseworkers from both agencies as a partnership.

Safe Families is a statewide program, with 90% of children being returned to their families when service is complete. Safe Families offers ongoing relationships between the host families and biological families, which provides as extra support system for the children and family.

In FY18, 690 children were served in the program, with 540 children hosted during the year. In the first three quarters of FY19, 113 referrals were received from DCFS and private agencies. From those referrals, 173 unduplicated children were hosted, and 128 child welfare families utilized Family Friends during this same time period.

Goals for the coming year:

Safe Families is recruiting new host families and volunteers, and hiring staff in areas of identified need, and working planfully with Illinois' response to the FFPSA in anticipation of a greater need for the prevention services provided.

In conjunction with a grant from the Arnold Foundation and assistance from DCFS, Safe Families participated in a randomized study to assess the efficacy of this program. The final evaluation will be forthcoming in FY20. Current trends observed during the evaluation phase of the study, revealed that, especially in the downstate regions, children and families who engaged with Safe Families were less likely to come into care at a later date, and the rate of repeat maltreatment is lower among these families. Based on these preliminary findings and the continued use and success of this resource across Illinois and other states, the Department has increased funding to recruit more host families statewide.

Family Advocacy Centers

There are thirty-three Family Advocacy Centers (FACs) operated by twenty-two service providers located throughout the State of Illinois. Family Advocacy Centers maintain a focused holistic prevention approach that builds on a family's existing strengths. The FAC focus is to serve a combination of families who have already been involved with DCFS and families who may not have been involved with DCFS but who have children age 6 and under and may be at greater risk of abuse and neglect.

FACs provide support to parents to follow through on their goals that will allow them to preserve and/or reunite their families. The FACs tailor services to the unique needs of the communities they serve. Core Services that all FACs offer to all clients include advocacy, mentoring, parent support and training, general counseling, employment readiness training, family and youth development, and services for young adults (ages 18-21) including Financial Literacy Training. FAC Providers are expected to use evidence-based models of practice. All services provided by Family Advocacy Centers are free of charge.

All FAC Providers are expected to form community linkages to form a provider network of services including those offered by government agencies. These linkage services must include but are not limited to:

- Housing programs
- DHS Services: WIC, TANF, Medicaid, SNAP, healthcare, childcare
- DCFS Extended Family Support Program
- Substance abuse programs
- Mental health programs
- Domestic violence programs

In addition to traditional counseling, referrals and training services, the FAC's may also offer the following services: intensive mediation services, counseling for women and children who are victims of domestic violence, after school, summer and out-of-school programs, parent coaching, mentoring, classes in English and Spanish, execution of intervention strategies to support family reunification, and court-ordered supervised child visitation for non-custodial parents who are involved with DCFS and in the general community.

Each FAC provider has a specific array of services that is responsive to their communities as well as the core services. Most offer parenting classes or other types of family enrichment programs. Referrals are accepted from DCFS and private agency staff, child protection staff, community stakeholders and self-referrals. Most FACs do not have geographical service boundaries, and work directly with DCFS Field Offices and partner with intact and placement caseworkers to provide an extra set of hands, ears and eyes on cases needing additional attention. FAC staff can attend Child and Family Team Meetings and participate in other clinical staffing meetings as needed, as well as provide information for court reports.

The Department remains committed to ensuring that Family Advocacy Centers are trauma-informed and family-centered. All FAC providers work collaboratively with "Be Strong Families,"

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an agency contracted by the Department to provide Parent Cafes and quarterly trainings to FAC Advocates. Additionally, FAC staff are encouraged to take the pre-foundation orientation training for DCFS employees to familiarize themselves with the Department and its basic procedures.

Goals for the coming year:

Each year FAC program staff meet with Be Strong Families staff to program trainings for the next fiscal year. Currently FAC program staff are identifying and meeting with behavioral health providers who are able to teach Mental Health First Aid at Work to FAC providers in relation to adults and children under a Substance Abuse and Mental Health Services (SAMHSA) grant. The training is designed to inform professional, para-professional, and non clinical staff to notice and support an individual who may experience a mental health or substance abuse crisis. The training is free of charge. It is anticipated that the initial training will take place during the first quarter of FY 2020. Individuals who complete the training will also receive a certificate of completion and a community resource book specific to their geographical area.

The FAC providers continue to expand their community networks. During the next reporting period the FAC providers will work more closely with the DCFS Extended Family Support Network through the Kinship Navigator Program. DCFS surveyed the EFSP contract providers and those that responded stated that at least 50% of the families they serve could benefit from services provided by Family Advocacy Centers. The Department will use funding from the Kinship Navigator Program to help these families prosper by referring the families to FAC agencies.

Services offered by Family Advocacy Centers are also part of the Illinois FFPSA plan that the Department is scheduled to begin, with an anticipated increase in the amount of referrals from Intact Family Service workers as well as for youth who are aging out of care.

As funding becomes available, the Family Advocacy Program continues to expand their service areas either through satellite sites or new centers in areas of demonstrated need.

FAC program staff will continue to develop program evaluation tools during this reporting period including the ability to track Kinship Navigator participants and to identify where services are being provided either in a classroom or office setting or in a home setting.

Be Strong Families

Be Strong Families (BSF) will continue implementation of its Building Protective Factors with Child Welfare Involved Families program as part of the Department's federal five-year CFSP by partnering to develop transformative conversations among child welfare audiences that nurture the spirit of family, promote wellbeing, and prevent violence. Through this program BSF annually provides over 425 service events statewide to its target audiences with services occurring evenly between Illinois' downstate and northern regions. Services include training workshops and Café peer-to-peer support service events that will build and strengthen the Strengthening Families™ Protective Factors and YouthThrive Protective and Promotive Factors.

Efforts will serve the following target audiences:

- Birth parents
- Youth and Young Adults in Care

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- Foster Parents

In addition, BSF offers a menu of trainings for child welfare professionals from DCFS and private agencies and Family Advocacy Centers. These trainings focus on strengthening worker-parent engagement skills, and improving relationship-based and trauma-informed practices.

Services with child welfare involved families are focused on

- promoting timely reunification for Birth Parents with placement cases
- supporting birth parents and caseworkers in developing stronger relationships
- supporting Foster Parents in building a strong network of support and reducing placement disruptions
- assisting youth in care as they prepare for their transition into adulthood by educating them on the CSSP YouthThrive™ Protective and Promotive Factors and Strengthening Families™ Protective Factors and understanding parenting as a life skill.

In implementing this program, BSF collaborates with approximately 80 agencies annually who have direct access to the clients and assist by providing the service setting. These partners include multiple DCFS locations, Family Advocacy Centers, Transitional Living Programs, and other child welfare family & youth service agencies.

Goals moving forward:

BSF plans to continue providing a similar service array, adding new topics and sessions to meet the changing needs of its target audiences. In the next year and beyond, birth parents will report a change in attitude toward their relationship with their caseworker and feeling more confident that they can do what it takes to get their kids back. In addition to increasing their network of support, services will assist Foster Parents in learning about new community resources available to them, and increasing the promotion of trauma-informed parenting practices such as maintaining family connectedness, trauma stewardship and working with their foster kids to create Lifebooks.

Services for youth and young adults will offer new tools and skills to help them transition towards independence and in feeling more confident that they have a good life and can handle whatever challenges arise. Professionals will also benefit from learning new tools, skills and strategies that will assist them in their role and have them feeling more confident in engaging parents in a strength-based, appreciative manner.

Program metrics and outcomes also serve to compliment Illinois child welfare priorities identified in the most recent Performance Improvement Plan (PIP) Goals to:

- Improve timelines to permanency;
- Effectively meet the needs of children and youth while in care;
- Engagemothers and fathers early and often throughout their department involvement; and
- Support the workforce to effectively and consistently engage children and families.

Extended Family Support Program

The Extended Family Support Program (EFSP) is a statewide program that provides services to stabilize the home of a relative who has been caring for a relative's child for more than 14 days. The services aim to avoid involvement of the relative and child in the child welfare system. The

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program provides services through seventeen contracted private agencies. The Department recently lost a provider serving the LaSalle County and less populated counties around it. Otherwise the program serves the entire State.

Services provided by EFSP include:

- Assistance with obtaining guardianship in the local probate court;
- Assistance with obtaining a child only grant, subsidized day care and other entitlements;
- Assistance with enrolling children in the school district where the relative caregiver resides;
- Cash assistance for items needed to care for the child.

DCFS employs one EFSP Program coordinator. All referrals to EFSP agencies are made by the EFSP Coordinator. The coordinator also tracks client progress for all clients referred to the program, requests and reviews criminal backgrounds and accepts bills from the providers and determines if the providers are billing appropriately. The coordinator also monitors services that the seventeen contracted agencies provide to the clients.

One of the major goals of EFSP is to insure the relative has obtained guardianship of the relative child(ren). EFSP client closing reports submitted by EFSP providers consistently show that the providers were successfully helping the relative caregivers obtain guardianship for two-thirds of the cases DCFS approved for this assistance.

Most EFSP referrals (more than 80%) are made by relative caregivers calling the DCFS child abuse hotline seeking services. The rest are made by the Division of Child Protection (DCP) and DCFS and private agency intact teams. DCFS recently made changes to the program which will increase the number of referrals from DCP and intact teams. Through new Procedures approved at the end of 2018, DCFS now allows both DCP and intact teams to keep their cases open 30 days after referring a family to EFSP. Another change is that intact teams can refer relative caregivers on intact cases that have been open for more than 45 days. These changes will likely result in an increase in the numbers of cases referred from DCP and intact teams.

The contracted EFSP providers become familiar with applying for guardianship hearings as well as develop relationships with local court personnel and the judges who hear the cases for guardianship. EFSP workers also need to become familiar with Illinois Department of Human Services (IDHS) Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and subsidized childcare policies. EFSP workers often find that IDHS is not as familiar with services for relative caregivers and often make mistakes when reviewing relative caregiver applications for assistance. Similarly, public schools are not as familiar with rules governing enrollment of children living with relatives. The EFSP workers often need to help relative caregivers through these processes.

In 2018, changes were made to the EFSP to allow more relative caregivers to obtain guardianship. Previously, relative caregivers needed to meet some of the same standards DCFS uses to approve foster parents before DCFS would allow EFSP providers to help a relative caregiver apply for guardianship. DCFS would run a criminal background check on the caregivers, and if they could not pass this check, then EFSP could not assist with the guardianship. (DCFS would step in and remove a child from a caregiver's home for only the most heinous convictions, like child molestation.) Now, EFSP can help relative caregivers apply for guardianship before the criminal background is returned. This will likely increase the number of relative caregivers who will receive guardianship, as well as decrease the time it takes to obtain guardianship.

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Goals moving forward

In the Summer of 2018, DCFS applied for and received over half a million dollars in federal kinship navigator funding to enhance EFSP. While EFSP was created to stabilize relative caregiver families, it has not focused as much attention to help these families thrive. A part of the kinship caregiver funds will be used to refer EFSP families to Family Advocacy Centers (FACs) that provide services like parenting classes, parent coaching, tutoring, family group sessions and counseling or referrals for counseling. The EFSP Coordinator will track EFSP families referred to FACs and will be able to report annually the number of EFSP families referred to FACs.

Other ways the kinship navigator funding will be used to support caregivers and their families:

- DCFS will hire a kinship navigator specialist to increase the quality of the services the contracted EFSP providers will provide. The kinship navigator would also be responsible for:
 - Maintaining a 1-800 number which will be available for relative caregivers and others seeking information.
 - Creating and maintaining a kinship navigator website
 - Creating and staffing a kinship caregiver task force to recommend policies and practices that will assist relative caregiver families.
 - Creating local kinship caregiver support groups

It is hoped that these strategies will not only provide needed support and assistance to current relative caregivers, but will also encourage additional families to seek this service in order to stabilize children in their home.

The Department applied for more than \$500,000 again in March 2019 to continue to expand EFSP in this manner. Part of this additional funding will be used to study the program's impact on relative caregivers, as the federal government has advised that after this year, kinship navigator funding will not be offered, but that child welfare agencies can make this part of their plans for Family First funding. EFSP services meet the goals of Family First as it provides services to stabilize these relative caregiver families so that the child does not end up later in DCFS custody.

Norman Services

Norman Services assist families who lack food, clothing, housing or other basic human needs that place children's safety at risk and would otherwise necessitate their removal from the family or would be a barrier to family reunification. The Norman Services program was created in response to a lawsuit against DCFS which led to the Norman Consent Decree. The statewide program provides:

- Cash assistance to purchase items needed to care for the children that the family cannot afford to purchase themselves;
- Assistance in searching for and maintaining housing; and
- Expedited enrollment for Temporary Assistance for Needy Families (TANF) so that children in DCFS custody may be returned home within 90 days.

Cash Assistance is requested by child protection workers and their supervisors, and must be authorized in the Norman Payment Authorization System. Norman Cash Assistance is entered

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into that database and then requests are forwarded to one of sixteen contracted Norman Cash Assistance Providers located throughout the State. DCFS supervisors can also approve requests for Norman housing advocacy services, which are provided by fifteen contracted private agencies throughout the State. All requests for Norman cash assistance and housing advocacy made by private agency child welfare workers (and some requests made by DCFS workers) are submitted to one DCFS employee: The Purchase of Service (POS) Norman Liaison. The POS Norman Liaison approves thousands of requests for services each year. Below are the numbers of families served by these programs since FY17:

Fiscal Year	Families - cash assist	Families - housing assist
FY17	2,187	1,109
FY18	2,730	1,193
FY19 – Q 1, 2, and 3	2,495	1,157

The program has had enormous growth over the past couple of years. However, many housing advocacy providers have been at capacity in the latter half of FY18 and much of FY19 and often could not accept new referrals. Other options have been given to prevent homelessness of children and families:

- Effective program monitoring and training has increased the effectiveness of the housing advocates. Even though most families referred have extremely low-incomes, poor credit scores and little history successfully maintaining housing, DCFS consistently reports that approximately three-fourths of the families served are housed when they leave the program.
- The housing advocates have created a secondary goal of diverting families from becoming homeless when the family does not have the income or other resources to obtain housing on their own. This may include providing supports so the family is able to live with friends and family members. These efforts have kept hundreds of families from entering shelters.
- The Family Unification Program (FUP) continues to expand. FUP provides a housing choice voucher to families who have children who are in danger of being placed in, or cannot be returned home from, DCFS care due to inadequate housing. FUP is administered by local housing authorities, but Illinois child welfare refers all families served by the program. Housing authorities in Illinois currently have 1,678 FUP vouchers, most of which serves Norman certified families (FUP can also serve youth who are aging out of, or have aged out of, DCFS care).

Goals for the coming year

The Department is considering how it will keep up with increasing demand on the program, including ways to expand the Norman Cash Assistance Program. Such expansions could help meet the needs of new families as Illinois child welfare considers other expansions in response to the new federal Family First funding.

There is also a need to ensure that all of the counties in the state are covered by the Norman Housing Advocacy Program, as the program lost the provider for 4 north central Illinois counties this past year. New providers are being sought that can serve this area of the state, as well as augment areas that need more services. There are currently fifteen housing advocacy providers located in nineteen offices around the State, but the Department plans to add two more housing advocacy providers in FY20. There may be a need to consider new housing advocacy rates or

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payment models to encourage existing providers to hire more housing advocates and to find housing advocacy providers in areas of the state that are not currently served.

The Department has challenged child welfare workers to employ the "housing first" model when serving families with children in care. Many workers have advised that they struggle to serve homeless families because the family is more interested in meeting their housing needs than the other issues that the workers feel are more important. Workers have been guided in realizing that providing housing first can help them develop their relationship with the family. Housing the family first will also stabilize the family, making them more likely to attend court and participate in other services. By employing a housing first model, there will likely be an increase in the number of children returned home, while decreasing the amount of time children spend in care.

Youth Housing Assistance Program

The Youth Housing Assistance Program (YHAP) provides housing advocacy services and cash assistance to youth under the age of 21 who are aging out, or have aged out, of DCFS care. The program intends to prevent youth from becoming homeless after leaving DCFS care, and some assistance is provided to youth under the age of 21 who have a previously closed case, to prevent the youth from re-entering foster care.

Number of Youth Served		
Fiscal Year	Cash Assistance	Housing Assistance
FY17	95	216
FY18	121	274
FY19 – Q1, 2 and 3	96	248

Cash Assistance is requested by caseworkers and their supervisors for youth with open cases, and youth housing advocates and their supervisors request assistance for youth with closed cases. The YHAP Coordinator and supervisor approve cash assistance requests, it is entered into the database and then requests are forwarded to one of eight contracted Youth Cash Assistance Providers covering the state. The YHAP Coordinator also approves requests for Youth housing advocacy services, which are provided by fifteen contracted private agencies throughout the state.

The Department has collaborated with local homeless Continuums of Care (CoCs) which are networks of community agencies that serve and house homeless individuals and families (including youth who have aged out of care). There are twenty CoCs in Illinois, and DCFS is currently working with three local CoCs to apply for federal funding to end youth homelessness. The program will provide funding for housing and services to homeless youth, including youth who aged out of DCFS care.

The Department also helped local housing authorities apply for Family Unification Program (FUP) housing choice vouchers (also known as Section 8). While FUP usually serves families, it can also serve youth who are aging out, or have aged out, of DCFS care. In July 2018, The Department successfully assisted the Chicago Housing Authority, the Housing Authority of Cook County, the Lake County Housing Authority and the Madison County Housing Authority obtain new funding for FUP housing choice vouchers.

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In addition to those housing authorities, the DuPage, Rock Island, Springfield and Williamson County housing authorities will accept FUP referrals for youth and are currently accepting referrals for vouchers. The Winnebago County Housing Authority also accepts youth to their FUP but does not currently have vouchers available. Youth referred to FUP must receive follow-up services for eighteen months after they are housed. To meet this requirement, DCFS sought and received federal approval to use their Independence Facilitation Grant funding to provide housing advocacy and cash assistance to youth referred to FUP until they turn 23. DCFS is unique in its efforts to reach out to housing authorities across the State to utilize FUP in this manner.

The biggest obstacle facing DCFS is that the contracted Youth Housing Assistance Program coordinator contract is not being renewed in FY20.

Because of changes to FUP and the decision to allow DCFS to use Independence Facilitation Grant funding after the youth turns 21, it is likely that the number of 21 and 22 year old youth served through the program will increase.

At this writing the Illinois State Legislature has been discussing bills in both the House and Senate regarding coordinating services for youth who have aged out of care. While the bills differ, they all agree that DCFS and other state agencies and private entities, as well as the youth themselves, need to address this issue together. This is an opportunity to make real changes to policies and practices both inside and outside of DCFS.

Public Education

The DCFS Communications Office conducts ongoing efforts to connect parents, caregivers and the public with child abuse prevention and child safety information across Illinois. The Office coordinates media outreach for the Department across the state, serves as a liaison for the Department with the media and manages major media campaigns on programs and services.

The Communications Office has a number of other duties:

- Focuses on promoting positive media stories to recruit foster and adoptive parents on television, radio, online blogs, newspaper articles, and social media platforms, including Facebook, LinkedIn, Twitter, and YouTube.
- Collateral materials with all of the Department's prevention and education messages are distributed at approximately 100 events annually through the Office.
- Serves as a spokesperson for the Director and for the Department as a whole and interprets Departmental policies and actions for the media, Department clients, and the public.
- Manages the Department's presence on Facebook, Twitter, YouTube, Instagram and LinkedIn. The office also manages the Department's internal "D-Net" website accessible by staff and our private agency partners; and the Department's public-facing website (www2.illinois.gov/DCFS).
- Serves as liaison between the Department and the Governor's Communications Office, lawmakers, other state agencies, federal regulatory and budgetary agencies, the public and the media.

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- Collaborates with state and local private providers, agencies and community members to work together to improve safety for children and families.
- Partners with businesses, nonprofits, law enforcement, public and private schools and churches for initiatives like Child Abuse Prevention Month; letting child victims know that help is available by calling the hotline; the Safe Sleep Campaign to reduce the risk of Sudden Infant Death Syndrome; and Water Safety Campaign reminding parents of safe practices to avoid accidental drowning.

Goals moving forward

The State of Illinois is facing a shortage of foster caregivers and licensed foster homes. To reverse this trend, the Communications Office is leading the development of a state-wide comprehensive five-year plan to attract, recruit and retain qualified caregivers that are willing to support youth in crisis and provide safe and stable placements in licensed foster homes across the state.

Plans for this initiative in FY20 include:

- creating initial marketing collateral for recruitment
- development of a tracking system for recruits
- information gathering, analysis and role defining for key stakeholders
- clearly define data metrics
- defining measurable outcome goals set to address the most pressing placement needs of children and youth in care. This includes targeting families to support: children and youth in need of specialized care; those in sibling groups, are dually involved, LGBTQ, African American adolescents, pregnant teens, or require bilingual (Spanish speaking) home placement.

ABCs of Safe Sleep Campaign: This ongoing campaign educates parents and caregivers about safe sleep practices to reduce the risk of Sudden Infant Death Syndrome and other sleep-related deaths through traditional earned media outlets. In fiscal year 2020, the Communications Office is developing a state-wide "safe sleep environment" campaign focused on sharing safe sleep information to the public through a targeted social media campaign and through experiential marketing efforts. The goal of the effort is to reach specific communities where consumption of traditional media is dropping off and new practices are required to impact public awareness. By the end of the fiscal year, the Office will include the "safe sleep environment" campaign in five community based events and develop a targeted social media campaign utilizing the Department's Facebook, Twitter, YouTube, Instagram and LinkedIn channels.

LGBTQ foster parent recruitment: Illinois DCFS partners with Let it be Us and other private agency partners to present the town hall-style event Foster and Adopt our Children – Recruiting within the LGBTQ Community and for LGBTQ Children. As part of the development of a comprehensive state-wide recruitment effort, the Office will host three LGBTQ specific foster and adopt recruitment events in regions across the state.

Protection

An integral piece of safety intervention is protection. DCFS must ensure the safety and protection of our most vulnerable resource, the children of Illinois. This requires a well-trained and responsive Child Abuse and Neglect Hotline along with sufficient numbers of well-trained investigators to handle the reports initiated through the Hotline. High risk intact services can provide the support and education a family needs to remedy those situations that place children at the highest risk before there is a need to enter into foster care system or a child is injured. These programs are discussed below.

Child Abuse Hotline

Each year, the Illinois Department of Children and Family Services (IDCFS) Hotline workers respond to over two-hundred thousand calls alleging abuse and neglect of children. The goal is to process every call with a sense of urgency to ensure child safety. Training and comprehensive procedures, as well as clinical supervision and consultation, are tools in place to assist staff in thoroughly and accurately assessing child safety.

The Hotline is operational 24/7, 365 days per year and serves the entire state of Illinois. Callers to the Hotline may be mandated reporters such as school teachers, law enforcement and medical staff or non-mandated reporters such as family and neighbors. The focus of the Hotline is ensuring child safety by conducting thorough clinical assessments and determining if the criteria is met for a child abuse/neglect investigation based on the Abused and Neglected Child Reporting Act (ANCRA). Should the report not meet the criteria for investigation, the Hotline staff will also screen to make possible referrals for child welfare services, licensing referrals, and referrals to the Child Advocacy Centers. There are 116 Child Welfare Specialist assigned to 5 different shifts. There are 10 supervisors, one for each team.

The Hotline's work is mostly receiving and processing information; however, there is information sought from two key state agencies: Department of Human Services (DHS) and Secretary of State. With DHS, the EIS (Integrated Eligibility System) is utilized to access public aid information. This information allows workers to verify demographic information regarding subjects reported to the Hotline. With Secretary of State, workers are able to run license plate number checks on unknown subjects reported to the Hotline, if the reporter has a license plate number available to provide.

Goals for the coming year

A priority project for the Hotline is to increase efficiency, reduce redundancy, and eliminate manual processes for our workers. This effort directly affects child safety, as staff are working towards processing calls in real time.

The Hotline's goal: To decrease the message-taking rate and increase the percentage of calls handled and assessed when a caller calls in the first time. The table below represents the Hotline's goals for the next 5 years.

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	Message-taking goals	Answering call goals
FY19 (through Q3) <i>actual</i>	58.6%	39%
FY20 Benchmark	55%	44%
FY21 Benchmark	50%	50%
FY22 Benchmark	40%	60%
FY23 Benchmark	30%	70%
FY24 Benchmark	25%	75%

The steps to reach the goal are two-fold and large initiatives.

The first step the Hotline is taking to meet the goal is to partner with OITS/DoIT (Information Technology) to identify and correct problem areas in the Statewide Automated Child Welfare Information System (SACWIS) in order to improve efficiency of processing intakes. The focus area is to put all work into the SACWIS system so that it is trackable and able to be assigned to the field directly rather than a manual assignment. Work is being done to enhance the system's ability to do more of the processing so as to eliminate duplicate steps and reduce the ability to make errors. The outcomes of this project will be able to transfer should the Department no longer use SACWIS and enter into another Child Welfare Information System (CWIS). The changes will be accomplished through meeting on a monthly basis. Goals are the following:

- FY20 systemic issues will be identified along with the potential fixes and estimated timeframes
- FY21 the goal is to have 25% of the fixes completed
- FY22 the goal is to have 50% of the fixes completed
- FY23 the goal is to have 75% of the fixes completed
- FY24 90-10% of the fixes completed or conversion to a new application

The second step the Hotline is taking to meet the goal is to fully operationalize the Online Reporting System. This will be done through education and publication to all potential users statewide. The on-line reporting system reduces the call volume and the hotline is able to process on-line intakes in about the half of the time it takes to take a phone call, assess and document the information in the SACWIS system. Goals are the following:

- FY20 - a strategy for education and publication to all potential users will be developed for Northern, Southern, Central and Cook Regions
- FY21 - at least 1 region will be fully educated and received all publications
- FY22 - at least the second region will be fully educated and receive all publications
- FY23 - at least the third region will be fully educated and receive all publications
- FY24 - the last region will be fully educated and receive all publications.

Child Abuse Investigations

The Division of Child Protection's major purpose is to ensure the safety of children with a focus on maintaining the child with their family of origin, but when that is not possible, removing the child to foster care to support reunification or another permanent, safe and stable living alternative. The Abused and Neglected Child Reporting Act (ANCRA) identifies that only DCFS child protection investigators can investigate claims of abuse/neglect. Clients served are the

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families of Illinois and the authority by which DCFS can intervene with a family is outlined within ANCRA. Over the State there are approximately 730 staff serving as investigators.

Child Protection workers could not do their jobs without the vast array of stakeholders who often share our goals:

- Other state agencies such as the Departments of Human Services, Healthcare and Family Services, and Public Health manage programs such as daycare, WIC, home visiting nurses, Individual Care Grants, and child support. These programs are vital to many families and also provides another set of "eyes" to help us ensure children are safe.
- Local court systems, attorneys and Judges assist investigators with orders of supervision, filing petitions, and determining the best outcome for a child.
- Law enforcement and DCFS investigators work closely together and depend on each other when conducting tandem investigations.
- Child Advocacy Centers are also a key stakeholder in setting up multidisciplinary teams and forensic interviews to investigate abuse.
- Private agency partners are relied upon daily, as they currently hold approximately 80% of all intact services and families.
- School systems are key partners as children can be at school up to eight hours daily and this is often a safe place for them in which they feel comfortable in revealing their abuse/neglect.

Goals over the coming years

Over the next five years the Division of Child Protection will

- Continue to work on filling vacancies quickly and continue using the "pipeline" to have staff boarded and ready to step into vacancies
- Ongoing monthly calls and reviews of staffing levels will be maintained
- Assessment for a reorganization of the Department is in process to enforce accountability and expedite investigative findings. This assessment and possible reorganization should be completed within the next six months.
- DCFS is engaging in the Four Disciplines of Execution and is addressing behavioral changes in investigators to improve engagement with families, ultimately hoping to reduce the number of deaths and serious harms to children three and under.
- With the new Family First legislation and a focus on prevention, Child Protection will also be assessing and making a determination regarding implementation of an alternative response program as an alternative to a child protection investigation.

Strengths and Challenges of Safety Services

Illinois has built a Safety Intervention System over the years and continues to enhance and refine this system by developing new processes, updating tools, creating expanded partnerships, and focusing on the importance of good supervision and critical decision making. Illinois still leads the nation in numbers of children deflected from removal. Every time a child is removed from their family trauma is experienced by that child which may have a lasting impact on their daily functioning. DCFS focuses on children remaining safely in their family homes.

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The Department works closely with community partners such as private agencies, Family Advocacy Centers, Child Advocacy Centers, local medical, mental health and substance abuse providers among others. While the Department maintains strong, positive relationships with community providers, there remain some gaps in services that were lost during the budgetary crisis in Illinois that have not yet been “rebuilt”. The Department remains dedicated to these providers and helping them reinstitute services.

There also continues to be challenges to the commitment to safely serve families in their homes. Calls to the Child Abuse/Neglect Hotline have risen over the past three years rather than the decline observed over the prior twenty years. Increased calls have resulted in a higher rate of investigations and necessary manpower for both investigative and intact family services to support the families. The Department has reassessed required degrees for investigative positions and reduced the experience criteria to bring in new candidates. Additionally, DCFS has developed a pipeline of trained, waiting workers to go into vacant positions, avoiding the lengthy hiring delays experienced in the past. This will continue to be assessed over the next five years.

The Department is assessing the organizational structure developed in 2012 to determine if it is the best structure to serve families at this time. The next five years could see some changes to that organization.

Private Agencies maintain 80% of the intact family caseloads and the focus is currently to build experienced high risk intact teams both within the Department and with our private agency partners to better serve the families we are seeing today.

To assist parents in safely raising their children, prevention services must begin before abuse or neglect occurs. With the current Family First federal legislation, the Department will be identifying the candidate group for intervention and deflection and begin building services to enhance the entire prevention continuum.

Partnership

Although DCFS is charged with the responsibility to care for and serve the families of Illinois, there are other entities also working in this endeavor. It is therefore a chief priority for the Department to continue our efforts to forge partnerships with our sister agencies as well as law enforcement, schools, medical providers, and numerous community organizations. Below will be described a number of agencies and programs with which DCFS collaborates in partnership.

Human Trafficking Program

The Statewide Human Trafficking Program, Dually Involved Youth and the Shelter are under the Division of Delinquency Prevention and Restorative Justice (ODPRJ). The Statewide Human Trafficking Program Manager coordinates and administers programs for children and youth that detects, intervenes and prevents human trafficking, whether the youth is confirmed, suspected or considered a high risk of trafficking.

This Division consists of a Statewide Program Manager, who monitors this population across the State of Illinois. This program is adding services and providers to work with this population. Contracts are being formalized, services are being vetted and efforts continue to be made to insure that this population has comprehensive specialized services to address their needs.

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At this time, the Department has a group home contract for 2 out of 6 beds, with the only Safe House in Illinois for female victims of trafficking under the age of 18. This partnership allows the Department to place female victims of trafficking in a home environment to continue their recovery.

For fiscal year 2018 there were 332 calls to the hotline alleging trafficking. Of this number 44 cases were indicated and 10 are still pending. Approximately, 300 current youth in care are confirmed victims of sex trafficking. National Studies identify youth in care as a very vulnerable population to Traffickers. The Department is seeking to contract with an organization to provide prevention education to youth in congregate care settings across the state, in an effort to reduce their risk of victimization and increase their knowledge of the tactics traffickers use to lure young people into that life.

The Human Trafficking Program collaborates with Child Advocacy Centers, Law Enforcement Personnel, the National Center for Missing and Exploited Children, Community Trafficking Programs, Trafficking Task Force Organizations across the state as well as any providers who work with trafficked victims/survivors (youth and adults) across the country.

Goals are as follows

- Development of specialized placements in Illinois for human trafficking victims by January 2020.
- Roll out of various prevention curriculums for congregate care facilities statewide by January 2020.
- Intervention Curriculum for our confirmed victims of trafficking by June 2020.
- Piloting of Assessment Tools to identify victims of trafficking at the investigation level by January 2020.
- Finalization of an Assessment Tool to be utilized to identify victims of trafficking at the investigation level by August 2021.
- Inclusion of human trafficking dynamics on the CANS for use by placement and congregate care staff by September 2020.
- Roll out of updated web-based human trafficking training across the state of Illinois for all staff and POS providers by January 2020.
- Revisions, updates and rollout of the Departmental operational methods, practice and policies related to Victims of Human Trafficking by January 2020.
- Development, implementation and a functioning Departmental Multiple Disciplinary Team for youth in care who are victims or at a high risk of becoming trafficking by September 2019.

Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)

MPEEC is a consortium of the Chicago Children's Advocacy Center (CCAC), John H. Stroger, Jr. Hospital of Cook County, and the University of Chicago Comer Children's Hospital. The MPEEC program is directed by the University of Chicago; the program process is based upon a multidisciplinary team (MDT) model and has a medically trained clinical coordinator who shepherds the necessary interagency agency real time collaboration between the medical child abuse expert, law enforcement and DCFS investigators which culminates in a comprehensive medical opinion which must include a final medical opinion regarding the manner of a child's injury.

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Both children's hospitals are recognized child maltreatment centers that commit to maintaining child abuse pediatric directed child interdisciplinary child advocacy and protection teams which provide clinical care to children with concerns for all forms of child maltreatment; and a robust commitment to academic and educational efforts that include the MPEEC two day trainings on medical aspects of child maltreatment.

Since 2000, all children who reside in Chicago that are less than 3 years of age who have been reported for head trauma and bone fractures have received the real time interagency MPEEC response. Additionally, MPEEC offers to DCFS access to child abuse pediatricians for expert consultation. MPEEC hospitals are recognized by the medical, child welfare, criminal and legal communities as centers for child abuse medical expertise. Annually there are about 200-225 MPEEC cases and in addition, between the two hospitals more than 1500 children receive services from the child advocacy and protection teams per year.

The MPEEC program will continue to provide consultation and second opinions to DCFS staff. Going forward additional Child Abuse Pediatrician resources are being developed by the MPEEC Medical Director. These additional resources include Rush Hospital, Loyola Hospital, Advocate Children's Hospital, and University of Illinois Hospital. The expands the support available to the Department.

While MPEEC is available in the Chicago area, similar expert medical evaluation resources are available in other areas of the state to assist child protection staff and law enforcement in the investigation of child abuse. These resources also provide ongoing education for staff and community providers on child abuse issues. Child Abuse Pediatricians for the Downstate Regions are:

Dr. Ray Davis, University of Illinois at Rockford, Medical Evaluation Response Initiative Team (MERIT)

Dr. Channing Petrak, Pediatric Resource Center (PRC), Peoria

Dr. Kathy Swafford, Children's Medical and Mental Health Resource Network, Southern Illinois

Track and Prevent Child Deaths

The Illinois Department of Children and Family Services continues to administer the Child Death Review Teams as outlined by Illinois Statute (20 ILCS 515). Within this process, 9 multi-disciplinary teams throughout the State meet regularly, with 5 teams meeting monthly and 4 teams meeting every-other month, to provide in-depth review of recent child deaths. The Executive Council also meets every month, and a meeting with the DCFS Director is held every other month to insure there is regular sharing of information.

