ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES: ANNUAL SERVICES & PROGRESS REPORT (APSR)

ANNUAL PROGRESS AND SERVICES REPORT

FY16

Table of Contents

Acronyms 4
Chapter I – General Information 7
State Agency Administering Programs 7
Chapter II - Assessment of Performance 11
Child and Family Outcomes 11
Systemic Factors 24
Case Review System 26
Quality Assurance System 33
Other Types of Review Processes Conducted by the DQA and FCURP 36
Staff and Provider Training 37
Service Array and Resource Development 40
Agency Responsiveness to Community 41
Foster Parent Licensing Retention and Recruitment 43
Licensing 43
All Licensing Types 45
Chapter III – Plan for Improvement 51
Chapter IV – Update on Service Description 65
Safety Intervention System 65
Permanency Services 93
Initiatives to Assist with Permanency Achievement 98
Permanency Innovations Initiative 102
Well-Being Services 108
Office of Social Work Practice and Field Support 110
Part I 110
Part II 112
Part III 113
Specialty Services 114
Program Data and Sources 116
Domestic Violence Intervention Program 122
Part I 122
Part II 126
Part III 127
LGBTQI Y/F Program 127
Part I 127
Part II 130

Part III 131
HIV/AIDS Program 132
Part I 132
Program Metrics 134
Part II 134
Part III 134
Additional Clinical Services 135
Psychiatric Hospitalization Project 143
Psychology Services 144
Psychiatric Services 145
Chafee Foster Care Independence Program (CFCIP) 154
Chapter V – Program Support 187
Professional Development and Training 187
Chapin Hall 193
University of Illinois at Urbana-Champaign 198
FCURP 199
Updates on Information Systems 201
Chapter VI – Consultation and Coordination Between States and Tribes 202
Chapter VII – Monthly Caseworker Visit Formula Grants 210
Chapter VIII – Adoption and Legal Guardianship Incentive Payments 211
Chapter IX – Child Welfare Waiver Demonstration Activities 212
Alcohol and other Drug Abuse Title IV-E Waiver 215
Chapter X - Quality Assurance/Continuous Quality Improvement 222
CQI Case Review Processes 222
Initiative 224
Chapter XI – Financial Information 226

Acronyms

Acronym	Translation
ACF	Administration for Children and Families
ACR	DCFS Administrative Case Review
AFCARS	Adoption and Foster Care Analysis and Reporting System
AFSA	Adoption and Safe Family Act
AIP	AFCARS Improvement Plan
AOIC	Administrative Office of the Illinois Courts
APHSA	American Public Human Services Association
APT	Agency Performance Team
ASN	Alternative Schools Network
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 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
CCCP	Court Culture Child Protection Committee
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
COIIN	Collaborative Improvement and Innovation Network
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 Advancement Council
CWEL	Child Welfare Employee Licensure
CWELC	Child Welfare and Education Learning Community
CYCIS	Child and Youth Centered Information System
DASA	DHS Division of Alcoholism and Substance Abuse
D-CIPP	Discharge-Clinical Intervention for Placement Preservation
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

DQA	Division of Quality Assurance and Research
DVIP	DCFS Domestic Violence Intervention Program
EAC	Economic Awareness Council
EAP	Educational Access Project
EFSP	Extended Family Support Program
ELO	Extra Learning Online
ETV	Education and Training Voucher
FAC	Family Advocacy Centers
FCURP	Foster Care Utilization Review Program
FOIA	Freedom of Information Act
FPSS	DCFS Foster Parent Support Specialist
FTS	DCFS Family-Centered, Trauma-Informed, Strength-Based
GAL	Guardian ad Litem
GAP	Girls Awakening Power
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
IFVCC	Illinois Family Violence Coordinating Council
IIAA	Illinois Inter-Agency Athletic Association
ILO	Independent Living Option
IPS	Intensive Placement Stabilization
IS	Implementation Support
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
NARA	National Association of Regulatory Administration
NBA	New Birth Assessment
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
P4P	Partnerships for Permanency
PAIP	Partner Abuse Intervention Programs
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

PRT	Permanency Round Table
PSSF	Promoting Safe and Stable Families
PTS	Permanency Tracking System
QRIS	Quality Rating Improvement System
RFP	Request for Proposal
RYAB	Regional Youth Advisory Boards
SACWIS	DCFS Statewide Automated Child Welfare Information System
SAF	Substance-Affected Families
SYESA	Struggling Youth Equals Successful Adults
SCAN	Statewide Committee on Child Abuse and Neglect
SHAC	School Health Advisory Committee
SOC	System of Care
SPD	Statewide Provider Database
STEP	Supervisory Training to Enhance Practice
SYAB	Statewide Youth Advisory Board
SYESA	Struggling Youth Equals Successful Adults
TARGET	Trauma Affect Regulation, Guidance for Education and Therapy
TDS	Trial Discharge Services
TFFH	Treatment Foster Family Home
TI-EBP	Trauma-Informed Evidenced Based Practices
TLP	Transitional Living Program
TPR	Termination of Parental Rights
TPSN	Teen Parent Services Network
UIR	Unusual Incident Report
UPR	Universal Peer Review
WASSUP	Work-Attitude-School-Study Youth Program
YHAP	Youth Housing Assistance Program
YS3	Youth Scholars, Skills, and Service

Chapter I – General Information

State Agency Administering Programs

Founded in 1964, DCFS has the primary responsibility of protecting children and strengthening families through the investigation and intervention of suspected child abuse or neglect by parents and other caregivers. Over the last four years, DCFS received more than one million calls to our Child Abuse Hotline, offering and coordinating services wherever needed to help children remain in their homes safely. In instances where children must be removed from the home for their safety and well-being, DCFS makes every effort to return them safely to their homes as quickly as possible. When that simply is not possible, DCFS is equally committed to pursuing adoption by loving families to provide children with the permanent, safe, and nurturing homes they need and deserve to reach their fullest potential. As part of its duties, 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.

Mission Statement

The mission of DCFS is to:

- Protect children who are reported to be abused or neglected and to increase their families' capacity to safely care for them
- Provide for the well-being of children in our care
- Provide appropriate, permanent families as quickly as possible for those children who may not safely return home
- Support early intervention and child abuse prevention activities
- Work in partnership with communities to fulfill this mission

Vision Statement

DCFS is committed to acting in the best interest of every child it serves and to helping families by increasing their ability to provide a safe environment for their children and by strengthening families who are at risk of abuse or neglect.

DCFS envisions a future in which children who have been abused or neglected:

- Are served with respect, fairness, and linguistic and cultural competence
- Live in families that are safe and healthy
- Live safely at home or are placed for short-term care in capable, nurturing foster homes
- Have no unplanned placement disruptions
- Are quickly and safely reunified with their families through restorative services or are placed with adoptive families or permanent guardians when reunification is not possible
- Are served by a comprehensive continuum of services including the provision of residential placement when that best meets the child's needs
- Live in communities where partnerships between DCFS, which has immediate and direct responsibility for wards, and other public and private agencies provide an effective array of services to meet the needs of children and families and prevent child abuse and neglect
- Are served by competent, highly trained staff who respond to every report of abuse or neglect and who act quickly and professionally to protect them and ensure their well-being
- Are served by a legal system that will promptly and efficiently adjudicate their cases and provide for an appropriate and expeditious disposition

The agency organizational chart is located at the following link:
http://www.illinois.gov/dcfs/aboutus/director/Documents/DCFS_orgchart.pdf

Collaboration: DCFS collaborates in the sharing of statewide system performance data on a regular basis with Purchase of Service (POS) providers through the Child Welfare Advancement Council (CWAC) and its various subcommittees. Illinois Program Improvement Plan (PIP) workgroup related data and updates are provided and discussed throughout the year and POS agencies have provided valuable input into DCFS planning efforts and contracting issues through this long-established communication infrastructure. The Department's Agency Performance Data Site, which went live in September 2013, has provided greater opportunities for POS providers and DCFS staff to more readily access the strategic planning goals outlined in the Illinois CFSP.

Although not currently under a PIP, DCFS continues to utilize its Regional PIP Workgroups as a way to bring together DCFS and POS managers, CQI staff and Supervisors to review regional performance data that ties back to the Illinois PIP and to develop joint DCFS/POS regional strategies in an effort to improve outcomes.

DCFS also utilizes other key long-standing advisory groups such as the Statewide Foster Parent Council, Adoption Advisory Council, Youth Advisory Board, and Partnering with Parents (i.e. birth parent) Councils around the state as additional vehicles for sharing information and getting critical feedback and input from stakeholders into policy initiatives and strategic planning efforts.

Rapid Response Initiative: Based upon discussion with and input from the Governor's office and new DCFS leadership, Casey Family Programs is providing technical assistance and consultation around the three identified critical priority areas of:

- Integrating the various projects and efforts related to residential/congregate care reform;
- Child safety decision making and support of implementing a model of supervision; and,
- Creating data dashboards focused on outcomes for the distinct groups of youth needing expeditious permanency.

DCFS has engaged executive leadership and other subject matter experts from middle management to participate in three subcommittees corresponding to each of these critical priority areas. The goals of this work are to:

- Produce the products/deliverable associated with each priority area; and,
- Create vehicles for sustaining the systemic changes in the priority areas initiated during this intensive phase of Casey's consultation.

Casey has a full team of seven consultants on the ground meeting with DCFS staff each week. The role of the consultants, along with DCFS staff is structured for maximum coverage of the priority areas and provides clear areas of responsibility. Communication and feedback loops are used to ensure close collaboration between Casey and DCFS and both report weekly to the Director.

Moving forward, key DCFS staff will be paired with Casey consultants for coaching. Community partners and other stakeholder involvement in this process will be critical as well. As of this writing stakeholders have been interviewed, focus groups held, and a survey has been issued.

Information on the three priority areas are as follows:

1) **Residential/Congregate Care Reform:**
   One of the key areas for improvement in practice and program development is related to residential/congregate care reform. Issues with residential treatment centers were well-

documented by the media in late 2014. While the Department acted quickly to address these issues, a long term approach is needed to ensure problems don't occur again. **ASSESS 566** is the initiative that led to a strong clinical understanding of the 566 youth who had been in residential care for longer than one year. Through hard work, these assessments were completed in 13 calendar days. The goal is to use the information and data from these assessments to guide changes in the Department's practice and philosophy for residential care.

Using data from clinical assessments, the recruitment specialist and community providers began to build capacity in regards to family, fictive kin, and specialized foster homes to ensure that youth in care are in the placement that best fits their needs.

In December 2014 the Department implemented monthly management reviews of residential Unusual Incident Reports (UIRs) to identify and respond to unfavorable spikes or trends. The team is also working with Northwestern University to better analyze the data from UIRs. Information gathered will be used to make data informed decisions on practices and procedures moving forward.

Through the **ASSESS 566** project there has been a heightened level of cooperation where clinicians joined with caseworkers, monitors, resource recruitment specialists, treatment teams from the residential facilities, and guardians ad litem to better serve and assess this population.

2) **Child Safety Can't Wait:**
The Child Safety subgroup has a focus of ensuring the safety of DCFS children currently identified as missing from their placement. A coordinated project was developed to ensure accuracy of placement information for these youth. As part of the Rapid Response Initiative, the Child Safety Assessment and Supervision workgroup was formed to address this focus area. The workgroup developed the Missing Youth Protocol, reviewed case files, communicated with caseworkers and supervisors, as well as worked with the Child Recovery Unit. Results of this effort are pending.

3) **Expanded Data Capabilities:**
All of the data collected and used within the Department and by our Purchase of Service (POS) partners is used to measure the key tenets of safety, permanency and well-being. Analyzing data to verify and measure the effectiveness of services helps organizations make informed policy and practice decisions, with the ultimate goal of improving outcomes for families they serve.

The emphasis on improved data capabilities includes the need to develop a learning organization that knows how to process and utilize data at local, regional, and statewide levels. This includes expert input from direct service staff into the process.

Stakeholder Engagement: Committed to the quality of its services, the Department engaged stakeholders in dialogue around the three tasks as stated above. As part of the process, Clarus Consulting Group was engaged to facilitate a series of focus groups with the Department's key stakeholders including Department staff, service providers, youth, and other key partners. In addition to the focus groups, individual interviews were held and an online survey was conducted. The focus groups, individual interviews, and surveys were held across the State's seven regions to ensure a wide range of stakeholder viewpoints and took place in April 2015. All of this information was reviewed and analyzed by Clarus Consulting Group.

Stakeholder Engagement Participants				
	Focus Groups	**Interviews**	**Surveys**	**Subtotal per Focus**
Focus Area 1 Residential Care	47 participants	20 (youth) 5 (Community Partners)	44	Focus Area 1 116
Focus Area 2 Child Safety Decision Making Assessment & Supervision (Supervisor)	60 participants	16	12	Focus Area 2 128
Focus Area 2 Child Safety Decision Making Assessment & Supervision (Workers)		4	36	
Focus Area 3 Data Capability	38 participants	6	41	Focus Area 3 85
			Grand Total	**329 stakeholders**

*Throughout this document references will be made to the Clarus stakeholder findings as well as other statements and data regarding collaboration with various stakeholder groups.

Collaboration with the Administrative Office of the Illinois Courts (AOIC): The AOIC continues in its work related to permanency. Their contribution is related to reducing the time that children spend in substitute care and to ensure that casework practices and the system designed to facilitate permanency are working effectively. Since the conclusion of the PIP, the AOIC has continued to emphasize and prioritize the improvement of time from Department involvement to permanent placement.

The AOIC continues to collaborate with DCFS in several capacities. DCFS has representative on the Court Improvement Program Advisory Committee. Additionally, DCFS attorneys attend attorney trainings provided by the AOIC as well as receive scholarships to attend conferences.

Chapter II - Assessment of Performance

NOTE: Although the CFSR items have changed somewhat for the CFSR Round 3 reviews, they are referenced and numbered here as they were during CFSR 2. This is because our case review data (collected through the Outcome Enhancement Review process) aligns with CFSR 2 indicators. The state is in the process of adopting the new CFSR 3 indicators and national standards to roll out late 2015, early 2016. It is therefore anticipated that the FFY17 APSR Assessment of Performance will reflect the CFSR 3 adjustments.

Also of note: The case review data presented in the CFSP FFY2015-2019 reflects the aggregate performance over a nearly 3-year period. In this report, we were only able to provide data collected during a 3-month window. Therefore there are limits to the comparison of the two sets of data as the N is much smaller in this report. We did, as a state, through multiple steps, ensure the validity of the data and its integrity. We also had some of our ACYF Region 5 partners observe one complete phase of the case record review (in Springfield IL, April 2015).

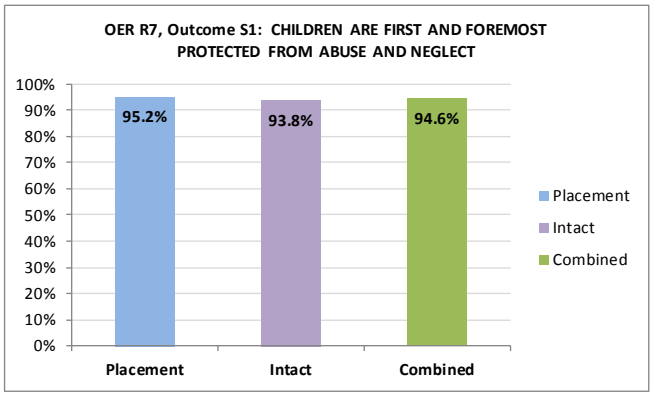
Child and Family Outcomes

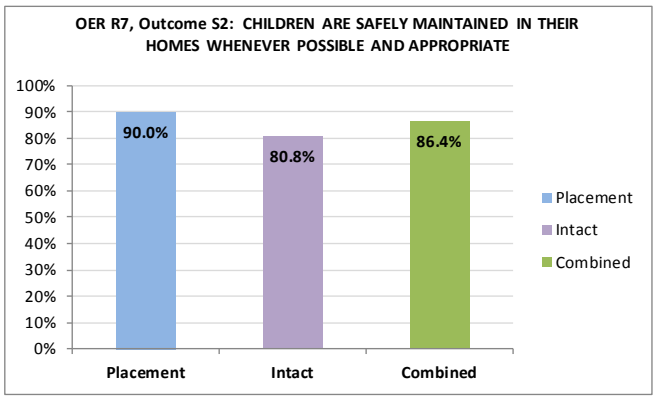
Safety Outcomes: *Children are first and foremost protected from abuse and neglect (S1), and Children are safely maintained in their own homes whenever possible and appropriate (S2).*

Performance Data & Analysis

In Chapter II of the state CFSP FFY2015-2019, it was noted that there was an overall decline in performance since the 2003 CFSR, but in S2 there was an improvement since the 2009 CFSR (IL CFSP FFY2015-2019, p7). At that time, all OER data combined (representing data collected between April 2011 and February 2014, and comprising 396 cases [528 for item 4 due to a special review in 2/14]), indicated that S1 performed at 80.8%, and S2 performed at 78.5%

Since that time, the state conducted one round of OERs, termed "OER Round 7/OER R7", between March 2015 – May 2015. All regions of the state were included in Round 7. Sixty six cases were reviewed in total (40 placement/foster care cases, and 26 intact/in-home cases). The data for S1 and S2 for this review suggest significant improvement in both Outcomes:

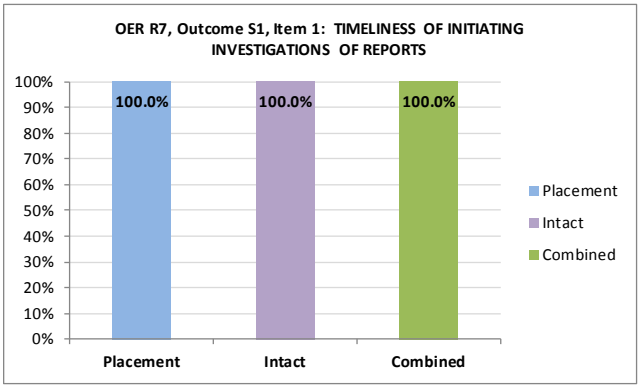


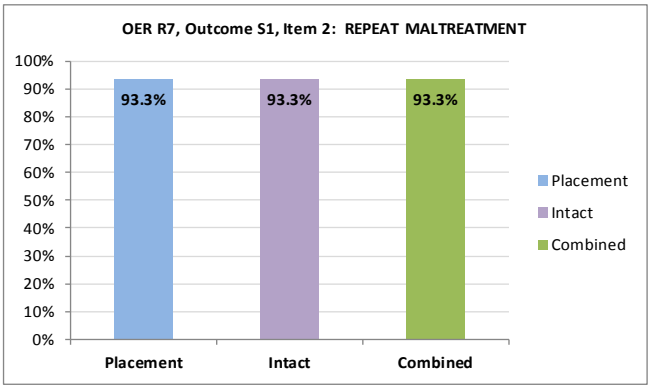


There are two items for each Outcome that inform outcome performance.

Outcome S1 Discussion

For S1, Item 1 evaluates the timeliness of investigations and Item 2 evaluates repeat maltreatment (CFSR 2). OER Round 7 data for these two Indicators is presented in the charts below:





As evidenced in the charts above, the timeliness of investigations (Item 1) shows strong performance no matter the case type (100% strength), and represents an improvement in performance from what was reported in the CFSP FFY2015-2019 (placement was 93.5%, intact was 90.8%, aggregate was 92.1%). Item 2, repeat maltreatment, also represents strong performance at 93.3%. Two cases (1 placement and 1 intact) out of 30 were rated a W because while the cases were open there was repeat maltreatment involving the same perpetrator and involving the same or similar allegations or circumstances. OER II Aggregate performance for Item 2 as reported in the CFSP FFY2015-2019 was: placement at 82.1%, intact at 87.8%, and the aggregate at 84.7%.

The table below reflects Illinois' most recent performance per the CFSR 3 safety measures:

Table 1: CFSR 3 Safety Indicators/Illinois performance

Indicator	National Standard	Illinois Performance	RSP*	Met/Not Met PIP/No PIP
(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	8.50 victimizations **state result multiplied by 100,000*	7.98 (FFY13)	11.17 (age at initial victimization)	**Not Met/PIP** Goal: 7.21
(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?	9.1%	10.1% (FFY12)	12.9% (age at entry or on 1st day)	**Not Met/PIP** Goal: 9.1%

**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*

Data charts available at the University of Illinois, Urbana-Champaign, Children and Families Research Center (CFRC, http://www.cfrc.illinois.edu/outcomecharts.php) supports the above performance in the area of repeat maltreatment. A drill down of their data shows that Cook and Northern Regions have hovered in the 9-10% range (% substantiated reports of abuse/neglect within 12 months of another one), Central and Southern Regions have experienced much higher rates (13-15% range in Central, and 15% range in Southern). Of additional note is that the percentage appears to be increasing in Cook County.

Data tables available at CFRC (http://www.cfrc.illinois.edu/outcomeindicators.php?ind=2a#i_menu) related to occurrence of maltreatment in substitute care show that statewide the percent occurrence ranges from 1.9 – 2.1% per year between 2008 - 2014. The regional breakdown suggests that the percent occurrence in downstate regions (Northern, Central and Southern) tend to be higher than Cook.

In the CFSP FFY2015-2019, the state identified safety in substitute care as one of its goals: Goal #1: Reduce the occurrence of maltreatment in out of home care. As such, the state committed to implement activities that would result in improved performance in this area. Please see pages 50-53 of the CFSP FFY2015-2019 and pages 52-55 of this document for more information about implementation and status of the interventions related to the overall goal.

Stakeholder Feedback

Stakeholder feedback is collected consistently throughout the year in many ways: at quarterly Regional Program Improvement Plan (PIP) Meetings, Child Welfare Advisory Council (CWAC) meetings, OER reviews, and via the Rapid Response initiative.

Stakeholders have noted that many of the cases reported as Indicated while a child is in substitute care involve incidents that occur while the child is having unsupervised visits with one or both biological parents. In some cases the unsupervised visits were not authorized by the supervising agency – the foster parent (sometimes relatives) made his/her own decision to allow the parents to take the child for a visit and not provide required supervision. Often these were relative foster parents. In some cases, the agency/court had approved unsupervised visits between the parent(s) and child, and felt comfortable with those unsupervised visits, yet an incident nevertheless occurred.