The review process includes the following:

1. an accurate and comprehensive determination of the cause of each child's death
2. assisting the State and counties in developing a greater understanding of the incidence and causes of a child's death
3. investigating all methods to preventing similar deaths
4. identifying any gaps in services to children and families

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5. developing and implementing measures to prevent future deaths from similar causes

The professionals on these teams are from disparate disciplines and agencies who have responsibilities for children and have the expertise through their knowledge and experience to provide an in-depth analysis on these tragedies. The teams review the investigation (including medical records and police reports) and the service delivery processes to determine if additional efforts could have been made to prevent the child's death. A greater understanding of the incidence and causes of child deaths is necessary if the State is to prevent future child deaths.

While this program has no direct clients, it serves to advise and strengthen various systems through the review of child fatalities and the recommendations made based upon these reviews.

The multi-disciplinary teams that conduct the reviews in each region of the State include: pediatricians, child welfare experts (both private and public), prosecutors, local law enforcement, psychologists, public health, schools, coroners, hospital staff, and State Police. The majority of recommendations from the review teams are directed at the State Child Welfare Agency (DCFS). DCFS is mandated to respond to each of the recommendations made. The teams do make recommendations to any other organization that can benefit from addressing any systemic issue identified in the review.

The following are types of recommendations made following the review of a child fatality:

1. Case-specific – immediate actions which must be taken on a specific child welfare case; usually related to siblings of the deceased or other children still in the home
2. Primary prevention – focus on public awareness or public education issues (e.g., drowning prevention, firearm safety, seat belt/car seat campaigns)
3. DCFS system – focus on the programs, policies, and procedures of DCFS (e.g., safety and risk assessment, foster parent training)
4. Other agency/system – focus on agencies or systems outside the parameter of DCFS (e.g. public health, state's attorney's office)

The overall goal of the program is to reduce the number of child deaths, which is difficult to measure. Over the past several years, the majority of deaths reviewed have been those related to unsafe sleep practices. In the next year greater focus will be on reducing the number of deaths related to unsafe sleep practices and the program is looking to develop a strategic plan to address this.

OIG Education Initiatives

In 2008, legislation was enacted requiring the Office of the Inspector General (OIG) to remedy patterns of errors or problematic practices that compromise or threaten the safety of children as identified in Inspector General death and serious injury investigations and by Child Death Review Teams (20 ILCS 505/35.7). The OIG's Error Reduction initiative is aimed at building better organizational processes and reducing the incidence of child injury and death. The initiative informs both administration and front-line staff (DCFS and private agency) throughout Illinois and promotes critical thinking and decision-making.

During the past 5 years, and looking forward to the next, the OIG has collaborated with State's Attorneys, the Cook County Office of the Public Guardian, the Cook County Youth Advisory

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Board, the Teen Parent Service Network, the DCFS Office of Learning and Professional Development, the University of Illinois Springfield-Child Protection Training Academy, the Illinois Department of Public Health and the Child Death Review Teams.

The work of the OIG is driven by complaints for investigation and the findings of those investigations. The OIG examines repeated and emerging trends or problematic practices and policies that result from those investigations. While it is not possible to predict future investigations, the OIG plans to continue assessing whether DCFS and private agency practices, policies and procedures enhance child safety and well-being and increase positive outcomes for permanency. The OIG looks forward to continued collaboration with other stakeholders in the child welfare arena.

Substance Abuse Partnership

DCFS collaborates with the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery (SUPR) to serve families involved with DCFS and impacted by substance use disorders (SUD). Substance Use Disorders can impact both adult family members and youth in a family. Individuals with SUD can negatively impact the safety, permanency, and/or well-being of themselves and the entire family. Any individual in a family experiencing an SUD or impacted by a family member's SUD can receive services from DCFS and the partner agencies funded by SUPR.

SUPR provides substance abuse treatment as well as urine toxicology drug testing services for DCFS-involved parents and family members. DCFS-involved families can also benefit from recovery support services through SUPR-funded Recovery Homes. These are provided primarily in the areas in and around Chicago, while Recovery Coach services are provided by SUPR in Cook, Madison, and St. Clair Counties.

In Cook County, the Intact Family Recovery (IFR) Program provides services to families where an infant has been born substance exposed. The IFR program pairs a specially trained caseworker with a substance use outreach/case manager. They jointly work the family case and help ensure child safety and refer parents into treatment and recovery services.

Goals for the coming year

The Department will continue to work with the Division of Substance Use Prevention and Recovery and its provider network to increase and improve the SUD services available to DCFS youth and families. In the coming state fiscal year DCFS plans to work with SUPR to develop residential treatment programs that can better address the needs of DCFS youth with co-occurring mental health and substance use disorders. Efforts will also include programs to better address the needs of DCFS involved adults with similar co-occurring disorders.

As the opioid crisis continues in Illinois, DCFS will collaborate with SUPR to provide additional treatment resources to address the needs of DCFS youth and families with opioid use disorders (OUD), including the expansion of medication assisted treatment (MAT) across the state. New and more effective models to treat youth and adults with OUD will be developed in partnership with SUPR.

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DCFS will also explore the expansion of substance use Recovery Homes for DCFS parents and their children. DCFS will look to expand this service model to more downstate and rural communities, especially those impacted by the opioid crisis and the reoccurrence of methamphetamine use. In the coming state fiscal year, these programs will be developed to serve adults, youth, and families both separately and together.

Child Advocacy Centers

Established in 1995, the Children's Advocacy Centers of Illinois (CACI) is an accredited chapter of the National Children's Alliance. The CACI is the network that coordinates and provides a comprehensive response to child abuse in Illinois. CACI is dedicated to the multidisciplinary, child advocacy approach and a coordinated, comprehensive response to child abuse. DCFS works closely with and provides funding to the CACI which assists local CAC's with funding and organizing, along with promoting achievement of accreditation standards and tracking outcome measures, as well offering trainings throughout the year.

Child Advocacy Centers (CAC's) in Illinois play a critical role in the coordination of investigative activities, as research has shown that this multidisciplinary approach to investigation is best practice and results in a higher prosecutorial rate, enhanced investigations and increases the well-being of families and child victims. This multidisciplinary approach includes Department investigators, law enforcement, state's attorney, medical and mental health providers. The CAC brings these parties together and provides coordination to address the needs of the child and obtains one effective interview without revictimizing the child by retelling their story repeatedly.

Initially, CAC's were designed to address allegations of sexual abuse, but have been authorized by statute to assist in allegations of serious harms such as broken bones, head trauma, internal injuries, bruises and burns and child deaths. They also assist in cases of human trafficking. The Department realizes the CAC is an asset and the importance of the role the Centers play.

Currently, there are 39 Child Advocacy Centers covering 95 of 102 counties in Illinois. In FY18 over 12,000 forensic interviews were performed and that number continues to increase. Many of the CAC's also provide aftercare services to help the child and family heal and reduce the trauma experienced.

Goals for the coming years

- The Department has a vision for an expanded role of the CAC in providing interviews to children who are victims of domestic violence, witnessed a violent crime or are experiencing severe trauma, and increasing the availability of aftercare services to those children.
- DCFS supports the expansion of the CAC's to cover all 102 counties of the state and remains committed to assist in supporting CACI financially.

Illinois Community-Based Child Abuse Prevention Activities (CBCAP)

The Illinois CBCAP Program is comprised of a team of three, and is designed to support community based efforts to develop, operate, expand, enhance and coordinate initiatives, programs and activities to prevent child abuse and neglect of children. CBCAP Programming includes the coordination of resources and activities to better strengthen and support families to

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reduce the likelihood of child abuse or neglect. Funding is used to support Primary Prevention Programs and Strategies available to all families and Secondary Prevention Efforts that target children and families at risk.

DCFS's CBCAP Prevention Focused Programs and Activities include the following:

- offer assistance to families
- provide early comprehensive support for parents
- promote the development of parenting skills
- increase family stability
- improve family access to formal and informal resources
- support the needs of families with children with disabilities

The programs being funded through the CBCAP federal grant and matching funds are collectively diverse in the population served and in the types of primary and secondary prevention services offered. This allows communities to take advantage of the services from which they will most benefit. This also gives rise to affiliations and cooperative agreements that can range from child abuse prevention coalitions at the community level to the creation and professional growth of the Coalition for Crisis Nurseries of Illinois. These groups can also provide DCFS with information and feedback regarding future initiatives and new prevention efforts.

CBCAP funding is used in a variety of prevention programs, such as these listed below:

1. Child Abuse Prevention Activities – provides public awareness and education on child abuse issues, provides food and meals, and cash assistance.
2. Preventing Child Sexual Abuse – holds child sexual abuse trainings
3. Promoting Infant Care and Safety – provides training, parenting classes and hard goods such as diapers, formula, etc.
4. Addressing the Connection between Substance Abuse and Child Abuse – provides training
5. Addressing the Connection between Family Violence and Child Abuse – provides training
6. Promoting Home Visitation Programs for New Parents – provides home visits with parenting instruction

DCFS maintains contractual relationships with agencies statewide, covering all DCFS Regions to provide these prevention services. Prevent Child Abuse Illinois (PCAI) assists CBCAP with statewide coordination of primary and secondary prevention activities in many ways and promotes systemic change across the state. This partnership will continue as prevention activities across the State will expand.

Sub-Chapter 4B – Permanency Services

Introduction to Permanency Services: Illinois child welfare has continued efforts towards keeping permanency as one of its paramount goals. This is first and foremost done at the initial contact with the family, the very beginning stages of engagement. Whenever possible the goal is to keep children with their families by providing both community and DCFS contracted services. If this is not initially possible and a child must be removed due to safety concerns, it becomes the goal to make every effort to reunify the family once the reason for the initial removal has been alleviated. If a child is not able to return home due to no reasonable efforts by the parents, Illinois child welfare and the courts are charged with seeking permanency for the child. The need for a child's permanency, regardless of the type, is something that is highlighted in Procedures 315 - Permanency Planning.

Out of Home Care

Foster care services

The Department provides a variety of foster care programs and coordinating level of care for children based on their needs. Relative or Fictive Kin care is always sought if a child must enter substitute care. IDCFS seeks relatives (blood relatives and those persons who meet the criteria of fictive kin) and these potential resources for youth are located through Family Finding efforts. If a relative is located but not suitable for placement or cannot take placement of the child, they may continue to have a relationship with the minor in a supportive role. If relative placement is not possible, traditional foster care is utilized. If a child's needs exceed the capacity of relative or traditional care, those youth may be placed in a level of care to meet their needs, including:

- Specialized foster care – Child/youth may have increased needs for emotional/behavioral or medical issues. Foster parent receives an additional stipend to cover costs of this care
- Therapeutic foster care – Child/youth has intensive needs, and foster parent may not work out of the home. Multiple therapeutic interventions will be involved in the home
- Emergency foster care – A temporary placement (usually only a few days) when a more permanent placement is not immediately found for a child
- Different levels of congregate care – Group homes and residential treatment centers

Residential Treatment and Monitoring

The Statewide Residential and ILO (Independent Living Option) and TLP (Transitional Living Program) Monitoring Team consists of highly skilled social work professionals who represent the Department in conducting monitoring reviews of residential treatment and ILO/TLP agencies. They work collaboratively with multiple stakeholders to assure compliance with program requirements, youth progress towards discharge from treatment programs and youth gaining skills to support self-sufficiency. Residential Monitoring has oversight responsibility for a total of 39 residential treatment facilities with a total of 181 units. 930 youth in care are currently receiving residential treatment services. ILO/TLP Monitoring has oversight responsibility for 27 ILO/TLP

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agencies providing services for 368 TLP youth and 287 ILO youth. The team also monitors 2 shelter programs. There are currently 36 active DCFS Traditional Monitoring staff. Of the 36 active staff, one is currently on leave. There are eleven TRPMI Pilot team members with a total of two vacancies.

The Department of Children and Family Services (DCFS) continues to partner with Northwestern University (NU) and the University of Illinois at Chicago (UIC) to develop an improved monitoring system via a pilot - the Therapeutic Residential Performance Management Initiative (TRPMI). Chapin Hall was selected as the evaluator for this pilot. Residential facilities are monitored through the combined efforts of DCFS traditional and TRPMI Pilot team members. TRPMI is currently piloted in the Cook, Northern and Southern Regions of the state, with oversight responsibility for a total of 15 of the 39 residential agencies.

The ultimate mission of Residential Monitoring is to work collaboratively with residential providers to improve residential treatment services in Illinois. Residential monitoring staff develop and maintain a thorough knowledge of the residential treatment programs assigned to them, including understanding clinical capability, admission standards, treatment philosophy, and overall performance. Residential monitors assess systemic issues as they relate to the care of individual youth in residential treatment. Through assessment and training, data collection and evaluation, direct observation, and collaboration with providers, the Residential Monitors aim to increase the effectiveness of residential treatment in Illinois. The efforts of the Residential Monitoring Unit will result in improved youth stabilization, better clinical outcomes, and clinically appropriate transition of youth to less restrictive settings.

Family First Prevention Services Act Implementation

In February of 2018, Family First Prevention Services Act (Family First), replaced the definition for federal reimbursement from generic group and institutional placement settings, with four specialized non-family placement settings:

- Qualified Residential Treatment Programs
- Prenatal, post-partum or parenting supports for youth
- Supervised settings for youth 18+ who are living independently
- Settings providing high-quality residential care and supportive services to children who have been or are at risk of being sex trafficking victims

While Family First creates new requirements on our system, it also opens up new opportunities. The law limits reliance on congregate care for foster youth and provides new funding for programs to avoid entries into foster care. The law also establishes new standards in some specific areas of child welfare. DCFS has been working internally on the requirements and has also organized workgroups of both internal and private agency leaders to focus on areas that will significantly impact the provision of residential treatment services.

The Family First Act has specific requirements as it relates to Qualified Residential Treatment Programs that the Division of Monitoring will be required to ensure each respective program carries out the program with fidelity to their theoretical model:

- A Qualified Residential Treatment Programs (QRTPs) utilization of a trauma-informed model and appropriate admission and discharge planning to include engagement through the Child and Family Teams (CFT) in order to support youth's progression in treatment.

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- A QRTP establishing a permanency team, consisting of family members (including fictive kin) and professionals who are a resource to the youth, ensuring family-based aftercare support for at least six months post-discharge from the QRTP setting.
- A youth not being in a QRTP for more than 12 consecutive months or 18 non-consecutive months. (This limit is lowered to six consecutive or non-consecutive months for a youth who has not yet attained age 13.)

The goal is to provide guidance and support for our residential providers in reducing youth-in-care Length of Stay (LOS) by 10% by FY 21. This will be achieved by targeting and implementing trauma-informed, evidence-based interventions, enhancing family connections through Child and Family Teams (CFT) and Family Finding, and working to develop community based resources. Establishing an active CFT prior to referring a youth for treatment in a QRTP will be essential. Early identification of the youth's discharge plan, including identification of post-discharge placement and anticipated service needs, helps ensure that the youth's time spent in the QRTP is within the Family First Prevention and Services Act (FFPSA) length of stay parameters. The goal is to have Family First implemented by October 1, 2019.

Elimination of RTDP phases & development and implementation of Therapeutic Residential (TR) Procedures

Recommendations have been made to eliminate the phases of transition (currently referred to as Phase I, II, and III in the DCFS Residential and Transition Discharge Protocol [RTDP]). The current phases of transition differentiation appear to not benefit the youth or the planning process. Review of the available data suggests that the separate phases may actually be delaying meaningful, tangible planning by keeping the planning too vague and general; thus, the youth's length of stay in the residential setting may be negatively impacted.

The TR Procedures Workgroup has been on hold since June 2017. However, revitalization of the workgroup is planned, with hopes of merging components of the RTPD with the TR Procedures, ensuring that it is line with Family First and finally, aids in reduction of LOS for our youth. Procedures should support the implementation of family first and assist in youth's admission, transition, discharge and aftercare. By November 2019, our goal is to have a considerable amount of work completed in developing and integrating changes to the current TR Procedures.

The Therapeutic Residential Performance Management Initiative (TRPMI)

TRPMI is one of the projects in the BH Consent Decree Implementation Plan that is designed to effectively monitor, evaluate and promote therapeutic residential program effectiveness as well as enhance youth treatment, progress and well-being. As such, there is no established date of completion at this time. TRPMI is clinically driven, trauma-informed and team oriented with a focus on utilizing continuous quality improvement (CQI) methods and addressing organizational culture and climate. As data confirms TRPMI strategies are effective, those strategies will be implemented throughout Monitoring statewide. Key areas of progress currently include:

- The Run Initiative: TRPMI initiated a QI project to review each provider's runaway protocol to
 1. assess the protocol's consistency with the runaway guidelines and DCFS policy

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2. determine whether the provider is using an effective assessment process that identifies youth at risk to run as well as those assessed as potentially dangerous or vulnerable while on unauthorized absence.

Additionally, TRPMI developed a process to evaluate each provider's implementation of the protocol with respect to prevention and individualized planning. The goals of this QI project include:

1. achieving greater fidelity in reporting runaways
2. assisting providers in establishing clear, consistent guidelines for staff with respect to the 6 domains
3. helping providers establish a way to effectively assess youth at high risk of runaway and those who are highly vulnerable and dangerous during run episodes, because many of the youth will require individualized treatment planning
4. reducing providers overall runaway rate

TRPMI met with Traditional Monitoring staff to assist them in ultimately implementing this initiative across all Illinois residential agencies serving DCFS youth. TRPMI developed review and assessment tools to assist in this process, and also provided training about the Runaway Reduction Initiative to Traditional Monitoring staff. TRPMI continues to provide ongoing consultation with respect to this effort. Traditional monitoring implementation is proceeding in a stepwise manner, initially focusing on a subgroup of providers served by Traditional Monitoring to identify barriers and further refine their processes.

- Youth Experience of Care Survey: DCFS Residential Traditional and TRPMI Monitoring units have partnered with the Statewide Youth Advisory Board (SYAB) to develop a Youth Experience of Care survey for residential programs who serve youth 12 years of age and older as well as young children and youth with intellectual and developmental disabilities. The purpose of the survey is to obtain a better understanding of youth perspectives about residential services, and ultimately, more comprehensively incorporate the youth voice into operations at both the program and system level.

Monitoring staff directly administer the survey to our youth. Young people from the SYAB partner with monitoring staff whenever possible to administer these surveys as well. The SYAB members have a role of discussing the power of youth voice and advocacy with residential youth as well as encourage them to thoughtfully complete the surveys. SYAB participation in this initiative plays a vital part and the ongoing participation of the SYAB young people will help create a positive experience for residential youth during the survey process as well as after the survey, when improvement activities are initiated based on the results. This initiative is on-going and will continue to be utilized to provide critical feedback to our residential providers regarding youth experience of care in their facilities.

- Data Development: The Department of Information Technology (DoIT) Leadership is recommending TRPMI be one of the first pilot testers/early adapters of the Dynamics technology and Data Warehouse functionality. DoIT is partnering with TRPMI to develop a residential portal in the DCFS Data Warehouse. CCWIS will be built on top of the Microsoft Dynamics platform and the systems will become a Dynamics integrated module. This system will have the ability to build screens for Monitoring's internal use and it also offers web portal functionality which allow Monitoring to access provider portals where providers can enter their own data which will be fed into the Dynamics platform.

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- **Policy and Training goal:** The Division of Monitoring would like to partner with the Office of Training to establish a Residential Monitoring training curriculum and with the Office of Child and Family Policy to create sound policy and procedures that will serve to provide guidance and consistency to the Residential Monitoring staff.

Initiatives to Assist with Achieving Permanency

Permanency is one of the primary overarching outcomes for youth who are involved in the foster care system. Illinois child welfare is engaged in several initiatives aimed at improving permanency practice and outcomes for children and families in Illinois. There are many services aimed at providing positive outcomes to assist the child and family towards reunification. When this is not possible, legal permanency is sought through adoption or guardianship.

The initiatives below are utilized to support the permanency process and allow for sustainability of permanency for youth. Many other programs, previously addressed, also assist in improving permanency rates, and insuring that Illinois' children and youth are provided the best possible chance of finding safety and well-being in a permanent home.

Clinical Intervention for Placement Preservation (CIPP)

CIPP is a facilitator-guided, team decision-making process to improve placement preservation and increase placement stability of youth in care. A CIPP staffing is conducted to determine the array and intensity of services needed for a child or youth whose current placement is threatened with disruption or whose care cannot be provided for in his/her current placement. A CIPP staffing is also conducted to determine the array and intensity of services needed for a child or youth whose placement has disrupted.

In a CIPP staffing, the caseworker brings together key people in the child/youth's life, with the assistance and support of a trained facilitator who leads a discussion sensitive to the individual needs, motivation and capabilities of the child/youth. Participants are encouraged to offer their assessment of the child/youth's wishes, needs and strengths and to generate ideas on how those wishes, needs and strengths can be best addressed, ideally in the child/youth's current placement. When the services needed cannot be provided in the current placement, staffing participants will determine the setting best suited to meet the child/youth's individual needs. Caregivers will be encouraged to participate in the child/youth's treatment and to remain a placement and/or visiting resource for the youth when residential/group home care and/or a transitional living or independent living program is warranted.

The CIPP Program works closely with Healthcare and Family Services, Department of Human Services, Juvenile Justice, law enforcement, courts, along with individual educational and service providers for youth who are staffed as a part of the CIPP process. It is critical that all key stakeholders and significant adults in a youth's life are included in the staffing process.

Current work is being done in two counties with the Juvenile Court personnel in the Central Region to deflect youth who are adjudicated delinquents from coming into child welfare custody. These youth often have emotional and behavioral issues that impact their parent/guardian's ability to manage them safely in a home environment. The goal is to provide enhanced services to support the youth and caregivers in keeping the youth and family intact.

Goals moving forward

- The CIPP program is a state-wide process in which the Department anticipates some changes over the upcoming year. Plans are to make the process more clinical in nature with enhanced focus on follow up to ensure that recommendations are able to be effectively implemented.
- The CIPP process will integrate with the existing Regional and Specialty Clinical staffing processes to ensure that the agency is not duplicating processes for youth, families and casework staff. This will enhance system and personnel efficiency and will also provide improved continuity for youth, families and casework staff. This process is to be fully integrated and implemented by the end of FY20.
- The process of staffing youth will remain trauma-informed, family-centered and strength-based. The process will also work to support the Child and Family Team process, empowering families to actively participate in case decision-making and building both formal and informal supports.

Central Matching

The purpose of the Centralized Matching Team (CMT) continues to be to facilitate, expedite and support the placement of children and youth in care into a stable placement with the capacity to provide, or to access, timely and effective services. CMT has a statewide perspective to equitably manage services and resources throughout the state. There are currently 7 staff (and one additional position vacancy at this time) statewide who complete the matching process for all youth. The focus of the referral and matching process is to facilitate a good clinical fit between the youth and family's needs and program services while managing utilization of statewide services and resources. The referral and matching process is centralized and considers a variety of factors to achieve a good clinical fit between the youth's needs and program services. These factors include the youth's presenting problems and need for specialty services, family relationships and dynamics, school or employment situation, and availability of program services and expertise. The matching process balances the youth's clinical needs with available resources, and whenever possible, strives to match youth to programs located in proximity to the youth's family and social support system. If the youth cannot be placed in a program close to family, CMT stresses the importance of maintaining those connections through collaboration between the worker/supervisor and the placement resource to facilitate phone calls, video conferencing (i.e. face time, skype, zoom, etc) and in person visits.

CMT collaborates with various Divisions and other Offices within the Department as well as external stakeholders. CMT works very closely with CIPP (Clinical Intervention to Preserve Placement), Clinical Services, all contracted Socialized Foster Care, Residential and Group Home Providers as well as the ILO/TLP (Independent Living and Transitional Living) Providers, DCFS Legal, the GAL's Office, Family and Delinquency courts, the Office of Monitoring, Agency & Institutions Licensing, The Office of Delinquency Prevention, The Guardian's Office, all levels of Permanency staff, University partners from Northwestern and University of Illinois, as well as Contract Administration and the Budget and Finance Office.

Goals for the coming year

CMT is a part of the Placement Resources Unit. There are currently 2 vacancies in this unit and a 3rd vacancy expected at the end of June 2019. As indicated in the previous 5-year plan, CMT is annually involved in matching episodes for over 3,300 youth and this is done by a staff of only 7 people. Within the next fiscal year, CMT would like to explore how this unit can be expanded to include more staff for the purpose of intensifying follow up of matched youth for each level of care and providing more hands-on assistance with expediting the exchange of referral packets and consents for admissions.

Currently the Placement Resources Unit has an independent data system that is not integrated with other DCFS systems, requiring matching staff to pull information from various systems and reports in order to identify the appropriate matches for youth.

Reunification Foster Care

When DCFS first introduced Reunification Foster Care, it was implemented for selected cases that met eligibility criteria and therefore, tended to be underutilized. As DCFS revised procedures related to permanency and reunification, shared parenting was emphasized for all families with a reunification goal, rather than just for a subset of families. The special service fees and other financial supports to foster parents are still available in situations that meet the eligibility criteria. However, shared parenting is expected in all reunification cases unless a critical decision has been made to exclude the family due to safety concerns.

Members of the Reunification Team include the parent, caregiver, caseworker and the child. A Family Reunification Support Special Service Fee provides reimbursement for caregivers who team with parents to work toward reunification in eligible activities. This specialized type of foster care is aimed at identification of caregivers who are prepared to support family reunification and providing them the training and tools needed. To achieve reunification, foster parents serve as partners, mentors and role models for the family and are active participants in the process of reuniting a family.

The Child and Family Team Meeting process is used to address any barriers to reunification and to enlist support from team members to aid in the reunification process. If the permanency worker, caregivers, and parents are all present at the shelter care (temporary custody) hearing, the permanency worker shall introduce the caregivers and parents to one another. Within 72 hours of a child's placement in foster care, the permanency worker shall visit the foster home and discuss with the caregivers the importance of their role in shared parenting and will review the importance of this collaborative role at all subsequent visits to the foster home. An Introductory Meeting with the child's parents, foster parents/relative caregivers, and the permanency worker should be scheduled within 7 days after protective custody, followed by a Child and Family Team Meeting at 14 days after protective custody. Child and Family Team Meetings are then scheduled at least every 90 days throughout the rest of the case and are to include discussion about the importance of the parenting partnership and the ways that the parent and caregiver can support each other in parenting the child.

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Financial reimbursement for travel and/or approved family activities is provided for caregivers who work with parents of children in their care toward reunification. The emotional well-being of children in such a placement is improved in seeing the important adults in their lives cooperate in caring for them. This will contribute to their placement stability and facilitate productive work toward early and safe family reunification.

Shared parenting requires a partnership between the parents and the substitute caregivers and must be consistently encouraged and supported by all other stakeholders in the child welfare system, including permanency workers/supervisors, service providers, juvenile court judges, juvenile court attorneys, and Guardian Ad Litem. If all parties in the case show support and encourage shared parenting activities with an emphasis on reunification, there is a much greater change that it will be successful.

Intensive Placement Stabilization (IPS)

The Intensive Placement Stabilization Services (IPS) program is a community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to clients, for whom DCFS is legally responsible, with trauma reactions, emotional and behavioral problems, and who are at risk of losing their current placement/living situations and their families. IPS was developed in response to the BH Consent Decree that requires the Department to provide services to children in the least restrictive setting. Placement stability and increases in client functioning are the primary outcome goals of the Intensive Placement Stabilization program.

IPS agencies are expected to provide a mix of formal and informal supports to families to promote placement stability. As such, each service array is flexible, individualized and tailored to meet the needs of the child and family. A typical service array might include individual and/or family therapy, respite, crisis intervention, school advocacy, tutoring and psychoeducation therapy. The length of service is six months though providers can ask for extensions depending on clinical necessity. IPS services are accessed through referrals from DCFS and private agency casework staff on behalf of the child and family experiencing or at risk of experiencing placement instability. One of the primary strengths of the IPS program is the ability to quickly deliver intensive in-home services to support the family and caregiver. IPS providers must make contact with the Caseworkers within 2 days of receiving the referral and, upon acceptance of the referral, must make a home visit within 5 days to begin services.

IPS attends Clinical Intervention for Placement Preservation (CIPP) and Priority Clinical Staffing (PCS) to provide clinical input, to serve as community resource experts as well as to assess whether the IPS program could provide stabilization services to the families coming to CIPP/PCS.

IPS and Psychiatrically Hospitalized Children: IPS is continuing to work with DCFS Clinical to create a protocol for working with youth in psychiatric hospitals to provide intensive in-home stabilization services to the youth and family in the critical months following discharge from the hospital. The outcome measures will be the same for this population as in the traditional IPS program.

IPS and Specialized Family Support Program: IPS has been working with Healthcare and Family Services, Department of Human Services, Department of Juvenile Justice, Department of Public Health, and the Illinois State Board of Education to create a pathway for youth at risk of custody relinquishment to receive services through the appropriate child-serving agency. Youth are at risk

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for custody relinquishment when a parent or guardian refuses to take the youth home from a hospital or similar treatment facility because of a reasonable belief the youth will harm him or herself or other family members upon the youth's return home, and there is no evidence of abuse or neglect. The program is called the Specialized Family Support Program (SFSP) and it went into effect on April 1, 2017. IPS will provide short-term stabilization services for children 10 and younger that are enrolled in the program. It is important to note these children are not youth in care; the program is designed to keep them from becoming youth in care. It is not anticipated for many children that young to be at risk of custody relinquishment but the information will be tracked.

Goals moving forward

- Continue to enhance IPS providers' abilities to treat traumatized youth using trauma-informed best practice approaches and concrete interventions through additional training provided by the Statewide Administrator for IPS. In addition to the training, IPS Administrator will concentrate on practical application of the training and education through additional case consultations and ongoing support to ensure the implementation of the training content.
- Develop IPS Program Management's ability to analyze various data points and make programmatic decisions and evaluate outcomes and case extension requests.
- Continue developing an implementation plan to ensure that every psychiatrically hospitalized youth is considered for Intensive Placement Stabilization services to ensure the provision of community-based mental health services to both the youth and family.
- Successfully coordinate implementation of the Specialized Family Support Program with HFS and DHS to address children at risk for custody relinquishment.
- Further study the factors that are impacting stability rates to adjust outcome goals and to understand areas for added intervention.
- Pilot the expansion of IPS in the Southern Region Immersion Sites to include providing preventive services to identified children and families before serious issues arise. These youth and families will be identified through a variety of mechanisms but primarily through Child and Family Team meetings.

Permanency Enhancement Project

Established in 2012, the Office of Racial Equity Practice oversees the Department's efforts to reduce and/or eliminate racial disproportionality, race-based disparities and improve permanency outcomes for children and families of color in the Illinois child welfare system. Efforts to-date have centered on the Permanency Enhancement Project that began in 2007 with the aim to:

- a) Educate the general system on the nature of race-based disproportionality by focusing on outcome data
- b) Create the capacity of the child welfare system to engage in courageous and civil conversations with a collective and functional understanding of racism
- c) Examine how implicit bias and institutional racism impact current policies and practices
- d) Seek out interventions to address the causal factors in our child welfare practices that restrict or prevent Racial Equity and improved permanency, safety, well-being and accountability outcomes for children and families of color.

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In the BH Implementation Plan, the Department commits to utilize a reinforced Core FTS Practice Model (the Family-centered, Trauma-informed, Strength-based Practice and the Model of Supervision) as an intervention in addressing racial disproportionality and disparities. The Core Practice Model will need to integrate “Race-informed” principles and practices to qualitatively shift our engagement practices with children and families of color to eliminate the negative effects of implicit bias, cultural racism, and institutional/structural racism.

The Office is staffed by two managerial staff who oversee the direction, planning and support of a system of 30+ Local Action Teams supported by 4 Universities providing data and technical assistance. The Chief also supervises a receptionist to the Department Director's office, who also provides administrative/clerical support to the Office of Racial Equity Practice.

As a "systems-based" approach to addressing the issue of race and disparities, the Office of Racial Equity Practice impacts and collaborates both internally to Department units and individuals and externally to private agencies, courts, law enforcement, community-based organizations, and university partners, to name a few.

Children of color in the Illinois child welfare systems are disproportionately represented in investigations; entries into care; long stays in foster care and other key outcome measures that arguably impact all areas of safety, permanency and well-being. It is when these outcomes are expressed in relative terms that disparities become apparent for children of color, particularly African-American and Latinex children are experiencing poorer outcomes than their White counterparts.

A significant contributor to the disparities and lack of equity in outcomes existing between children of Color and White children can be best explained by implicit racial bias and structural racism. The operating principle is then, that the combination of: Race Prejudice + the Misuse of Power by individuals and Institutions permeate our general society, our workforce and ultimately our practice in child welfare. By extension, if we are to change our outcomes for children of color, child welfare must change the practice of engagement with these same families and children.

The Office of Racial Equity Practice, in collaboration with Crossroads Antiracism Organizing and Training, has developed a Race-Informed Practice Model expressly to be integrated into the Department's Core FTS Model. This instruction expands upon the existing practice model by introducing Implicit Bias, Cultural Racism, Institutional/Structural Racism as considerations and/or impediments to effectuating fidelity Family-Centered, Trauma-Informed, Strength-based practices in Illinois for children and families of color.

Effecting change in child welfare practice is not a simple matter of teaching front-line staff about the history and dynamics of racism that shapes the nature and quality of their engagement with families of color. To effect systemic change, there must be a significant shift in values and learning by all system “gatekeepers and persons in charge”. From investigators to case managers, from executive-level staff to licensing and recruitment staff, from legal staff to quality assurance staff, from foster care providers to court personnel, all must be informed of the issue of racial inequity and how they must act to mitigate its impact. Therefore, learnings, principles, values and methods within the Race-Informed Practice must be integrated into primary methods of instruction and policy to our entire workforce and providers.

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Goals for the coming year

1. Leveraging resources (authority, financial, staff development and contractual resources) to field test the Race-Informed Curriculum by July 2020
2. Expanding upon the effectiveness of the local Regional Offices and community stakeholders currently in operation as “Local Action Teams” in their programming for Permanency and Race outcomes, Local and Regional Action Teams will be encouraged to utilize Family Advocacy Centers in the delivery of services where available and appropriate.
3. Trained and operating in the Cook, Central and Southern Regions, 3 Transformation Teams will continue to meet for analyzing the Department’s data, policy and practices through a “Racial Equity” and “Antiracist Lens”. The Teams continue to formulate recommendations to be advanced to their Regional operations and/or to Department Leadership and the Chief of Racial Equity Practice for consideration and action. Staff development funds are needed and will be sought in support of the maintenance and development of existing and new members to the Regional Transformation Teams. Ongoing.
4. Established in 2016 by the Child Welfare Advisory Committee (CWAC), the Racial Equity Practice Subcommittee is chartered to ensure that Illinois supports a race-informed Child Welfare System by embedding racial equity principles and values into ongoing trainings, practice and policy. The committee continues to work on its primary objective of establishing a 10-Week web-based Educational campaign, “Informing Our Practice by Race”, targeting stakeholders to educate, promote and encourage greater awareness of racial equity and the impact of existing inequities in the Illinois child welfare practice and system. The campaign materials are projected to be completed and ready for release in October of 2019.
5. The Office will continue to support Operations, Personnel, the Office of Affirmative Action, Advocacy, Private Service Providers, Legislators, Birth Parents and other entities on matters of racial equity and disparities in the Child Welfare System of practice. Ongoing.

Adoption and Guardianship Services

The Department supports adoption and guardianship throughout the State with Adoption and Guardianship Offices in each region. Within each of these offices staff will provide three services:

- 1) Adoption casework with families preparing to adopt or take guardianship of children in their home
- 2) Adoption subsidy work is staff who review and approve adoption/guardianship subsidy paperwork from private agencies
- 3) Post-Adoption work is staff who oversee the open adoption/guardianship case.

The Post Adoption worker sends a welcome letter to the adoptive/guardian parents upon case opening, providing the name and contact number of their assigned worker. The parents will also be notified of the statewide toll-free number that will connect them to the Post Adoption Unit in their region, and a website that includes the toll-free number and a description of available services. Each region has resources in the local community to assist with maintaining stability of youth with their respective adoptive or guardianship families. Some of these services are available to the public, and others are accessible through contact with the assigned Post Adoption Specialist.

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Goals for the coming years

- 1) To achieve finalization of adoption or guardianship for youth in care within 120 days of the goal change in at least 80% of cases by June 30, 2024. This process includes obtaining all required records and information, ensuring full disclosure has been given to families, ensuring that families are informed of Post Adoption Services, ensuring that families select an adoption attorney, completing subsidy paperwork, reviewing subsidy paperwork, receiving FFP approval of the subsidy, achieving court finalization of the adoption or guardianship transfer, closing the service case, opening the subsidy case and medical card. Progress on this goal will require adequate staffing levels at both DCFS and POS agencies.
- 2) Continue with Post Adoption message of supports available and the importance of asking for help early and not waiting until a family is in crises before they contact our Post Adoptions Unit (normalizing the need for assistance). Ensuring this message is provided to families prior to permanency goal change from reunification to Adoption or Guardianship and again after there is a goal change. The objective is to standardize communication at these points in time to achieve consistency within the next 3 years.
- 3) Adequately staffing our website PATH Beyond Adoptions website and phonebank to respond to the calls received. Identifying post adoption services that may need expansion through these avenues. This objective will be ongoing, although adequate staffing will be prioritized within the next two years.
- 4) Development of training framework for Adoption Support and Preservation (ASAP) providers to ensure the quality of services is standardized and equitable across the four regions, to be fully implemented by 2024.

Populations at Greatest Risk of Maltreatment

In response to the Family First Prevention Services Act, Illinois child welfare has created several work groups to develop implementation plans for the various segments of the legislation. Within this work, target populations have been identified based on the risk of being candidates for foster care. This work is ongoing and currently is focused on:

- 1) Children that have been indicated (substantiated) as victims of abuse and neglect, and the investigation did not result in removal of the child from the home;
- 2) Children residing in families that are receiving Intact Family Services on a voluntary basis;
- 3) Children residing in families in which the caregivers are engaged with community-based services for substance use or homelessness, including families receiving services through Alternative (Differential) Response;
- 4) Children of youth in foster care;
- 5) Children recently reunified with their parents or recently adopted; and
- 6) Children residing in families in community areas with high levels of known community level risks.

Specific eligibility criteria and exclusionary criteria are still being identified, as well as periods of service that would apply to each category. Illinois child welfare is assessing the availability of trauma-informed and evidence-based services in different geographic areas of the state in an effort to build comprehensive services in all areas of need. Some services are provided by partner agencies, such as Substance Use Prevention and Recovery programs, the Department of Human

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Services, and the Department of Public Health. Other services are provided by community agencies and not-for-profit entities. Illinois child welfare is exploring data-sharing agreements to implement a continuum of care and avoid duplication of services for families involved with multiple state systems and services.

Services for Children Under the Age of 5

Illinois DCFS is currently using a CQI process to increase the number of children birth to three who safely stay home without subsequent maltreatment within 24 months and to increase the number/percent of children birth to three who return safely home or achieve permanency within 24 months of entering care.

Front line workers and supervisors identify behavioral changes within their control that they can take toward achieving these goals and track the consistency of these behavioral changes. There are weekly accountability sessions for all involved staff to ensure ongoing progress and support for removing identified barriers. Additional steps toward achieving these goals include partnering with the Department of Human Services and home visiting programs, introducing a new model of Child and Family Team Meetings, training all frontline supervisors in Models of Supervisory Practice to enhance skill development in frontline staff, developmental screenings for involved children birth to three, and educational programs for involved children ages three to five.

Services for Children Adopted from Other Countries

Illinois DCFS has support services available for adopted children and their families that reside in Illinois. Children residing in Illinois that were adopted from other countries are eligible for these services, although DCFS does not currently have the technical supports to identify these children when their families seek services. DCFS is currently working on replacing our current multiple data systems with a Comprehensive Child Welfare Information System (CCWIS) over the next five years. Given that our current systems are targeted to be replaced, it has not yet been decided if changes to the current systems will be approved to begin tracking adoption preservation services for children adopted from other countries prior to replacement of our systems. In the meantime, manual tracking options will be explored with the objective to begin gathering this data by July 1, 2020.

DCFS has a PATH Beyond Adoption Support phone line with a toll-free number that is answered during business hours and can accept voicemail messages at any time. PATH stands for Partners Available to Help. The phone line is there to help connect families with DCFS Post Adoption staff, to help families find local services in the community, to allow families to report changes in their address to Post Adoption staff, for those with a subsidy to ask about coverage in the subsidy agreements, to get legal assistance around issues of guardianship or the death or illness of a caregiver, to locate a support group, and to seek respite services and family therapy. DCFS has also launched a PATH Beyond Adoption web site to provide information on post-adoption supports available. There are also business cards to market the web site and phone line that can be distributed generously in many venues. DCFS publishes Post Adoption and Guardianship Services booklets that can be accessed from the web site or are otherwise available through DCFS.

Challenges to Permanency

DCFS participated in the CFSR in May of 2018, and the federal reviewers presented their findings in November of 2018. Following this, the Department scheduled meetings across the state with staff and stakeholders. As a result of these conversations, and building off of the work that had begun prior to the federal review, the Illinois Department of Children and Family Services has identified the following themes in our practice:

1. We struggle as a system to effectively engage parents and youth early and often in the life of a case
2. Children linger in care and do not achieve permanency in a timely manner
3. Appropriate services that meet the needs of children and family are difficult to find or are limited in availability
4. Recruiting, developing and retaining a front-line workforce is an ongoing challenge
5. A robust and iterative CQI process that utilizes data to improve practice is needed.

Furthermore, the CFSR Final Report of 2018 stated, in part, the following, which are just some of the comments pertaining to Illinois' challenges in child welfare:

1. DCFS struggles to ensure that regardless of case management responsibility, basic child welfare casework practices, such as caseworker contact with children and parents, occur routinely statewide at the level required to promote child safety, permanency, and child and family well-being outcomes.
2. Key statewide systems including caseworker and supervisor training; foster and adoptive parent licensing, recruitment, and retention; court processes and coordination with the child welfare agency to ensure timely permanency for children in foster care; a comprehensive and accessible array of services; and integrated continuous quality improvement (CQI) approaches are also not functioning sufficiently well to promote the achievement of outcomes, despite state initiatives to address these challenges.
3. Case reviews identified challenges with accurately assessing risk and safety concerns and in providing appropriate safety-related services to prevent children from coming into foster care. Additionally, when safety plans were developed, they were not adequately monitored.
4. Casework challenges associated with contacting and engaging parents was evident across both foster care and in-home cases. Fathers in particular were not routinely engaged in the assessment and case planning processes, even when their whereabouts were known.
5. DCFS and its court partners continue to experience significant challenges in achieving timely permanency for children in foster care. Case reviews and stakeholder interviews revealed that while initial permanency goals were often appropriate, the agency and the courts were slow to change course and pursue goals that could better meet the permanency needs of children.

Permanency Strengths

While DCFS has strived to provide children in Illinois with safety, permanency and well-being, it is clear that we must do more. There are a number of initiatives that are strong and show promise for the future:

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- Fictive Kin legislation which allows children to be placed in a home that does not have to be a blood relative, as it recognizes the importance of personal connections to the child and family.
- Life books are available for youth in care to keep a tangible record of the time they spend away from the family. It allows a child to tell their own story, and is not only a record but engages them in their own time spent in care and what they feel is important.
- Incarcerated parents now have rights, due to legislation passed that strengthens and reinforces their ability to be involved with their child in the child welfare system. This allows the parent and child to maintain connections and increases the likelihood of reunification for these families upon release of the incarcerated parent. Research has shown that when children and their incarcerated parents maintain regular visitation, the children have better emotional and behavioral stability, the incarcerated parent has better emotional and behavioral stability, and recidivism rates for the parent decrease.
- Fostering Connections is targeted to assist our older youth in gaining permanency. This program allows for extension of time that the adoption/guardianship subsidy can be provided to those youth who are older at the time of finalization.
- The Lean Management project has examined the process of how a child's permanency is handled once they have been identified for adoption or guardianship, focusing on cases that linger without permanency. This project spurred Policy Guide 2018.07 that governs Procedure 309, which includes the Adoption Timeline that was adopted in May 2018. This process should help decrease the time in which permanency can be secured for a child.

But these are only a few of the projects that DCFS has implemented, and there is constant work on further initiatives, including the Illinois Program Improvement Plan, that will hopefully see Illinois child welfare improving what our hard-working and dedicated staff strive to do daily: providing safety, permanency and well-being for the children of the State of Illinois.

Sub-Chapter 4C – Well-Being Services

Illinois child welfare is committed to insuring that children under state care achieve their potential, and in order to do this, children need access to 1) quality education programs; 2) medical services; and 3) mental health services. In this section, DCFS will address these three service areas that help assure children's well-being.

Education Services:

School Readiness Initiative

DCFS formalized its commitment to quality early childhood education with the adoption of the School Readiness Initiative in 2008. The goal of the Initiative is to ensure that every child involved with the Department through foster care, an intact case, or the child of a teen in foster care are enrolled in an early education program. Per DCFS Procedure 314.50/70 the following are the general programs in which children can be enrolled:

- 1) Head Start or Early Head Start
- 2) Pre-Kindergarten programs for children at risk of academic failure
- 3) Accredited child care programs (licensed childcare or home visiting programs)
- 4) Early Intervention services for infants and toddlers with developmental delays
- 5) Early childhood special education programs for 3-5-year-old children with disabilities

The statewide School Readiness Team currently has four positions statewide, with one Team member in each of the four regions of the State. Team members monitor early childhood learning resources in their region, and monitor enrollment in these programs of children in care ages 3-5, as well as ensuring that the children's learning needs are being met in accordance with Procedure 314 – Education Services. Team members also assist intact caseworkers with available early childhood care and education resources as requested.

In situations where children are experiencing challenges in the classroom or are at risk of suspension or expulsion in their educational placement, School Readiness staff will participate in Child and Family Team Meetings (CFTM) to help ensure educational stability. Team members also support and participate in efforts to build stronger relationships between the early childhood, child welfare and caregiver communities through local events, conferences and trainings. Team members also advocate for change in policy both at the state and federal level.

Monthly reports received from DCFS's Office of Information Technology (OITS) identify children in foster care who are in need of an educational placement. School Readiness staff sends requests to caseworkers, supervisors, foster parents and/or private agency monitoring staff seeking educational updates, and if a child is not in a program, staff investigates appropriate programs within the child's placement area. Staff continue to follow-up on this until there is confirmation that the child is enrolled in a school/program. Below is a sample of data kept by the School Readiness Initiative:

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Statewide Data Report: January-March 2019

Region	Age 3-5 in foster care	in Head-start	in PreK	in Day Care	on waitlist	Adoption or Guard recently complete	return to bio-parent	transition to kindergarten or first grade
Cook Co.	1085	21	261	310	1	5	33	125
Northern	624	50	179	111	5	13	9	65
Central	1190	120	295	170	7	2	7	87
Southern	803	102	157	154	6	14	25	78

Additional activities associated with the School Readiness Initiative include:

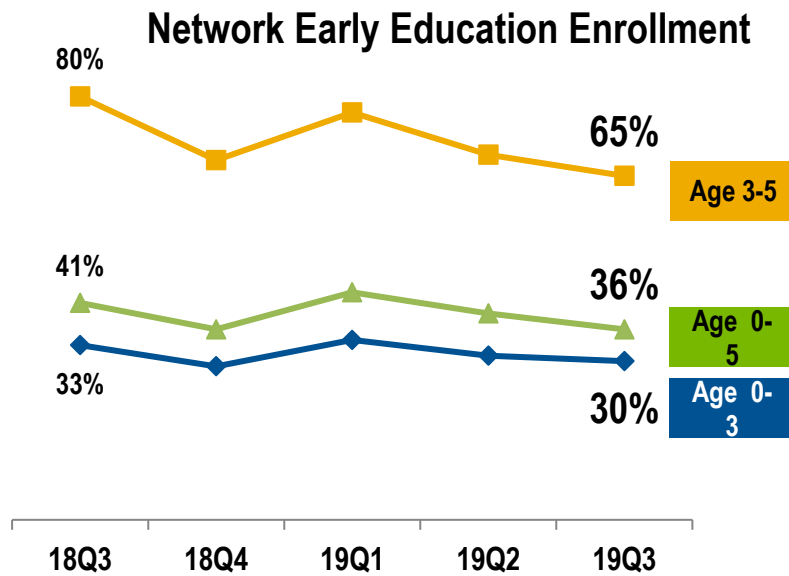
1. The Office of Education and Transition Services (OETS) developed an Early Childhood Care and Education Suspension and Expulsion Tracking tool for children in care, and began use of this tool in July 2018. Six children have been expelled from early childhood care programs since tracking began 9 months ago. The plans for use of this data include advocating for an increase in services for children involved in the child welfare system who are suspended or expelled from early childhood programs. The team educates staff on the importance of getting children re-enrolled into programs as quickly as possible, and uses the data to gain an understanding about the children who are being suspended or expelled. This information is discussed at various Early Learning Council Sub-Committees.
2. The Teen Parent Support Network (TPSN) is a statewide program that assists with registering children of teen parents in quality early childhood education programs and monitors their enrollment. Below is the most recent quarterly data, with a note that these numbers do not include home visiting programs. Work is being done to begin tracking this information, as well.

Overall Network Early Education Enrollment as of 3/31/19					
Child Age:	0 - 3		3 - 5		NETWORK TOTAL 0 - 5
<u>Type of Program</u>	Parent Care	State Care	Parent Care	State Care	
Licensed Day Care/ Non-Acc Program	40	9	7	6	62
Accredited Program	3	7	3	4	17
Public School Pre-K	0	0	1	3	4
Early Head Start / Head Start	9	0	5	4	18
Not in School	120	37	14	4	175
Missing Education Data	5	0	0	0	5
Total Eligible Children in Network	177	53	30	21	281

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Total Enrolled	52	16	16	17	101
Combined Total Enrolled	68 (30%)		33 (65%)		(36%)
Total Non-Custodial Children in Network	59		21		80

PLEASE NOTE: There are an additional 33 children excluded from the table above. 15 children are over 5 years of age, and 18 children are under 12 weeks of age.



Staff have noted the downward trend in enrollment since last year, and note that these numbers do typically fluctuate, with 18Q3 being the peak since tracking began. However, targeted outreach is being completed with lists of 3-5 year olds not-enrolled being updated monthly and staff members contacting those parents and caseworkers to assess the barriers to enrollment, and working with them through the entire enrollment process. Youth satisfaction surveys now include questions regarding why children are not enrolled and barriers to enrollment, with hopes of getting feedback that can help direct services.

- DCFS and Head Start/Early Head Start (HS/EHS) Grantee Agencies have an Intergovernmental Agreement (IGA) which began in 2007 and is in effect until June 2019. Over the past months, these parties have been working on the IGA that will be in effect from July 2019 to June 2023. This is currently circulating to all parties involved for comment and modifications, and will then be submitted to legal entities for review prior to obtaining signatures.

The purpose of this IGA is to foster collaborative efforts between child welfare and HS/EHS and to enhance working relationships in order to improve outcomes for Illinois children, families and communities. The primary impact of the IGA places child welfare involved

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children on a priority path, i.e. if there is a waiting list, children in care are placed at the top of the waiting list.

Further cooperation between the DCFS Office of Technology, Office of Education and Transition Services and the Department of Human Services occurred in the development of an encryption list for Head Start to use with early recruitment and enrollment of children ages 3-5 entering DCFS care. The encryption allows only specified persons at Head Start to have access to the private information of children and families, but also affords them the opportunity to reach out and begin the registration and enrollment process as early as possible.

4. To ensure successful collaborative efforts between early childhood providers and the child welfare community, with the goal of giving positive learning experiences to children, School Readiness staff interact with a variety of people and entities, including:
 - Northern Illinois University (NIU) educational advisors to refer children who are at risk of suspension/expulsion from early learning programs, have special needs or a disability and children who have been identified for early intervention services to additional supportive services.
 - Governor's Early Learning Council Committees and subcommittees, as well as other committees throughout the state. Some of this work has yielded policy changes which benefit not only DCFS-involved children, but homeless children and children who live in economically challenged areas.
 - All Our Kids network meetings, which is a collaboration of multiple stakeholders to work on issues related to the educational, mental and physical health needs for the DCFS population.
 - School education liaisons, and Illinois State Board of Education (ISBE) staff to improve communication and to work collaboratively on students services and support.
 - Efforts at the community level working to ensure the child welfare population has needed information to supply the foster parents with informed opportunities for the educational component for children placed in their homes.
 - Training collaborations with the Ounce of Prevention Fund, HS/EHS, ISBE and other DCFS staff which provide opportunities for child welfare, child care, education, homeless service and supportive housing providers to learn each other's systems while making valuable connections with workers in other systems.

The Office of Education and Transition Services recognizes the importance of education throughout the developmental years of childhood, and is disheartened by the fact that only approximately 38% of children in foster care graduate from high school. The OETS also understands that caseworkers are overburdened by their myriad duties, and few of them have expertise in school policies, Individual Education Plans, 504 Plans, or how to engage in an appeal process. This is where the OETS can strengthen child welfare and increase children and families' success in schools. In order to accomplish this, OETS has three goals:

- 1) Increase numbers of staff, which has been discussed with DCFS Administration, but not given any further approval.
- 2) Currently in process is a change to the NIU contract working with at-risk youth. As mentioned above, NIU staff now work with students at risk of suspension or expulsion in early learning programs and children with special needs. The new contract being

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negotiated will increase NIU's work to include working directly with older youth to provide vocational counseling.

- 3) Continue working with OITS staff to complete the work necessary to pull ISBE student data directly into a child/youth education record.

Physical Health Services:

See: Healthcare Oversight and Coordination Plan – Appendix C

Mental/Behavioral Health Services:

Office of Clinical Practice

The Division of Clinical Practice's Regional Clinical Program is responsible for supporting the field through the provision of clinical consultations or the convening of clinical staffings. The Division accomplishes this mission through its Regional Clinical Units or linkages to the Clinical Specialists. Regional Clinical Units (Clinical Managers and Clinical Services Coordinators) are located in each Region across the state, with three units being located in Cook County. Spanish-speaking Clinical staff is located within the Cook Central and Northern Region teams. The Administrator of Social Work Practice has Administrative responsibilities for the Regional Clinical Units and reports to the Associate Deputy Director of Clinical Services and Monitoring. The Associate Deputy reports to the Deputy of the Clinical Division.

Target Population: Clinical consultation or staffing requests may be made by DCFS and POS staff including (but not limited to) Administrators, Investigative and Permanency Staff, Licensing and Monitoring Staff, Resource Staff, Legal and other support units. Court personnel acting on behalf of DCFS youth in care, biological parents, adoptive parents and substitute caregivers may also make referrals. Ultimately, the youth and families served by the Department and contractual agencies are included in the target population.

Regional Clinical staff collaborate with the following stakeholders:

Internal:

- DCFS Investigative/Permanency Staff (Operations)
- Supervisors
- Administrative staff (including but not limited to: Central Office, Advocacy Office, Legal Services, and Guardian's Office)
- Licensing
- Regulation/Monitoring
- DCFS Consulting Psychologists
- Clinical Intervention for Placement Preservation (CIPP)

External:

- Purchase of Service staff and Administration
- Residential Treatment providers
- Public Guardian's Office (GAL)
- Intensive Placement Services (IPS)
- Hospital psychiatric programs
- CASA

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- County court systems (circuits)
- Community agencies (mental health, developmental disabilities, substance abuse, domestic violence, sex offender/victim)
- Medical providers

The Regional Clinical Units continue to support a number of programs and initiatives throughout the State. While no changes have been made to customers or data sources for FY20, there have been enhancements made to the data sources to assist with improved data collection and report functionality within the Regional Clinical Units. Some of the programs supported:

Youth in Residential Care: Regional Clinical has taken an increased role in the clinical assessment and monitoring of youth in residential care in collaboration with POS/DCFS case manager, residential treatment teams and residential monitoring programs. This work should be done in collaboration with Child and Family Teams which are developed to strengthening families and support purposeful, intentional, respectful and supportive engagement with youth and their families.

Post Adoption Units: The Clinical Division continues to support Post Adoption Units through the staffing of youth adopted through DCFS who are at risk of disrupting from their adoptive home.

Human Trafficking: The Regional Clinical Units have continued to support Human Trafficking Specialists in working with our youth who have been trafficked and who are at risk of trafficking.

Psychiatrically Hospitalized Youth: The Clinical Division has partnered with our Integrated Assessment and Psychology partners, along with Clinical facilitators through CIPP to not only have all staff meetings with these youth, but also to ensure that there is follow up to support their treatment, placement and stabilization needs. A strong focus has been put on those youth who are 12 years of age and younger who are psychiatrically hospitalized.

Parents with children in state custody have a wide range of services available to them through the programs mentioned above, as well as those described further in this section. Individually, they can obtain mental health counseling through an established list of providers located throughout the State, and in addition, DCFS will engage providers with private contracts to meet the particular needs of an individual/family, or to provide services in an area not yet sufficiently covered by an established service provider. Below is a list of some of DCFS' established therapy providers.

**Partial List of FY20 Therapy Providers
Serving DCFS Families**

Region Served	Agency	Population Served	Type of Service	Funding
Chicago, Cook	Larabida Chldrn's Hospital	DCFS youth	Sexual abuse, trauma	DCFS contract
Northern, Cook North, Chicago	Northwest Treatment Assoc	DCFS youth and offenders	Sexual abuse	Medicaid
Central	ABC Counseling & Family Services	Individual*, group and families	Sexual abuse, trauma	Medicaid
Northern, Central, Southern	Childhood Trauma Treatment Progrm	Youth	Sexual abuse, trauma	Medicaid
Central	Youth Advocate	DCFS involved family/individual	General counseling	Medicaid

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Chicago	Catholic Charities	DCFS involved family/individual	Individual, group, family counseling	Medicaid
Central, Southern	One Hope United	DCFS involved families, individual	Individual, group, family counseling	Medicaid
Central	Children's Home Association	intact and foster families	In-home therapy	DCFS Contract
Central	Transitions of Western IL	Individuals, Families and Youth in Care	Family and Individual therapy	Medicaid
Northern	Youth Services Network	Intact and Foster families/individual	General counseling	Medicaid
Southern	Egyptian Health Department	Individuals and families with DCFS	General counseling	Medicaid
Cook	UCAN	Individuals and families with DCFS	General counseling	Medicaid
Cook	Forward P.C	Individuals and families with DCFS	General counseling	Medicaid
Southern	Alternatives Counseling	Individuals and families with DCFS	General counseling	Medicaid
Southern	Lutheran Social Services of IL	Children and families with DCFS	General counseling	Medicaid
Central	YSB is Illinois Valley	Individual or family with DCFS	General counseling	Medicaid
Cook, Northern	Howard Counseling Serv.	Individuals and families with DCFS	In-home counseling	Medicaid
Cook, Northern	Garden of Prayer Youth Center	Individual and families with DCFS	General Counseling	Medicaid

*Individual denotes both youth and adults, unless otherwise noted.

There are a number of other programs that offer services to parents, including the following:

- 1) The Illinois Birth Thru Three (IB3) project supports the adaptation of evidence-based, trauma-informed parenting programs to assist birth parents and substitute caregivers in addressing the adverse effects of maltreatment on child well-being and in promoting secure attachment relationships that can improve safety and permanency outcomes. The demonstration targets caregivers and children aged 0–3 who enter out-of-home care in Cook County, Illinois regardless of their IV-E eligibility for federal reimbursement.
- 2) Reunification Foster Care – described on page 141
- 3) Substance Abuse Partnership with SUPR – described on page 132
- 4) Family Unification Program – described on page 121

This is just a sample of some of the programs working with parents involved with DCFS, and through continued improvement work, additional programs will be established.

Developmental Disabilities and Deaf/Hard of Hearing and Blind Programs

The Developmental Disabilities and Deaf/Hard of Hearing and Blind Programs were established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of this child welfare population. In addition to the Statewide Intellectual/Developmental Disabilities Administrator, there is one Statewide Intellectual/Developmental Disabilities Coordinator, and one Statewide Deaf/Hard of Hearing and Blind Coordinator. Some of the activities of the office:

- The Developmental Disabilities Program manages transitional planning for intellectually /developmentally disabled youth who are 14.5 years of age and older throughout the state, including addressing various issues impacting the process:
- Provides consultation and professional technical assistance to DCFS and POS staff regarding youth with intellectual/developmental disabilities
- Maintains effective communication with DCFS & POS staff and other resources
- Attends meetings and serves on other statewide organizations concerned with intellectual/developmental disabilities, such as Illinois Council on Developmental Disabilities
- Coordinates trainings with the contracted Transition to Adult Services Manager for DCFS and POS staff regarding developmental disabilities

The Deaf, Hard of Hearing, and Blind Program assists in the coordination of services for deaf, hard of hearing, and visually impaired youth and families served by DCFS throughout the state, and serves as liaison to the deaf/hard of hearing/visually impaired community. In an advisory capacity, the program Coordinator

- Provides case consultation, technical guidance, and assistance to DCFS/POS staff
- Translates and interprets, through the use of sign language, for deaf/hard of hearing clients

People with developmental disabilities are covered in the federal Americans with Disabilities Act (ADA) of July 26, 1990. The ADA was designed to fully integrate persons with disabilities into the mainstream of American life. The ADA Title II addressed the issues of “discrimination in the provision of state and local government programs, services and benefits.” The DCFS mission is for the provision of services and safety for children in Illinois, therefore any services provided to the mainstream of youth must also be made available to persons served by the Developmental Disabilities (DD) Program and Deaf/Hard of Hearing (D/HoH) and Blind Program. Since the late 1980’s research has consistently suggested that persons with disabilities are at a greater risk of abuse, neglect and maltreatment than the population in general. Sobsey, in 1994 and 2001, found that children with disabilities are approximately three times as likely as other children to be victims of maltreatment.

The Developmental Disabilities Program collaborates with Kaleidoscope via a DCFS contract, which provides for a Transition to Adult Services (TAS) manager. The TAS manager maintains a list of DCFS youth eligible for transition to adult services with DHS. The TAS manager provides consultation with caseworkers, residential providers, other provider agencies, and DHS-DDD providers to aid in the timely and successful transition of youth in care with intellectual/developmental disabilities from the child welfare system to the adult DHS-DDD system or other appropriate provider and permanency. The Developmental Disabilities Program collaborates with the DCFS Office of the DCFS Guardian regarding youth in care with an intellectual/developmental disability, given that a part of the transition to adult services process is

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the identification of adult guardian as appropriate. The Intellectual/Developmental Disabilities Administrator will be appointed to the Illinois Council on Developmental Disabilities and the Coordinator will serve as backup.

The Deaf/Hard of Hearing and Blind Program collaborates with sister state agencies and their respective Deaf/Hard of Hearing and Blind programs. The Deaf/Hard of Hearing and Blind Program works closely with the Illinois Deaf and Hard of Hearing Commission to ensure the Department is current with regard to changing legislation. The Deaf/Hard of Hearing and Blind Services Coordinator is appointed to the Illinois Advisory Board for Deaf/Blind.

Developmental Disabilities program - Goals moving forward:

1. To finalize the Interagency Agreement that DCFS has with DHS and OSG by end of 2019. The purpose of this agreement is to mandate that joint planning occur among the parties to ensure that there is coordinated and effective activities occurring to provide a smooth transition to adult services for youth in DCFS care with a developmental disability.
2. To submit a copy of DCFS procedure 302, Appendix N to the Office of Child and Family Policy by end of July 2019 so that a draft can be published for comments. This policy updates and clarifies for the field, steps needed to transition youth in care to adult services for developmental disabilities. It also provides instructions regarding requesting an adult guardian for youth in care.
3. Create a standardized method by end of 2019 for flagging youth who are 15.5 years of age and older with an intellectual disability so that youth can be placed on the Prioritization of Urgency of Need for Services (PUNS) with DHS. This would put DHS on notice of a youth in DCFS who may be in need of transition to adult services.
4. Maintain regular contact with Sequoia Consulting Group and DCFS consulting psychologist; this is ongoing. To help ensure youth with a developmental disability who are 17.5 years of age have an updated DCFS approved psychological evaluation (if possible) for consideration of continued eligibility for social security benefits.
5. Partner with additional community resources, throughout the state, to support youth with Autism by end of 2019.
6. Create a description of the program and contact information of program staff for the DCFS DNET page by end of June 2019.
7. Utilize a centralized mailbox for Transition to Adult Services for Developmental Disabilities. This should be fully operational by end of June 2019. This would allow staff of this program access to information that is communicated to the field regarding TAS and that field's response.
8. The TAS Manager to have consistent regional trainings regarding the TAS process; this is ongoing.

Deaf/Hard of Hearing and Blind Services – Goals moving forward

1. Attempt to have a radial button added to the demographic screen in SACWIS that gives the user the choice of marking the individual as either Deaf/Hard of Hearing or Blind by end of 2019. This would assist in having more accurate data as well as meeting service needs more efficiently. This was previously requested of the Division of Innovation and Technology via ESR in 2016; there will be follow-up.
2. By the end of 2019, develop a tickler system to notify the Deaf/Hard of Hearing and Blind Services Coordinator of youth who are being considered for cochlear implants. This would

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allow for case consultation and technical guidance/assistance to the field surrounding this procedure.

3. Make and add video clips to the DCFS webpage that are provided in American Sign Language (ASL); this would be developed with the assistance of the Deaf and Hard of Hearing Commission (IDHHC) and Central Management Systems (CMS) recording studios. Timeline is undetermined as IDHHC will notify the Coordinator when design can begin.
4. Submit a copy with comments of the working policy for the inclusion of Blind Services to the Office of Child and Family Policy by end of July 2019 so that a draft can be published for comments. This appendix would establish requirements for DCFS and POS staff (child protection and child welfare workers) to ensure that requirements in the Americans with Disabilities Act are obeyed, and respect is upheld for due process and equal protection rights of blind parents in the context of child welfare, foster care, family law, and adoption.
5. Add sign language to the Language Barriers – Burgos Consent Decree and Limited English Proficiency (LEP) Training module by the end of 2019.

Domestic Violence Intervention

The Domestic Violence Intervention Program (DVIP) is a statewide Specialty Services Program within Behavioral Health Services, under the larger umbrella of the Division of Clinical Practice and Program Development. DVIP staff work under University contract with the Center for the Study of Family Violence and Sexual Assault, with Northern Illinois University. The general activities of the DVIP are clinical case consultation, technical support and guidance, assessment, resource networking, policy development, and training to support direct service staff around the complexity of cases involving domestic violence.

For the first three quarters of FY19, there were only two staff in the DVIP: a Statewide Administrator, and one Clinical Domestic Violence Specialist covering the Northern Region. As of April 1, 2019, the DVIP hired a new Cook Region Clinical Domestic Violence Specialist, to work under NIU contract. Additionally, an offer was made to a candidate for the Central Region Clinical Domestic Violence Specialist, pending background checks.

Clinical Case Consultation

Clinical case consultation is an integral and primary component of the work of the DVIP. Cases are referred to the DVIP directly from the field – by child welfare staff and/or their supervisors - from DCFS and POS agency offices. On many occasions, community providers, such as domestic violence agencies, also contact the DVIP for assistance with a family experiencing DV that is involved with DCFS.

The primary goal of case consultation is to address safety and risk factors surrounding children and youth, and that of their non-offending parent/caregiver. With this, the purpose of case consultation is to recommend strategies for Domestic Violence protection planning, assist in assessing the family's needs based on the history of Domestic Violence, and identify appropriate services for the victims (children and adult) and perpetrators. Case consultation with DCFS and POS staff also creates an excellent opportunity for education and providing information on dynamics of DV. The DVIP provides consultation around such specifics as: definitions of domestic violence and teen dating violence, power and control dynamics, co-morbidity with other underlying conditions, risk and lethality indicators, cultural factors, policy implementations and

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limitations. The DVIP participates in CIPP meetings, Clinical Staffings, Child and Family Team Meetings, and other case discussions.

Training

Along with training on the policies and procedures for Domestic Violence, the DVIP conducts trainings on various topics related to domestic violence. Individuals that are trained are DCFS and POS agency staff, foster parents, youth in care, and community providers with collaborative/networking relationships with the Department.

Collaborations

The DVIP works collaboratively with all divisions and programs within the Department, including the Director's Office, Child Protection and Operations, the offices of Legal Services, Policy, Communications, and Training, as well as others. DVIP also works with a variety of community partners and stakeholders, serving on many local and statewide committees/colations with the City of Chicago Division of Family and Support Services, Illinois Department of Human Services, the Illinois Coalition Against Domestic Violence, the Chicago Metropolitan Battered Women's Network, Partner Abuse Intervention Programs, the Illinois Family Violence Coordinating Councils, Juvenile Court in Chicago, and Domestic Violence Court in Chicago.