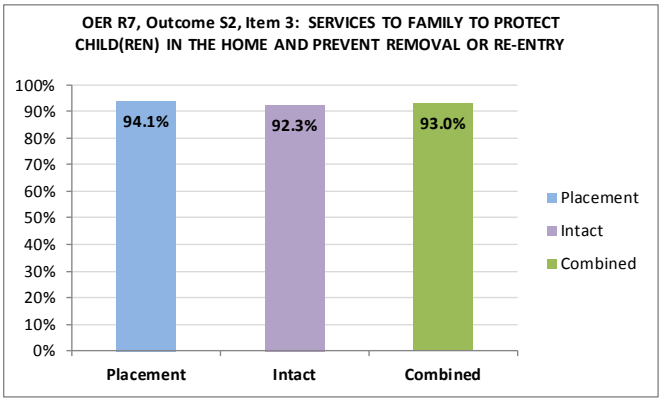
Additional feedback suggests that use of the Incident Date Field (as opposed to the report date) is not consistently used by investigators upon completion of investigating a case to denote when a report of abuse/neglect is made while the child is in substitute care but the event actually occurred before the child entered care. However, investigators spoken to as part of the Rapid Response Focus Groups indicated that they had no involvement with entering the incident date field and that it was the job of staff at the SCR to utilize that field.

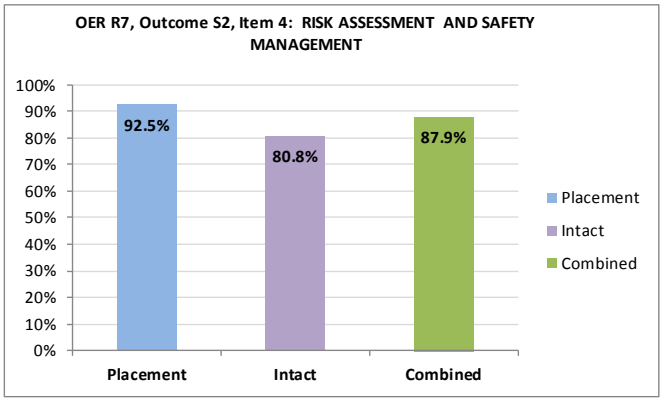
Also, if the incident date field is left blank (because the investigator is unsure of a specific date, because children don't always remember the date of occurrence), then it automatically populates with the report date.

These two incident date field usage issues suggest data quality issues with NCANDS submissions. It should be noted that the creation of, and use of, the Incident Date Field was a PIP Action Step for the CFSR PIP 1 in December 2004, and completed/implemented in January 2005. OITS created the new required date field in SACWIS, and DCP Managers were alerted to the new required date field in SACWIS (and use of the field) via an emailed memo from the then-Deputy Director of Child Protection.

Outcome S2 Discussion

For outcome S2, Item 3 evaluates services to families to maintain children safely in their homes whenever possible and Item 4 evaluates risk and safety management (CFSR 2). OER Round 7 data for these two Indicators is presented in the charts below:





Overall, performance in both Items is improved over what was reported in the CFSP FFY2015-2019 (Item 3 performed at 90%, and Item 4 performed at 80.1%). Although performance is improved in the OER Round 7, there are practice concerns to note and address:

Table 2: Item 3, Practice Concerns noted during OER Round 7:

Placement Cases	Intact Cases
Lack of safety-related services for children remaining in the home of origin	Lack of timely safety service provision to reunified families

Table 3: Item 4, Practice Concerns noted during OER Round 7:

Placement Cases	Intact Cases
Safety concerns during visitation with parents or family members	Lack of monitoring home during initial month of reunification
Lack of safety monitoring of children remaining in the home	Lack of monitoring home during initial month of intact services
	Lack of needed safety plans
	Safety concerns not adequately addressed
	Not following paramour policy

Stakeholder Feedback

Feedback collected from all levels of DCFS and POS staff (collected as part of the Department's Rapid Response Team) related to safety decision-making indicated the following (see IDCFS 2015 Stakeholder Report, 5/14/2015):

- Child safety has been adversely affected by the change in procedure that requires area administrators to make critical decisions. Thus decisions can be delayed and are sometimes made without full information or knowledge.
- Inconsistency of procedure from office to office and between regions negatively impacts safety.
- Safety decisions are impeded by staff turnover, low morale, burnout, and persistent and frequent position vacancies which result in overly large caseloads.
- Insufficient levels of appropriate wrap-around services and placement availability can also negatively impact safety decisions.
- Ineffective, inconsistent and unnecessary policies and procedure.

- Media concern and micromanagement/second-guessing of upper management and consequent time demands on supervisors to manage up gets in the way of their ability to spend with front line staff on safety decision.
- Similarly, public distrust of DCFS and the sense that any negative outcome will be blamed on the supervisor, is an issue.
- Direct service staff say they are fatigued and stressed all the time and that they constantly fear blame and recrimination.
- Insufficiencies in community resources – including foster parents - and a lack of prevention services were also noted as critical issues. They perceive a need for more community outreach and better foster care recruitment.
- The SACWIS Red Alert system and the CERAP tool are not viewed as effective tools to ensure the safety of children by casework staff.
- Poor interviewing skills that leads to lack of information, critical to decision-making.
- Supervisors approving safety decisions despite a lack of evidence.
- Making decisions based on feeling rather than fact.
- Lack of understanding of purpose of safety plans, as well as a lack of monitoring of safety plans.

Stakeholder feedback noted above is recently collected, and will inform the new DCFS leadership's efforts to create systemic, sustainable organizational and practice changes that support staff and result in improved outcomes for children and families served.

Recent Initiatives to support performance improvement for both S1 and S2

The Department has implemented several initiatives to support improved performance related to safety. Please see **Chapter 4, Update on Services Description**, specifically the **Safety Intervention System** section, pages 66-110 for more information. Additionally, Universal Peer Review questions developed as part of Regional PIP Workgroup improvement efforts to address data concerns collect data on weekly visits during the first month of reunification and monthly visits to assess the safety of children remaining in the home of origin. For more information on Regional PIP Workgroups, please see page 35 in Systemic Factors, the Quality Assurance section.

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

Performance Data & Analysis

In Chapter II of the state CFSP FFY2015-2019, it was noted that there was an overall decline in performance since the 2003 CFSR, but an improvement since the 2009 CFSR (IL CFSP FFY2015-2019, p10). At that time, all OER data combined (representing data collected between April 2011 and February 2014, and comprising 396 cases, indicated that P1 performed at 33.3%, and P2 performed at 81.3%.

Since that time, the state conducted one round of OERs, termed "OER Round 7/OER R7", between March 2015 – May 2015. All regions of the state were included in Round 7. Sixty six cases were reviewed in total (40 placement/foster care cases, and 26 intact/in-home cases). The data for P1 and P2 for this review suggest modest improvement in both Outcomes (see subsequent charts for each outcome below).

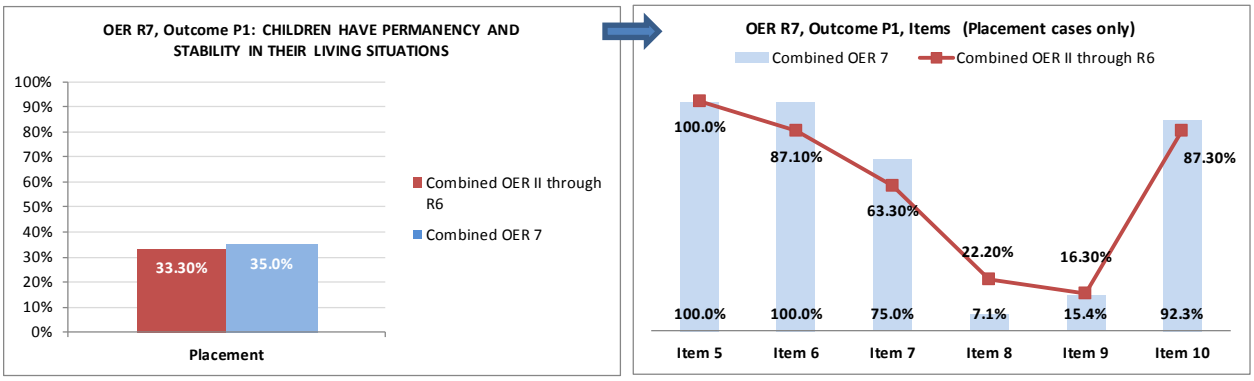
There are several items that inform overall outcome performance for each Permanency Outcome:

Table 4: P1 and P2 Items:

P1, associated Items (CFSR 2)	P2, associated Items (CFSR 2)
Item 5: Substitute Care Re-entries	Item 11: Proximity of Substitute Care Placement
Item 6: Stability of Substitute Care Placement	Item 12: Placement with Siblings
Item 7: Permanency Goal for Child	Item 13: Visiting with Parents and Siblings in Substitute Care
Item 8: Reunification/Guardianship	Item 14: Preserving Connections
Item 9: Adoption/SCpTPR	Item 15: Relative Placement
Item 10: Independence / HENA / Continuing Foster Care	Item 16: Relationship of Child in Care with Parent(s)

Outcome P1 Discussion

In P1, several items support the overall outcome rating (noted in Table 5 above). OER Round 7 performance indicates overall improvement in the outcome as well as in many of the indicators:



Strengths in this Outcome are: Item 5, substitute care re-entry rates (none in the OER R7, steady maintenance at 100% since 2003); Item 6, stability of substitute care placement (continued improvement since 2003, now at 100% strength), and Item 10 (continued improvement since 2003, now at 92.3% strength).

For Item 10, preparing youth for independence via appropriate service provision remains the primary reason why the item was rated less than 95% strength. There continues to have been many initiatives within DCFS and a focus on serving youth to ensure their capacity to live independently with success following discharge from foster care, all of which likely have resulted in the continued performance improvement demonstrated in the data above.

OER Round 7 data for Item 7, Permanency Goal for Child, reflects improvement (now 75% strength) since 2003, however clearly there is work to be done to improve the rating even higher. The practice issues that contribute to Item 7 performance continue to be: the lack of timely goal assignment; lack of timely and progressive movement toward permanency and efforts to overcome barriers; the lack of quarterly CFTMs to address permanency and move the case (also an issue in Item 18); and the lack of TPR petitions on cases open longer than 17 months without a compelling reason not to file.

Within the items exploring performance related to specific goals of reunification and adoption, however, there has been either a decline in performance (Item 8) or a rather small improvement (Item 9) as reflected in the OER Round 7 data. Lack of system support to conduct concurrent planning continue to impact Item 8, as does the fact that the goal of Return Home tends to remain in place for extended periods of time without reasonable progress. This in turn impacts Item 9, in terms of timeframes to achieving adoption, as does the lack of timely completion of adoption subsidies.