It is most essential for the DVIP to maintain relationships with these partners, as it is parallel to the overall goal of the Department to work with community-based programming toward family preservation and safe reunification. Collaborative work with community-based partners includes cross training on domestic violence/child welfare policies and procedures; discussing and identifying solutions to issues related to service delivery.

Goals for the coming year

Program expansion: Given the statewide reach and volume of clinical referrals and training needs, program expansion is a high priority every year. At this writing, the Southern Region position remains vacant, and active recruitment for this position continues.

Update and develop educational materials/resources: The DVIP provides consultation on cases involving domestic violence that also present with other underlying conditions and high risk/high lethality factors. Such conditions and factors include, but are not limited to: strangulation, substance abuse, mental illness, and firearms. In FY 20, the DVIP will work on updating such written educational materials, in collaboration with the NIU Center for the Study of Family Violence and Sexual Assault. Notably, feedback from the field will feed the creation of new written educational materials and resources.

Provide domestic violence training to the field: With multiple DCFS and POS staff changes over the last few years, the DVIP will work with staff, supervisors and administrators to identify Domestic Violence training needs throughout FY20. Such trainings will include core DV 101 principles, trauma, and impact of exposure to violence on children, and will focus on building capacity for new and seasoned staff in working with families experiencing Domestic Violence.

Domestic Violence Co-Location Program (DVCLP): The DVIP will continue to provide project management and oversight, leadership, consultation and technical support for the Domestic Violence Co-Location Program (DVCLP) in the Northern Region Lake County Immersion Site in Waukegan, and Rockford. The DVCLP is a pilot program, which is being launched through a five-year grant from the Quality Improvement Center on Domestic Violence and Child Welfare, and

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Futures Without Violence. This grant provides DCFS with an opportunity to partner with community based domestic violence service providers, who would hire a Co-Located Domestic Violence Advocate (CLDVA). The CLDVA would work alongside child protection staff in the Waukegan (Lake County) and Rockford (Winnebago County) DCFS offices, to provide support and technical assistance for reports and cases involving domestic violence, and guidance interviewing. The work of the DVCLA will NOT replace the work of the Clinical Domestic Violence Specialists in the DVIP, rather, will support it. At the end of the five-year grant, the program will be reviewed and evaluated, and determined if further funding should be sought to continue the program. Should this occur, the DVCLP will be best suited to come under the DVIP.

Data tracking: The DVIP will work on developing data tracking and reporting mechanisms, to enhance documentation of the work of the DVIP.

LGBTQI Youth and Families

The Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex Youth/Families Program serves as a support for LGBTQI youth, families and caregivers involved with the Department. The program title has been expanded from the original title to convey that support and education may be offered by the (one) Program Specialist at any point in a family's contact with DCFS. The Specialist can help ensure that practice comports with the Illinois Human Rights act, and that there is affirming practice and service for adults and children working with DCFS, no matter what the person's sexual orientation or gender identity expression may be.

The Program Specialist manages statewide Departmental programs and initiatives to ensure that appropriate services are provided to LGBTQI youth. The Specialist also develops and implements statewide policies and procedures, develops culturally sensitive resources for placement and supportive services, monitors outreach efforts to LGBTQI youth and provides consultation regarding the preservation of current placements for children and youth. The Specialist may also be a crucial participant in child and family meetings, CIPP (Clinical Intervention to Preserve Placement) meetings and Regional clinical staffings. In this role, the Specialist serves as the Department's LGBTQI liaison with community providers and national networks.

DCFS policy is to maintain and promote a safe and affirming environment for LGBTQI youth and families served by DCFS or POS agencies. This involves all children in DCFS care, including youth who are in DCFS contracted residential facilities and programs, foster care, and any other substitute care settings. It is important for DCFS and POS staff, providers and foster parents to understand that when DCFS youth in care explore/express gender and or sexual orientation which is different from either the gender assigned at birth or different from a strictly heterosexual orientation, that they be supported and respected without any effort to guide the ward to any specific outcome for their exploration. The Program Specialist is a key educator regarding these circumstances and can help address bias and misconceptions regarding the LGBTQI community.

Youth who are lesbian, gay, bisexual, transgender, and questioning are protected by the Illinois Human Rights Act. They have many legal rights while in care, including the right to be free from verbal, emotional and physical harassment in their placements, schools, and communities. The adults involved in their care have a legal and ethical obligation to ensure that they are safe and protected. These youth also have the right to be treated equally, to express their gender identity, and to have the choice to be open about their sexual orientation.

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The Program collaborates with LGBTQI community advocacy, medical, and services groups throughout the state (for example - Center on Halsted, Howard Brown, Lurie Children's Sex and Gender Clinic, The Phoenix Center, the St. Louis Children's Hospital Gender Clinic). The Program Specialist and Associate Deputy meet with the ACLU and the LGBTQ Roundtable. The Program Specialist and Associate Deputy also collaborate with the Office of the Public Guardian (Cook County), private agencies, the University of Illinois at Urbana-Champaign, and the Human Rights Campaign.

The Program currently has one Specialist. Often when LGBTQI youth in care present with a crisis, there is a need to dedicate a great deal of time to assess why the youth is in crisis, help maintain a stable placement, prevent the youth from falling victim to trafficking while on run, and link the youth and caregivers or agency with resources specific to the youth's needs but that may be scarce in the area where the youth lives. The Specialist will often meet in person with youths to support the work done by the field and to help tailor services to the youth. This work includes also addressing bias or discrimination experienced by LGBTQI youths and adults receiving services from DCFS and POS.

A priority that is being actualized in FY19 is providing mandatory training regarding working with LGBTQI youth in care. DCFS is partnering with the Human Rights Campaign to use their webinars as baseline training for DCFS and POS staff.

Goals moving forward

1. The request to enter and collect SOGIE (sexual orientation and gender identity expression) from electronic case records. This request has been submitted for consideration by the technology governance committee
2. Revision of client forms to offer clients the opportunity to self-identify by gender and name. This project has been initiated and will continue until complete, most likely through the first quarter of FY 20
3. Updating of DCFS rules and procedures to align with the SOGIE language of the Illinois Human Rights Act. R. 308 is being revised as of April 2019 and must move through the draft and comment process. The Department's non-discrimination expectations need to be made clear
4. The Lurie study regarding documenting the experiences of youth in care will continue. Once the number of interviews of youth and workers is complete, the study results will be presented
5. Updating of foster parent PRIDE training is in process. A clearer curriculum regarding working with LGBTQI youth in care as well as welcoming the LGBTQI community to fostering will be focal points. This is a five-year project
6. Individualized work by the Program Specialist with agencies to ensure they are complying with DCFS expectations for non-biased and affirming services is an ongoing task
7. The Associate Deputy is developing a professional resource to help ensure transgender youth receive trans-competent behavioral health supports while in substitute care. The goal is to secure the resource within the first quarter of FY 20
8. The Program Specialist and Associate Deputy are creating "safe space" and affirming signage to distribute throughout DCFS and private agencies. DCFS social media will also promote positive messages regarding the LGBTQI community, including youth, parents, and caregivers. The messaging has been initiated, but will be an ongoing project

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9. The Program Specialist will continue to work with the Guardian's office to track transgender youth seeking gender-affirming hormones and name changes.

The overarching goals of the LGBTQI program is to provide supportive services for both children and adults served by DCFS, and to welcome the LGBTQI community to participate in this work. The tasks of the program are not static and continue to change as the needs of youth and adult clients served by the child welfare system are known.

HIV/AIDS Program

The HIV/AIDS Program provides a statewide system of supportive services to children and families involved with the child welfare system who are dealing with HIV infection. This includes support for families of origin as well as substitute caregivers. The Program Specialist coordinates the efforts of a specialized network of private agency support service providers and foster parents. The Specialist also provides consultation and technical assistance to child welfare professionals with cases involving HIV infection.

A contract is in effect with Core Center (Hektoen) to assist with addressing the needs of the often-complex dynamics that confront the families affected by HIV/AIDS. The Core Center uses a multidisciplinary model of care to provide family-centered integrated comprehensive medical, psychosocial, and social support services co-located in a single facility. This resource is available only in Cook County.

The number of new referrals to the HIV/AIDS Program has declined since the implementation of the program. At the point the program was created, the mortality rate was incredibly high for children and adults who were infected. The response of medical, social service and court personnel to individuals affected by HIV often led to isolation and a limited range of interventions to keep children and adults healthy and families together. The DCFS HIV/AIDS Program was invaluable in securing medical assistance for families and fighting stigma so that social services could be implemented.

As time has passed and the medical community offers more options for health care, myths regarding HIV are being exposed and there are more service centers for individuals dealing with the infection, the active involvement of a Department Specialist has been reduced. This was a positive effect overall, but has shifted the involvement of the Specialist in the work with families.

The Specialist collaborates with internal stakeholders, including DCFS Investigative and Permanency Staff (Operations), Administrative staff (including but not limited to Central Office, Advocacy Office, Legal Services, and the Guardian's Office), Licensing, Monitoring, Regional Clinical, and other Specialty Clinical programs. External collaborations include Core Center, IDPH, private agencies, HIV/AIDS advocacy groups, the Office of the Public Guardian (as needed), and FIMR (Fetal Infant Mortality Review for HIV).

The HIV/AIDS Program continues to focus on education of youth regarding HIV, ensuring they have knowledge regarding HIV prevention and treatment. Expanding this education to youth in foster family settings is a challenge that is to be addressed during the next reporting period(s).

Integrated Assessment Program

Each child being placed into foster care has an Integrated Assessment (IA) completed, through the Integrated Assessment Program and will have an IA clinical screener assigned. The IA is designed to look at the medical, social, developmental, behavioral, emotional, and educational domains of the child and of the adults who figure prominently in the child's life, to include non-custodial fathers, putative fathers and paramours. Child welfare caseworkers and licensed clinicians use a dual-professional model to interview the children and adults, and gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other pertinent case documentation. In addition, the developmental needs of children birth to 6 are assessed by the licensed clinician to ensure timely developmental assessment and service linkage. The IA takes into consideration the experiences of childhood trauma for both children and adults. This information is then integrated into a report that provides an understanding of individuals' histories, family dynamics, strengths, support systems, and service needs for each child and adult.

The Integrated Assessment Program is a statewide program and is part of the Division of Clinical Practice. The IA program has staff in all regions with one Administrator, who is responsible for the State program. Each Regional staff consist of the following:

- Cook has 3 intake coordinators, 21 IA clinical screeners, 4 IA clinical lead screeners, 1 clinical director
- Northern Region has 2 intake coordinators, 11 IA clinical screeners, 1.5 IA clinical lead screeners, .5 associate clinical director
- Central Region has 2 intake coordinators, 24 IA clinical screeners, 4.5 IA clinical lead screeners, 1 associate clinical director
- Southern Region has 2 intake coordinators, 11 IA clinical screeners, 1.5 IA clinical lead screeners, .5 associate clinical director.

There is also 1 one clinical director who is responsible for Northern, Central and Southern region IA staff.

Under the auspices of the Integrated Assessment Program with an IA Screener, the IA screener collaborates with the assigned casework staff during the early stages when the child and family enter the Department's care. Adult members interviewed by the IA screener and caseworker include the child's parents, legal guardian, substitute caregiver and other significant persons who impact the child's safety, permanency and well-being. The only excluded cases are intact disruption cases opened longer than 14 days and add on siblings in which there was not an IA screener assigned to the family case at the time of the siblings coming into care.

For cases assigned to the IA Program, the permanency worker maintains primary responsibility for engaging the family, actively participating in interviews and for identifying safety, risk, and placement resources to best meet the needs of the children in care. The IA screener and worker should discuss who will take the primary lead in the interviews and the process should be one that is shared.

After the completion of the draft IA, the IA screener and assigned caseworker meet with the adults that have been interviewed and reviews their section of the report. The IA screener also participates in a child and family team and can be considered a clinical consultant to the team.

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Also after the completion and the approval of the IA report, it is often shared with providers who are providing services to the family.

Goals new and continuing

Early Childhood involvement

- Continue assessing the developmental needs of children birth-to-6 by the licensed clinician to ensure timely developmental assessment and service linkage, the following screening tools are used: Devereaux Early Childhood Assessment, Infant- Toddler Symptom Checklist, Denver, Ages and Stages Questionnaire 3, Early Screening Inventory (Preschool and Kindergarten). Expand the use of the Early Childhood database for all IA screeners.
- Continue extended IA involvement with Early Childhood Court Team cases and complete identified screening materials and provide clinical consultation to POS/DCFS case workers for youth and families assessed.
- With the IB-3 waiver ending, will work with DCFS Early Childhood staff to develop a statewide early childhood referral form that initiates the referrals for outside services when indicated. This should be accomplished by November 2019.

Immersion Site Expansion

- Continue extended IA involvement in the four Immersion Sites (Lake County, St. Clair County, Mt. Vernon and surrounding counties and Rock Island and surrounding counties), use of the Social Difficulties Questionnaire (SDQ) and Social Network Questionnaire (SNQ) as well-being measures to supplement CANS data obtained from the IA screener initial CANS completion
- Continue the expanded IA Program, the assigned IA screener will remain an active member of the Child and Family Team Member (CFTM) for a minimum of 6 months from the date of case opening. The IA screener will not only be responsible for the completion of the initial IA assessment, participation in the 14-Day CFTM and 40-Day CFTM, but will also be responsible for the assessment of any new case members or case members who become available after the initial assessment during this 6-month period. In addition, the IA screener is also available for ongoing clinical consultation during this period.
- Continue work with the Immersion sites to reinforce the dual professional model of the assigned caseworker and the IA screener working together.

CANS

- Continue to support CANS validation and interrelated reliability in conjunction with work being done with POS/DCFS caseworkers and supervisors by the Office of Training and Professional Development on the meaningful use of CANS

IM-CANS

- All screeners must be trained and recertified once a plan is developed for DCFS.
- *Specialized Assessments (egregious acts of abuse cases)*
- Continue work to clarify which cases should receive the Specialized Clinical IA. Once further defined, updated training will be provided.
- Provide enhanced assessments of caregivers who engage in egregious acts of abuse that may require an alternative permanency goal other than return home and to integrate additional screening tools and actuarial assessments into the assessment process. These include, but are not limited to, Child Abuse Potential Inventory, HCR-20, Empathy Scales and Narcissism Scale

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Quality Improvement

- Continue making changes to the IA template to achieve goals of streamlining information contained in the report and reducing redundancy and duplication.
- Continue to work with partners in ACR and Quality Improvement to look at outcomes around timely implementation of assessment recommendations, assessment prognosis and permanency achievement
- Continue to provide high quality and timely child and family assessments with focus on service needs and clear information on outcomes necessary to support reunification or alternative permanency planning.
- Continue to reinforce the dual professional model of the child welfare caseworkers and licensed clinicians completing the interviews.
- Develop another tracking/database system once MARS/CYCS is phased out. Currently the IA database receives their data feed from MARS/CYCIS system. It has been stated that SACWIS will not work with the database so an alternative tracking mechanism will need to be developed since the database provides information for monitoring reviews of the contractors and information needed for federal reimbursement.

Expansion of IA screener duties

- IA screener involvement in Priority Clinical Staffings for youth who are psychiatrically hospitalized, in shelter placement or detention facility. There is also a goal to expand clinical staffing involvement in other clinical staffings utilizing the multi-disciplinary model.
- Ability for IA program to approve referrals for further assessment by a psychologist. This provides a more timely referral for the family by eliminating another process for the field.

Psychiatric Hospitalization Program

The Psychiatric Hospitalization Program (PHP) resides within the Division of Clinical Practice and Development. Within the program, are Psychiatric Hospital Liaisons who are assigned to hospitals throughout the state, with a mission of ensuring that youth are receiving psychiatric services that mirror their reason for admission. The Psychiatric Hospital Liaison assists the assigned Child Welfare specialist in advocating for the youth to ensure that an appropriate discharge placement is identified by the Central Matching Team.

Every visit that occurs in the hospital with the PHP liaison is documented and sent to the assigned Child Welfare Specialist and is part of the youth's mental health record. The PHP liaison also monitors progress of the youth in the hospital with having continuous communication with hospital case management staff, therapists, nurses and the identified Psychiatrist. The PHP liaison also communicates with the Utilization Management team at the hospital to identify any youth that is hospitalized beyond medical necessity. This information is entered in the Psychiatric Hospital data base, allowing for the ability to track all hospital admissions, discharges, and BMN (Beyond Medical Necessity) status.

Enhancements to the data base this year include identifying resource providers from the Central Matching Team, identifying the response from the provider, and identifying the primary presenting problem for admission. Another enhancement to the database includes the addition of an Activity tab that allows users to indicate by date an activity that was completed on behalf of the youth while hospitalized. Activities may include identifying the date the report to the guardian was submitted to court to be in compliance with the Juvenile Court Act.

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The Comprehensive Assessment Treatment Unit (CATU) at the University of Illinois is managed by a Gatekeeper in the Psychiatric Hospital Program. The Gatekeeper reviews the informational packet provided by the Child Welfare Specialist providing a recommendation on which youth are the best candidates for admission in consultation with the Director of the CATU unit. The goal of the CATU is to stabilize youth in the placement. Each youth admitted to the unit is followed at discharge by a hospital Residential Treatment Specialist (RTS) that will provide technical and treatment milieu assistance to the discharge placement. In the Psychiatric Hospital Program, the Administrator provides direct front line supervision to the CATU Gatekeeper and 4 Psychiatric Hospital Liaisons. There are two Psychiatric Hospital Liaisons positions vacant that cover the state.

Work of the Psychiatric Hospitalization Project is informed by the collaboration with the DCFS clinical staff and the DCFS/POS Case management teams and Child Protection teams. The Hospital Program must work closely with the SASS Screener, who makes recommendations for a hospitalization, and hospital Administration including Chief Executive Officers and Chief Financial Officers. Responsibilities includes monitoring BMN hospital contracts and participation in any revision of each hospital Program Plan. The PHP also works closely with the University of Illinois Department of Psychopharmacology, the DCFS Guardian Unit, and the DCFS team that makes recommendations for youth that may need to be hospitalized in a State Facility. There is a need to strengthen PHP's relationships with Health and Family Services, Department of Human Services and the Department of Mental Health, as our youth age and are in need of adult services.

Goals for the coming years

Further improvement of the discharge process (with active hospital participation) is needed. There is a process in place that at 72 hours from admission, the hospital is responsible for conducting a multidisciplinary staffing to discuss discharge. The Psychiatric Hospital Program policy is under revision to include an active discharge/linkage staffing that is multidisciplinary to improve continuity of care as the youth is discharged. The assigned Child Welfare Specialist would need to identify the mental health provider where medication would be reviewed in advance of the hospital discharge. The identification of a a mental health provider would be incorporated into the Health Passport which already has the Primary Care Physician Identified.

Additional discharge resources will improve the Length of Stay (LOS) and the number of youth that are held Beyond Medical Necessity (BMN) at hospitals. There is a continued need to have hospital units provide care for adolescent youth who are developmentally delayed and for any youth on the autism spectrum. Both of these populations often require intensive one-on-one staffing while hospitalized, and development of hospital units that are able to respond to these needs would be helpful.

DCFS Clinical is working with DCFS Licensing to develop additional resources for youth that are ready to step down from higher levels of care. Efforts are being made to enhance training and support of foster parents in Specialized foster care programs, similar to Treatment Foster Care programs. The goal is to develop foster parent capacity to care for youth with intensive behavioral needs stemming from traumatic experiences.

These same efforts or similar efforts are needed to ensure the residential providers to support program enhancements to improve normalcy, client safety, family engagement and aftercare services. Work is being done to increase providers in both areas to address this need. Placement

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Resources has started Regional meetings with all the Specialized Providers to discuss the Department's needs and how Specialized homes can be increased.

Psychology and Psychiatry Services

The Clinical Division's Psychology & Psychiatry Program's Consulting Psychologists are Licensed Clinical Psychologists with extensive child welfare experience and trauma training that provide Statewide consulting support to the DCFS/POS investigative, casework and post-adoption staff and supervisors, as well as other mental health providers. The Program also assists in facilitating and monitoring evidence-based programs of treatment. Currently there are 16 Consulting Psychologist statewide. There have been three vacancies in the Program during this fiscal year. Contracts are in the process of being executed to fill these slots.

The Program provides support surrounding assessments, treatment needs and placement decisions of youth in care and their family members by providing one-on-one consultation and, as needed, on-site presence. The Consultants provide clinical input in staffings from a psychological perspective to assist with:

- Treatment and placement decisions for children age 12 and under discharged from psychiatric hospitals
- Child & Family Team Meetings (CFTM)
- Clinical Staffings
- Clinical Intervention for Placement Preservation (CIPP) Staffings

Consulting Psychologists also:

- Provide clinical input for high-profile case review for Quality Assurance
- Complete urgent assessments of youth referred for secure care facilities in other states
- Complete Neurosequential Brain Maps of youth with complex trauma that have not responded to prior interventions
- Provide immediate response for crisis and urgent situations within the Department and POS agencies
- Respond to concerning situations in residential facilities

The Consultants participate in various departmental workgroups; participate in gatekeeping services for program specialty therapy contracts; liaison with other programs within the division; and provide regionally based presentations to advance the knowledge and skill base of existing staff, new hires, supervisors, foster parents, and birth parents.

The Consulting Psychologists provide reviews for Psychological and Neuropsychological Evaluations, Parenting Capacity Assessments, and Parenting Assessment Team (PAT) Evaluations. The PAT Program evaluates the parenting capabilities of mentally ill parents who are alleged perpetrators of child abuse or neglect in answering questions related to child permanency and placement as well as questions related to needed treatment services for parent and child. The reviews assure that the evaluations are necessary and appropriate, and that the appropriate referral questions are asked. The Program manages the application and credentialing

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process for approximately 130 approved providers Statewide and maintains files on current license and malpractice insurance.

The Program monitors three Continuity of Care Centers (CCC) operating in Cook County at full or near full capacity of 30 clients each. The CCCs provide outpatient psychiatric services for youth in care beginning with the initial need for service. Medicaid is billed for direct professional psychiatric services for medication administration and medication management. By combining therapy within the same location, the goal is to reduce the need for psychiatric hospitalization resulting from a lack of needed care and to assure a connection between placements and treatment facilities; and case managers provide care coordination for the high-need children and youth that require medication and therapy services.

The Psychology & Psychiatry Program is a member of the Treatment Oversight Team (TOT), which reviews difficult cases that have psychiatric involvement. The TOT evaluates the case

- To see where child welfare services could improve to better serve the youth in care
- To review the numbers of youth receiving psychotropic medication
- To review the prescribers of medication and psychiatric hospitals

The PHP typically collaborates with the DCFS Guardian/Deputy Director, Medical Director, and Chief Nurse, and the Director and Associate Director of Clinical Services and the Psychopharmacology Program, University of Illinois, Chicago. Depending upon the consultation matter, PHP may interface with schools and day cares, therapists, judges, agencies, and psychiatric hospitals across the state. PHP also identifies and works with subject matter experts in the development or revision of existing programs, curricula, or policy. To keep current in the field, there is collaboration with various constituencies in the psychology, psychiatry, trauma and child welfare community.

Goals for the coming year

With UIC Department of Psychiatry and the Clinical Services in Psychopharmacology Program, the training webinar: Procedure for Consent of Psychotropic Meds for Youth in Care Ages 5 & Under, has been completed. This training is for casework staff and is awaiting the final signature to be released. To be completed by end of FY19.

Goals for FY20:

- Evaluate utilization data to identify staffing patterns, identify trends and psychological testing requests from child welfare workers to ensure the needs identified can be met.
- Psychologists who are completing Bruce Perry's: Child Trauma Academy Phase II, Neurosequential Model of Therapeutics (NMT) Train the Trainer Training, will be able to utilize that knowledge to train other psychologists and POS agency therapists. It will be extremely helpful to complete Neurosequential Brain Maps of youth with complex trauma who have not responded to prior interventions. Guideline and a timeline for this is being developed.
- Develop a pilot program, Creating Resiliency, to address the inevitable impact of secondary traumatic stress (STS) on professionals who work within the child welfare

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system. The goal is to improve outcomes for youth and families by reducing staff turnover and improving job performance. This program will include instruction and follow up on Reflective Consultation for Supervisors as well as staff presentations.

- Restructure the testing payment rate to have a focused Psychological Evaluation and a comprehensive Psychological Evaluation. This more equitable system should result in a savings to the Department. Also, to continue discussion as to how Psychological Evaluation providers can provide service in a manner which would allow for Medicaid reimbursement.
- Continue development of two brochures, which will increase the Clinical Division's visibility and referrals. The first is a brochure of the services provided by the Psychology & Psychiatry Program and the second is a brochure of the Clinical Division. These brochures will detail the many ways staff are available to provide support and service to the Department, POS agencies, and involved families, as well as information on how to access the services and the documentation needed.
- Together with UIC Department of Psychiatry, the Clinical Services in Psychopharmacology Program, continue to develop a second training webinar: Psychotropic Medications for Youth in Care. This webinar will provide definitions of childhood diagnoses, first, second, and third lines of treatment, and information on medication management.
- Plans are being made to identify additional locations for CCCs in the Northern and Southern regions.

Title IV-B Subpart 1 and 2 Services

Title IV-B – Federal Fiscal Year (FFY) 2018; First Half of FFY 2019

Title IV-B, Subpart 1 Services: The Department provides child welfare case management services to open child and family cases where the child is the subject of a founded (indicated) abuse and/or neglect allegation. Title IV-B, subpart 1 funds are used to fund eligible case management and counseling activities performed by DCFS and private agency (POS) caseworkers. Eligible activities are determined based on Random Moment Time Studies (RMTSs). The DCFS and POS RMTSs are conducted quarterly in accordance with methods described in the DCFS' Public Assistance Cost Allocation Plan approved by the federal government. Eligible services claimed under title IV-B, subpart 1 exclude those eligible activities claimed under title IV-E or TANF-Emergency Assistance. As in previous years, eligible expenses under the title IV-B, subpart 1 program are expected to exceed authorized federal spending for that program for Federal fiscal year (FFY) 2018. This situation is expected to continue through FFY 2019.

Title IV-B, Subpart 2 Services: The Department provides services under the Promoting Safe and Stable Families (PSSF) Program's four services categories: Family Preservation, Family Support Services, Time-Limited Family Reunification Services, and Adoption Promotion and Support Services. A general description of each service category is provided below. As in previous years, eligible expenditures under title IV-B, subpart 2 program are expected to exceed federal spending authority for that program for FFY 2018. This situation is expected to continue through FFY 2019.

The Department continues its efforts to improve and maintain its contacts with children in placement and engage those families and children through necessary and purposeful contact. The Department expects that each of the federal outcomes related to caseworker visitation will be monitored to ensure the benchmark requirements for caseworker visitation are met during FFY 2019. See Monthly Caseworker Visit Formula Grants in Chapter 7.

Family Preservation Services

Intact Family Services are designed to make "reasonable efforts" to stabilize, strengthen, enhance, and preserve family life by providing services that enable children who are the subject of a founded abuse and/or neglect report to remain safely with their families. In FFY 2018, \$34,356,546 was expended on IFS cases assigned to POS agencies. Services were provided to 6,727 families at an average cost of \$4,683.53 per family.

Family Support Services

Family Support Services include: Extended Family Support Services, Habilitation Services, and Family Advocacy Center Services.

Extended Family Support Services (EFSS) are designed to divert relative caretakers from the child welfare system when caring for a relative's child for more than 14 days. In these instances, neither the children nor their families have open cases with the Department. The services offered include assistance with obtaining guardianship in the local probate court; assistance with obtaining a child only grant, subsidized day care and other entitlements; assistance with enrolling

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children in the school district where the relative caregiver resides; and Cash assistance for items needed to care for the child.

EFSS programs have operated successfully with few changes for several years. As a result, these services will continue to be provided during FFY 2017-2019. These services are claimed to and funded from federal PSSF in Cook County; downstate they are paid from state Foster Care funds. In Cook County \$1,053,502 was expended in FFY 2018. The cost of the services is more difficult to separately identify downstate.

Habilitation Services promote permanency by maintaining, strengthening and safeguarding the functioning of families to prevent substitute care placements, promote family reunification, stabilize foster care placements, and facilitate youth development. Habilitation services are provided to parents or other caregivers in order to maintain or reunify the family. These services are typically delivered in the client's home and assist in strengthening the ability of parents or caregivers to provide adequate childcare and improve their parenting skills. Services are furnished on a statewide basis for DCFS managed cases through a network of providers using a standardized program plan. Eligible expenses for Habilitation Services are claimed under title IV-B, subpart 2 up to the amount authorized. In FFY 2018, \$479,475 was expended on these services for 431 clients at \$1,112 per client.

Family Advocacy Centers services are provided at no cost to the family. In FFY 2018, \$5,541,523 was expended for these services.

Time-Limited Family Reunification

Time-Limited Family Reunification programs offer services prior to reunification and prepare families for a youth's return and aftercare services support families after reunification has occurred. The Department also offers time-limited reunification services associated with discharge from institutional residential treatment programs and group homes. These services relate most closely to the current CFSP's Service Improvement Plan's Goal 2 (p. 54 of the CFSP), "Improve the timeliness of permanency achievement for children placed in out-of-home care."

Under the program, 74 families received Pre-Reunification Support services in FFY2018 with a total expenditure of \$61,525 (average of \$831 per family). During the same year, \$4,494,172 was expended for post-reunification services provided to 1,865 children returned home from foster care. The annual average cost of these services per child was \$2,510. Expenditures for these services are not claimed under title IV-B, subpart 2. Time-Limited Family Reunification will continue to be provided during the remainder of FFY 2019.

Adoption Promotion and Support Services

Adoptive families can experience unique challenges as family members adjust. The Adoption Promotion and Guardianship Support Services Program provides help to all adoptive families, including DCFS adoption and guardianship, private domestic adoptions and international adoptions in Illinois in need of services. DCFS adoption preservation services are provided statewide by contracting with nonprofit agencies that serve a specific region. The preservation services providers' main goal is to engage the whole family and keep the family intact. The preservation specialist works with all members of the family, not just the child, to identify ways that they can work together as a unit. The provision of post adoption and post guardianship services to adoptive families in need continues to be a critical part of the service provision of the

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Department's Post Adoption Unit. In FFY 2018, \$11,109,142 was expended serving approximately 2,311 unique adoptive families for an average of about \$4,807 per family.

John H. Chafee Foster Care Program for Successful Transition to Adulthood (the Chafee Program)

Agency Administering the Chafee Program (section 477 (b)(2) of the Act)

The Illinois Department of Children and Family Services (DCFS) will administer, supervise, and oversee the Chafee Program. The DCFS Office of Education and Transition Services assigns a staff person to monitor the contracts with private providers that delivery Chafee Program services. The staff are available on an on-going basis for providers to discuss issues of concern or seek clarification to ensure compliance with program guidelines. The vendors participate in an annual service and fiscal review where the provider and contract monitor discuss expenditures, and evaluate extremes to determine the success of the program. The vendors are required to submit a monthly data collection report to DCFS. This is in compliance with a Chafee certification that the State has established and will enforce standards and procedures to prevent fraud and abuse in the programs carried out under the plan. OETS staff are trained annually on the use of the Department's standard monitoring tool developed by the Contracts Unit and are required to implement the tool in on-site monitoring visits.

Description of the Chafee Program Design and Delivery

Describe how the state designed and intends to deliver and strengthen programs to achieve the purposes of the Chafee program over the next five years (section 477(b)(2)(A) of the Act). Indicate how these activities and any identified goals align with the state's vision and support those developed as part of the CFSP/CFSR PIP.

The philosophy and values of Empowerment and Responsibility are the driving force for the provision of education, training, mentoring and financial support to youth that can be instrumental in paving the ways for their successful transition to adulthood. Chafee is providing funding for the resources needed to offer programs to better support youth in care and former youth in care facilitating their transition to adulthood. The primary focus of the Chafee Program includes achievement of the following outcomes for youth who have experienced foster care at age 14 or older:

- Increase Level of Educational Attainment;
- Increase Employment Opportunities & Number of Youth Working;
- Achieve meaningful, permanent connections with caring adults;
- Engagement in age or developmentally-appropriate activities;
- Reduce at-risk behavior;
- Provide pregnancy prevention education;
- Reduce incarceration; and
- Reduce homelessness.

Help youth transition to self-sufficiency by employing the following strategies:

- Continue the Countdown to 21 Program, a Department initiative aimed at improving outcomes for youth leaving care that embeds improved youth driven transition planning activities at age 19 and continuing until the youth's 21st birthday. The model of practice for Countdown to 21 supports youth through the following activities:
 - Facilitated transition planning meetings aka Discharge-CIPP's at age 19 & 20.75.

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- Financial literacy classes for all youth prior to leaving care.
- Establishment of eligibility requirements for the availability of youth to receive one-time *financial assistance when they leave care*.
- Complete a life skill assessment for all youth at age 14, 16, and 6 months prior to case closure.
- Implement a “tickler” in SACWIS system to remind caseworkers when a life skills assessment is due for a youth on their caseload.
- Program the SACWIS system to automatically populate the youth’s service plan with the information placed in the youth’s Casey Life Skills Assessment Learning Plan.
- Maintain an interactive life skills program via individual instruction or classroom instruction designed for and made available to all eligible youth. IDCFS offers life skills programs that require an interactive, hands-on teaching curriculum and minimize the use of classroom instruction.
- Ninety days prior to the youth’s planned discharge date, the caseworker reviews the youth’s transition plan with the youth. This review should include discussions concerning the youth’s employment and/or educational opportunities, job resume, housing, health care, counseling, health and life insurance, information on use of community resources, reference letters, and list of emergency contact persons. Within 30 days following the youth’s eighteenth birthday, he or she shall be provided with information about the Department’s post-adoption search and reunion services. At the time of case closure, he or she shall also be provided, at no cost, a copy of his or her health and education records. The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:
 - Identification card;
 - Social Security card;
 - Driver’s license and/or state ID;
 - Medical records and documentation to include, but not be limited to:
 - Health Passport;
 - Dental Reports;
 - Immunization Records;
 - Name and contact information for Primary Care Physician, and any Specialists working with the youth;
 - Name and contact information for OB/GYN, when applicable;
 - Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
 - Certified copy of birth certificate;
 - Documents and information on the youth’s religious background;
 - U.S. documentation of immigration, citizenship, or naturalization;
 - Death certificate(s) of parent(s), if deceased;
 - Medicaid card or other health eligibility documentation;
 - Life book or compilation of personal history and photographs
 - List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
 - Copy of Court Order for Case Closure;
 - Resume;
 - List of schools attended, previous placements, clinics used;
 - Educational records, such as high school diploma or general equivalency diploma; and
 - List of community resources with self-referral information, including The Midwest Adoption Center, Phone: 1-847-298-9096 or info@macadopt.org.