In addition to the OER II data, the state also evaluates its performance with data from the CFSR national indicators. The table below reflects Illinois' most recent performance per the CFSR 3 permanency measures:

Table 5: CFSR 3 Permanency Indicators/Illinois performance

CFSR 3 Indicator	National Standard	Illinois Performance	RSP*	Met/Not Met PIP/No PIP
(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? *(corresponds with CFSR 2 Item 5)*	8.3%	5.8% (11B & 12A)	8.4% (Range: 6.4%-11.1%) (age at exit; State's entry rate) Median age: 5	**Met/No PIP**
(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? *(corresponds with CFSR 2 Item 6)*	4.2 moves **state result multiplied by 1,000*	3.58 moves (13B & 14A)	3.69 moves (Range: 3.56-3.83) Median age: 5	**Met/No PIP**

**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*

As noted in Table 5, Illinois has met the national standard for the indicators related to re-entries and placement stability. It is important to note that performance in Indicator P4 above (re-entries) is directly tied to performance in Indicator P1 below:

Table 6: CFSR 3 Permanency Indicators/Illinois performance

CFSR 3 Indicator	National Standard	Illinois Performance	RSP*	Met/Not Met PIP/No PIP
(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	40.5%	15.9% (11B & 12A)	17.4% (age at entry, State entry rate) Median age: 4	**Not Met/PIP** Goal: 16.4% (and companion indicator: re-entry threshold 6.8%)
(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?	43.6%	23.9% (13B & 14A)	22.6% (age on 1st day) Median age: 5	**Not Met/PIP** Goal: 25%
(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?	30.3%	26.6% (13B & 14A)	20.5% (age on 1st day) Median age: 8	**Not Met/PIP** Goal: 27.7%

**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*

As observed in Table 6, discharges to permanency within 12 months of entry are well below the national standard. Discharges to permanency at 24 months is also well below the national standard, as are discharges within 36 months. More children are discharged the longer they are in care, however the goal would be to discharge them sooner rather than later.

The POS CQI Capacity Assessment of 25 agencies throughout the state (between 1/13 – 10/14) found that agency review processes routinely do not include data about timely permanency achievement. This, along with OER II data which has historically demonstrated

that the state under performs in Permanency (as did the CFSR I and II data), led DCFS DQA and FCURP to facilitate conversations in Regional PIP Workgroups (see page 35 for more detail on their history and purpose) to update the Universal Peer Review Questions (UPR) to include several related to permanency. As part of this project, DCFS and nearly all private agencies in the state agreed to insert new peer review questions into their internal review processes that evaluate specific practices that are known to be key barriers to achieving permanency: Concerted efforts to achieve reunification; timely and progressive movement toward completing an adoption subsidy; and whether youth age 14+ are receiving services and/or guidance that supports the acquisition of self-sufficiency skills. The implementation of the revised UPR questions was designed to ensure that qualitative practices were at the forefront of staff's minds on a more regular basis so as to impact regional practice at the case level.

Stakeholder Feedback

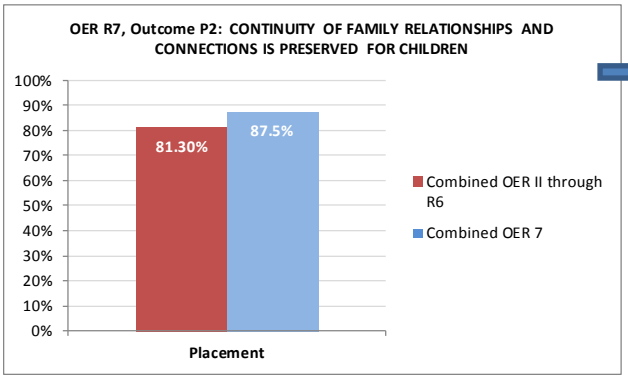
Stakeholder feedback is collected consistently throughout the year in many ways: at quarterly Regional PIP Meetings, Child Welfare Advisory Council (CWAC) meetings, OER reviews, and via the Rapid Response initiative.

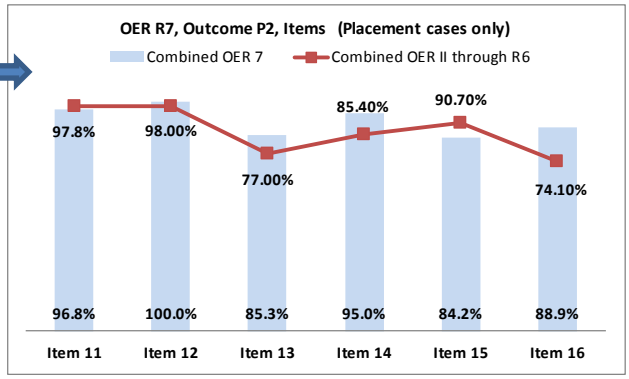
Stakeholders have reported that the biggest barriers to permanency are: not being able to change the permanency goal in court until 9 months have passed after the adjudication hearing has occurred (and adjudication hearings are often delayed); lack of adequate service provision due to budget cuts (particularly mental health, domestic violence, and substance abuse treatment, and particularly in Cook County with the recent closing of several large providers) which leads to long wait times; high caseloads which impact a caseworker's ability to attend qualitatively to all practice requirements; high staff turnover, particularly in the private sector and in the central region; and the lack of foster parent/resource parent placements who can aid in stability, support permanency, and support the specific well-being needs of children and their parents/guardians.

Outcome P2 Discussion

In P2, several items support the overall outcome rating (noted in Table 5 above). OER Round 7 performance indicates overall improvement in the outcome as well as in many of the indicators:

P2, associated Items (CFSR 2)
Item 11: Proximity of Substitute Care Placement
Item 12: Placement with Siblings
Item 13: Visiting with Parents and Siblings in Substitute Care
Item 14: Preserving Connections
Item 15: Relative Placement
Item 16: Relationship of Child in Care with Parent(s)





Strengths in this Outcome are: Item 11, proximity of placement (96.8%); Item 12, placement with siblings (continued improvement since 2003, now at 100% strength), and Item 14 preserving connections (continued improvement since 2009, now at 95% strength).

Areas of practice concern in outcome P2 have centered around ensuring parent-child visits and sibling visits, exploring all available maternal and paternal relatives, and providing parents opportunities to be involved in their child's life outside of visits so that their relationship is viewed as positive by both the parents and the child (Items 13, 15 and 16).

Practices that led to less than 100% performance in Item 13 included:

- Weekly parent-child visits for cases with a goal of Return Home, particularly for fathers (57.9% for mothers versus 27.3% for fathers; a decline from data presented in the CFSP);
    - Monitoring of the parent-child visits (61.1%), and having visits in the home to which the child is expected to return (35.3%) (these practices likely contribute to low performance in Item 8)
- Monthly visits between parents and children in cases where the goal is not Return Home (and in which visits are appropriate per specific and procedural conditions), again also especially problematic for fathers than for mothers (occurring in 58.3% of cases for applicable mothers versus 40% for applicable fathers);
- Efforts to establish visitation for fathers who are not visiting (72.7% for fathers; mothers were 100% - both numbers are an improvement over data presented in the CFSP);
- Concerted efforts made to ensure that the quality of parent/child visitation was sufficient to maintain or promote the continuity of the relationship between the child and father (64.3%, versus 90.5% for mothers);
- Concerted efforts to ensure the frequency and quality of sibling visits (82.4%); and
- Supervision regarding facilitation and promotion of parent/child and sibling visitation (72.70%).

Practice concerns contributing to performance in Item 15 during the OER Round 7 review (84.2%, a decline in performance from the data presented in the last CFSP, likely attributable in part to the smaller sample size in Round 7) center around efforts to identify maternal and paternal relatives and consider them as placement resources.
Practice concerns contributing to performance in Item 16 during the OER Round 7 review remain how the parent and child view their relationship (as gleaned through interviews on cases reviewed; 58.8% strength), and efforts to support a positive relationship between child and parents (88.9% strength). Fathers are consistently less involved in decision-making, and efforts to involve them as occurring less often than with mothers. As noted in the CFSP, anecdotal data continue to indicate that casework staff are generally very focused on other key priorities (such as conducting and documenting parent-child visits, often with considerable geographic challenges to overcome and children in multiple placements to coordinate) and that providing other opportunities for parent-child relationship building are not able to be as prioritized (such as inviting parents to attend and participate in school meetings, visits with doctors, etc.).

Stakeholder Feedback

A coordinated and routine effort to solicit feedback from stakeholders (other than through PIP Workgroups) about practice concerns in Outcome P2 has not occurred since the CFSP submission for a variety of reasons. Moving forward, the state plans to implement stakeholder interviews during each OER (under revision; name may change) review to ensure that we routinely have feedback to respond to.

However, feedback collected from the Illinois Rapid Response Initiative specific to youth in residential placement settings identified 2 themes related to this Outcome: a lack of family

connections and familial support tends to extend the length of stay for the youth, and the lack of discharge resources, particularly family, specialized foster care and community also extends the youth's length of stay.

Recent Initiatives to support performance improvement for both P1 and P2

The Department has implemented several initiatives to support improved performance related to permanency. Please see **Chapter 4, Update on Services Description**, specifically the **Initiatives to Assist with Permanency Achievement** section on pages 94-110 for more information. Additionally, as mentioned above, Universal Peer Review questions developed as part of Regional PIP Workgroup improvement efforts to address data concerns collect data on efforts to achieve reunification within 12 months, timely and progressive movement toward completing an adoption subsidy, and whether youth age 14+ are receiving services and/or guidance that supports the acquisition of self-sufficiency skills.

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).***

Performance Data & Analysis

In Chapter II of the state CFSP FFY2015-2019, it was noted that there was an overall decline in performance since the 2003 CFSR, but an improvement since the 2009 CFSR (IL CFSP FFY2015-2019, p10). At that time, all OER data combined (representing data collected between April 2011 and February 2014, and comprising 396 cases, indicated that P1 performed at 33.3%, and P2 performed at 81.3%.

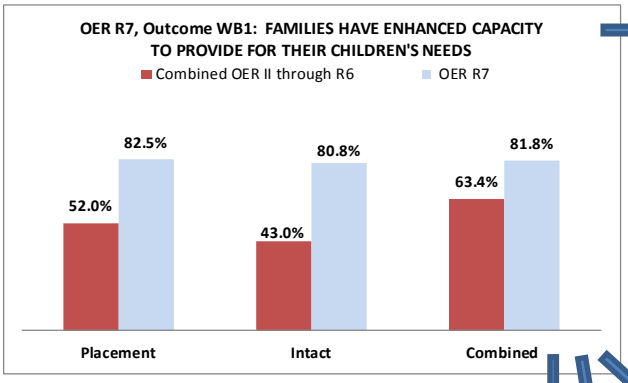
Since that time, the state conducted one round of OERs, termed "OER Round 7", between March 2015 – May 2015. All regions of the state were included in Round 7. Sixty six cases were reviewed in total (40 placement/foster care cases, and 26 intact/in-home cases). The data for WB1, WB2 and WB3 for this review suggest modest improvement in both Outcomes (see subsequent charts for each outcome below).

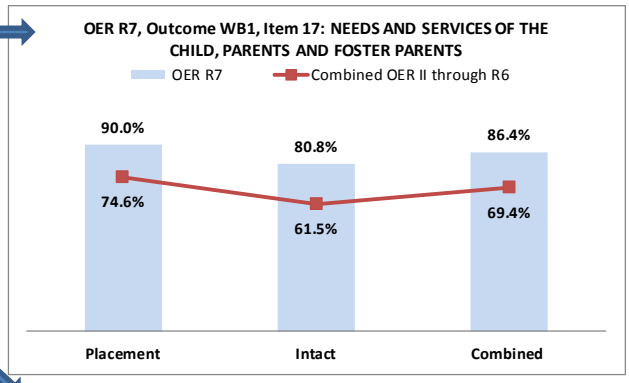
There are several items for each Outcome that inform overall outcome performance:

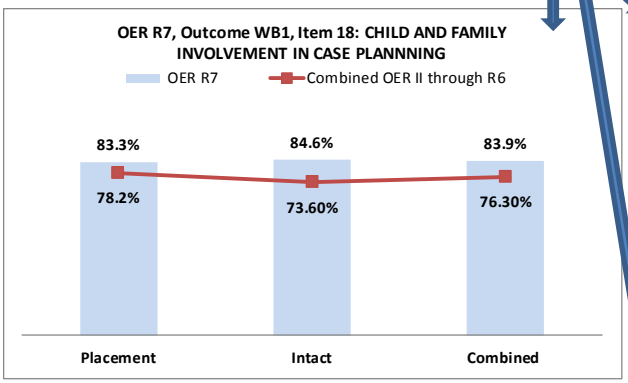
WB1, associated Items (CFSR 2)	WB2, associated Items (CFSR 2)	WB3, associated Items (CFSR 2)
Item 17: Needs and Services of Child, Parents, and Foster Parents	Item 21: Educational/ Developmental Needs of the Child	Item 22: Physical Health of the Child
Item 18: Child and Family Involvement in Case Planning		Item 23: Mental/Behavioral Health of the Child
Item 19: Caseworker Visits With Child(ren)		
Item 20: Caseworker Visits With Parents		

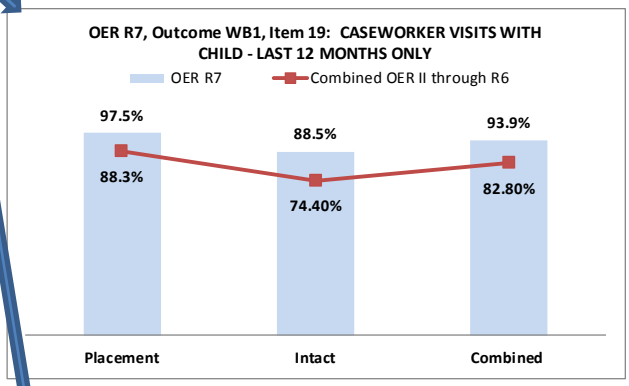
Outcome WB1 Discussion

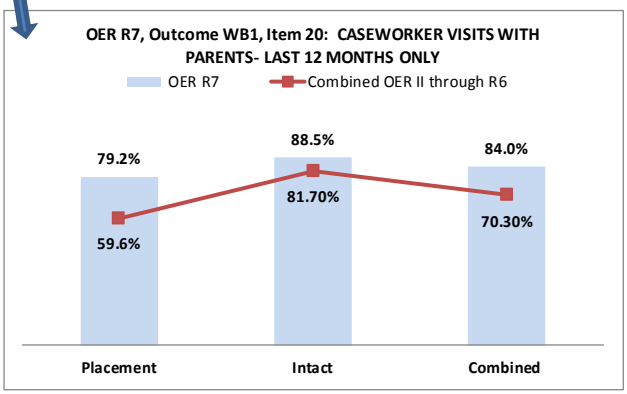
Overall, there has been good improvement in performance in Outcome WB1, as well as in all related Items, compared to the data submitted in the CFSP.











Although there has been good and significant improvement in all of the four items in WB1, Illinois remains focused on achieving still higher performance, practice areas to continue improving upon for both placement and intact cases are:

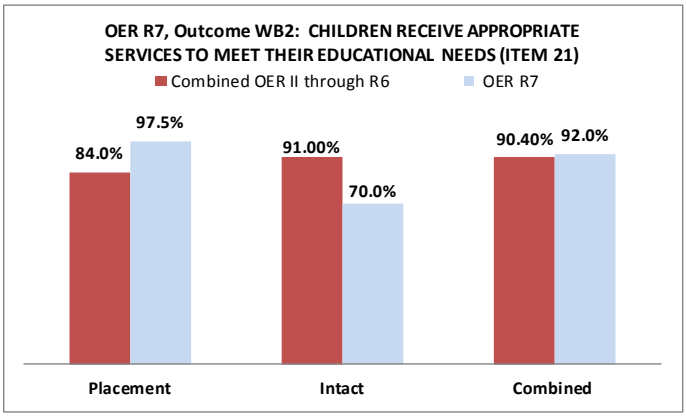
- Clear correlation between the needs and problems identified in the ongoing, continuous assessment process and what is addressed in the service plans for involved paramours
- Ongoing assessments (since the release of SACWIS 5.0, updated Integrated Assessments are no longer required. Updated assessment information is to be included in service plans. In practice, service plans tend not to include a lot of substantive updated assessment information.)
- Presence of updated service plans (reunified family cases only)
- Active involvement in service and case planning by all applicable participants (except parents in Intact cases). Additionally:
    - Concerted efforts to engage and involve participants in case planning except foster parents (placement cases). In intact cases, paramours and children were not actively engaged in service planning
    - Efforts to locate missing parents every six months (placement cases)
    - Child and Family Team Meetings every quarter (placement cases)
- Case assignment changes creating barriers to engagement and timely linkage to services

- Required in-home visits with ALL children in intact/reunified family cases
- Visits between the caseworker and parents, and lack of qualitative interactions with parents (especially fathers and/or paramours in placement cases)
- Supervision, generally, related to Item 17 case practices

Strengths include:

- Concerted efforts to provide services to address identified needs (particularly for intact cases)
- Presence of service plans in placement cases
- Pattern and quality of caseworker visits with children in substitute care
- Pattern and quality of caseworker visits with parents in intact cases

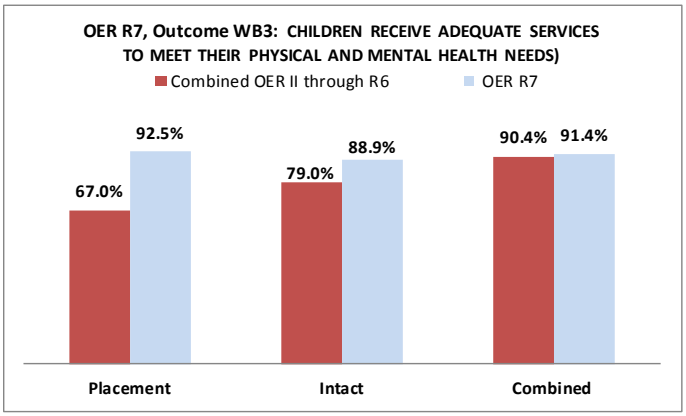
Outcome WB2 Discussion

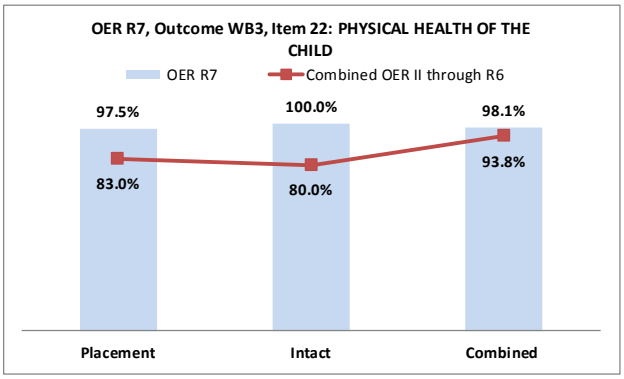


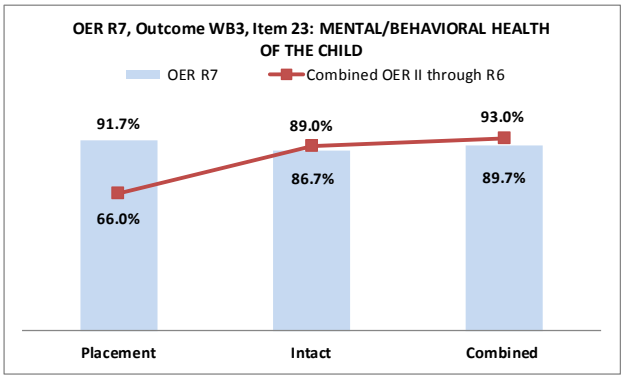
Outcome WB2 includes only 1 Item, Item 21 (Educational/Developmental Needs of the Child). Performance for that item was exactly the same as the outcome; therefore it is not presented again here.

Current performance in this Outcome is highly case-specific: placement data is much higher and more positive than intact data. Overall, there has been slight improvement in the data compared to what was submitted in the CFSP, but there was a very significant drop in performance in the intact sample. Some reasons for the drop in performance in the intact sample are attributed to: the much smaller OER R7 sample size, and lack of attention paid to all children in the family (focusing on one or two identified children but failing to assess all children's needs in this area and provide assistance to parents to access community services).

Outcome WB3 Discussion







Outcome WB3 includes 2 Items, Item 22 (Physical Health of the Child), and Item 23 (Mental/Behavioral Health of the Child).

The OER Round 7 data suggest that placement and intact cases perform very well in Item 22. Item 23 did not perform significantly differently for either type of case (placement ratings were slightly higher than intact). In Item 23 (placement cases) the reasons for why 2 cases were rated weak was delay in service provision and lack of service provision for need identified in the Integrated Assessment. For intact cases, the reasons for why 2 cases were rated weak was lack of adequate service provision to address identified need (and lack of ongoing monitoring of need) and all children not being assessed for needs and services related to mental/behavioral health.

Additional practice concerns within Items 22 and 23 include:

- Recommendations/treatment for identified physical and mental health needs not included in service plans
- Supervision to ensure that physical and mental health needs are identified and addressed

Well-Being Stakeholder Feedback

A coordinated and routine effort to solicit feedback from stakeholders (other than through PIP Workgroups) about practice concerns in Outcomes WB1, 2 and 3 has not occurred since the CFSP submission for a variety of reasons. Moving forward, the state change) review to ensure that we routinely have feedback to respond to.

However, feedback collected from the Illinois Rapid Response Team Initiative specific to youth in residential placement settings identified several themes related to these Outcomes:

- There is a sense among residential participants that availability of a greater number of therapeutic options for interventions in residential treatment would result in better outcomes.
- Increased resources are needed for prevention and early intervention services to help reduce the number of children and youth coming into care in the first place. Lack of early intervention services can mean that youth entering care have experienced significantly more trauma and are therefore more difficult to treat.
- Better assessments should be made on the front-end to ensure youth are placed in the most appropriate facility; current practice often leads to the most expedient placement rather than the best therapeutic match. Long waiting lists at identified facilities can exacerbate symptoms for youth when they do enter residential care.

Recent Initiatives to support performance improvement for WB1, WB2 and WB3

The Department has implemented several initiatives to support improved performance related to well-being. Please see **Chapter 4, Update on Services Description**, specifically the **Well-Being Services** section beginning on page 110 for more information.

Systemic Factors

Statewide Information Systems: The state is operating a statewide information system that at a minimum may readily (or within the immediately preceding 12 months) identify the status, demographic characteristics, location, and goals for the placement of every child who has been in foster care.

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 Departments' 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 who 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 disability data, some education data, and class or consent decree data such as pregnant and parenting wards. CYCIS is a mainframe computer platform (IMSA). Certain key AFCARS data elements are obtained from the CYCIS system, such as placement and legal information. Plans are underway to transition the source of this information from CYCIS to ICWS, with a corresponding change to the AFCARS reporting code. Until this transition is fully completed, IMSA/CYCIS remains the Departments' legal system of record.

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) of the home, and how long they have been licensed as foster parents. Background check information on providers is also captured.

ICWS (Illinois' SACWIS): is the entry point into the DCFS computer systems for investigative, child, and family case information. 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, health and education. The enhancements are detailed in the Final Report FFY10-14 on Pages 211-214. The majority of the AFCARS data elements are now pulled from the ICWS system.