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Youth successfully transitioning to independence should be notified by their caseworker of the cessation of any benefits that may occur at the time of transition as well as services for which the youth may be eligible after becoming emancipated.

- Explore reinstatement of an educational “passport” via a DCFS Database to track youth’s educational needs and services and respond more proactively to educational crises and issues.
- Encourage all youth, ages 14-21 to be involved in an educational, workforce, or vocational training program.
- Ensure youth receive appropriate mental health and substance abuse services, if indicated.
- Continue to utilize the CFS 440-8 “Youth Alcohol and Other Drug Abuse Indicators” as method to determine when a youth should be referred for a substance abuse assessment. Maintain an updated resource directory of treatment providers funded to serve DCFS/POS youth referrals. The directory is accessed through the “Resource Links” on the DCFS D-Net, and the features tab on the DCFS web page.
- In accordance with the Fostering Connections legislation, require caseworkers to develop a youth directed transition plan at age 17, reviewed as appropriate and during the 90-day period prior to the youth’s emancipation.
- Continue to offer and expand relevant services to pregnant/parenting youth in the downstate Regions of the State.
- Continue efforts to ensure every pregnancy is reported in a timely manner so services are started/offered as soon as possible for the pregnant youth and to allow for the birth of a healthy baby.
- Continue in-home post-partum services provided to youth in the State who are determined “high-risk” pregnancies or delivery.
- The Teen Parent Service Network (TPSN) will continue to integrate the New Birth Assessment statewide and uses the Edinburgh Postnatal Depression Scale (EPDS), Adolescent-Adult Parenting Inventory (AAPI), Ages and Stages Questionnaire (ASQ), Child and Adolescent Needs and Strengths Assessment CANS and analyze the aggregate results of the Assessment which is summarized annually in the TPSN year-end review.
- Provide additional resources to caregivers via the DCFS website, Foster Parent Training Institutes, newsletters and resource libraries on how to support independent living needs of older youth.
- DCFS state website, newsletters and resource libraries updated.
- The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). Beginning in SFY 20, the post-secondary education specialists currently with the EAP will transfer to a contract with the University of Illinois at Urbana-Champaign (UIUC). The Postsecondary Education Support (PSE) Program for Youth in Care will create a partnership between the Illinois Department of Children and Family Services (IDCFS) and the University of Illinois at Urbana Champaign (UIUC)-School of Social Work to develop and implement a strategic plan with the aim of increasing college enrollment and graduation rates among youth in IDCFS care.

Beginning in SFY 20, the EAP will focus only on youth in care in grades K-12. The EAP will shift from a reactionary program to a more proactive one. On a monthly basis, a list will be sent to the EAP/NIU Supervisor identifying children/youth who need education

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intervention based on failing grades, behavioral issues, truancy etc. The tickler will not identify students who are doing well in school or making progress in school, only students who are at risk of academic failure. The NIU Advisor will document efforts to support the student in the system, and continue to work with the student, caseworker, foster parents, school personnel to ensure the student receives services necessary for academic success.

- Family Advocacy Centers- Expansion into Alumni Services - On July 1, 2019 DCFS expanded the contract with its 32 Family Advocacy Centers to support Alumni of Illinois Foster care system with hard and soft services. DCFS developed a program plan amendment and introduced it allowing providers to provide hard services such as birth certificates, state ID's, School/Medical records, and soft services like connections to community based mental and behavioral supports. This expansion will help to ensure that youth have ongoing connection and support after their time in DCFS. **not CFY*
- Financial Literacy for DCFS youth 19 years and older to prepare for Countdown to 21. DCFS youth will receive 8-10 hours of financial education covering their first paycheck, saving, budgeting, credit and investing. DCFS youth will also receive Get Real Financial Decisions in the Real-World workbooks, and financial education materials.
- The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis, the commissioned board shall:
 - Provide the Department and the General Assembly with the perspective of youth in foster care;
 - Recommend solutions to any issues concerning youth in foster care;
 - Review and advise the Department on proposed legislation concerning youth in foster care;
 - Make recommendations to the Department on policies and guidelines as it relates to foster care youth;
 - Engage youth in positive leadership development.
 - Continue to develop recruitment and retention strategies of board members

Help youth receive the education, training and services necessary to obtain employment through the following strategies:

- Make ETV funds available to youth who attend an accredited Career and Technical Education Program.
- Explore the possibility of expanding programs that offer statewide job coaches who will provide pre-employment workshops, job placement (both subsidized and un-subsidized employment), work experience, monitoring and tracking, especially for youth who are unlikely to attend college or qualify for ETV funds.
- The ETV program will continue to be offered to youth in care, youth who were discharged from care at age 18 or older, and youth who went to an adoption or guardianship placement at age 16 or older who are interested in attending an accredited school or institution, such as a community college, 4-year college or university, or career and technical education program.
- The Employment Incentive Program provides financial and supplemental services which help older youth gain marketable skills through on-the-job work or job training programs. Through this program youth gain employment skills and positive work ethics. Eligible youth are at least 17 years old with an open legal case, have a high school diploma or GED, and are working a minimum of 20 hours per week or the equivalent in a job training program. Program participants receive a \$150 monthly grant and start-up funding (\$200 maximum) for work related or vocational program required purchases. Youth in Cook County that do

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not have a high school diploma or GED can be referred to any of the three DCFS funded employment programs (ASN-Added Chance, Lawrence Hall-MY TIME, LUV Institute to promote the pursuit of other workforce training and obtaining the high school diploma or GED.

- Collaborate with the Illinois Department of Employment Security (IDES), for DCFS youth to participate in the IDES “Hire the Future” (HTF) program. The Hire the Future program offers resources and workshops for youth and young adults ages 16-24. The workshops include Job Readiness, Resumes, Interviewing, Researching Careers, Scholarships, Financial Aid, Researching Colleges and Employment Assistance.
- Collaborate with the Illinois Department of Commerce and Economic Opportunity (IDCEO), for DCFS youth to participate in the IDCEO Workforce Investment Act (WIA) programs. The WIA programs are provided statewide and have the following services: Basic Skills, Work Readiness, Internship/Job Shadowing, High School Diploma, Job Placement Assistance, Case Management, GED, Life Skills and Trainings.
- Collaborate with the IDES and IDCEO to explore apprenticeship programs and opportunities for youth in care and former youth in care ages 18-21.
- The Cook County contracted employment providers will provide to DCFS youth the following services: Pre-Employment Workshops, Job Readiness Workshops, Career Readiness Trainings, One on One Counseling, Job Placement, Case Management, Employment Mentoring, Subsidized Employment (80 hours a month), Unsubsidized Employment and Post Employment assistance and support.
- Collaborate with the Illinois YouthBuild Coalition to provide DCFS youth an integrated education, job skills training and leadership development program. Job skills will include construction, automotive and manufacturing skills building.

Help youth prepare for and enter post-secondary training and educational institutions by employing the following strategies:

- Continue to develop and expand on-going educational training for youth who are graduating from high school, to provide assistance with college and scholarship application process, accessing financial aid and DCFS post-secondary programs.
- The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). Beginning in SFY 20, the post-secondary education specialists currently with the EAP will transfer to a contract with the University of Illinois at Urbana-Champaign (UIUC). The Postsecondary Education Support (PSE) Program for Youth in Care will create a partnership between the Illinois Department of Children and Family Services (IDCFS) and the University of Illinois at Urbana Champaign (UIUC)-School of Social Work to develop and implement a strategic plan with the aim of increasing college enrollment and graduation rates among youth in IDCFS care.
- Provide youth with a letter documenting the youth’s prior relationship with the Department at time of case closure. Most youth are required to verify any stated relationship with DCFS on financial aid and/or scholarship applications.
- Support and expand literacy programs to assist youth with reading skills, including conducting research to locate and access existing community based literacy programs.
- Continue to explore possibility of establishing contracts with qualified community providers to offer tutoring programs for youth.
- Identify existing study resource centers in each community college and four-year college or university to assist youth with study skills and advertise/ communicate availability of such resources to the youth and caseworkers.

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- Maintain and continue access to Education Advisors for timely educational advocacy and support for youth in care in grades K-12.
- Expand outreach and support offered to youth in care engaged in post-secondary education programs.
- Continue orientations for DCFS & Purchase of Services direct service staff in each region to explain the educational services that are available to DCFS youth. Additionally, information will be provided on other State and federal financial resources and how to effectively apply for such programs.
- Identify a point person at the post-secondary institutions to provide supportive services to DCFS youth and advertise/communicate this information to the youth and caseworkers.
- Encourage each DCFS Field Office to have a “specialist” on available services and programs for transitioning youth.
- Direct youth to education specific websites so they can compare schools before enrolling.
- Continue to partner with the private sector in offering an array of educational services to promote educational well-being and increase the percentage of youth in care successfully graduating from high school. For some youth, services will begin in elementary grades to ensure successful educational transition to high school. Services included: mentoring, counseling, educational advocacy, family support, post-secondary education services (college tours, college application, financial aid, scholarships applications, etc), tutoring and educational and cultural enrichment opportunities. Services are intended to reduce truancy and contact with the legal system, improve academic performance and encourage post-secondary education or vocational training, all of which assist youth in gaining skills and confidence to reach their full potential.
- Adequate funding for education and training, and the lack of knowledge on how to obtain it, has been a significant barrier to youth who are attending a post-secondary education program. Other non-Chafee funding, including Federal financial aid, may only cover a portion of the cost of tuition. Effective 1/1/19, youth in care, youth who aged out of care at age 18+, and youth who went to guardianship or adoption who attend an Illinois public university or in-district community college are eligible to receive a tuition and mandatory fee waiver. Eligible youth must submit a FAFSA annually and the school may apply the student’s MAP and Pell grant awards to their charges first.
Because of the increased cost of all post-secondary education including public universities, most youth attending 4 year colleges or universities must take out loans to cover what is not covered with federal, state, department related funding, or the tuition and fee waiver. A very big concern is the amount of debt our youth are incurring to either pay for the increased costs or because of not understanding the long-term consequences of signing for student loans. In addition to educating youth about how to access FAFSA related financial aid, youth will be given information during the Financial Literacy training on how loans can impact future credit rating and borrowing ability. Youth will be encouraged to consider attending their local community college to first obtain a transferable associates degree or to seek outside scholarships to lower the amount of loan debt taken while pursuing a degree.

Provide personal and emotional support to youth through the promotion of interactions with dedicated adults by the following:

The Clinical Intervention for Placement Preservation (CIPP) model continues to be used with a strong emphasis on the youth’s adult connections/relationships and their role in stabilizing placements and improving well-being.

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As a part of the Department's Lifetime Approach in providing services, the broad goal of CIPP model is to improve the quality of life of children and youth in the Department's care by streamlining decision-making processes. The team decision making approach is used in a staffing-type setting to design an Action Plan that identifies what services an individual youth needs, such as tutoring and mentoring, and delivering those services earlier to help stabilize their current placement or better implement the next placement if needed. It brings the voice of the youth, caregiver, youth's adult relationships and worker toward a collaborative effort in developing a plan going forward.

The Department will continue to support the Placement Alternative Contract program for youth, over 18 years of age, who are unable to accept a traditional placement option. The PAC Program provides the youth the opportunity to choose his/her own placement, provided the youth has selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any; established written goals that promotes the youth's ability to achieve economic self-sufficiency; and identified an advocate who will assist the youth in achieving his/her goals and cooperate with the youth's caseworker. The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background fingerprint and LEADS) check.

The youth and advocate must complete the CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan, identifying the youth's goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth's caseworker.

The Department believes that mentoring is very critical to the long-term stability and success of youth in foster care. The Department will continue to explore the possibility of expanding mentoring services to youth statewide.

Description of how the state involved youth/young adults in the development of the Chafee plan.

The Illinois DCFS Statewide Youth Advisory Board is now an official state board. On an on-going basis, the commissioned board shall:

- Provide the Department and the General Assembly with the perspective of youth in foster care;
- Recommend solutions to any issues concerning youth in foster care;
- Review and advise the Department on proposed legislation concerning youth in foster care;
- Make recommendations to the Department on policies and guidelines as it relates to foster care youth;
- Engage youth in positive leadership development.
- Continue to develop recruitment and retention strategies of board members

The Statewide Youth Advisory Board did not specifically contribute to the development of this Plan, but the input gathered from youth at regional and statewide meetings is always considered when developing new and working to improve existing older youth services and programs.

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Describe how the state is incorporating principles of Positive Youth Development (PYD) in its Chafee program.

Positive Youth Development, or PYD, is based on research suggesting that certain “protective factors,” or positive influences, can help young people succeed and be better prepared for a successful transition to adulthood. Some of the elements that can protect youth in care and formerly in care, and promote success include connections with caring adults, positive peer groups, a strong sense of self and self-esteem, and involvement at school and in the community.

- Illinois DCFS encourages and supports PYD programming. The examples below will be continued and additional opportunities to strengthen PYD or implement it in new programs will be explored.
- The Illinois DCFS Youth Advisory Boards engage youth in positive leadership development, positive peer groups, link them with caring adults, and help build self-esteem.
- Continue the Countdown to 21 Program, a Department initiative aimed at improving outcomes for youth leaving care that embeds improved *youth driven* transition planning activities at age 19 and continuing until the youth’s 21st birthday. It brings the voice of the youth, caregiver, youth’s adult relationships and worker toward a collaborative effort in developing a plan going forward.
- Expand outreach and support offered to youth in care engaged in post-secondary education programs, including encouraging / supporting youth to build relationship on their campus or with school advisors.
- Maintain an interactive life skills program via individual instruction with hands-on, interactive learning.
- The Department will continue to explore the possibility of expanding mentoring services to youth statewide.
- Illinois DCFS will kick off a three-year pilot in SFY 20 with three current ILO/TLP programs, two in the Cook County region and one in the southern region. The pilot will implement the YVLifeSets curriculum. The focus of the program is service based, not placement, the youth will have case-management service available 24 hours 7 days a week. The case manager will meet weekly with the youth where they are in the community, when and where the youth is able to meet. The YVLifeSets model includes building and maintaining health relationships, with family supports when appropriate, as a key component.

Description of the state’s process for sharing the results of NYTD data collection with families, children, and youth; tribes, courts, and other partners; independent living coordinators; service providers and the public. Describe how the state, in consultation with youth and other stakeholders, is using these data and any other available data to improve service delivery.

The Department has information posted on the internal D-Net site about the history of NYTD, definitions of all relevant terms, and a power point training presentation on NYTD independent living services and survey response reporting in the SACWIS system. An on-demand training for caseworkers is available via the Department’s Virtual Training Center.

The Department shares data from the independent living services reporting and surveys with Chapin Hall for research purposes. Chapin Hall has submitted preliminary research findings that have not yet been shared publicly.

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Illinois is not currently using NYTD data to improve service delivery, however based on the results of the federal NYTD Review held in June of 2019, Illinois does plan to develop a CQI plan, in consultation with youth and caseworkers, to improve the collection of NYTD independent living services data. After the collection of the data is improved, long term plans include using the data to inform improved service delivery.

Provide information of the state's plan to continue to collect high-quality data through NYTD over the next five years.

The Department will continue to request completion of the NYTD survey in each of the baseline and follow up survey years as required. Currently, information is shared with the private agencies regarding youth in their care who are in either of the populations. The caseworker and supervisor also receive direct emails for youth on their caseload in a NYTD survey population.

The Department is preparing for its Federal NYTD Review. It is scheduled for June 25-29, 2019. The review process and resulting performance improvement plan will assist with identifying additional ways to improve the reporting of independent living services, increase survey participation by out of care youth, and utilize the NYTD data for the improvement of service delivery.

Serving Youth Across the State

Describe how the state has ensured and will continue to ensure that all political subdivisions in the State are served by the program, though not necessarily in a uniform manner (section 477(b)(2)(B) of the Act).

The Department's Youth in College/Vocational Program, Employment Incentive Program, Education and Training Voucher (ETV) Program, Scholarship Program, and Community College Payment Program are available to youth regardless of where they reside in the State, if they meet the eligibility requirements for the program. The availability of contracted services is more concentrated in the Chicago/Cook County region of the State as historically that is where the majority of the population has been. Recent trends showing an equalizing of the numbers in Cook County compared with the Downstate Regions of the State. IDCFS is committed to looking at ways to expand contracted services in the downstate regions of the State to meet the service needs of the youth. The Department will also continue to identify community based resources for youth in care to access.

Effective 1/1/19 youth in care, youth who aged out of care at age 18 or older, and youth who went to guardianship or adoption from the Department's care are eligible for a tuition and fee waiver at an Illinois public university or community college. Eligible applicants must access it prior to age 26 and can access it for up to 5 consecutive years.

The DCFS Educational Access Project provides Education Advisors across the state and beginning in SFY 20, Advisors will be assigned to work with specific foster care liaisons identified by the school districts.

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Provide relevant data from NYTD or other sources that addresses how services vary by region or county.

The Statewide Provider Database (SPD) provides a tool for staff throughout the state network to identify and to locate community based services for children and families. You may search the system with a child's CYCIS ID, select services within a given area, or obtain details about programs and services.

Serving Youth of Various Ages and States of Achieving Independence (section 477(b)(2)(C) of the Act).

Describe how Youth of Various Ages and at Various Stages of Achieving Independence are to be Served. For states that extended or plan to extend title IV-E foster care assistance to youth people ages 18 – 21, address how implementation of this program option has changed or will change the way in which Chafee services are targeted to support the successful transition to adulthood. The state must provide available data on participation and discuss how it affects or may drive continuous quality improvement in the delivery of Chafee services.

For states that have elected or plan to extended Chafee services to age 23, provide a description of the services offered or to be offered to youth ages 21 – 22 (up through 23rd birthday) and how the expansion of the program will be implemented, including how youth, service providers, and community partners were or will be informed of the change.

Illinois has allowed youth to remain in care until age 21 since 1992.

1. *Services Offered to Foster Youth Ages 14 – 16:*

The following are all services the Department believes are available to youth in this age range.

- Life Skills Assessment: All youth in care are required to participate in the Casey life skills assessment, which should become the basis for the transitional service planning for the youth. A well-developed CFS 497 service plan should include clear and concise objectives for all youth in care ages 14 – 21. These objectives should address specific areas for development and timeframes for task completion, person's responsible, desired outcomes and progress evaluations. Peer-to peer mentoring is encouraged along with participative, community-based field trips which facilitate experiential learning.
- Tutoring services
- Mentoring services
- Educational advocacy and support services through Education Advisors
- Pregnant and Parenting Teen services, if applicable.
- Obtaining a state identification card
- Membership on Regional and/or Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment resources as well as community based resources.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting, the student's academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun. Education Advisors participate in

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the planning team when problems are identified to provide advocacy and support. The Plan is to be brought to the youth's next Administrative Case Review.

2. Services Offered to Foster Youth Ages 16 – 18:

The following are all services the Department believes are available to youth in this age range.

- Development of Youth Driven Transition Plan at age 17
- Education regarding a Healthcare Power of Attorney and opportunity to complete one at age 18
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance in completing referral application to Youth in College/Vocational Training program
- Assistance in completing the Education & Training Voucher application
- Assistance in accessing the Community College Payment Program
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Life skills classes that utilize “hands on” instruction and real-life experiences
- Membership on Regional and Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community based resources.
- Referral for Employment programs and follow-up to ensure youth engages in the program, especially Transitional Jobs Programs to ensure youth obtain work experience before emancipation.
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establishes on his/her own.
- Assistance with connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing the Employment Incentive Program (if youth meets eligibility requirements)
- TLP placement (if meet eligibility criteria)
- Placement Alternative Contract living arrangement (if meet eligibility criteria)
- Assistance with obtaining a State ID.
- Educational advocacy and support services through Education Advisors and Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Annual High School Academic Plan to be completed by the Caseworker during the Annual High School Academic Plan Meeting at the start of each school year, August through October. At the meeting, the student's academic progress is reviewed, problems/issues are discussed, and post-secondary planning is begun. Education Advisors participate in the planning team when problems are identified to provide advocacy and support. The Plan is to be brought to the youth's next Administrative Case Review.

3. Services Offered to Foster Youth Ages 18 through 20:

The following are all services the Department believes are available to youth in this age range.

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- Develop a community resource directory to link youth to community resources
- Monitor academic and vocational training progress
- Assist with housing needs: develop “step down” program to transition youth to self-sufficiency while still eligible for Department funded services; during the “step down” phase, ensure youth are acquiring sufficient cash savings for emergencies that will arise after emancipation
- Assist with career planning and follow through with youth
- Assist with comparing and calculating actual costs of various post-secondary education programs
- Membership on Regional and Statewide Youth Advisory Boards
- Annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community based resources.
- Orientation to post-secondary and vocational training programs
- Assistance with completing financial aid forms and college applications
- Assistance in completing Scholarship applications
- Assistance in completing the Education & Training Voucher application
- Assistance in completing referral application to Youth in College/Vocational Training program
- Assistance in accessing the Community College Payment Program
- Assistance in locating employment opportunities, resume preparation, filling out a job application, and interviewing skills
- Referral for Employment programs and follow-up to ensure youth engages in the program
- Assistance with establishing a relationship with a positive adult or support of such a relationship that youth establishes on his/her own.
- Assistance with connecting positive mentors to foster post-secondary expectations and career goals
- Assistance with accessing Employment Incentive Program (if meet eligibility requirements)
- TLP or ILO placement (if meet eligibility criteria)
- Placement Alternative Contract living arrangement (if meet eligibility criteria)
- Educational advocacy and support services through Post-Secondary Education Specialists
- Pregnant and Parenting Teen services, if applicable.
- Participation in a Discharge – Clinical Intervention for Placement Preservation (DCIPP) staffing at age 19 and 20.9.
- Per DCFS Policy, at the time of case closure, youth shall also be provided, at no cost, a copy of their health and education records. The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult, including:
 - o Identification card;
 - o Social Security card;
 - o Driver’s license and/or state ID;
 - o Medical records and documentation to include, but not be limited to:
 - Dental Reports;
 - Immunization Records;
 - Name and contact information for Primary Care Physician, and any Specialists working with the youth;

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- Name and contact information for OB/GYN, when applicable;
- Education on Healthcare Power of Attorney, including signed certification on having received information and education regarding health care options;
- o Certified copy of birth certificate;
- o Documents and information on the youth's religious background;
- o U.S. documentation of immigration, citizenship, or naturalization;
- o Death certificate(s) of parent(s), if deceased;
- o Medicaid card or other health eligibility documentation;
- o Life book or compilation of personal history and photographs
- o List of known relatives, with relationships, addresses and telephone numbers, with the permission of the involved parties;
- o Copy of Court Order for Case Closure;
- o Resume;
- o List of schools attended, previous placements, clinics used;
- o Educational records, such as high school diploma or general equivalency diploma; and
- o List of community resources with self-referral information, including The Midwest Adoption Center, Phone: 1-847-298-9096 or info@macadopt.org.

In addition to foster home placements, the following placements are available to youth ages 18-20:

The Department's Transitional Living and Independent Living Programs are designed to guide the development of an ILO/TLP continuum of progressive independence, kinship connection, and sustainability. The following is an overview of levels of care and expectations of these living arrangements:

Transitional Living Program/ Transitional Living Arrangements (TLP)

The purpose of the TLP is to provide a youth, coming from any other living arrangement, an opportunity to practice skills that will be necessary to live independently while continuing to be provided supervision and supportive services. As defined in the TLP re-design, there are four levels of placement under the TLP rubric. In general, the levels are defined by the amount of autonomy that the youth can manage. Youth who are engaged in school/work and who are managing their treatment needs with minimal support will be allowed commensurate program structures. Youth who require more direct support to manage their behavioral health needs, and those who require intensive programming focused on developing the skill set that will be required of them upon emancipation will receive more intensive support. This group will be divided by age, as this is likely to represent a large sub-set of this population. Finally, those whose developmental disabilities and/ or chronic, severe mental illness and who have an increased likelihood of reliance on the adult service providers in these areas, will have specialized programming focused on promoting this transition.

TLP's will offer a mix of services and resources wholly dependent on the needs and capabilities of the youths they serve. These direct and indirect services will include: 1) support of the youth's academic development, (school involvement, tutoring, GED programs), 2) vocational/ employment preparation, (employment readiness, job coaching, trade programs, mentorship), 3) mental health services (psychiatric monitoring, professional counseling, group services, substance misuse services), 4) Kinship reconnection (outreach to kin and fictive kin to develop long-term relationships, visitation), 5) Juvenile Justice, (Gang intervention, specialized community re-engagement, specialized employability services), 6) Parenting (education, support, child care, preparation), 7) DMH/ ORS linkages, 8) Housing advocacy, (assisting the youth over the age of

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19 in locating and maintaining a community based apartment as they demonstrate readiness), 10) and others.

TLP programs are required to refer and monitor youth in workforce development programs to ensure youth obtain a career pathway, work experience, and unsubsidized employment by age 18.

TLP's are single-site locations of various descriptions, with on-site staff 24 hours per day and 7 days per week. The eligibility requirements for placement into a TLP are: 1) the youth must be 17 years of age or older, 2) able to be safely maintained in a community setting, 3) the youth must be willing to actively participate in education, employment and other services specific to his or her particular strengths, needs and goals.

Independent Living Program/ Independent Living Arrangements (ILO)

The purpose of the ILO is to offer prepared youth the opportunity to practice living autonomously with a "safety-net" of supports while they progress toward full independence, usually by emancipation.

ILO is available to youth 19 and older who have demonstrated the capacity to live independently and to maintain themselves, with limited support, in a sustainable community based apartment of their choosing. While many of the same services as above will be available, most will be available via referral to community-based providers. The hallmark of ILO is the creation of stable, sustainable circumstances. The role of the provider is to monitor and enhance the youth's progressive independence.

Youth in ILO will be placed in apartments that they are expected to remain in after their DCFS involvement ends. To this end, they will be required to make an increasing contribution to the costs associated with their apartment and required to save money earned through their employment to cover post-emancipation expenses.

Placement Alternative Contract

The Placement Alternative Contract program provides selected youth, over 18 years of age, who are unable to accept a traditional placement option the opportunity to choose his/her own placement, provided the youth has:

- selected a safe dwelling within the State of Illinois for himself/herself, and his/her children, if any;
- established written goals that promotes the youth's ability to achieve economic self-sufficiency; and
- Identified an advocate who will assist the youth in achieving his/her goals and cooperate with the youth's caseworker.

The advocate may be an adult relative or friend, a current or former caseworker or foster parent, or another adult who can mentor the youth. An advocate who is not a caseworker or foster parent must submit an authorization for a CANTS and criminal background (fingerprint and LEADS) check.

The youth and advocate must complete the *CFS 453-C, Placement Alternative Contract 90 Day Self-Sufficiency Plan*, identifying the youth's goals in preparing for independent living/adulthood, listing specific tasks along with timeframes for achievement and a plan for accomplishing each

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task (e.g., who, what, when, where, how), and identifying the method for measuring progress or completion (should include all life domains). The completed Self Sufficiency Plan shall be given to the youth's caseworker.

Also refer to "Services Offered to Former Foster Youth Ages 18 through 20".

Youth in College / Vocational Training Placement

Youth in care who are enrolled and attending an accredited post-secondary program at full time status are eligible for the YIC/VT placement. The youth receives the \$511 monthly board payment, a \$200 start-up payment, and financial assistance with books and supplies not covered by financial aid grant funds. Youth in the program at age 21/case closure can remain in the program through age 25 or completion of their post-secondary program.

4. Services Offered to Former Foster Youth Ages 18 through 20:

Traditionally, the Illinois Department of Children and Family Services keeps youth in care until their 21st birthday in order to provide services. The majority of youth residing in Cook County in Illinois remain under the state's legal care until age 21. The remainder of the state is not as consistent and tends to be dependent on the court having jurisdiction over the case.

Education

DCFS will continue to offer the Scholarship program to former foster care recipients. There are 53 scholarships awarded each year. The Scholarship includes a tuition and fee waiver for an Illinois public university or community college, a monthly grant payment, and the Illinois medical card.

Youth who are participating in the Department's Youth in College/Vocational (YIC/VT) Program at age 21 and case closure are eligible to remain in the program through the semester they turn 25 years old if they continue to meet the eligibility requirements. The youth must maintain full time status in their post-secondary program with a minimum 2.0 GPA and submit their program schedule confirming enrollment and grades each semester to the Office of Education and Transition Services. Participation in the YIC/VT program provides them with a \$511 monthly grant and financial assistance with required books and supplies that financial aid does not cover.

Effective 1/1/19 youth in care, youth who aged out of care at age 18 or older, and youth who went to guardianship or adoption from the Department's care are eligible for a tuition and fee waiver at an Illinois public university or community college. Eligible applicants must access it prior to age 26 and can access it for up to 5 consecutive years.

DCFS will continue to make the Education and Training Voucher Program available to former foster care youth between 18 – 21 years of age.

Housing, Financial Assistance, and Counseling

The goal of the Department is to provide financial and housing services to youth in care and former foster care youth who need it, between their 18th (17.5 years for housing advocacy) and 21st birthday to complement their own efforts in achieving self-sufficiency, recognizing and accepting personal responsibility in preparing and then making the transition from adolescence to adulthood.

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The following services will continue to be offered to youth:

- o Housing advocacy;
- o Cash assistance;
- o Start- up grants;
- o Partial housing subsidy; and
- o Crisis Cash Assistance

Housing advocacy services will be available to wards starting six months prior to their emancipation. The Department will make exceptions to this rule for youth that need to locate housing prior to six months before they age out of care (for example, they are part of the Youth in College program and are seeking an apartment off campus). Advocacy agencies will help wards prepare a budget, teach them about being a good tenant, and help them locate and acquire appropriate and affordable housing. This service will be available to all youth nearing emancipation and to former wards who age out of care until their 21st birthday. As stated above, this will also be available to youth who move to adoption or guardianship after age 14, if they wish to access it.

Youth who are within six months of aging out of care may receive up to \$2,000 based on a needs assessment, from Youth Housing Assistance and Transition Cash Assistance to facilitate independence. This cash assistance will cover such expenses as security deposits and necessities that many youth may not have upon leaving foster care. They will be awarded cash assistance only when the youth has a balanced budget. Funding through Youth Housing Assistance and Crisis Cash Assistance will also be available to help former wards who have aged out of care and whose housing is unstable up until their 21st birthday. Cash assistance may be authorized for up to \$2,000 (two thousand) per 12 months, with a lifetime limit of \$4,000 (four thousand). The youth must have a balanced budget to receive assistance. However, if the youth does not have a balanced budget he or she may receive up to \$600 (six hundred).

If an emancipated youth's, who is not yet 21 years of age, housing costs exceed 30% of her or his income, a partial housing subsidy of up to \$250 (two hundred and fifty) per month for up to 12 months (stopping no later than the 21st birthday) will be provided. The new subsidy ensures that the youth pays at least half the rent during the final sixth month of the subsidy. This assistance is not part of the \$2,000 twelve month or \$4,000 lifetime limit.

Last year, The Department sought and received approval to use Chafee funding provide housing advocacy services and cash assistance through the Youth Housing Assistance Program until the youth turns 23 years of age. Unless the Department provides an exception, the Department will only provide these services to youth who receive a Family Unification Program (FUP) Housing Choice Voucher (also known as Section 8). FUP Provides a housing choice voucher to DCFS involved families in inadequate housing and youth who are aging out of, or have aged out of, DCFS care and are homeless or at risk of becoming homeless. DCFS has relationships with nine housing authorities in Illinois who will provide FUP vouchers to youth.

Former foster care youth will continue to access counseling services through community based organizations and Department of Human Services' funded programs/services. Counseling services offered by community based organizations include substance abuse and mental health counseling, parenting classes offered by local hospitals, domestic violence counseling and shelter services, and church based support groups and general counseling. Career / employment counseling is available through local state unemployment offices and State of Illinois Central

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Management Services' career counselors. In addition, the state Department of Human Services funds such programs as AmeriCorps where youth can receive skill training, serve as part of a team, receive a small living stipend, and an education award. Local Department of Human Services' offices in each county also provide cash, food, and medical assistance to those who qualify.

Employment

The Department's collaboration with the Illinois Department of Employment Security (IDES) and the Illinois Department of Commerce and Economic Opportunity (IDCEO) will continue to provide employment and training opportunities for youth. DCFS will continue to present employment opportunity events to youth, caregivers, DCFS staff and POS staff.

In addition, DCFS will explore the possibility of DCEO providing bi-annual Orientations to DCFS/POS staff about resources, services, Workforce Investment Act programs, etc. and of improved linkages between DCFS offices linking with local DCEO offices to increase access/awareness to resources for employment and career preparation.

The Cook County contracted employment providers will provide to DCFS youth the following services: Pre-Employment Workshops, Job Readiness Workshops, Career Readiness Trainings, One on One Counseling, Job Placement, Case Management, Employment Mentoring, Subsidized Employment (80 hours a month), Unsubsidized Employment and Post Employment assistance and support.

IDCEO is one of 19 states selected by the US Department of Labor to implement *Shared Youth Vision*. The *Shared Youth Vision* calls upon the youth service system at all levels to work collaboratively in designing and coordinating programs serving the neediest youth. Youth in foster care or aging out of foster care are targeted youth of Shared Youth Vision.

The Department will continue to explore ways to provide information to former Foster Care recipients about employment and training opportunities that are available statewide through federal, state, local and city funding.

The Department is working on increased collaboration with the Job Corps sites to encourage former youth in care to take advantage of this opportunity, when appropriate.

In addition, former foster youth who encounter significant hardship upon emancipation are eligible to reengage with the Department and Juvenile Court through the Supporting Emancipated Youth Services program. The program works to secure essential supports and services that will enable these youth to live independently as adults. Youth who aged out of care age 18 or older may request reinstatement up to his/her 21st birthday. The youth would then be eligible for all services listed under "Services Offered to Foster Youth Ages 18 through 20".

Identify any assessments or other tools the state uses to determine the individualized needs of youth and to evaluate young peoples' state of development and how these assessments inform the provision of services.

Life Skills Assessment

Illinois has selected age 14 as the eligible starting point for Chafee services. Research has shown that the likelihood for youth to attain permanency decline sharply once a youth reaches that age. Thus, a youth in care at age 14 is likely to remain in foster care until age 18. Illinois' approach to

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preparing youth for independence is individualized and focused on youth development. Youth are required to complete the Casey Life Skills Assessment at age 14, age 16, and, currently, at 6 months prior to emancipation. The results from the assessment are used to develop an individualized learning plan for youth based on the identified service needs. The Department is exploring the feasibility of linking the life skills learning plan with the youth's service plan in SACWIS, where the identified needs and services from the learning plan would automatically populate the youth's service plan.