In addition to the Department's official information system, 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 (SPD), the Unusual Incident Reporting (UIR) system, and the ACR (ACR) system.

Strengths: As noted in the Final Report, the Department uses various data systems to enhance child protection and child welfare practice and to 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.

DCFS 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.

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 are 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, intact family, and placement (foster care) staff.

The Department provides regular data to the University of Illinois' 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 may 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 may view data in real-time and receive reports that are updated daily, weekly, monthly, quarterly, and annually.

Concerns: A welcome OITS enhancement in FY14 was the implementation of a new structured decision-making process for making data system and other IT improvements. This is known as the OITS Governance Board and it meets bi-monthly making decisions such as how to best transition older legacy reporting systems (i.e. Nomad) into ICWS and prioritize other IT or data requests emanating from the field via the state's Statewide Quality Council as well as CWAC committees.

Illinois has implemented its' AFCARS Improvement Plan (AIP) which addressed various missing data elements previously not being recorded in ICWS (SACWIS) and CYCIS. The final results of the AIP are being reviewed by the Administration for Children and Families (ACF).

Another current concern focuses on the difficulty of maintaining like data in two systems: ICWS and CYCIS. Plans are being made to move functionality from CYCIS to ICWS; this move will be done at the direction of the OITS Governance Board and within the confines of available resources.

As stated above, stakeholder input on data capability was sought from DCFS staff and community partners via the Clarus report. The themes resulting from this process are as follows:

- There were mixed responses as to whether available data is useful to practice. However, there was consistency in feedback that available data is not reliable. Data concerns include both accuracy and currency.
- There was feedback that the data systems might be more useful and usable if their design was informed by staff who use the systems on a day today basis.
- Real-time data is needed in order for data to be used to inform practice. Workers say that high caseloads may prevent them from entering data in a timely fashion.
- The Department needs an agreed upon set of indicators to be measured
- DCFS is currently not a data-driven culture; many staff see data as something that is only used in a punitive manner and do not see how data is relevant to their work.
- More training is needed to help staff understand how to analyze data; DCFS is seen as "data rich and analysis poor."
- Integrated data systems are needed in order to improve use of data to inform decision-making. This would include DCFS systems as well as POS data systems.
- Improvements are needed to ensure staff have access to the data they need to do their job and improve practice; formats in which staff receives information could also be improved.
- Data is not currently useful for informing decision making, supervision, and professional and opportunity development.

Case Review System

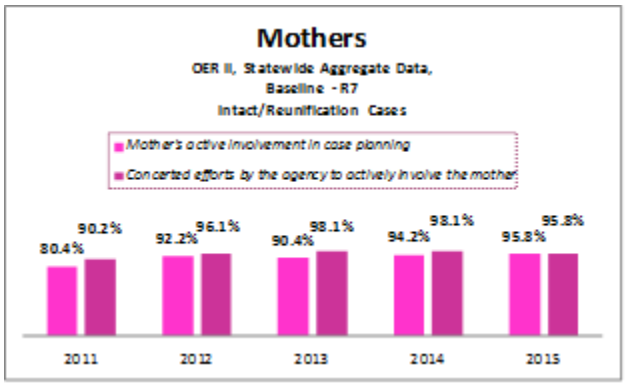
Written Case Plan: The state provides a process that ensures that each child has a written case plan, to be developed jointly with the child's parent(s), that includes the required provisions.

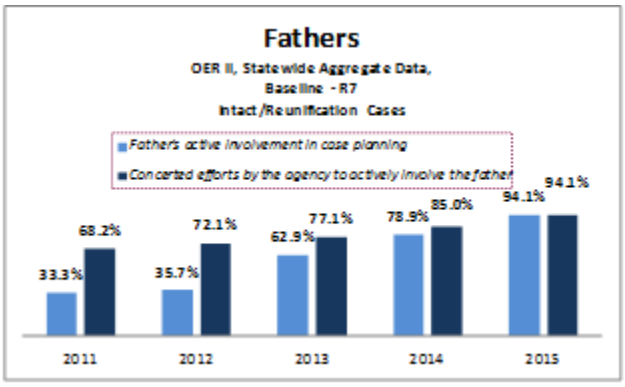
Administrative Case Review (ACR) Unit has the responsibility and authority to manage the ACR process, and must ensure it complies with Department Rules and Procedures, with federal mandates, and any State or Federal Court Consent Decrees affecting Department practices. The Reviewer advises children and 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; and provides a written report of the findings. ACRs are conducted every 6-months.

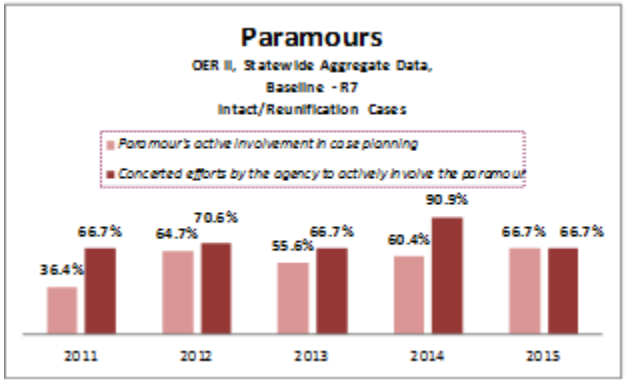
OER Data: OER Round 7 data indicate that a current service plan was found in 100% of placement cases and 88.5% of intact/reunification cases. This reflects an improvement over the data reported in the CFSP (98.1% of placement cases and 80.7% of intact/reunification cases).

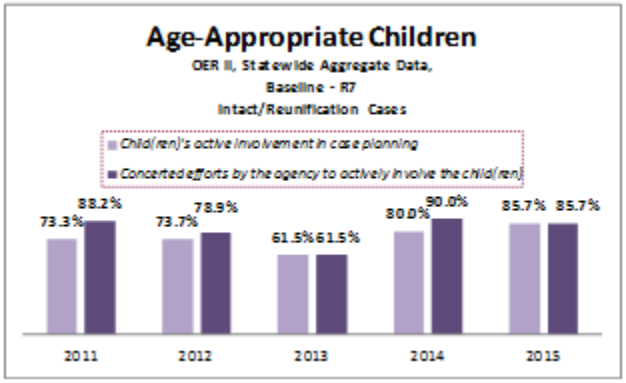
OER II data related to active involvement in case planning by mothers and fathers, for Intact/Reunification cases shows that there is a general trend toward improved performance.

Performance among paramours and age-appropriate children is quite mixed. The charts below also illustrates that the efforts that casework staff make to actively involve stakeholders in case planning are generally higher than the actual involvement by stakeholders, and that there is a relationship between efforts and actual involvement (the greater the efforts, the greater the participation). The 2015 (OER Round 7) data are interesting in that the results between active involvement and concerted efforts to involve stakeholders in case planning are exactly equal for all stakeholders.

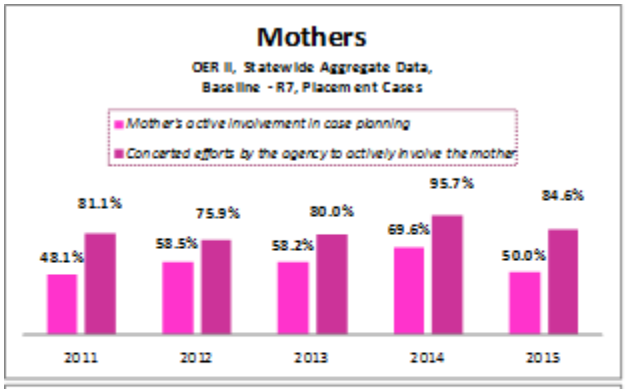


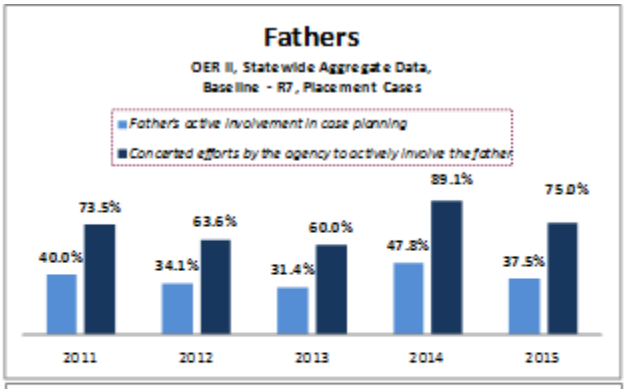


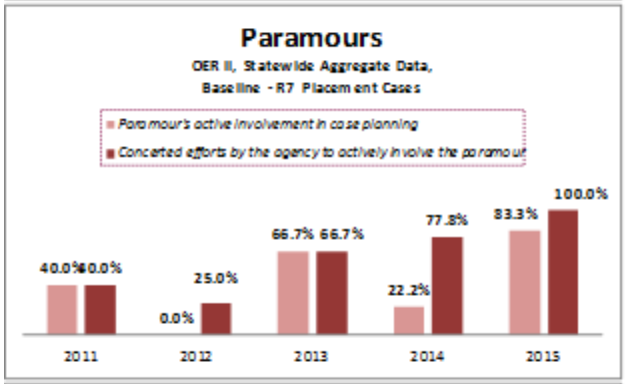


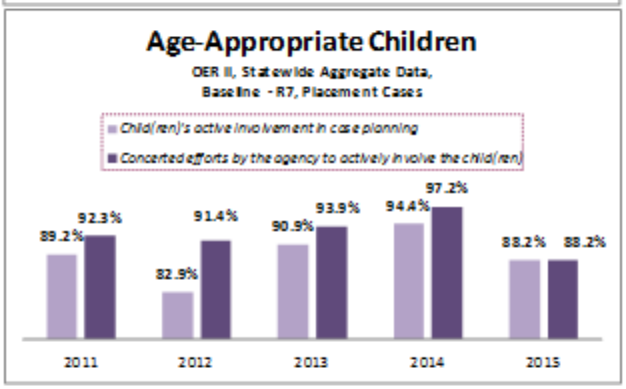


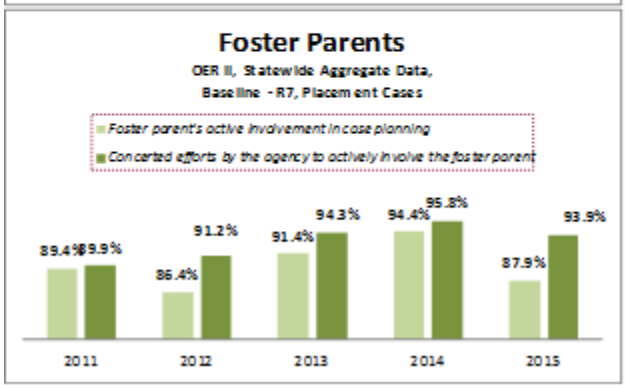
OER II data related to active involvement in case planning by mothers, fathers, and paramours, for Placement cases shows that there is overall an upward trend in performance depending on the stakeholder type. For age-appropriate children and foster parents performance in 2015 is lower than in 2014. For all stakeholders, the level of concerted efforts to involve stakeholders is higher than the actual involvement by said stakeholders (with the exception of 2015, where levels are equal). There appears to be a relationship between efforts and actual involvement (the greater the efforts, the greater the participation).











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.

Periodic Reviews: The state provides a process for the periodic review of the status of each child 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 of 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.

Illinois continues to perform well when it comes to ensuring that ACRs are held in a timely manner as evidenced by the chart below:

	Statewide			Cook			Downstate		
Mo/Yr	#Eligible Children	# Children Reviewed	% Reviewed on Time	#Eligible Children	# Children Reviewed	% Reviewed on Time	#Eligible Children	# Children Reviewed	% Reviewed on Time
7/2014	2,459	2,291	93.2%	1,068	962	90.1%	1,391	1,329	95.5%
8/2014	2,436	2,310	94.8%	972	924	95.1%	1,464	1,386	94.7%
9/2014	2,703	2,558	94.6%	1,119	1,029	92.0%	1,584	1,529	96.5%
10/2014	2,638	2,536	96.1%	1,091	1,058	97.0%	1,547	1,478	95.5%
11/2014	2,497	2,341	93.8%	1,050	941	89.6%	1,447	1,400	96.8%
12/2014	2,401	2,268	94.5%	1,057	974	92.1%	1,344	1,294	96.3%
1/2015	2,393	2,297	96.0%	1,027	982	95.6%	1,366	1,315	96.3%
2/2015	2,415	2,284	94.6%	976	921	94.4%	1,439	1,363	94.7%
3/2015	2,786	2,729	98.0%	1,160	1,131	97.5%	1,626	1,598	98.3%
4/2015	2,595	2,443	94.1%	1,099	1,009	91.8%	1,496	1,434	95.9%
FY15	25,323	24,057	95.0%	10,619	9,931	93.5%	14,704	14,126	96.1%

Permanency Hearings: The state provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body that includes required provisions no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Permanency Hearings are a separate process from ACR. Both systems work collaboratively with Juvenile Court to ensure timely permanency for children in custody and guardianship of the Department. The first ACR is conducted six months after a child or youth's placement in substitute care and subsequently every 6 months thereafter.

Pursuant to the Illinois Juvenile Court Act, a permanency hearing must occur every six months. At the permanency hearing the court sets the goal for the child, determines whether the services contained in the plan are appropriate to achieve the goal, whether the child's current placement is necessary and appropriate to achieve the plan and goal, and whether all parties to the case have made reasonable efforts. The service plan is prepared and submitted to the court and all parties at least 14 days in advance of the next permanency hearing. The service plan is reviewed at each permanency hearing for the progress made and service(s) still needed by the family. Permanency hearings are generally scheduled to follow after an ACR has been convened.

Additional procedures by ACR to assure the court system is aware of ACR findings and recommendations include:

- ACR provides the GAL with a copy of the feedback report which is a synopsis of the case at the time of the ACR and is specific to safety, permanency, and well-being. The feedback report also contains recommendations regarding issues and barriers that impact achieving timely permanency for children. Often times these recommendations made by ACR are used by court personnel for permanency decisions, service provision, and further legal recommendations.
- Within Cook County, GALs are sent an invitational letter with the date of the ACR for their clients which allows for participation in the review process, as well as assuring the legal rights for their clients.

- Downstate, Court Appointed Special Advocate (CASA) representatives are sent an invitational letter with the date of the ACR for their clients with the dates of the ACRs which allows for participation in the review process and advocacy for their clients.
- Prior to 06/30/14, within Cook County, a copy of the case plan which included the signature page was provided to juvenile court. The Reviewer's signature indicated an ACR was held; thus, allowing court personnel to know an ACR feedback report exists should they desire additional information regarding the status of the case. Effective 07/01/14, in lieu of sending the case plan, the office of DCFS Legal Services is now provided with a monthly list of all ACRs held. The feedback report is also available for their receipt should they desire additional information on the status of the case. Workers are now responsible for submitting their case plan in advance of their court hearing.
- An ACR manager attends the monthly Court Culture Child Protection Committee (CCCP) meeting. Participants also include Juvenile Court judges, lawyers, court personnel, and private agency providers to share information, provide feedback and develop interagency forums, trainings, and plans to address barriers to achieving permanency, as well as to enhance collaborative efforts to achieved desired permanency outcomes.

Termination of Parental Rights: The state provides a process for filing for Termination of Parental Rights (TPR) proceedings in accordance with required milestones.

While Illinois has a well-articulated process in place for TPR in conjunction with the juvenile court, the timeliness of TPR in accordance with Adoption and Safe Family Act (ASFA) continues to be a challenge. As noted in the Assessment of Performance section for Permanency Outcome 1 – Item 7: Permanency Goal for Child, the lack of TPR petitions on cases open longer than 17 months (with no compelling reason not to file) continues to be one of the barriers to improved permanency performance.

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 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.

Notification of Hearings and Reviews to Caregivers: 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 in, any review or hearing held with respect to the child.

Each month, the Office of Information Technology Services (OITS) disseminates the Case Review Monthly Roster (CRMR) by email to all applicable caseworkers with families or children on their caseloads who will require an ACR. The CRMR is sent two months in advance of the scheduled cycle review month and includes the name, family case ID number, date, and time of the ACR, if the review has been prescheduled. Workers are to examine the CRMR's information regarding the child(ren) and family, note any special language or accessibility needs, review list of persons who should be invited to the ACR and make any needed corrections. Cases having multiple workers should coordinate at this time to ensure all

participants are available on the scheduled date and time for convening an ACR. To help ensure that the ACR is held as a family unit, only the lead worker may submit and/or make any changes to the CRMR for scheduling. Submittal of this information via the ACR database by the lead worker is required within 14 days following receipt of the CRMR. This information "populates" an electronic log for ACR Support Staff for scheduling and tracking purposes. Support Staff then schedules the ACR which "populates" a calendar of families to be reviewed by each Reviewer and is viewable by all ACR staff. The electronic database allows for tracking of each ACR scheduled and indicates who originated the scheduling/re-scheduling. The database also tracks missed, cancelled and rescheduled reviews.

ACRs are to be held in an accessible locale of the biological family's residence. However, due to case dynamics, ACRs may sometimes be held outside of a family's catchment area with managerial approval. Participants may also request to participate by telephone and consideration is given based upon case dynamics.

Notification: Upon scheduling completion, the Department sends official notification to all persons listed on the CRMR who are to be invited to the ACR. A written notice indicating the date, time, place and purpose of the ACR 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 GAL/CASA; and all others whom the caseworker identifies to attend. In addition to the notification letter via mail, families with a 5-month return home goal also receive a telephone call to inform and encourage attendance at the ACR. 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.

FY15 Enhancements to ACR during the Past Reporting Period:

- Continue to enhance existing guidelines in keeping with national best practice standards, to ensure consistency between reviewers in the facilitation of ACRs throughout the state;
- Continue quality improvement plan, to assess processes for consistency statewide;
- Continue managerial peer review process to ensure accountability & consistency among review staff in work products, implementation of ACR processes and interpretation of information;
- Continue to upgrade the system application to provide more efficient tools and capabilities to the users, to save entry time and improve quality of data;
- Revised client and worker surveys to gather information from participants on the integrity and benefits of the ACR process;
- Monthly alert feedback is now provided to administration and management when biological mother or father's whereabouts are known, but are not included in DCFS registration to be provided services**;**
- Each feedback now addresses concurrent planning to help ensure an alternate plan is identified should the existing goal not be achieved;
- Delayed permanency requires a critical feedback written to assure administration and management are aware of children lingering in foster care;
- Created new review option entitled Paper Reviews, for situations in which family/worker participation is limited;
- Expanded the delivery of Feedbacks to increase the awareness of issues relevant to the client's needs, an additional casework supervisory level was added, including distribution to POS agencies to keep them apprised of review findings;
- Enhancements to the Critical/Alert Summary report to capture trends over a three month period. Report is now distributed on a quarterly basis;

- Expanded all notification letters to include both English and Spanish, rather than relying on language indicators from CYCIS/SACWIS;
- Modified the 5-month Return Home report to include cases with a 12-month Return Home goal to receive a telephone call encouraging participation of the biological family and to explain the ACR process;
- Red Flag Indicator – when two consecutive critical feedbacks are written regarding permanency delays which have been in existence for a long period of time and continue to be unresolved, it is highlighted under the "red flag" section;
- Database Conversion – The database housing the ACR information was converted from SQL 2005 to SQL 2012 to keep the technology up-to-date with other applications in the Department. As part of this conversion, much of the application itself was upgraded as well, enhancing existing functionality with improved drop-down lists, display grids and other improvements;
- Older Caregivers – are now being identified on the printed packet and within the system to help identify children placed with older foster providers to review status and living arrangement of children placed in their care;
- Spanish Speaking Cases – are being identified in the Case Review Monthly Roster, on the ACR Logs viewed and managed by the Coordinators, and in the Scheduling Calendar, to better identify when cases require a Spanish-speaking Reviewer;
- Notification Letters - revised invitational letters to participants to incorporate contact telephone number for access to ACR staff; and
- Incorporate SACWIS Data - Connected data from SACWIS to the ACR system to allow for more accurate and up to date information;

Enhancement Plans for ACR in FY16: In an effort to provide continuous quality improvement within ACR, internal program additions and/or changes will be implemented:

- Continue to enhance existing guidelines in keeping with national best practice standards, to ensure consistency between reviewers in the facilitation of ACRs throughout the state;
- Continue quality improvement plan, to assess processes for consistency statewide;
- Continue managerial peer review process to ensure accountability & consistency among review staff in work products, implementation of ACR processes and interpretation of information;
- Continue to upgrade the system application to provide more efficient tools and capabilities to the users, to save entry time and improve quality of data;
- Automate the entire distribution of Compliance Reports to DCFS management and POS agencies, to ensure vital performance information is reaching decision makers;
- Further enhance the Trend/Quarterly metric report into a user friendly format;
- Continue to review client and worker surveys to gather measurable progress in attaining permanency for families and to ensure integrity of the ACR process.
- Expand use of data from SACWIS to the ACR system to allow for more accurate and up to date information;
- Enhanced ACR screens for internal managerial purposes;
- Address issues with Intact Family Workers receiving notifications to attend scheduled ACRs when they are not required to attend;
- Continue to track participation by ensuring data entry of all ACR participants (mothers, fathers, youth, foster parents, etc.);
- When identified, reviewers will review and assess status and ensure ICWA policy and procedures are being followed;
- Expand existing CRMR Reminder emails to include ACR Feedback Liaisons with POS agencies to ensure compliance with completion of CRMR; and

- Set up delivery system to deliver CRMR Compliance report to POS agencies.

The enhancements indicated above will continue to increase ACR functionality and accountability to consistently provide support for DCFS programs and initiatives while improving its internal efforts for efficiency in monitoring and reporting outcomes on families and children regarding safety, permanency, and well-being.

Quality Assurance System

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

The Division of Quality Assurance and Research (DQA) is charged with monitoring and supporting the full implementation of the state's Continuous Quality Improvement (CQI) process and is comprised of 4 basic organizational units: Regional Quality Improvement and Accreditation, Field Review and Aristotle P. Consent Decree Monitoring, Special Projects, and Federal/State Strategic Planning. Together these units ensure the delivery of quality child welfare services; conduct comprehensive reviews of DCFS direct service operations and computer-based analysis of Department program, and monitor compliance with accreditation standards of the National Council on Accreditation. In addition, DQA formulates recommendations about the overall service delivery processes in order to achieve desired outcomes for children and families served by the Illinois child welfare community.