Pregnant/Parenting Teen Services

A Specialty Parenting worker completes a New Birth Assessment within six months of when a DCFS youth in care gives birth to a child. The assessment includes several documents: an official assessment form, The Edinburgh Postnatal Depression Scale, The Adult Adolescent Parenting Inventory-2-Form A (AAPI), the Pregnant and Parenting Teen version of the Child Adolescent Needs & Strengths (CANS) assessment, and the Ages and Stages Questionnaires (ASQ-3).

The purpose of the new birth assessment is to:

- Evaluate the current level of parent-child interaction
- Screen for depression and related emotional issues impacting the new parent
- Provide education to the teen parent about parenting and child development
- Provide linkages to community resources;
- Identify any concrete needs of parent and child;
- Note any current safety/risk factors and how they impact parenting;
- Make recommendations for follow-up.

Substance Abuse

- The Department has implemented an Integrated Assessment to be administered at the front end for youth entering the system that includes screening for mental health and substance abuse issues. Youth who are already in the system will be assessed via the Child and Adolescent Needs and Strengths (CANS) and staffed by the Child and Youth Investment Team, which includes a group of clinicians: psychologist, therapist, LCSW, as needed, as well as family members, service providers, and caregivers to determine whether further assessment or treatment for mental health, substance abuse and other conditions is needed. Policy Transmittal 2006.11, Procedures 302, Appendix, Substance Affected Families was released September 8, 2006 providing a step-by-step guide through the casework activities that address the principles and standards around which the Department provides alcohol and other drug abuse services to families with open case or subjects of a child abuse and neglect investigation; or to children for whom the Department is legally responsible. Also new to this procedure is the Youth Alcohol and other Drug Abuse Indicators Form, which provides staff a method of determining when a youth should be referred to a qualified substance abuse counselor for drug and alcohol assessment.
- As part of, or in addition to, completion of Department-recognized life skills assessment, youth will be screened for substance abuse and, based on the results, necessary services added to the Transition Plan.
- Develop criteria to screen youth entering Pregnant and Parenting Teen Program for substance abuse (also see 3rd bullet point below)
- If appropriate, establish linkages to substance abuse prevention programs. These services are coordinated and funded by the Department of Human Services' Bureau of Substance Abuse Prevention and are available statewide.

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Mental Health

- An Integrated Assessment is completed at the beginning of each new case and then re-assessed on a quarterly basis. The Integrated Assessment provides a comprehensive clinical understanding of each child at the start of care to develop a service plan directly related to the findings of the Integrated Assessment (also see bullet point above under Substance Abuse).
- Staff that form the Integrated Assessments team consist of a team of experts who are dedicated to addressing the mental health needs of children in care.
- Downstate Pregnant/Parenting Youth services are now provided by Department contracted providers. DCFS/POS caseworkers are to provide Pregnant/Parenting service providers with referral documentation that include assessments, services plans, Child Endangerment Risk Assessment Protocols (CERAPs), Child and Adolescent Needs and Strengths (CANS), etc., so that service providers are informed of mental health issues. Service providers do an assessment of their own using the referral information provided by the DCFS/POS caseworkers, in addition to the Casey supplements and postpartum depression screens. Pregnant/Parenting Teen Service providers are required to notify DCFS/POS caseworkers immediately in every case when they encounter new behaviors and circumstances that may be signs of mental illness, substance abuse, domestic violence, health, or safety concerns. DCFS/ the Teen Parent Service Network offers trainings for Pregnant/Parenting service providers that enhances their ability to do assessments and service delivery for this special population of youth.
- Pregnant and parenting youth in the State are screened for mental health concerns during intake to the Teen Parent Services Network (TPSN). During that time, they address the topic and or history of mental health. If there are any unaddressed concerns the youth is referred to the TPSN clinical consulting division of the program for a staffing. Upon that staffing, recommendations for any needed services are made.

Developmental Disabilities

- Collaborative process between IDCFS and the Department of Human Services' Division of Developmental Disabilities (DMSDD).
- Community based Pre-Admission Screening (PAS) agencies work to ensure all proper assessments are completed on the youth, required documents are in order, and coordinates the referral process.
- Recommended levels of care traditionally include Community Integrated Living Arrangements (CILA) and Home-Based Services.
- DCFS assigned caseworker remains involved throughout this process.

Collaboration with Other Private and Public Agencies

Discuss How the State Involves the Public and Private Sectors in Helping Youth in Foster Care Achieve Independence

The State of Illinois is continuing to use a variety of means to involve the public and private sector stakeholders in helping adolescents in foster care achieve independence. The Department has ongoing coordination efforts with a variety of public and private groups. The Department takes all major policy development and implementation issues to its Child Welfare Advisory Committee, which is made up of private sector stakeholders.

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The Department also maintains a close working relationship, on program development and implementation issues, with the Child Care Association of Illinois, which includes most of the members of the state's child welfare services provider community. The Department convenes Advisory Councils consisting of foster parents and adoptive parents. In addition, there are advisory groups for African-Americans and Latinos. All Department Rule changes go through a public approval process with the Joint Committee on Administrative Rules (JCAR), which allows the public to comment. Department staff are members of community action teams across the state to address the issue of disproportionality in foster care.

The Department maintains a close working relationship with a number of other State departments, including: the Department of Human Services (DHS) in regards to TANF and Daycare; the Division of Alcoholism and Substance Abuse; the Division of Mental Health; the Division of Developmental Disabilities; a vast array of Youth Services programs and DHS-funded Medicaid services; the Departments of Employment Security and Commerce and Economic Opportunity in regards to employment programs; and the State Board of Education. In addition, the Department maintains a close working relationship with local government entities, particularly in Cook County. Among the most important partners in service coordination are the Chicago Public Housing Authority and the Chicago Public Schools.

DCFS contracts with private agencies for the delivery of job coaching, mentoring, financial literacy training, Regional and State Youth Advisory Board coordination, and tutoring to help prepare youth for the successful transition to independence. In addition, Illinois contracts with public and private agencies statewide for the delivery of life skills classes, trainings, and experiential activities for youth to participate in where they can learn and practice the skills necessary to make a successful transition to self-sufficient adulthood.

The Department believes it is critically important to connect youth to public and private resources that will sustain them through life for disease prevention and health promotion:

- Local county and city public health departments offer to adolescents and youth adults a broad range of health-related services.
- Federally-funded Community Health Centers were established with a mission to deliver comprehensive, high-quality primary health care as well as supportive services to community residents regardless of their ability to pay. Community Health Centers are committed to the concept of the "medical home", defined as primary care which is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. Community Health Centers operate in more than 450 service locations throughout the state of Illinois.
- The Illinois Provider Directory for Children and Adolescents with Special Health Care Needs is an online resource to assist in locating health care providers – pediatricians, family physicians, pediatric specialists, occupational therapists, physical therapists, speech pathologists, audiologists, mental health specialists, pediatric dentists, and other health care providers -- who serve Illinois children and adolescents with special health care needs.
- The Statewide Provider Database (SPD) provides a tool for staff throughout the DCFS network to identify and to locate community based services for children and families. You may search the system with a child's CYCIS ID, select services within a given area, or obtain details about programs and services.

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Efforts have been made, and will continue to be made, in the next five- years to provide training to the Public Guardian's Office, Juvenile Justice System, and court systems across the state to help them understand the services that are available to older youth.

For downstate Illinois (defined as all regions outside of Cook County and its five Collar counties), the services provided for Pregnant/Parenting youth are provided by community based service providers. DCFS contracts directly with 5 local agencies to provide specialized, supportive services for the identified Pregnant/Parenting youth. In counties that do not have a DCFS P/P contract, workers link P/P youth with community based resources that have different funding, when available. These programs are usually funded by state or federal programs. For example, P/P youth and their children receive medical cards, participate in the WIC program, may be eligible for the Link program for food, use day care services funded by another state agency and many live-in settings funded with federal funds. When needed, DCFS program staff meet with staff from various agencies to look at the eligibility of DCFS P/P youth and the appropriateness of their use of different programs funded with state and federal money.

DCFS has housing advocacy contracts with local community housing agencies throughout the state. These programs maintain contact with statewide subsidized housing programs to assist youth in applying for and accessing appropriate housing. These housing advocacy programs participate in their local Continuum of Care and are knowledgeable of federal, state, and local funded programs in their area. Some of them have sought funding through other funding sources to assist clients referred by DCFS.

DCFS has agreements with five housing authorities to accept youth who are aging out of care participate in their Family Unification Program when vouchers are available. Those housing authorities are in Chicago, Danville, DuPage, Rock Island, Springfield and Winnebago County. To meet program requirements, all participants must have already aged out of care and move in to their new housing before they turn 19.5 years of age.

DCFS has a collaborative process in place with the Department of Human Services' Division of Developmental Disabilities and the Guardianship and Advocacy Commission's Office of the State Guardian to ensure the appropriate, stable and complete transition of youth with developmental disabilities into adult services. This process includes the involvement of a community based Pre-Admission Screening (PAS) agency that works to ensure all proper assessments are completed on the youth and the required documents are in order. Once the appropriate level of care is determined for the youth to transition to, the PAS agency coordinates the referral process. Recommended levels of care traditionally include CILAs (Community Integrated Living Arrangements, both 24-hour and intermittent) and Home-Based Services. For individuals with very special needs, Intermediate Care Facilities (ICF/DDs) or State Operated Developmental Centers (SODC) may be considered. The DCFS assigned caseworker also remains involved throughout this process and ensures that transitional visits occur prior to the new placement being effective. Finally, the worker will assure the vacating of guardianship or its transfer to an appropriate adult guardian.

The Department of Children and Family Services, including staff from the Division of Clinical Services also collaborates with the Department of Healthcare and Family Services on a variety of issues impacting Medicaid-funded services for DCFS wards. Such collaborative activities include participating in interagency committees that oversee particular policy areas and working with DHFS staff to resolve operational, programmatic and case-specific issues. Data sharing includes obtaining paid claims data upon request as needed for examining trends in health care services

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for wards. In addition, DCFS collaborated with the Department of Healthcare and Family Services to implement the expansion of Medicaid eligibility for former foster youth to age 26.

Illinois Department of Children and Family Services (DCFS) began collaboration with the Illinois Department of Human Services, Office of Substance Use Prevention and Recovery (SUPR) in 1986 with the piloting of a federal demonstration program known as Project SAFE. SAFE was an intensive out-patient treatment service providing a highly intensive outreach component, parenting training, transportation, child care, case management, woman's support group, and aftercare. The program was designed to break down barriers that prevented women from succeeding in treatment. SAFE progressed from the original four (4) demonstration sites to a state funded program of twenty-one (21) sites statewide.

The Office of Substance Use Prevention and Recovery (SUPR) and the Department of Children and Family Services (DCFS) continued their commitment to develop and implement a community based system of integrated child welfare and substance abuse services with the establishment, by the Illinois legislature, of the DASA/DCFS Initiative (currently known as the SUPR/Child Welfare Integrated Services Program) in 1995. The "Initiative" was to provide accessible and effective services for DCFS clients with substance abuse problems. The Initiative includes substance abuse screening, assessment and treatment, outreach services, case coordination, aftercare, collaborative administration, and on-going quality assurance. Particular emphasis was placed on the development of a specific referral process, establishment of protocols to ensure timely assessment to treatment services. Through these on-going efforts, child welfare workers and substance abuse providers work cooperatively to address DCFS clients' alcohol and other drug abuse (AODA) and its impact on family life, parental functioning, and child safety and development. The Initiative currently includes 52 AODA providers.

Determining Eligibility for Benefits and Services (section 477(b)(2)(E) of the Act)

Address how the State Uses Objective Criteria to Determine Eligibility for Benefits and Services Under the Chafee and the ETV Programs, and for Ensuring Fair and Equipment Treatment of Benefit Recipients

The State's policy requires using a combination of state and federal funds to provide independent living services to youth 14 –21 years, and continues to use state funds to offer specific services to youth up to their 23rd birthday. The State is responsible to ensure all youth leave the foster care system with skills to maintain self-sufficiency. The objective criteria are based upon the number of youth who are likely to remain in foster care until age 18. The youth in foster care are older and need more supportive services to prepare for self- sufficiency. Evaluation studies have pointed to the fact that youth who leave care without a transition plan end up homeless, incarcerated, unemployed and have low educational achievement.

The process of developing the criteria included the following:

- Review of the National trends of what services the other states are offering to older wards
- The Governor of Illinois' initiatives
- The priorities of the Director of DCFS
- A "needs assessment" of older youth
- Recommendations of results of the Chapin Hall Center for Children and other research studies

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The eligibility criteria used for the Chafee services are as follows:

- Provide services to youth aged 14-21 to help them make the transition from foster care to adulthood: education, vocational and employment training, post-secondary education, daily living skills, substance abuse prevention, PPT prevention and preventive health activities.
- Provide training for foster parents, adoptive parents and workers to address issues confronting older youth.
- Provide services for older youth aged 18-20 who have left foster care but have not reached age 21.
- Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.
- Serve children of various ages at various stages of achieving independence.
- Use a variety of providers to deliver independent living services.
- Serve youth who otherwise meet the eligibility criteria, but who are temporarily residing out of State, and not terminate ongoing assistance solely due to the fact that a youth is temporarily residing out of State.

The eligibility requirements for the ETV services are as follows:

- Provide vouchers of up to \$5,000 (five thousand) to youth otherwise eligible for services under the State CFCIP program. The youth must be enrolled and attending an accredited post-secondary education or training program and making satisfactory academic progress toward completion of the program.
- Provide services to youth in care or left care at age 18 or older;
- Provide services to youth adopted or placed in subsidized guardianship from foster care after attaining age 16.
- Provide services to up to age 26.
- The vouchers will cover tuition, fees, books, supplies, equipment, and other education related costs listed as cost of attendance at the school attending.

DCFS will ensure that all youth are aware of the service appeal process that exists and their rights to appeal.

Chafee and other funding will be made available to all youth in care, and former youth in care, by the following:

- Statewide training, including on-site trainings, webinars, program mailers, and email updates, to increase the awareness of available services to include DCFS and private agency staff. Policies and procedures help guide service delivery to ensure the services are equitable.
- Continue to maintain a resource of information regarding services, resources, etc. on the IDC
- Links to information regarding services and programs for older youth currently exist on the DCFS intranet and internet site. These links will be updated as necessary and made prominent and accessible to youth, caseworkers, caregivers, and others accessing the sites.
- Use of social media to inform youth of programs and how to access
- Offer Chafee services to youth regardless of placement or living arrangement type.
- Conduct regional informational orientations to discuss Chafee services

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- Conduct one day “Educational Seminars” for youth in care to educate them on the costs/benefits of community college/public universities vs. proprietary schools to help them make educated post-secondary attendance choices.
- Provide annual Youth Summits in each region that provide workshops and information to youth ages 14-21 on all DCFS Educational and Employment Resources as well as community based resources.
- Identify youth likely to be graduating from high school and send information regarding the YIC/VT program, ETV program, and EIP to the youth and their caseworker via email notifications.

Cooperation National Evaluations

DCFS will cooperate in any national evaluations of the effects of the programs in achieving the purposes of CFCIP.

Chafee Training

The Department has also conducted specific training on pregnant and parenting teen issues for DCFS and private agency caseworkers. The Department, through TPSN, TPSN will continue to offer Parenting Specialty Training Curricula statewide annually.

In addition, OETS staff, including a Transition Manager in each DCFS region and two Post-Secondary Education Specialists, provide on-site and teleconference training to private agency staff on request, participate in DCIPP meetings with older youth in care, and participate in Regional management and staff meetings when possible to educate caseworkers and other staff on the available programs and services for older youth. The OETS is committed to strengthening these training efforts in order to reach more staff and provide more technical assistance to ensure all eligible youth are accessing the programs and services designed to prepare them for adulthood.

Finally, the Department is working to ensure information about available programs and resources for older youth is more accessible to caseworkers, foster parents, and youth by adding direct links to this information on the Department’s intra and internet web sites home pages. And, the OETS will continue to update and distribute the Get Goal’d manual. The manual intended for caseworkers as it includes information on how to access the various programs and services.

Description of the Education and Training Vouchers (ETV) Program and Its Components

The Education and Training Vouchers Program (ETV) will provide additional resources specifically to meet the financial needs for educational and training programs of youth aging out of the Department’s (IDCFS) foster care system. The purpose of the Education & Training Vouchers program is to ensure every eligible youth has the opportunity to attend a post-secondary or career and technical education program in order to learn or enhance skills needed to make a smooth transition to self-sufficiency.

The ETV program can be used to pay the following items at an accredited post-secondary school or institution if they are included in the school’s cost of attendance and are not paid by other grants/ scholarships/funding:

- Tuition & fees

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- Books & supplies;
- Uniforms & Equipment
- Transportation;
- Cost of medical insurance
- Computer
- Room & board (If not in another IL DCFS paid placement)

The amount spent for each youth varies, but an amount not to exceed \$5,000.00 per youth may be issued as a partial payment to the educational institution to cover school charges. If there is funding left of the \$5000 per fiscal year after the school or institution is paid, other cost of attendance items may be paid directly to the youth or other providers.

Description of the Methods the State/Department Uses to Operate the ETV Program Efficiently

In order to operate the ETV program efficiently, the ETV funding is coordinated by an individual who works with the other DCFS Office of Education and Transition Services (OETS) personnel. This allows DCFS to identify youth who are already attending a post-secondary program and make them aware of the ETV funding for school. These youth are easily identified and are a priority for the funding. Case workers and GALs receive training that includes information on the ETV program and how it is accessed. The ETV information is also listed on the DCFS Website and the application is available on the interagency intranet. Applications can be mailed, faxed, or emailed as an attachment to the ETV coordinator. All portions of the ETV process which includes applications, letters of intent, approval letters, payment vouchers, and data collection are coordinated by a single source so that a total review of need and payments to the schools and other entities are consistent from start to finish.

Description of the Methods the State will use to: (1) Ensure that the Total Amount of Educational Assistance to a Youth under this and any other Federal Assistance Program Does Not Exceed the Total Cost of Attendance; and (2) to Avoid Duplication of Benefits Under this and any other Federal or Federally Assisted Benefit Program.

To ensure that the total amount of education assistance to youth does not exceed total cost of attendance and to avoid duplication of benefits, youth submit application packets each term. This consists of a written application form along with student schedule, grades, and financial aid award information. Once a review of the packet is complete and eligibility established, a letter of intent is sent to the school advising that the funding can only be used for cost of attendance items not covered by other grants or scholarships. The items ETV can cover are listed on the letter of intent. If a youth is already receiving DCFS assistance for housing costs (YIC, PAC, TLP, ILO), only housing costs in excess of the amount received are considered for ETV funds. The school is also told that the ETV funding plus other funding sources cannot exceed cost of attendance. The school must send a student's detailed student account showing charges and payments to the ETV coordinator for review. When those detailed accounts are received, each line item is reviewed and if there are any questions about exceeding cost of attendance or duplicating benefits, the school is contacted for clarification. Approval letters and payments are only made once it is established that ETV funding plus other funding, including a tuition and fee waiver under the Department's Scholarship Program or the tuition waiver program enacted 1/1/19, do not exceed cost of attendance and that there is no duplication of benefit.

Use Data to Improve and Strengthen the ETV Program and to Increase Program Implementation

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The Department will plan to meet with various constituents and stakeholders over the FFY 2020-2024-time period, specific to ETV, to establish goals and outcomes for the ETV program, in combination with other state resources, and how those goals are to be measured.

Information on the Methodology used to Provide an Unduplicated Number of ETVs Awarded Each School Year

The ETV coordinator maintains data bases of all ETV activity which is on the share drive so that the information is available to all in the OETS division. This data base includes names of all students, age, school attending, amounts spent in Chafee categories as well as the total amount spent, whether the youth is an initial or renewal student, attending an academic or vocation program, and case worker information. OETS oversees the tuition waiver program for the State of Illinois as well as the Community College Payment Program. The ETV coordinator receives FAFSA training every year through the Illinois Student Assistance Commission (ISAC) so is kept aware of other state and federal funding sources and eligibility to receive these funds. Staff will work to develop goals on all of the state's funding sources and outcomes so that the agency knows how many youth have utilized the funding to become independent.

Consultation with Tribes (section 477(b)(3)(G) of the Act)

Description of Indian Tribe Consultation and Coordination to Ensure Fair and Equitable Treatment for Indian Youth in Care

There are no State-recognized Native American Indian tribes officially residing in Illinois, but there are numerous tribal members from other states who reside permanently in the Cook County area. The Native American population in the balance of the state is more diffuse. In the most recent census estimate from the US Census Bureau, approximately 25,525 Illinois residents claimed Native ancestry.

Only 1% of the DCFS caseload is Native American children. Nevertheless, the Department takes very seriously its responsibilities to serve this population appropriately and effectively. The Department will continue to acquaint its staff and private agency workers with appropriate policy, actions and services through rules, procedures, meetings, conferences, contracts, curricula, training and college level courses.

For several years, the Department has utilized state funds to contract with the Native American Foster Parent Association for assistance and advice with cooperative projects. Depending upon the nature and extent of the issues that needed to be addressed, the amount of the contract varies in each state fiscal year.

The Department's contract with the Native American Foster Parent Association (NAFPA), located in Chicago, is designed to assist caseworkers in navigating the determination process for eligibility, enrollment and application for membership in a tribe. The Department has also supported NAFPA to provide outreach to the Native American population and Child Welfare regarding the needs of Native American children in the system and for foster parents to care for them. The Department recognizes tribal licensed foster homes and/or licenses Native American foster parents under the same criteria as relatives by definition of tribe/extended family. The Department also codes these homes on the CYCIS system differently to indicate the status as a Native American foster home.

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The underlying principle of the Indian Child Welfare Act is to “protect the best interest of Indian children.” It was also designed to “promote the stability and security of Indian tribes and families by the establishment of minimum federal standards for the removal of Indian children from their families.”

The Department will continue to comply with the purpose and intent of the Indian Child Welfare Act (ICWA) to protect the Indian child as a resource for Indian communities. DCFS recognizes that the Indian child is the primary element in the maintenance of Indian tribal culture, traditions and values. Therefore, the Department, in conjunction with Illinois Native American communities, organizations and agencies, provides a method of early identification of Indian children and their families, in order to provide services which, ensure all the additional protections afforded by the Indian Child Welfare Act.

In order for the Department to inform any Indian child, any parent of an Indian child, or any Indian custodian of the rights afforded under the Indian Child Welfare Act, the Department determines at intake if a child has any Indian lineage. When choosing an out-of-home placement, the Department will continue to give preference to the following order, absent good cause to the contrary, to placement with:

- A member of the Indian child’s extended family;
- A foster home, licensed, approved or specified by the Indian child’s tribe, whether on or off the reservation; and
- An Indian foster home licensed or approved by authorized non-Indian licensing authority; or
- An institution for children approved by an Indian tribe or operated by an Indian organization, which has a program suitable to meet the child’s Indian needs.

The Indian child’s tribe may establish a different order of preference by resolution, in which case the Department will make efforts to place the child according to these priorities so long as the placement is the least restrictive setting appropriate to the particular needs of the child.

This plan was shared with the Native American advocates on staff at IDCFS for their review, comments, and recommendations, which will be considered in improving the service delivery to the Native American population. The ICWA Program Specialists have reviewed the ICWA sections and provided input.

Chapter 5 – Program Support

Office of Learning and Professional Development

The Office of Learning and Professional Development (OLPD) strives to provide the learning and growth experiences for child welfare staff that will provide them with the necessary skills to best serve the children and families in Illinois. Trainings will be evaluated to provide continuous quality improvement and innovation based on research and data analysis.

Pre-Service Training:

The Office of Learning and Professional Development will continue to conduct the initial pre-service training required for new DCFS/POS intact, child protection workers, placement caseworkers, and their supervisors. Pre-service training will also be provided for adoption workers and staff at the State Central Register (SCR/Hotline). The Department will continue to provide Foster PRIDE pre-service training for prospective foster parents and Adoption/Guardianship Certification training for foster parents adopting a child or youth in placement.

Ongoing Staff Training:

The State will enhance its offerings of staff learning and development training programs that provide ongoing training for staff, addressing the skills and knowledge needed to carry out their duties regarding the services included in the CFSP and State law, and the Children and Family Services Act. Inclusive of the *Core Practice Model*, and *Employee Licensure*.

The Illinois Core Practice Model: The Illinois Core Practice Model has three components: Family-centered, Trauma-informed, and Strength-based (FTS) Practice, Model of Supervisory Practice (MoSP), and the Child and Family Team Meetings (CFTM). The Core Practice: FTS training was fully incorporated into Foundations training for Permanency and Intact staff in January 2018. An abbreviated online version will remain available for non-direct service staff and community partners. An expanded online version for direct service staff who are not new hires will be offered.

The MoSP includes two days of classroom for each of the four modules (once a month), with an individual coaching session occurring approximately two weeks after each module for all participants. Beginning in September 2018 and running through August 2019, at the request of the then Acting Director of IDCFS, a streamlined version of MoSP Boot Camp (4 days) is being offered once a month and rotating each month between the four Illinois regions (Northern, Cook, Central, and Southern). June – August MoSP Boot Camp offerings will be focused on DCFS Area Administrators and private sector program managers. After August 2019, the MoSP Boot Camp will be discontinued as it was intended to be a time limited offering. The standard MoSP will be the focus for FY20. An Executive Overview of MoSP will be offered every four months at the beginning of each full version cohort to explain how administrators and executives can support their supervisors in the MoSP.

The CFTM three-day classroom training is the foundation for the onsite coaching with live cases that occur to approve staff as “facilitators,” “coaches” (supervisors are targeted to become coaches for their assigned teams), and “master coaches” or “advanced master coaches.” Advanced Master Coaches and Master Coaches will be FISP (Field Implementation Support Program) staff and select regional staff to support the sustainability of the new CFTM model. OLPD will Support the Department’s rollout strategy for Core Practice Model through the provision

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of Contracted trainers and mentors using a “train the trainers” approach to equip trained caseworker facilitators, supervisory coaches and agency mentors for both DCFS and POS agencies.

Child Welfare Service Employee Licensing: Illinois Administrative Rule 412 requires all DCFS and POS direct service caseworkers, investigators, and foster-home licensing workers hold a Child Welfare Employee Licensure (CWEL). to meet the requirements for licensure, the individual must meet the following requirements:

- 1) One must have applied in writing on the prescribed form and not provided false information;
- 2) One must complete a background check completed in accordance with 89 Ill. Adm. Code 385 (Background Checks), have no pending or indicated reports of child abuse or neglect, and no pending or criminal charge that is a bar to employment under Section 4.2 of the Child Care Act. Any other conviction or pending criminal action will be assessed according to Section 4.2 of the Child Care Act and 89 Ill. Adm. Code 385;
- 3) One must be a graduate of an accredited college or university with a minimum of a bachelor's degree or provide documentation of foreign equivalency, as determined by the Council for Higher Education Accreditation, One DuPont Circle NW, Suite 510, Washington DC 20036, of a minimum of a bachelor's degree from a college or university outside of the United States;
- 4) One must have completed a prescribed Department pre-service training prior to the prescribed licensing examination;
- 5) One must have passed the examination to practice as a direct child welfare service employee as authorized by the Department (a score of at least 70% is required to pass the examination);
- 6) One must not be delinquent in paying a child support order as specified in Section 10-65 of the Illinois Administrative Procedure Act;
- 7) One must not be in default of an educational loan in accordance with Section 2 of the Educational Loan Default Act;
- 8) One must not pose a possible danger to State resources or clients;
- 9) One must be engaged in conduct as described in Section 412.50;
- 10) One must not have relinquished his or her license during a licensure investigation or after the commencement of a licensure hearing, or had his or her license revoked after the commencement of a licensure hearing. An applicant who has had his or her license revoked or relinquished under these circumstances must first go through the reinstatement process and shall file a new application and comply with other qualifications in this subsection (b); and,
- 11) One must hold a valid driver's license and have not been convicted of two or more moving traffic violations under the Illinois Motor Vehicle Code [625 ILCS 5], and not been convicted of driving under the influence of alcohol or other drugs within the year prior to application

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for licensure. Under Rule 412, CWELs may be suspended or revoked for a violation of the Rule. OLPD will continue to provide administrative support for the processing of CWEL application, the issuance of licensure, and the coordination of the CWEL Board to hear and respond to licensure complaints.

Foster Parent Training:

The Office of Learning and Professional Development will review and enhance the training program for prospective and currently serving foster parents, including both classroom and on-line options to better meet the needs of those willing to perform this vital role in the child welfare system. PRIDE (Parent Resources for Information, Development, and Education) trainings compose the base from which our foster and adoptive parents can continue their learning and growth for the wellbeing of the youth for which their care.

University Partnerships:

University Partnerships and Internship Program: The Office of Learning Professional Development has established partnerships with 13 undergraduate and/or graduate schools of Social Work or schools of Family and Consumer Sciences in Illinois. Through these partnerships, the universities offer the DCFS Foundations for Placement course as part of their child welfare curriculum. The students in these undergraduate and graduate programs are highly recommended to complete all requirements for the Child Welfare Employee License while they are students at the university, including taking required exams. Upon graduation, completion of the coursework, and testing, those students who have met all the requirements are eligible to receive the Child Welfare Employee License (CWEL) as long as they successfully complete the necessary steps to send the needed information to the CWEL Division. OLPD will work with the Department and the private sector partners to design and implement a plan to expand the partnerships with Schools of Social Work to develop a pipeline of recruitment for both POS and DCFS caseworkers.

This program benefits the Department and Purchase-of-Service (POS) agencies in that it creates a pool of licensed candidates for employment who are job ready, thus saving the employer the time and expense of sending the new employee to training. It benefits the student in that obtaining a CWEL, they become a more attractive candidate for employment. Finally, it benefits the universities by making them more attractive to students interested in the field of child welfare.

The universities currently (or about to) offering Foundations for Placement in their curriculum are as follows:

- Aurora University
- Dominican University
- Illinois State University
- Loyola University
- Northeastern Illinois University
- University of Illinois at Chicago
- University of Illinois at Urbana-Champaign
- Northern Illinois University
- Lewis University
- St. Francis University
- Governors State University

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- St. Augustine University
- University of Illinois at Springfield

The goal for the program is to create more opportunities for students seeking to obtain a career in child welfare by partnering with other universities and colleges to implement the program. Also, the program would like to find a way to create alignment with those who successfully complete the program who are interested in working for the Department.

Updates to Research

University of Illinois at Urbana-Champaign School of Social Work Children and Family Research Center (CFRC)

Project 1: Child Endangerment Risk Assessment Protocol (CERAP) Evaluation. CERAP is a safety assessment protocol used in child protection investigations and child welfare services in Illinois. This protocol has been developed to provide caseworkers with a mechanism for quickly assessing the potential for moderate to severe harm to a child and for taking quick action to assure his or her safety. Caseworkers are able to utilize this protocol at specified time frames or milestones to 1) determine the safety of a child and 2) decide on appropriate actions if a child is deemed unsafe. Since 1997, CFRC has conducted annual evaluations to assess the reliability and validity of the CERAP. In the recent years, due to an increased scrutiny of the safety of children served in intact family cases, the CERAP evaluations have focused on caseworker compliance with safety assessment procedures among intact family cases. To continue this effort, the FY2019 CERAP evaluation focused on one of the intact family case milestones (i.e., “whenever evidence or circumstances suggest that a child’s safety may be in jeopardy”), not addressed in previous evaluations, and described the characteristics of the intact family cases associated with this particular milestone. The findings from our analyses were shared with the statewide CERAP advisory committee and specific recommendations were made.

Project 2: Illinois Child Death Review Teams Annual Evaluation. As a part of the national movement to reduce preventable child deaths, Illinois established regional Child Death Review Teams (CDRTs) in 1996. These multi-disciplinary teams meet quarterly to review the circumstances surrounding certain child deaths to gain a better understanding of the causes and to make recommendations to the Department of Children and Family Services (DCFS). Illinois DCFS, the CDRT Executive Council, and the Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign collaborate to produce the Annual Report on Child Deaths in hopes of preventing future child injuries and deaths. Reviews by the CDRTs are mandated if a child’s family was involved with DCFS within a year prior to the child’s death, but reviews may also be conducted at the CDRTs discretion. The CDRTs examine if the circumstances of a child’s death were preventable through reasonable means, and if so, recommendations are sent to the DCFS Director who must review and reply to each recommendation within 90 days. The annual report presents information on the CDRT process, CDRT recommendations, DCFS responses, and examines both total child deaths and reviewed child deaths by child age, gender, and race, as well as by the manner and category of death (e.g., premature birth, illness, firearms, suffocation, vehicular accidents, injuries, drowning, fire, poisoning, Sudden Infant Death Syndrome, etc.).

Project 3: Illinois Child Well-Being Study (IL-CWB). The 2017 IL-CWB is a study of the well-being of children and youth in the care of the Illinois Department of Children and Family Services (DCFS) in 2017. The study sampled 700 children who were listed as in care in DCFS' SACWIS client information system on October 23, 2017 and interviewed caseworkers, caregivers and children (age seven and older) themselves. In FY2019, the Children and Family Research Center received data files for the study from the Survey Research Laboratory of the University of Illinois at Urbana-Champaign (which conducted the interviews), analyzed the data, and produced a comprehensive report on the well-being of Illinois children and youth in out-of-home care. Separate chapters presented findings on child development, physical health, emotional and behavioral health, education, child safety, children's experience of out-of-home care and resilience. Majorities of children were functioning well and had good outcomes, but, in each domain, substantial percentages of children had difficulties that required intervention. Many children were receiving ameliorative services, but gaps remained. In the Conclusion to the report, CFRC recommended additional use of the well-being data to advocate for children's needs, to assess implementation of DCFS policy, to inform system improvement efforts, and to guide future research. CFRC has also begun planning to enhance the well-being data set by adding data from school records obtainable from the Illinois State Board of Education, and plans a dedicated, in-depth report in FY2020 on children's education.

Project 4: Evaluation of the Child Protection Training Academy. In FY2019, the CFRC continued to examine the implementation and outcomes of simulation training at the Child Protection Training Academy (CPTA) at the University of Illinois at Springfield. Early in FY2019, the CPTA made significant changes of their training model and implemented it from August 20, 2018. Dr. Chiu conducted an observational study of the new training model in December 2018. In addition, CFRC designed the Daily Experience of Simulation Training (DEST) to examine trainees' experience of change over the course of simulation training. During the week of simulation training, trainees rated their confidence daily on a scale of child protection work skills. DCFS provided the evaluation team with updated data of post training survey data between February 2016 and April 2019. The analysis concerning post training survey focuses on trainees' satisfaction rating on simulation training and its comparison with satisfaction ratings of classroom training and overall program. Also, CFRC conducted an analysis of DCFS employment data to examine whether DCFS investigators who have received simulation training tend to remain in their jobs longer than DCFS investigators who did not receive simulation training. Simple statistical comparisons as well as a more sophisticated method called survival analysis were conducted to compare investigators who started Foundation Training after February 2016 (this group received simulation training) to investigators who started Foundation training before February 2016 (this group did not receive simulation training).

Project 5: B.H. Monitoring Report and Data Analysis. CFRC compiled a comprehensive report that describes over 40 child welfare indicators related to child safety, placement stability, family continuity, and permanence. For each indicator, data are presented for the state, followed by breakdowns by DCFS administrative region, child gender, age, and race. The data used to compute these indicators come from two Illinois DCFS data systems: The Statewide Automated Child Welfare Information System (SACWIS) and the Child and Youth Centered Information System (CYCIS).

The FY2019 *B.H.* monitoring report uses both SACWIS and CYCIS data through December 31, 2018 to describe the conditions of children in or at risk of foster care in Illinois. Following an introductory chapter, the first chapter on Child Safety examines if children are kept safe from additional maltreatment after they have been involved in a child protective services (CPS)

investigation. Rates of maltreatment are examined among several different groups of children: 1) all children with substantiated reports during the fiscal year, 2) children served in intact family cases, 3) children who do not receive post-investigation services, and 4) children in substitute care. The second chapter, Family Continuity, Placement Stability, and Length of Time in Care, examines the experiences of children from the time they enter substitute care until the time they exit the child welfare system and is organized into three sections: 1) Family Continuity, 2) Placement Stability, and 3) Length of Time in Substitute Care. The third chapter examines Legal Permanence: Reunification, Adoption and Guardianship with in-depth analyses of each of these three exit types. In addition, this chapter includes the CFSR permanency indicators, which examine the combined percentages of children who exit to all types of permanence. Moreover, the FY2019 report has a fourth chapter examining racial disproportionality in the Illinois child welfare system at five critical decision points over the past seven years. Racial disproportionality refers to the over- or under-representation of a racial group in the child welfare system compared to their representation in a base population and is often calculated as a Racial Disproportionality Index or RDI. Chapter four analyzes the reports the two commonly-used methods of RDI, the “absolute RDI” and the “relative RDI.” The fifth chapter of FY2019 presents initial results from the 2017 Illinois Study of Child Well-Being. The study responds to an order to conduct a well-being study from Judge Jorge L. Alonso, the presiding judge in the *B.H.* consent decree that governs child welfare services in Illinois. The chapter provides a summary of the initial report describing children’s development, physical health, mental health, and other domains of well-being for children in traditional foster care, specialized foster care, kinship care, and residential treatment and group homes.

Project 6: Foster Care Utilization Review Program. The Foster Care Utilization Review Program (FCURP) is a unit within the Children and Family Research Center at the School of Social Work, University of Illinois at Urbana-Champaign dedicated to providing project management, quality improvement support, training, and technical assistance to the Illinois Department of Children and Family Services (DCFS) and its private sector partners. FCURP is contracted by DCFS and works in collaboration with the DCFS Office of Quality Enhancement (OQE) on all projects. FCURP was established in 1998 by then-DCFS Director Jess McDonald to conduct independent utilization reviews of private child welfare programs and DCFS teams. FCURP subsequently took on the responsibility of implementing the DCFS statewide preparation for the 2003 first round of the Child and Family Services Review (CFSR). FCURP has since played a key role in the state’s participation in the second and third rounds of CFSRs, the Illinois CFSR Program Improvement Plans (PIP), and other statewide Continuous Quality Improvement (CQI)-related activities. During the 2020-2024 CFSP period, FCURP expects to support DCFS in the following ways:

- Continue supporting the state as it responds to findings from the CFSR 3 in 2018 and develops its PIP (in partnership with DCFS and Chapin Hall, develop and finalize the state’s CFSR PIP Measurement Plan; provide technical assistance as requested in the development of the CFSR PIP itself);
- Continue to support DCFS in the management and roll-out of the OER Plus. This will include establishing the state’s CFSR Baseline in 2019, and conducting annual reviews thereafter (and throughout the CFSR PIP Period, lasting several years) to assist the state in identifying progress toward established CFSR PIP Goals;
- Generate data reports for the intervening Annual Progress and Service Reports (APSRs) and the next federal Child and Family Services Plan (CFSP);
- Support the state in the development and implementation of a statewide CQI plan and process;

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- Participate in DCFS-led workgroups, for example Family First workgroups; Workforce Retention (data analysis and report writing); CCWIS Feasibility Study (ensure CQI and federal reporting needs are represented); and P315 Child and Family Team (CFTM) revisions (support revisions to P315 that reflect the new CFTM model being implemented in the state);
- Continue to actively support DCFS in the achievement of its priorities;
- Provide technical assistance to support POS partners and DCFS, as requested;
- Participate in the CQI Community, and support the annual CQI Conferences in Illinois;
- Participate in and complete additional qualitative reviews/projects as requested.

Project 7: Illinois Child Welfare Outcomes Data Center. The Data Center on the CFRC website contains four sections: Outcome Indicator tables, CFSR Tables, Outcome Charts, and Population Data. The “Outcome Indicator Tables” include all the tables in relation to the annual *B.H.* Monitoring Report and additional tables of each region, sub-region, and county. The “CFSR Tables” provides information of the federal CFSR outcome indicators reported in the annual *B.H.* Monitoring Report. The “Outcome Charts” features a subset of our child welfare outcome indicators, along with key metrics on child welfare reporting in Illinois. The data is displayed as either line- or bar-graphs, with Fiscal Year on the x-axis and presented in an interactive visualization manner. The “Population Data” displays the statistics of child reports, family reports, substantiation rates, allegation groups, and substantiated allegation groups of each county. This section also provides users with interactive and animated infographics. The annual updates of the Data Center using both SACWIS and CYCIS data through December 31, 2018 will be published by the end of FY2019.

**University of Illinois at Chicago
Jane Addams College of Social Work
Child Welfare Research Collaborative (CWRC)**

Services provided under this contract include research, evaluation, and data analysis in support of improved system-level performance, management decision-making, and client outcomes, including stabilization of foster care placements, facilitating youth development, and ensuring the safety, permanency and well-being of children.

The three research activities in which the CWRC is currently engaged support DCFS’s goal to provide appropriate, effective services to adolescents in foster care with complex needs to better support placement stability and permanency. In FY18, CWRC participated in data collection and analyses, and provided reports to DCFS for a summative evaluation of the Discharge-Clinical Intervention for Placement Preservation (D-CIPP) program. D-CIPP is a facilitator-guided team planning process with the youth, permanency worker, caregiver, family and other stakeholders to help identify the youth’s adult connections/relationships and determine the array and intensity of supports and services needed to assist the youth in planning for a successful emancipation, and can take place at several points throughout the older youth’s case. The three related projects are:

Project 1: Barriers to Goal Attainment for Youth 19 and Older. While satisfaction with the D-CIPP meeting process was very high, reports of low service and goal attainment after the D-CIPP

for a proportion of youth is concerning. Three months after the meeting, 25% of youth reported not having received any of the services planned, and 37% reported receiving just some of the services. Case managers reported no progress towards goals for 17% of youth at post-test, and some progress for 47% of youth. The reasons for lack of progress in obtaining services and meeting goals is unclear. Understanding the specific factors related to both positive and negative case outcomes, particularly gaps in the service system and follow-through supports, is critical to building a responsive, effective service system for youth with a high level of needs. Project 1 will address this question through analysis of survey data collected from youth, caregivers and caseworkers focused on factors potentially related to variation in these outcomes. This study will identify 1) deficits in the service system undermining progress for vulnerable older youth; and 2) specific types and intensity of supports and services that are related to positive youth outcomes.

Project 2: Evidence-based Services for Successful Discharge: Identification and Service System Analysis. D-CIPP preliminary findings support the program's success in engaging youth and key stakeholders in a planning process that is viewed positively. Follow up data for the program several months after the meeting, however, indicate difficulties with making progress for a proportion of the youth and somewhat less positive views of the impact of the meeting. A question not addressed by the pilot D-CIPP study that is of interest to program administrators relates to the content of the specific services or programs provided during the meeting process: What is the empirical support for the effectiveness of different types of services? What types of programs are most likely to succeed in engagement of youth and addressing specific needs? This project will provide an understanding of the potential for programs and services with specific characteristics to meet the educational, mental health, job skills and housing needs of older youth.

Project 3: Countdown to 21 Analysis and Description. Countdown to 21 supports successful transition to independence through interconnected programs, including the D-CIPP meeting process at age 19, financial literacy training, completion of a youth-driven transition plan, and a D-CIPP meeting to review the transition plan and budget at age 20, 90 days before emancipation from care. CWRC will support the development and dissemination of the Countdown to 21 model by providing a synthesis of the literature supporting the Countdown program components and data support. Data support tasks may include an analysis of existing financial literacy training data, integration of additional financial literacy measures into the D-CIPP evaluation, and historical analysis of outcomes across time as the program has been implemented.

During the upcoming fiscal year CWRC will:

- Provide reports for each of the three projects
- Present results to DCFS
- Prepare summaries, publications and other materials as needed for distribution to staff

Chapin Hall

Systemic Review of Critical Incidents in Intact Family Services

Chapin Hall at the University of Illinois at Chicago will apply a comprehensive, multi-disciplinary systems approach to reviewing critical incidents in Intact Family Services grounded in Safety Science with a focus on ensuring the well-being of children in the program. The review process recognizes the inherent complexity of child welfare work, acknowledges that staff decisions alone

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are rarely direct causal factors in critical incidents, and provides a safe and supportive environment for child welfare professionals to process, share and learn. (Commission to Eliminate Child Abuse and Neglect Fatalities, 2016; National Center for Fatality Review and Prevention, 2018).

Drawing from other industries which use similar reviews for low probability and high impact events, the review will examine the contributions of people, processes and systems in beginning to evaluate the program. The approach will integrate information from multiple data sources, including record review, semi-structured interviews, and business process maps.

Chapter 6 – Consultation and Coordination Between States and Tribes

Consultation and Coordination Between States and Tribes

...states are expected to consult, collaborate and coordinate with all federally recognized tribes within their jurisdiction on all aspects of the development and oversight of the 2020-2024 CFSP. Federal law and regulations also separately identify several key child welfare issues about which the state must consult and coordinate with tribes. States must then report on the outcomes of these discussions. These issues include state compliance with ICWA; the arrangements for providing services in relation to permanency planning for tribal children, whether in the care of the state or tribe; and the provision of independent living services under the Chafee program. States without federally-recognized tribes within their borders should still consult with tribal representatives and document such consultations.

IDCFS Indian Child Welfare Advocacy Program

The Department's Indian Child Welfare Act Advocacy (ICWA Advocacy) Program is part of the Office of Affirmative Action and was developed to serve Native American/Alaskan Native children, and their immediate and extended family members to ensure compliance with the Indian Child Welfare Act in child welfare proceedings.

The Mission of the IDCFS ICWA Advocacy Program is to: Enhance services and facilitate communication between the Illinois child welfare system and communities involved with Native American/Alaskan Indian Native children and families. Identify and advocate for Native American/Alaskan Indian Native children and families that have come into care. Ensure ICWA compliance.

In the 2020-2024 CFSP, states must address the following:

Describe the process used to gather input from tribes for the development of the 2020-2024 CFSP, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the name of tribes and tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually. (See 45 CFR 1357.15(l) and 45 CFR 1357.16(a)).

The Program Specialists will ensure the provision of child welfare services in a manner consistent with ICWA requirements. Although Illinois currently does not have any federally recognized tribes within its borders, all of the ICWA Program's communications and collaborations, with approximately 434 federally recognized tribes, involve those outside of the State of Illinois. The ICWA Program Specialists will maintain communication with the child's identified tribe and informs the court and the child's family team of any recommendations and culturally appropriate resources suggested by the tribe. They will also collaborate with the child's family team, which includes tribal representatives, to review services and participate in case planning services for the child and family. These collaborations ensure that active efforts are made, consistent with ICWA, to prevent further disruption of the family and/or facilitate reunification of the child with his or her family.

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Provide a description of the state's plan for ongoing coordination and collaboration with tribes in the implementation and assessment of the 2020- 2024 CFSP. Describe any barriers to this coordination and the state's plans to address these barriers.

The ICWA Program Specialists will participate in activities within the Native American /Alaskan Indian community on a monthly basis. This supportive approach will cultivate a trusting relationship and will lead to collaborations between Native American/Alaskan Indian community members and the Department.

If extended family members are not an appropriate foster placement option, then all child welfare staff who have an ICWA case, are required to document all active attempts to obtain a Native American Indian foster home. Procedure 307 requires all child welfare workers who possess an identified ICWA case to return to the IDCFS Statewide Automated Child Welfare Information System (SAWCIS) and fill in primary race as Native American/Alaskan Indian. The ICWA Program's mandatory training shall be used to educate all child welfare staff to correctly and promptly identify and verify Native American/Alaskan Indian children in the child welfare system or children that may be coming into the system, thereafter.

Provide a description on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children delineated in section 422(b)(8) of the Act, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system (as defined in section 475(5) of the Act) for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements outlined in section 475(5)(c) and 475A(a) of the Act. (See 45 CFR 1357.15(q).)

If a determination is made that a child is eligible for services under ICWA, the Program Specialists will actively help coordinate services to the child's family which will help the case management team to comply with active efforts, consistent with ICWA, including the delivery of services to the family, diligent search efforts for extended members as potential resources, and education/advocacy regarding the child's Native heritage. The Program Specialist will encourage the case manager and will assist in getting the placement preferences from the parents and from the tribe, pursuant to the new ICWA Rule and Guidelines. In situations in which a child is placed in a non-Native Indian foster or adoptive home, the ICWA Program Specialist will provide the non-Native foster or adoptive parents with referrals and resources to address the unique needs of the Native American /Alaskan Indian Native child and family. Resources have included, but are not limited to, information about culturally sensitive activities, cultural events, traditional ceremonies, drumming, Powwows, and Native American/Alaskan Indian Native language and storytelling.

The Department seeks to engage the Native American/Alaskan Indian Native community to provide guidance to the Department on the types of services and types of resources available to the child and his or her family. Providing clinical consultation, coordination and case support to child welfare professionals and tribal representatives on ICWA cases. Maintain open lines of communication with identified tribes on how to enhance services via phone, email, facsimile, and

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regular mail. Reconvened a group of Native American/Alaskan Indian Native community leaders throughout the state to enlist their participation on the Illinois Indian Child Welfare Advocacy (IICWA) Council to obtain guidance on matters involving, affecting and improving the provision of child welfare services to Native American/Alaskan Indian Native children and their families.

The ICWA Program section includes extensive links to other resources within the Native American/Alaskan Indian community throughout the State, including contact information for prospective Native American/Alaskan Indian Native foster parents. The Advocacy Program's brochure and foster care recruitment brochure are now complete. Brochures were created to inform the Native American Indian community, organizations and agencies throughout the state of Illinois of the services the Department provides. The brochures have been distributed throughout the year at community outreach activities and are posted on the DCFS ICWA website.

Provide a description, developed after consultation with tribes, of the specific measures taken by the state to comply with ICWA. (See section 422(b)(9) of the Act.)

Although Illinois is one of 17 states without federally recognized tribes within the state's borders, with the continued relationship with the ICWA State Managers group, Illinois has been a leader (among states without federally recognized tribes) and has been a model for the ICWA State Managers group regarding ICWA compliance. Our leadership is evidenced by creating and implementing a statewide model of communication, inclusion of input from a collective tribal voice of statewide tribal program/agency directors that serve as ICWA Council members (per ACF Program Instructions: section 6, page 11 "States without federally-recognized tribes within their borders should still consult with tribal representatives and document such consultations") Tribes that become a party to an Illinois child welfare case have participated by phone in court proceedings (telephone communication has been encouraged by the courts due to the tribe's distance from Illinois). Tribes have also been encouraged to participate in the service plan creation and implementation, in recognition of the best interest of the child and for active efforts, as well as for ICWA compliance purposes.

The Department's Professional Development Division, in conjunction with the ICWA Program, designed an on-line, self-directed, ICWA Training curriculum that is mandated for all child welfare field staff of IDCFS and Purchase for Service (POS) agencies. The ICWA Program Training webinar launched in October of 2016 and is currently a part of the training curriculum for all new investigators and placement workers.

Provide information regarding discussions with Indian tribes in the state specifically as it relates to the Chafee program. This instruction is further delineated in section D6 of this PI. States may provide this information either in this section or in the Chafee section of the 2020- 2024 CFSP, but are requested to indicate clearly where the information is provided.

The ICWA Program Specialists and support staff, as part of their advocacy function, implement the Department's efforts to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families" both internally (with DCFS employees) and externally (with private agency providers and other community partners).

The Program Specialists provide supplemental support in the verification process of whether an Indian child is an enrolled member or is eligible for membership. Federal tribes have sole authority

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to determine their enrolled and eligible members. Initiate, maintain, and cultivate connections with the identified tribes of the child and families involved. Attend Child and Family Team Meetings (CFTMs), Administrative Case Reviews (ACRs), and any case related meetings, including court hearings. Seek and Identify community support organizations, programs and activities for American /Alaskan Indian Native children and families. Participate monthly in community outreach and advocacy activities within the Native American /Alaskan Indian Native community. Provide technical assistance to child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the pendency of the child welfare case. Increased awareness and compliance with the ICWA through on-going child welfare staff education and training has resulted in the increased timeliness of referrals (for inquiries to tribes for a child's enrolled membership or eligibility for membership status with federally recognized tribes) to the ICWA Program. Overall, all services and programs will be available to the Children in the state on the same basis as to other children in the state. ICWA Program Specialists and support staff coordinate services with the tribes and will seek to encourage tribes to pursue benefits under Chafee for the Indian children and youth.

State agencies and tribes must also exchange copies of their 2020-2024 CFSP and their APSRs (45 CFR 1357.15(v)). Describe in detail how the state will meet this requirement for the 2020-2024 CFSP and the plan for exchanging future APSRs.

The ICWA Program continues to communicate with tribal entities throughout the country to verify a child's membership or eligibility for membership with an identified federally recognized tribe and ensure that the tribal representatives are involved in case planning and permanency for children who are members/eligible for membership of a specific tribe. The ICWA Program Specialists contact the Bureau of Indian Affairs (BIA) for assistance in situations in which Native American/Alaskan Indian Native ancestry is reported but there is insufficient information available to identify a tribal affiliation.

FY 2020 Goals

- Contract Northern Illinois University to hire the ICWA Program Specialist and Support Staff.
- Have ICWA Specialists attend Child and Family Team Meetings (CFTMs), Administrative Case Reviews (ACRs), and any cases related meetings, including court hearings for identified American/Alaskan Indian Native children.
- Seek and Identify community support organizations, programs and activities for American/Alaskan Indian Native children and families.
- Participate monthly in community outreach and advocacy activities within the Native American/Alaskan Indian Native community.
- Continue to provide technical assistance to child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the pendency of the child welfare case.
- Procedure 307 ICWA staff will determine in the future if review is required to ensure compliance with the ICWA Rule of June 2016.
- Increase recruitment of Native American/Alaskan Indian foster parents.
- Increase the number of culturally competent service providers for Native American/Alaskan Indian children and families.
- Increase the number of Qualified Expert Witnesses (QEW) for consultation and testimony regarding best interest considerations in ICWA cases.

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- Provide ICWA outreach into the community to increase awareness of the DCFS ICWA program to build a trusting relationship and to prevent abuse and neglect in the Native American/Alaskan Indian community.
- ICWA staff will explore the possible development of mechanisms and protocols to ensure the gathering ICWA data elements for AFCAR.

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In carrying out continued collaborations and coordination with tribes on child welfare programs, states should be aware that section 479B of the Act allows federally-recognized tribes, tribal consortia, and tribal organizations to apply to ACF to receive, at tribal option, title IV-E funds directly for foster care, adoption assistance, and for guardianship assistance programs. A tribe may also seek to enter into an agreement with the state to administer all or part of the title IV-E program on behalf of Indian children under the authority of the tribe. States are reminded that section 471(a)(32) requires states to negotiate in good faith with any federally recognized tribe, tribal organization or tribal consortium in the state that requests to develop a IV-E agreement with the state. In addition, section 477(j) of the Act creates an option for tribes, with an approved title IV-E plan or a title IV-E tribal/state agreement, to receive directly from ACF a portion of the state's Chafee and/or ETV allotments to provide services to tribal youth in foster care or formerly in foster care.

The opportunity to operate a title IV-E, Chafee, and/or ETV program is not time limited. A tribe has the discretion to determine whether or when it wants to develop its own title IV-E, Chafee, and/or ETV programs. States remain responsible for serving resident Indian children who are not otherwise being served by an Indian tribe under an agreement with the state or under a direct title IV-E, Chafee, and/or ETV plan (section 301(d)(2) of P.L. 110-351).

Chapter 7 – Monthly Caseworker Visit Formula

Caseworker Visits:

Monthly compliance reporting by caseworkers and teams is provided through SACWIS and the Performance Monitoring Data Site. This site provides information at the agency level and case level which allows the Department as well as DCFS/POS supervisors and managers to identify and monitor the extent of and need for caseworker visit activity. As a result of these efforts DCFS has achieved the following:

Monthly Caseworker/Child Visits Report Past 5 Fiscal Years

FFY	Number of Cases	# Months Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred in Residence
2018	18,211	150,936	158,622	146,225	95	97
2017	17,772	151,837	159,385	147,095	95	97
2016	17,959	157,618	164,915	152,378	96	97
2015	18,839	162,472	172,770	156,594	94	96
2014	18,782	166,136	175,251	159,901	95	96

Departmental Procedures 315 Permanency Planning addresses worker interventions and contacts made during the delivery of child welfare services. Specifically, section 315.110b)2) requires that the assigned caseworker shall visit a child in substitute care in the child’s living arrangement at least once every two weeks for the first month immediately following initial placement or change in placement; and at least once every month thereafter, unless the supervisor, based on the assessment, determines and documents in the service plan that the service plan requires more frequent or less frequent contact.

Workers are required to focus on these discussion and observation points during their visits with children in care:

- safety (verbal children must be interviewed outside of the presence of their caretaker),
- progress in care,
- needs being met,
- physical observation of safety and well-being,
- school success or daycare provision,
- visitation with parents and siblings if siblings are placed separately, and
- mental and physical health needs.

Improving the quality of caseworker visits is an area identified in the Ch. 3 Improvement Plan. Early and often engagement as a means for improving quality is a focus that is emphasized in intact families with young children, as well as in the Core Practice Model implementation for improving casework and supervision.

Chapter 8 – Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments (AIPP): The Department previously had not received an Adoption Incentive Payment since FFY10. The large number of children in placement in the mid-1990s enabled the Department to achieve a significant number of adoptions in those earlier years and the resulting adoption incentive awards to the Department were therefore substantial. However, with the decrease in the foster care population to one third the number of children in care during those peak years, even fairly high percentage rates of adoption did not result in recent incentive awards. With a change in regulations which create a modified program of Adoption and Legal Guardianship Incentive payments, the situation is now different and the Department may again find encouragement for improved performance through fiscal incentives. For FFY14, half of the incentives were calculated on a 2007 base (prior methodology) and the second half calculated using the new methodology.

The Department did receive an award for FFY14 performance in FFY15 totaling \$2,761,500 (please note that due to some corrections needed to AFCARS data, the final FFY14 award was not actually received until FFY16 but is still labeled as a FFY15 grant award). Beginning in FFY15 and forward, the incentive is calculated based solely on the new methodology. Since FFY14, the Department has received the following awards:

- FFY15 \$2,761,500
- FFY16 \$1,017,500
- FFY17 \$1,082,000
- FFY18 \$3,598,500
- Total \$8,459,500

Regarding permissible uses of AIPP funds: Title IV-E agencies receiving adoption and legal guardianship incentive awards must spend the funds for services (including post-adoption services) and activities allowable under titles IV-B and title IV-E of the Act. Incentive funds expended by the title IV-E agency may not be used as non-federal (i.e., state, local, or tribal) matching funds for federal financial participation. Payments must be used to supplement and not supplant federal or non-federal funds for services under title IV-B or IV-E. The Department has elected to use the AIPP funds to expand existing adoption preservation and permanency improvement services. Using fiscal year 2014 as a base, the Department on average increased adoption preservation services expenditures by 24% in fiscal years 2015 to 2018 and increased family preservation services by 10% during that same time period. The additional investment in preservation services amounted to more than \$4.8 million more expended in each of those four fiscal years. And, additional future expansion has or is being planned as noted below.

In fiscal years 2019 and 2020:

- Adoption Support and Preservation (ASAP) has been increased \$1.85M.
- Respite programs tied to ASAP have been increased \$615,000.
- Training in this area is increasing \$225,000.
- Adoption listing services which will also assist families who wish to adopt in the licensing process across the state. Increase is \$565,000. And,
- The Family Matters program helps with educational advocacy for adoption and guardianship cases; assists with death and incapacitated subsidy cases to transition back

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into permanent placements; act as a liaison with the court system, and other legal matters for adoption and guardianship cases. Total increase is \$577,000.

Other plans for increases include therapeutic day care and additional therapists and psychologists to work on higher end cases. These additional investments are planned to be sustained in fiscal years 2021 through 2024. All additional spending will supplement and not supplant previous Department spending in these areas.

Title IV-E Adoption Assistance Program Savings Reporting: As a Title IV-E agency, the Department is now required to calculate and report annually the savings from the agency de-linking of Title IV-E adoption assistance eligibility from the Aid to Families with Dependent Children (AFDC) eligibility requirements, the methodology used to calculate the savings, how savings are spent, and on what services. The Department uses the actual case identification methodology specified by the Secretary of the Department of Health and Human Services. The Department must spend the savings on Title IV-B and IV-E programs; 30% of which must be spent on post-adoption services, post-guardianship services and services to support positive permanent outcomes for children at risk of entering foster care. Two-thirds of the 30% must be spent on post-adoption and post-guardianship services. In addition, the Department must use the savings to supplement and not supplant any Federal or non-Federal funds used to provide any service under Title IV-B or IV-E. The Department calculated \$4,653,648 in FFY18 Applicable Child Savings - Maintenance, and \$1,222,353 in Applicable Child Savings – Administration, for a total of \$5,876,001. A minimum 20% must be spent on Adoption Preservation Services (\$1,175,200) and up to 10% (\$587,600) can be spent on post-adoption services, post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care. DCFS met this requirement spending \$1,628,691 on Adoption Preservation Services and \$134,111 on foster care prevention services. The final report showing the entire \$5,876,001 was fully expended in FFY 2018 for qualifying purposes, was submitted by the October 30, 2018 due date. In the FFY18 submission of the CB-496 Part 4 (Annual Adoption Savings Calculation and Accounting Report), the Department recognized and expended cumulative savings from FFY 15 through FFY 18 of \$19,223,243, (please note that there will be some minor retroactive adjustments impacting FFY 2015 and FFY 2016 savings calculations).

Chapter 9 – Child Welfare Demonstration Activities

Alcohol and Other Drug Abuse Title IV-E Waiver

Federal IV-E Waiver

Federal Authority for IV-E waiver demonstrations ends in September 2019. The Department intends to continue the services even though federal IV-E matching funds will no longer be available. DCFS plans to explore accessing federal funds for the Recovery Coaches and assessment services through the new Family First Prevention Services Act (FFPSA). The structure of the IV-E waiver demonstrations, with their randomized control and experimental groups, independent evaluations, and publishing peer reviewed research articles puts the waiver projects in a good position to qualify as well-supported programs under FFPSA.

The Department will continue to strive to improve the quality and effectiveness of the programs and services originally implemented through the IV-E waiver process. For the substance use programs, the activities and enhancements below are proposed for the next reporting period. Some items are new to the Recovery Coach program and some were begun during previous reporting periods.

Implementing Bench Cards to Assist Judges in AODA Impacted Cases

Bench Cards provide a handy reference for judges to help ensure that all relevant AODA case issues are being addressed and that cases are on the right track for moving to permanency. Previous attempts have been undertaken to develop an AODA specific bench card. Project staff have not been successful in developing a Bench Card tool acceptable to the court. Project staff plan to acquire technical assistance from various federal TA centers to help develop a workable Bench Card, specific to AODA cases.

Implementing the Strengthening Families Intervention

Recovery Coach staff piloted the Strengthening Families curriculum with limited success. In the final months of the waiver project, Department and Recovery Coach staff will collaborate on implementing the **Seeking Safety** program model with project participants. This intervention directly targets individuals impacted by substance use, PTSD, and related trauma. It is expected that this model will be a better fit with the substance affected families served in the AODA waiver.

Sustainability and Transition from the IV-E Waiver to the Family First and Prevention Services Act

AODA waiver project staff have been involved in the planning and strategy sessions for implementing the new **Family First and Prevention Services Act**. The Recovery Coach model of engagement and recovery support is now being explored and can be integrated into the new service paradigm that will be possible through the FFPSA. AODA project staff have also reached out to the Illinois Department of Human Services (IDHS) to integrate our efforts with theirs in addressing the **Opioid Crisis** impacting Illinois and other states. AODA staff are represented on the Governor's Opioid Task Force and the state Opioid Crisis Advisory Council. AODA project staff will continue to work with IDHS to ensure Medication Assisted Treatment (MAT) and other evidence-based practices are available for DCFS involved families impacted by substance use disorders.

IB3 Research Project:

Final Evaluation:

The major findings from the final evaluation are enumerated as follows:

- IB3 demonstration achieved adequate levels of implementation integrity with respect to population coverage, exposure to treatment, adherence to program design, and participant satisfaction.
- There were no significant differences between the agency groups at round one, but during the second round, administrators from intervention agencies reported a higher average readiness (about 75% ready vs. about 50% ready) to adopt a new trauma-informed program compared to administrators from comparison agencies. Administrators from intervention agencies also indicated a higher level of preparedness to evaluate evidenced-based programs compared to administrators from comparison agencies.
- Approximately 90% of children were screened for developmental risk within 45 days of case opening using enhanced screening tools. Children categorized as high risk (56%) and those screened as moderate risk (32%) had experienced significant trauma in at least one or more areas.
- An estimated 47% of intervention children in foster homes had caregivers who reported receiving training compared to 28% in the comparison group. Half of the intervention caregivers specifically recalled completing NPP or CPP training.
- Among completers in the intervention group, an estimated 65% of surveyed caregivers found the NPP program to be very or extremely helpful, and 67% found the CPP program to be very or extremely helpful. There were no differences in satisfaction levels among participants who completed one or both programs sequentially (e.g., NPP followed by CPP).
- Children allocated to the intervention group achieved levels of family unification (i.e. reunifications and legal guardianships with biological and fictive kin), which were 46% higher than the odds for children assigned to Services as Usual. At the close of the observation period, there was an estimated 7.3 percentage point difference between the likelihood of family unification in the IB3 Services group compared to Services as Usual.
- Simple tests of differences indicated no statistically significant differences between children assigned to intervention and comparison agencies with respect to standardized assessments of developmental growth, trauma symptoms, and measures of parenting competencies.
- An emerging line of inquiry concerns kinship foster caregivers. Compared to non-kin foster and permanent caregivers in the intervention group, relative caregivers were significantly less likely to voice the opinion that the child under their care had emotional, behavioral, learning, or attentional problems (26% vs. 60%). In contrast, kinship caregivers in the SAU group were nearly as likely as non-kin and permanent caregivers in the SAU group to express an opinion that the child under their care had emotional, behavioral, learning, or attentional problems (45% vs. 50%). Exposure to trauma-informed, parenting training programs appears to moderate the opinions of kin that their grandchildren, nieces, nephews, and cousins have emotional, behavioral, learning, or attentional problems.
- Comparison caregivers at earlier screenings reported a higher average of improvements on measures of social and emotional functioning than intervention caregivers but over time children in the comparison group had lower reported social/emotional functioning than children in the intervention group. In other words, children in the comparison group started off at an advantage but by the fourth assessment, children in the intervention group were

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doing better than children in the comparison group on the above indicators.

- Results from analyzing changes in parenting competencies suggest that completion of NPP is associated with reunification and improvements on parenting competencies (parent-child roles and empathy). Predicted rates of reunification were higher for birth mothers who completed NPP and were considered low risk with respect to parent-child roles and empathy than birth mothers who were considered high risk.

Immersion Sites

Illinois DCFS began implantation of the Immersion Sites IV-E Waiver Demonstration project on August 1, 2016. The overarching goal of the Immersion Sites project was to improve outcomes for children in the legal custody of Illinois' child welfare system. Specifically, by improving the quality of casework and making it easier for caseworkers to engage in high-quality casework, the Immersion Sites were intended to increase the likelihood of permanent exit and decrease time to permanent exit for youth in foster care, without increasing the likelihood of re-entry.

Updated accomplishments as of 2019 include:

All the original immersion site permanency staff have completed the 3-day CFTM training except for 2 staff from Rock Island County and 8 staff from St. Clair County. Approximately 77% of CARITAS permanency staff have completed the 3-day training, and approximately 79% of DCFS southern permanency staff have completed the training. Currently staff in CARITAS and DCFS Southern are in the process of receiving coaching on CFTM's so that they can be approved as facilitators. Increasing the number of staff who are proficient in the CFTM model will be essential to the Department's ability to sustain and continue rollout in the Immersion Sites and as we plan for statewide expansion.

Illinois DCFS implemented use of the Qualitative Service Review (QSR) tool to assess system performance by gathering information directly from families, children and service team members. Each month, case reviews are conducted on a sample of cases in each Immersion Site. As of July 2019, 145 QSR reviews have been completed. Evaluative findings of the case reviews are shared with the caseworker and supervisor, the agency leadership and with external stakeholders.

Administrative process changes typically fall into two types: (a) changes designed to reduce administrative burden generally and (b) changes designed to increase permanent exit specifically. 27 process changes were implemented in one or all of the Immersion Sites; 13 process changes were tested, implemented, and were determined to function well enough to move to statewide expansion; 12 process changes were denied or ended due to sustainability concerns.

As part of the Illinois DCFS' Immersion site intervention, DCFS established a contract with a "lead agency" in each Immersion site for the direct provision of intensive care coordination or "wraparound services" and the distribution of flexible funds to purchase non-Medicaid reimbursable customized goods and services. In the Southern region, the contract with an Intensive Placement Stabilization provider was enhanced so that services could be offered to the following: 1. Residential step down into a home setting, 2. Bridge services for new Specialized Foster Care placements, 3. Pre-and post-reunification support and, 4. Services identified in Child and Family Team Meetings. Additional staff were hired in February 2019 and services to these additional categories began thereafter.

Chapter 10 – Quality Assurance/Continuous Quality Improvement

Introduction

Illinois has a dedicated statewide Division of Quality Enhancement (QE) within the larger Quality Assurance system. While this chapter will focus on the work of the QE Division, please see the **Quality Assurance as a Systemic Factor** for additional information on the quality assurance, monitoring, and improvement entities statewide.

The Division of Quality Enhancement is working on improving communication and identifying the right feedback loops for improvement in its programs and initiatives, data related activities, and case reviews. This division has led the preparations for the CFSR Round 3, PIP related stakeholder meetings, the PIP Baseline Measurement Plan and the implementation of the PIP Baseline Case Reviews.

The following summarizes the work and improvement goals during this CFSP period.

1. Data Sets and Analysis to Support Decision-making and Monitoring
2. Continuous Quality Improvement Framework Coaching and Support
3. CFSR-PIP Baseline Reviews-Outcome Enhancement Plus Reviews
4. Intact Safety and Practice Reviews
5. Special Case Reviews
6. Quality Service Review
7. Child Death Review Team Findings and Recommendations
8. Aristotle P Consent Decree - Sibling Visitation
9. Council on Accreditation

Data Sets and Analysis to Support Decision-making and Monitoring

Quality Enhancement staff have access to the following data and scorecards and have received training to run reports and use those reports in a CQI process. (A full description of each scorecard and dashboard can be found in the Quality Assurance Systemic Factor section)

- Executive Scorecards
- Power BI
- Performance Dashboards
- Permanency Enhancement (PEP) Data
- Ad Hoc

In addition, case review findings and aggregate reports are available to staff

- CFSR-PIP Baseline Reviews-Outcome Enhancement Plus Reviews
- Quality Service Review reports
- Intact safety and Practice case review
- Special reviews such as Fatality Reviews, Good Faith Attempt Review, Child and Family Team and Model of Supervision reviews

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As part of the improvement plan to the Quality Assurance system, leadership of the QA entities will be meeting to exchange data reports and aggregate findings to increase understanding of strengths and areas of improvement.

Continuous Quality Improvement Framework Coaching and Support

The statewide framework for Continuous Quality Improvement took a hiatus during FY 2019 because of DCFS Director and Executive leadership changes and transition. There is a plan to relaunch with a priority focus of overseeing the PIP progress. The framework called the “CQI Collaborative” has been a collaboration between DCFS and Private Agencies to establish a structure for improvement. Through repurposing of existing meetings and a focus on priority outcomes, regional meetings and a state-wide meeting have continued to seek new ways of utilizing consistent data to focus on two priority outcomes; decreasing Recurrence of Maltreatment and increasing Permanencies, especially Reunifications.

RESPONSIBILITIES:

- Meet in-person quarterly
- Review data products showing progress toward key goals and outcomes
- Receive updates from the Regional CQI Collaborative co-chairs and respond as appropriate
- Set action plans to overcome and resolve system barriers
- Use a CQI process to identify, review and approve recommendations for enhancing performance
- Prepare reports to the DCFS Director and Executive Team outlining evidence-supported and actionable recommendations for enhancing child and family outcomes
- Follow-up on the progress and impact of previously identified and/or implemented recommendations
- Guide the development and monitoring of the CFSR PIP

CQI Resolution Requests

An important element of Illinois’ DCFS-POS CQI Framework is the ability of staff and other system stakeholders to communicate issues of concern “up” for resolution. Previously this process was known as “One Pagers” and was available to DCFS staff only. With the inclusive and collaborative nature of the CQI Framework, the need arose to retain the concept but expand its use: hence the development of CQI Resolution Request form and associated procedure.

The CQI Resolution Request form is used, tracked and monitored as a part of the DCFS-POS CQI Framework (i.e., the Regional CQI Collaboratives and the Statewide CQI Collaborative). A CQI Resolution Request is not an action plan in and of itself. Rather, it is a method for documenting and communicating a problem “up” for resolution. The resolution of that problem is then communicated back “down” in order to close the communication/feedback loop. Anyone at any level, DCFS or POS, can generate a CQI Resolution Request. This process is also available to Advisory Groups. A CQI Resolution Request *is used to identify a data-evidenced practice or policy issue that cannot be resolved at the level it was identified.*

The CQI Resolution Request form is now electronic and housed on the DNET along with the associated procedure and CQI Resolution Request Tracker. Prior to the CQI Collaborative hiatus there were a total of 15 CQI Resolution Requests that had been submitted, and a total of 7 resolved. This successful method of communication and problem solving will be relaunched along with the CQI collaborative meetings.

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“Regional Mobilization Teams” The teams were launched in each region to establish communication pathways and relationships between DCFS QA staff and POS QA staff. The purpose of these teams is twofold – to be a support and coach to the Regional CQI Collaborative teams and to be rapid response QI teams. The plan moving forward is to have an established/nurtured network and communication pathway by which to transmit critical and time-sensitive information requiring action. An example of a “quick win” project meant to establish and strengthen the mobilization teams was a review of data reports regarding physical health exams and immunizations. DCFS QA were able to secure the data reports and provide them to their POS QA partners. Monthly meetings were established and relationships were built. Discussions centered on not only improving compliance and performance but using CQI to continue improving in this area and not just a data cleanup of health data. This initial project met the goal of establishing the teams and some improvement in the compliance and performance, but the ongoing improvement has been challenging in a changing environment.

PIP TIPS In partnership with University of Illinois Urbana-Champaign, and at the urging of supervisors of both DCFS and POS the “Tips for improving practice” that are distributed through Outlook has maintained as a staple and positive means for communicating easy to use guidelines for specific areas of practice.

Chapin Hall Learning Collaborative To bolster and standardize understanding of CQI, University partner, Chapin Hall has developed and piloted a Learning Collaborative to raise the skills and capacity of DCFS and POS CQI staff with a goal of expanding to direct service supervisors and staff. The Training modules emphasize establishing common language, understanding and communicating the PDSA (plan do study act) CQI cycle, Advanced Analytics and effective data and findings presentations. CQI staff have completed the course and are now charged with training and coaching the CQI process throughout all levels of DCFS, POS, and eventually stakeholders invited into the framework and process. Currently the Cook region has actively participated with the Northern region scheduled to begin late summer of 2019.

CFSR-PIP Baseline Reviews-Outcome Enhancement Plus Reviews

As a response to new initiatives, such as the Child and Family Team Model and Model of Supervisory Practice, the existing Outcome Enhancement Review (OER), which mirrors the CFSR process, is undergoing an improvement. OER Plus adds an addendum of supplemental questions that provide a more intensive review of the quality of Child and Family Team meetings, supervision and preparing families and youth for transitions.

The new OER process will continue using the Federal On-site Review Instrument (OSRI) as the case review instrument and the Federal On-line Monitoring System (OMS) as the database. In addition, the OER process will also include two additional tools:

Supplemental Questions additional qualitative questions on which IL wants to collect data that cannot be added to the federal OSRI, such as Child and Family Team Meetings, and Supervision

Audit Tool a documentation compliance tool, developed as part of an improvement plan to address deficiencies found during a legislative review to improve the presence of specific documents in case files.

The OER Plus is synonymous with the PIP Baseline reviews. As of May 2019, the PIP Measurement plan has been approved and the PIP Baseline reviews are set to begin in June 2019. After the 6-month baseline period, the OER Plus reviews will continue as the pool of

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reviewers are expanded trained and mentored by the QE staff. A goal of QE is to increase the number of measurement cases in June of 2020.

Consistent communication is essential for the success of the review process as well as utilizing findings for CQI. An OER Portal has been launched and is accessible through the DCFS DNET QA/APT link. The portal contains valuable information and resources relating to CFSR and the PIP Baseline. It is available to all DCFS, POS and Stakeholders that have the Illinois.gov address.

Below is an illustration of the Welcome page:



Welcome to the OER Plus Portal!

The OER Plus Portal will serve as the information gateway for the Outcome Enhancement Review (OER) Plus review process, expectations, responsibilities and communicating the results/data that will be utilized to improve how Illinois provides and enhances child welfare practices.
4 more days to go before we launch the CFSR PIP Baseline on 6/3/19!!!



CFSR 3 PIP Baseline

From June – November 2019, the Illinois’s Office of Quality Enhancement will use the OER Plus to collect data to establish the **IL CFSR 3 PIP Baseline**. The main review tool for the OER Plus is the federal CFSR 3 [Onsite Review Instrument](#) (OSRI).

Sixty-five (65) cases will be reviewed over the course of these 6 months; 40 foster care, 19 Intact Family Service, 5 Investigation, and 1 Extended Family Support Program (EFSP) case. These 65 cases will be randomly selected according to the strict CFSR 3 sampling criteria. A case from every sub-region will be reviewed every month.

MONTH	DATES OF REVIEW
June 2019	June 3 – 5; June 6 - 10
July 2019	July 1 – 3; July 8 – 10
August 2019	August 5 – 7; August 8 – 12
September 2019	September 3 – 5; September 9 – 11
October 2019	October 7 – 9; October 10 – 14
November 2019	November 4 – 6; November 7 – 12

Here is how you can help Illinois if a case of yours is selected:

1. Responding promptly to our emails and requests for information
2. Provide the reviewer assigned to your case with contact information for all stakeholders

These are Members of the OER Plus Review Team, Who Might be Contacting You! A list of names are provided on the actual site

Intact Safety and Practice Reviews

Intact safety and practice review teams have focused on identifying safety concerns and practice issues for intact family cases and have been occurring throughout fiscal year 2019.

The goal of these reviews is to provide data to Intact Family Services administration and staff around safety concerns, and quality practice activities. Quality practice is data that cannot be pulled out of current data collection systems. This data is used to identify specific practices to target for improvement, identify training needs on a statewide, regional or Agency level, and to decrease poor outcomes for those involved in the Intact Family Services program. Data reports are distributed for CQI purposes during Statewide POS provider meetings and show state, regional and agency performance. More recently the Intact case review teams have been reviewing specific agency cases. Safety concerns are addressed immediately with subsequent staffing and a debriefing conference is held with the agency leadership and staff. Proposed during this CFSP period is to offer specific mentoring to agencies where a corrective plan is needed.

Agency Performance Monitoring (APT) case reviewers have also been reviewing intact cases specifically for safety concerns in those cases that are open and experienced a subsequent abuse/neglect report. The purpose is to ensure communication and collaboration between the Child Protection Investigator and Intact case worker. APT and QE frequently collaborate to improve services for the benefit of the children and families that the Department serves.

Special Case Reviews

The DCFS Joint Special Review process was established in 2016 to examine case dynamics and identify case management practices in cases where there had been either the death of a child or youth, or an egregious act of child abuse or neglect had occurred. The development of the process was a collaborative effort between the DCFS Offices of Quality Enhancement and Clinical Services, and the University of Illinois at Urbana School of Social Work, Children and Family Research Center. Cases referred for review and reporting had some type of service intervention through DCFS or Private Agency providers in Illinois in the previous twenty-four months. Seventy-two cases had been reviewed by November 2017.

Based on an initial set of reviews in 2016, specific findings and trends gleaned from the process were used to create a presentation highlighting five areas that historically, and possibly predictively, impact child fatalities. A statewide rollout of the presentation to direct service DCFS and Purchase of Service supervisors and managers from all specialties occurred January 2017 through September 2017 and included approximately 500 staff. Following the presentation, an interactive session was held so supervisors were able to examine current practices, explore supervision in high risk situations, and suggest systemic reforms to improve the quality of service, support caseworker skill building, and strengthen assessments impacting child safety.

The Special Review process has impacted changes to the process of tracking child protection investigations and other investigative procedures, and supported clear identification of areas to be strengthened across the DCFS front end service delivery system. Information from reviews has culminated into a cohesive set a continuous quality improvement areas. Area for future use include supporting child protection curriculums, enhancing Intact Family Service provision and case review methods, impacting supervisory training, and supporting the creation of interdisciplinary/interagency strategies to reduce infant mortality.

QE staff led a number of special reviews that were not focused on fatality but of importance in improving practice. A review of investigations of children in psychiatric hospitals identified concrete areas for improvement during the course of investigation, a review of Investigations

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where the report was initiated by Good Faith Attempt has assisted in understanding CFSR findings around Safety 1 timeliness of investigation, a review of high risk/high sequence investigations assisted in understanding the need for strong emphasis of reviewing the history in subsequent reports and the reviews of specific agency and intact teams has led to increased awareness of the need to distinguish between compliance and quality in home case worker visits.

Quality Service Review

Quality Service Review (QSR) is an intensive case review process like the CFSR/OER Plus review process and recommended to DCFS by the BH Experts as part of recommendations for improvement of the BH Consent Decree. Training and mentoring from the Child Welfare Practice and Policy Group have been provided to four contracted QSR reviewers in the Immersion sites. The review tool was developed by The Child Welfare Group and was provided to DCFS. The case reviews include a stratified random sampling process that includes placement cases (all permanency goal types) served by Department and POS agencies. The reviews include a file review, stakeholder interviews, case detail write up and sharing findings for individual case improvement and CQI in the Immersion sites. Efforts to improve upon a formal CQI feedback loop using the aggregated findings in the Immersion sites is a goal during this CFSP period.

Child Death Review Team Findings and Recommendations

The Child Death Review Team manager within Quality Enhancement is the liaison between DCFS and the Child Death Review Teams (CDRT) in each of the four regions across the state. Criteria of review is a child fatality where the child had involvement by DCFS in the previous 12-month period. The Liaison assures that required documentation is available for review and coordinates the CDRT meetings. In addition, the liaison documents and tracks the recommendations of the CDRT and briefs the Director and Executive Leadership. Developing stronger partnerships and sharing responsibility for implementing interagency recommendations is a goal during this CFSP period

Aristotle P Consent Decree - Sibling Visitation

On August 1, 2017, the Aristotle P. Compliance and Monitoring process was transitioned to the Administrative Case Review Unit (ACR). This newly enhanced monitoring process allows every youth in care (that has a sibling) in the state of Illinois to be reviewed. Moreover, this process has helped to ensure that each applicable child is maintaining a connection with his or her sibling(s). In every case where sibling visitation has not occurred for at least four hours per month, i.e., (twice monthly for two hours each, once a month for at least four hours or overnight visits, etc.) and/or documentation does not indicate whether sibling visits are occurring per the Decree, a critical feedback notification is generated. The critical feedback is forwarded to the Aristotle P. Monitor, as well as the case management agency. Once the case is identified as requiring a critical feedback, an interim ACR is scheduled for a 3-month period to address the sibling visitation violation. During the interim review period, supportive documentation is submitted to demonstrate that corrective action has been taken to prevent future sibling visitation violations for the case. An Aristotle P. Monitor will also follow up with the worker/agency, to request a corrective action plan to address the sibling visitation violation.

- A tracking system was developed to coincide with those youth identified by ACR as being noncompliant with the Decree. The Aristotle P. Monitor provides ongoing technical assistance to both POS/DCFS staff regarding the tenets of the Decree as on acceptable documentation for compliance with sibling visitation. The new process allows the ability to review 100% of child cases versus the previous sample of 30%. As a result of reviewing

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every child placed apart from his or her sibling, data reports become more reflective of the actual rate of compliance with the Decree.

- An agreed upon ACR Checklist was developed prior to the beginning of the new monitoring process that's used by the ACR reviewers to determine compliance with the Decree
- Enhancements have been made to the sibling visitation and contact form, which allows documentation for sibling visitation to be automatically populated onto the sibling visitation and contact form. This new revision allows ACR Reviewers to examine compliance with sibling visitation for the child and his/her sibling group members
- An interactive training for all staff for both DCFS and POS will be launched in July 2019

Council on Accreditation

Illinois is COA accredited, which requires passing specifically the CQI standards. In Illinois, DCFS and the contracted POS agencies are required to be COA accredited. In addition to being part of the larger statewide quality assurance system that includes monitoring and improvement, POS agencies have required internal quality assurance and CQI processes in place. COA standards require a written CQI plan, formal case review, customer satisfaction surveys, risk prevention management, and program evaluation. To support POS in accreditation, DCFS continues to improve accessibility to data sets, while purposeful in increasing the availability of data to the POS. DCFS will be pursuing reaccreditation during FY 2021.

Chapter 11 – Financial Information

Financial Information Reporting, Maintenance of Efforts and Non-Supplantation; Specific Percentages of Title IV-B, Subpart 2 Funds Expended on Program Components; and Other Reporting and Compliance Requirements

The Department will continue to comply with all the financial requirements affecting title IV-B, subparts 1 and 2 and those specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

Section 1 - Title IV-B, Subpart 1:

\$ 9,984,644 FFY 2017 Award
\$ 9,967,451 FFY 2018 Award

The Department will not spend more title IV-B, subpart 1 funds during any of the Federal fiscal years (FFYs) 2015 - 2019 than the state expended for those purposes in FY 2005 (per section 424(c) of the Act). The Final FFY2005 IV-B Subpart 1 allotment was \$11,327,464.

State expenditures of non-federal funds for foster care maintenance payments used as state match for title IV-B, subpart 1 funds awarded for FFY 2018 will not exceed the amount of non-federal fund expenditures applied as state match for that program during FFY 2005 (per section 424(d) of the Act). The Department's CFSP includes information on the amount of non-federal funds expended for foster care maintenance payments which were used as title IV-B, subpart 1 state match for FY 2005.

No more than 10% of the federal title IV-B, subpart 1 funds will be expended by the Department for administrative costs (section 424(e) of the Act). These expenditures will be included in the annual budget request for administrative costs on the CFS-101, Parts I and II.

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Section 2 – Title IV-B, Subpart 2:

Estimated Title IV-B, Subpart 2 Expenditures for FFY 2018, By Category:

\$ 12,110,594		
\$ 3,269,860	30.00%	a) Family Preservation Services
\$ 2,785,437	20.00%	b) Family Support Services
\$ 2,543,225	22.00%	c) Family Reunification Services
\$ 3,512,072	28.00%	d) Adoption Promotion and Support Services

The Department agrees to spend a "significant" portion of the title IV-B, subpart 2, Preserving Safe and Stable Families (PSSF) grant on each of the four PSSF service categories: family preservation, community-based family support, time-limited family reunification, and adoption promotion and support services. Currently, the term "significant" is interpreted by ACF to mean at least 20 percent of the grant total. Information will be included in the Department's APSR if the

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Department does not continue to spend a “significant” portion of its title IV-B, subpart 2 grant award on any of those four service categories. The amount allocated/assigned to each service category will only include funds expended for service delivery. Any amount allocated/identified with planning and service coordination will be reported separately. The estimated expenditures for services provided will be reported on the CFS-101, Part II.

For many years the State of Illinois has only expended title IV-B, subpart 2 funds for the provision of client services. However, the Department recognizes that no more than ten percent of federal funds under title IV-B, subpart 2 may be spent for administrative costs (per section 434(d) of the Act). The Department also recognizes that this limitation applies to both the PSSF program and the Monthly Caseworker Visit grant.

The state will provide the state and local expenditure amounts for FFY 2016 under title IV-B, subpart 2 for comparison with the FFY 1992 base year. This comparison is needed to provide assurance that federal funds awarded under this subpart are not used to supplant federal funds or non-federal funds for existing services and activities as required by section 432 (a) (7) (A) of the Act. Additional information related to the percentage of title IV-B, subpart 2 expenditures, by service category, is also provided in order to further demonstrate that the non-supplantation requirements for title IV-B, subpart 2 services are adhered to. DCFS proposes to continue claiming title IV-B, subpart 2 funds for services provided under the four PSSF service categories during FFYs 2020 through 2024.

The Department will continue to comply with all financial requirements affecting title IV-B, subparts 1 and 2 and the reporting requirements specified in ACYF-CB-PI-15-03, Section H, Financial Information, items 1 through 6.

More services will be offered under the four PSSF service categories than will be claimed by the Department. However, the amounts claimed by the Department will be limited to the percentages shown above. Historically, the State of Illinois has expended more dollars for title IV-B services than are reimbursed by the federal government under title IV-B, subpart 2. The CFS-101, part II submitted in support to this application shows that the estimated spending on eligible title IV-B, subpart 2 services exceeds the funds available under the grant. Additionally, the Department will continue to fund all administrative and planning activities associated with title IV-B, subpart 2 services during FFYs 2015 through 2019 from state funds. If this should change for any reason, the State will revise this section of the APSR. The Department will continue to adhere to the federal requirements regarding permissible uses of and substantial funding for each of the service categories claimable under title IV-B, subpart 2.

If the State of Illinois intends to release or apply for the reallocation of funds under title IV-B, subpart 2, the CFCIP, or the ETV program, the Department will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101.

Maintenance of Effort and Non-Supplantation: The Department adhered to the Maintenance of Effort requirements set forth in section 432(a)(7)(A) and in 45CFR 1357.32 (f) of the compilation of title IV-B and title IV-E and related sections of the Social Security Act. During the remainder of FFY 2019, the Department will continue to adhere to these Maintenance of Effort requirements and assure that federal funds provided to the State of Illinois under title IV-B, subpart 2 will not be used to supplant federal or non-federal funds for existing services and activities.

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During FFYs 2015 through 2018, the Department has ensured, on an annual basis, that a “significant” portion of each mandatory service category is provided to at-risk families throughout the State of Illinois. That will continue during the remainder of FFY2019.

The Department has demonstrated that the requirements of ACYF-CB-PI-14-03, Section E, Parts 1 through 5, have been met. This has been documented in the filing of the CFS 101, Parts I, II, and III as required, for each of the FFYs 2015 through 2020.

Non-Supplantation: To date, the Department has complied with the non-supplantation requirements during each of the years covered by and reported on under the current 5-year plan, and assures that it will comply with these requirements during the remainder of FFY2019.

Data regarding the non-supplementation level of expenditures established by HHS is included in the chapter covering documentation of the non-supplantation and maintenance of effort requirements of the Department. The base year used to establish that expenditure level was FFY 1992. This base level was determined by the Department’s Office of Planning and Budget through a search of various databases from the 1990s when these requirements were put in place. Once the base level of expenditures has been determined it does not change.

Several years ago, DHHS’s Administration for Children and Families decided to collect 1979 base year data. The maximum levels of 1979 State expenditures were determined by a combination of available data and logic. In the early 1980s, the Governor’s Bureau of the Budget (now titled the Governor’s Office of Management and Budget) supported the Department’s efforts to increase its claims for reimbursement and obtain additional title IV-E and title IV-B revenue. However, the Department was required to transfer the first \$13 million received from DHHS each year to the state’s General Revenue Fund. This equated to the title IV-E and title IV-B receipts in the year prior to the enactment of the legislation creating the Children’s Services Fund. Therefore, it may be demonstrated that the combined title IV-E and title IV-B receipts for FY 1979 were, at most, \$13 million. This sets a maximum possible base.

The Department does not claim any Foster Care Maintenance payments or Adoption Assistance subsidies under title IV-B subparts 1 or 2; title IV-E eligible foster care maintenance payments and adoption assistance subsidies are included for federal reimbursement in the development of the title IV-E claim. With the exception of therapeutically prescribed day care programs, the Department never claims any day care (child care) expenses under title IV-B or title IV-E for reimbursement; instead expenditures for those services are paid from state funds. The Illinois Department of Human Services funds expenses for employment related child care services through state funds and federal title XX Block Grant funds.

Non-Supplantation Baseline: Originally two categories of service were eligible for title IV-B, subpart 2 funding. These included the Family Support Services category and the Family Preservation Services category. Several years later additional categories were added for Time-Limited Family Reunification Services and for Adoption Promotion and Support Services. Baseline non-supplantation amounts are set for each of these four categories.

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Family Support Services:

The FFY 1992 baseline level was initially calculated in the “FY94 Plan to Plan,” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under the “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the level established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Support Services under title IV-B, subpart 2 is \$740,200.

Family Preservation Services:

The FFY 1992 baseline level was initially calculated in the “FY 94 Plan to Plan” approved in the “Illinois Five Year Plan for the Family Preservation and Family Support Initiative,” and continued in subsequent annual plans and reports under “Promoting Safe and Stable Families” provisions of the Adoption and Safe Families Act of 1997. The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Family Preservation Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold. The baseline amount for Family Preservation Services under title IV-B, subpart 2 is \$13,019,600.

Time-Limited Family Reunification Services:

The FFY 1992 baseline for Time-Limited Family Reunification services was established by retrofitting the definition and provisions of title IV-B, subpart 2 with comparable/equivalent target population, expenditures and services. During FFY 1992, the Department’s total estimated expenditures and service level for all Family Reunification Services was \$4.2 million for approximately 354 families. The baseline for Time Limited Family Reunification Services is much smaller because only a small portion of title IV- B, subpart 2 funds was spent for those services. Additional analysis of services during the baseline period revealed that the length of time children remained in substitute care during FFY 1992 baseline period was 30 months in downstate counties, and 60 months in Cook County. The FFY 1992 rate of time-limited reunification was calculated to be approximately 20% of the total based on the length of placement before reunification. (In other words, in the baseline year, 20% of all reunifications met the timeline later set for early reunification). Consequently, the baseline for Time-Limited Family Reunification Services under title IV-B, subpart 2 is \$834,500.

The level of services and expenditures will continue to exceed those established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds

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to supplant other sources of state and federal funds awarded for Time-Limited Family Reunification. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

Adoption Promotion and Support Services:

The level of services and expenditures will continue to exceed the quantity established by the FFY 1992 baseline. The Department, including its subcontractors, will not use any title IV-B, subpart 2 funds to supplant other sources of state and federal funds awarded for Adoption Promotion and Support Services. Grant expenditure reports and other quality assurance tools will be used to document the level and appropriateness of expenditures. Maintenance of Effort on the part of subcontractors/ community-based service providers will be tracked from expenditure reports or from audited financial statements when aggregate annual contracts reach or exceed the \$500,000 federal threshold.

The Department’s Adoption Promotion and Support Services baseline is difficult to calculate because so few services were offered or purchased during or prior to FFY 1992. The oldest data available at the time that DHHS established a baseline for these services was FFY 1996. The program grew more than 50% between SFY 1992 and FFY 1996. Therefore, the Adoption Promotion and Support Services baseline is well below the FFY 1996 expenditures. In FFY 1996, \$1,279,858 was spent on adoption preservation services and not more than \$1,360,572 was spent on post-adoption support services. Therefore, the FFY 1996 baseline would be no more than \$2,640,430. The FFY 1992 baseline for these services would be lower, estimated at less than \$1.8 million.

Summary of Non-Supplantation Amounts in the Base Year-FFY 1992:

<u>Title IV-B, part 2 Service</u>	<u>Baseline Amount</u>
Family Preservation Services	\$13,019,600
Family Support Services	\$740,200
Time Limited Family Reunification	\$834,500
Adoption Promotion and Support	Less than \$1,800,000

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Other Fiscal Information:

- Federal funds expended in FFY 2017 under title IV-B, subpart 1: \$ 9,984,644
- Federal funds expended on administrative costs in FFY 2016 and FFY 2017 for title IV-B, subpart 1: no administrative support charges were made to the program; however, caseworker costs, both public and private, are charged to the program based on the amount of time spent providing case management services to DCFS wards and families that are not charged to any other federal program.
- Federal funds expended in FFY 2017 for monthly caseworker visits under title IV-B, subpart 2: \$774,155

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The Department will continue to supply relevant fiscal information for the remaining time period covered under the current CFSP.

The federal funds expended under each of the four categories of services in FFY 2017 for Promoting Safe and Stable Families (PSSF) Program and for planning and administration are noted below:

Family Preservation Services	\$3,613,353.00
Family Support Services	\$2,890,682.00
Time Limited Family Reunification Services	\$2,408,902.00
Adoption Promotion and Support Services	\$3,372,462.00
Total for other service related activities, including planning	\$0.00
Total administration (not to exceed 10%)	\$0.00

During FFY 2017, nearly \$53 million was expended on eligible services under title IV-B, subpart 2; however, as previously noted, only a portion of those eligible expenditures was claimed for federal reimbursement because eligible expenditures for services exceeded the amount of the allotment. The program categories listed below are consistent and synonymous with the program categories previously described. In FFY 2017 these included:

- Family Preservation Services: Intensive Family Preservation/Intact Family Services;
- Family Support Services: Extended Family Support Services; Family Habilitation; Family Advocacy Centers;
- Family Reunification and Time Limited Family Reunification Services; and
- Adoption Promotion and Support Services: Intensive Adoption Preservation, Maintaining Adoption Connections, Older Caregiver Programs, Post-adoption counseling, therapy, therapeutically prescribed day care programs and Adoption Respite. (No other day care services are funded from title IV-B).

Estimated and Actual Expenditures for FFY 2017: Actual expenditures under title IV-B, subparts 1 and 2 for FFY 2017 were slightly more than the estimated expenses. The final grant award of title IV-B funds were spent as follows: 29% for Family Preservation Services, 23% for Family Support Services, 20% for Time-Limited Family Reunification Services, and 28% for Adoption Promotion and Support Services.

Category of Title IV-B, Part 2 Funds – FFY 2017

	Estimated	Actual
TOTAL Title IV-B, subpart 2 funds	\$12,110,594	\$12,285,399
Family Preservation Services	\$3,269,860	\$3,613,353
Family Support Services	\$2,785,437	\$2,890,682
Time-Limited Family Reunification Services	\$2,543,225	\$2,408,902

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Adoption Promotion and Support Services	\$3,512,072	\$3,372,462
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Section 4 – FFY 2020 Budget Request (CFS-101, Parts I and II): As part of the APSR, the Department will complete Part I of the CFS-101 form to request title IV-B, subpart 1 (CWS) and title IV-B, subpart 2 (PSSF and Monthly Caseworker Visit funds), CAPTA, CFCIP, and ETV funds. The state will use the appropriate FFY allocation tables as the basis for budgeting. The Department will complete Part II of the CFS-101 to include the estimated amount of funds to be spent in each program area by source, the estimated number of individuals and families to be served, and the geographic service area within which the services are to be provided.

FFY 2020 Budget Request (CFS-101, Parts I and II): The signed CFS-101 Part I for FFY 2020 as a PDF document will be submitted to the ACF on or before June 30, 2019. The CFS-101 Part II for FFY 2020, that does not need signature, will also be submitted to the ACF on or before June 30, 2019 as a PDF document. If the Department intends to release or apply for funds for reallocation under title IV-B, subpart 2, the CFCIP, or the ETV program the Department will note the amounts we are releasing or requesting on the appropriate lines of a revised CFS-101, so that ACF will be able to re-allocate the funds in accordance with the prescribed formulas.

FFY 2017 Title IV-B Expenditure Report (CFS-101, Part III): The signed CFS-101 Part III final report for FFY 2017 will be submitted to the ACF on or before June 30, 2019 as a PDF document. For FFYs 2018 through 2019 the Department will continue to meet the requirements. The State will report funds expended in each program area of title IV-B funding by source, the number of individuals and families served, and the geographic service area within which the services were provided. The state must track and report annually its actual title IV-B expenditures, including administrative costs for the most recent preceding fiscal year for which a final Standard Form 425 (SF-425) Federal Financial Report (FFR) has come due.

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Section 6 – Financial Status Reports – Standard Form (SF-425): The State will report expenditures under title IV-B, subparts 1 and 2, CAPTA, and CFCIP on the Financial Status Report, SF-425. A separate SF-425 will be submitted for each program for each fiscal year. Each SF-425 will be submitted in accordance with the applicable requirements specified in the Program Instructions issued April 10, 2017. It is understood that a negative grant award will recoup unobligated and/or unliquidated funds reported on the final SF-425 for the title IV-B programs, CAPTA, CFCIP and ETV programs. The original SF-425 for each program will be submitted by the dates through ACF’s Online Data Collection (OLDC) System. Financial Status Reports (SF-425s) will be submitted by the dates specified in the FFY 2017 Program Instructions. The State will submit an electronic SF-425 for the programs listed above through the ACF Online Data Collection (OLDC) system.

Title IV-B, Subpart 1: The State will submit the SF-425 fiscal report for expenditures under title IV-B, subpart 1 at the end of each 12-month period from October 1 through September 30, of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year. The SF-425 report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be shown on both the interim and final reports. Funds under title IV-B, subpart 1 will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded.

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(The State acknowledges, and will comply with, this requirement: A state that has been notified of the need to provide a higher percentage match for a specific fiscal year, due to a determination that the state has failed to meet a performance standard for monthly caseworker visits, must report that higher match on the final financial form [section 424(f)(1)(B) and 424(f)(2)(B) of the Act]). The state must expend the funds under title IV-B, subpart 1 by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2017 grants, obligate the funds by September 30, 2018, and liquidate by December 29, 2018).

Title IV-B, Subpart 2 – PSSF: The State of Illinois will submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 PSSF program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of the fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 25% state match will be reported on both the interim and final reports. Funds under title IV-B, subpart 2 (PSSF) will be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2018, funds must be obligated by September 30, 2019, and liquidated by December 29, 2019).

Since discretionary funds under PSSF are to be expended for the same purposes as the mandatory funds, no separate reporting is required to distinguish between these expenditure amounts. The state will report the cumulative expenditure amount on the SF-425. Unobligated funds reported on the final financial status report will first be recouped from the discretionary funds.

Title IV-B, Subpart 2 – Monthly Caseworker Visit Funds: States are required to submit the SF-425 fiscal report for expenditures under the title IV-B, subpart 2 Monthly Caseworker Visit program at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. These reports will be separate from the SF-425 reports for the PSSF program. The State will submit the SF-425 report at the end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Both reports are due 90 days after the end of each Federal fiscal year (December 29). The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. Funds for these years must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2018, funds must be obligated by September 30, 2019 and liquidated by December 29, 2019). The required 25% state match will be reported on both the interim and final fiscal reports.

CAPTA: Funds under CAPTA must be expended within five years (e.g., for the FFY 2017 award, funds must be expended by the State by September 30, 2021). The State will submit the SF-425 fiscal report for CAPTA at the end of each 12-month period from October 1 through September 30 of the five-year expenditure period. The SF-425 fiscal report covering each 12-month budget period is an interim report and the report covering the entire five-year grant period is the final report. The interim and the final reports are due 90 days after the end of the applicable 12-month period. There is no state match requirement for this program. The Department will continue to provide all required information during the 5 year CFSP covering FFYs 2015 - 2019.

CFCIP and ETV: Funds under CFCIP and ETV must be expended within two years. The State will submit separate SF-425 fiscal reports for the CFCIP and ETV programs. States are required to submit the SF-425 fiscal report for expenditures under the CFCIP and ETV programs at the

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end of each 12-month period from October 1 through September 30 of the two-year expenditure period. Reports are due 90 days after the end of each fiscal year. The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire two-year grant period is the final report. The required 20 percent State match must be reported on both the interim and final fiscal reports. Funds under CFCIP and ETV must be expended by September 30 of the fiscal year following the fiscal year in which the funds were awarded (e.g., for FFY 2018, funds must be obligated by September 30, 2019 and liquidated by December 29, 2019).

The Department will complete and furnish all the financial reports required on SF-425 fiscal report forms.

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