CQI Case Review Processes: In 1997, the Department initiated a formalized peer review process as an integral part of the CQI process. On a quarterly basis, caseworkers, child protection investigators, foster care licensing staff, and supervisors review a random sample of cases using a defined process with outcome-based criteria to identify strengths and weaknesses in the provision of services. Peer review helps to ensure that case activities in the areas of investigation, assessment, service planning, service delivery, independent living planning, adoption planning, aftercare planning, foster/adoptive home development, and licensing are regularly evaluated and monitored to address compliance with Department rule and procedures and COA standards.

A random sample of cases to be reviewed is drawn by the DQA and sent to each DCFS region during the first month of each quarter for both child welfare and child protection. The sample number is determined by taking 2.5% of completed investigations per quarter and 10% of the cases in an open status during the previous quarter. Additionally, adoption cases and cases closed in the last quarter are selected randomly throughout the regions. Foster/adoptive home records are reviewed for quality assessment, initial & ongoing training, and compliance with licensing standards. The final step in the peer review process is a validation review to substantiate peer review data. This is useful in identifying training needs and Rule and Procedures issues needing increased clarity. The validation reviews are most commonly completed by staff from DQA, but are occasionally completed by management staff within each region. Ten percent (10%) of all records peer reviewed for each region during each particular quarter are randomly selected for the validation review.

In 2013, the Peer Review process became automated so that the protocol and data base were integrated into the Statewide Automated Child Welfare Information System (SACWIS). This process eliminated the review of the hard copy case file, making the peer review process

streamlined. At the completion of the peer review the caseworker and supervisor will be able to immediately see the ratings and any comments made by the reviewer.

Peer Review data is disseminated by the Regional Quality Specialists (QA) for the team, office and regional levels. This information is further discussed at the Regional Quality Council meetings as part of the CQI agenda. There are strategies developed for enhancing performance in the areas of safety, permanency, and well-being.

POS providers, in compliance with the National COA standards, also implement peer review as part of their internal CQI processes. While DCFS posts its internal peer review tools and rating guides on the Department's D-Net site to make them accessible to the private sector, POS providers are not required to utilize them. POS providers similarly share their case record review tools with DCFS staff as a part of Regional PIP meetings.

Outcome Enhancement Review: The Outcome Enhancement Review (OER) is an adaptation of the Department's Federal Preparatory Review process, which was established in 1999, in an effort to prepare the state for the federal CFSR. The OER is built upon the indicators and outcomes evaluated in the CFSR (evaluating Safety, Permanency, and Well-Being), and serves as Illinois' most comprehensive and qualitative services review process. The OER involves a thorough review of intact family, reunified family, and foster care case files, both electronic and hardcopy, followed by stakeholder interviews. The combination of reviewing case file documentation along with conducting case-specific stakeholder interviews is intended to provide an accurate and comprehensive portrait of service provision to the child and family, and the extent to which Federal outcomes are being satisfactorily met. The review process and tools used to evaluate cases in the OER are unique because they incorporate casework activity questions that measure compliance with Illinois Rule and Procedures as well as providing vital information on program improvement, performance, and compliance with federal mandates.

The OER sampling process involves the review of a random sample of intact and placement cases assigned to both the Department and private sector agencies (POS) in each region. Strict sampling criteria are followed to establish a valid sample. A total of sixty-six (66) cases are reviewed bi-annually: thirty (30) cases from the Cook region, sixteen (16) cases from the Central Region, and ten (10) cases from each of the Northern and Southern Regions. This sample size was chosen to match the sample drawn during a CFSR, and ensures the ongoing evaluation of a sizeable number of cases from the state's largest metropolitan area, as well as from downstate areas. Following each OER, a statistical report is generated for each region detailing the casework practice areas and outcomes either found to be strengths (compliance levels at or above 95%) or areas in need of improvement (compliance levels below 95%). Following each round of bi-annual reviews, there is an extensive and detailed review of the data at a variety of levels by Foster Care Utilization Review Program (FCURP) and DQA staff to ensure its quality, integrity, and consistency between regions.

OER data is shared directly with the Deputy Director of DQA, as well as the regional Program Improvement Workgroups. Since 2005, regional PIP workgroups comprised of both DCFS and POS staff have operated in each of the regions for the purpose of analyzing the region-specific OER data and its impact on day-to-day casework practice and supervision. The groups are tasked with using OER data to help plan, implement, and monitor regional PIP strategies. Additional data from other sources related to state child welfare performance, are also reviewed and discussed at the regional meetings. PIP Workgroup improvement strategies are designed to strengthen child welfare practice at the local level, and to enhance outcome performance for the state as a whole. Progress toward achieving expected improvement for each strategy is reviewed at each PIP meeting in order to determine if adjustments are needed for the strategy,

or if a new approach is needed. Each region is currently actively engaged in program improvement and ongoing monitoring of regional safety, permanency, and well-being performance.

OER data has also been used by the state to report on Illinois CFSR PIP goals and benchmarks. Currently the state is not under a Federal PIP.

Regional Program Improvement Plan (PIP) Workgroups: In 2005, in response to the initial federal CFSR and subsequent development of the Department's first CFSR PIP, FCURP developed (with DQA support) the only joint DCFS and POS workgroup structure in the state that was designed to engage field and QI staff from all regions of the state in discussions of CFSR and OER data in order to develop regional improvement activities that would support the state CFSR PIP. There is a Regional PIP Workgroup in each downstate region of the state, and in Cook County there is a Workgroup for each of the sub-regions. In addition to field and QI staff, Workgroup membership includes investigations, placement, and intact services. Each Workgroup is co-chaired by a DCFS and POS group member.

FCURP has established quarterly meeting schedules for all regions, coordinated PIP meeting logistics, supported DCFS DQA staff in their roles, provided data at each meeting, facilitated data discussions and regional workgroup improvement activities (2005 to present), and coordinated the development of the statewide Universal Peer Review (UPR) Process (2013) and collection/reporting of data for UPR (2014). Additional FY15 work products from Regional PIP Workgroups include steering committees and sub workgroups established to develop and implement improvement activities (to develop tools to support engagement of key case stakeholders and timely adoptions, and provide Supervisory Forums), supported/coordinated two Supervisory Forums (Cook South and Southern Region), and developed the PIP Workgroup SharePoint site.

Aristotle P. Consent Decree Review: On September 15, 1988, plaintiffs filed suit against DCFS alleging children in the custody or under the guardianship of DCFS: 1) have not been placed with their siblings in foster homes or residential facilities, or 2) have been denied regular and reasonable visitation with their siblings. On September 6, 1989, the court denied DCFS' request to dismiss the claim in its entirety. A subsequent appeal was also denied. Finally, both parties agreed to negotiate a consent decree. The Aristotle P. Consent Decree was entered March 11, 1994.

As part of the agreement with the court, DCFS established a monitoring component in which designated staff would develop a protocol with the assistance of DCFS legal staff to monitor the frequency and availability of sibling visitation. This protocol covers the areas of interest written in the decree: placement, notification, visitation planning, and visitation duration and frequency.

Cases eligible for review are siblings who have been in care for at least 6 months, been partially and/or totally separated for at least 6 months, and have been assigned to the same team and/or agency for at least 6 months prior to the review date. Once a final sample has been determined, the monitor will randomly select a minimum of 30% of the eligible cases to review. All DCFS and POS agencies and their associated teams with eligible cases are reviewed during the calendar year. A written report to the agency is generated with the findings from this review. An agency or team that is not in compliance with the sibling visitation requirements contained in Aristotle P. (compliance is 75% or higher), is informed that a corrective action plan must be submitted to the monitor within two weeks of the receipt of the report, and the agency/team will be reviewed again within one quarter of their initial review date to determine if they have brought their practice into compliance with Aristotle P. requirements.

As an added function for compliance with the Aristotle P. Consent Decree, performance requirements are evaluated through the Department's ACR System. Each child's case reviewed includes evaluation of case planning related to sibling visitation.

Other Types of Review Processes Conducted by the DQA and FCURP

In 2014, the Division of Quality Assurance and Research was asked to conduct two special reviews:

1. Child Death Review: At the Director's request, DQA conducted a detailed statistical analysis of all indicated child death data for FY09 - 13. The purpose of this review was to:
   - Establish an accurate count of all child deaths in Illinois due to abuse or neglect;
   - Utilize Departmental data to identify trends in child deaths; and
   - Develop strategies for identifying underlying causes and mechanisms for addressing those identified.

   All available child protection investigations conducted during FY09 - 13 (900 investigations), including both indicated and unfounded reports where a death allegation of #1 (attributed to abuse) or #50 (attributed to neglect) were reviewed. The final report went to the Director at the time the report was written, and the OIG.

2. POS Review: The DQA and FCURP initiated a statewide review of specialized foster care services provided by a POS based on the recommendations of the OIG (2013) and at their specific request (2014). The review focused on service provision by the agency concentrating on communication between divisions, documentation of counseling, therapeutic services, and turnover. The review also included an analysis of the Child & Family Team meeting process.

Processes for Quality Data Collection: 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. DQA collects compliance and qualitative data via various case record review processes and utilizes quality controls to help ensure data quality. The posting of DCFS and POS provider data on the Department's Agency Performance Data Site has led to an increased sense of responsibility by agency staff over the quality of their data since they may be put on heightened level of monitoring due to poor performance. The implementation of the state's AFCARS Improvement Plan (AIP) addresses various missing data elements previously not recorded in ICWS (SACWIS) and CYCIS.

POS CQI Capacity Assessment: In the fall of 2012, at the request of the then-Deputy Director of DQA, FCURP took the lead in developing, implementing, and executing a process for assessing the capacity of Illinois' POS partners to conduct CQI activities, and generate reliable data (called the "POS CQI Capacity Assessment"). This request (to assess agency CQI capacity) was initiated in response to the Administration for Children, Youth, and Families' Information Memorandum (ACYF-CB-IM-12-07), which provided guidance to states regarding the importance of establishing and maintaining comprehensive CQI systems. FCURP has completed a mid-project report. The report has been shared with DCFS senior staff as well as CWAC subcommittee and the Child Care Association of Illinois (CCA-I). Several recommendations were suggested (see Chapter X, Quality Assurance/Continuous Quality

Improvement on page 228 for more information about this project, its findings and recommendations).

Analysis and Dissemination of Quality Data: DCFS disseminates performance data generated through its IT systems, databases, and qualitative case review processes to stakeholders for the purposes of supporting staff in the administration of their work with children and families, identifying performance issues in need of improvement, and ensuring the overall accountability of the state's child welfare system. DQA staff run data reports from the Department's peer review database for discussion at regional statewide CQI meetings. FCURP and DQA disseminate OER data reports to DCFS and POS staff as part of the Regional PIP committee process each quarter and Aristotle P. performance data for both DCFS and POS is distributed as each agency is reviewed.

The Agency Performance Data Site ensures that both DCFS and POS staff are able to directly view their own agency data at any given time as well as case specific data for the purposes of identifying and rectifying data quality issues. Data tied to federal demonstration and waiver projects are shared with stakeholders through CWAC and other advisory groups.

In 2014, the smaller data unit that provided information to DQA and to the field was moved into the larger OITS.

Stakeholder Feedback Processes: The Department's CQI related infrastructure - Statewide and Regional Quality Councils along with CWAC and various Advisory Groups are the vehicles utilized for providing feedback to DCFS stakeholders on the results of CQI related activities and for obtaining their feedback.

Peer Review data that illuminates practice trends are discussed at Statewide and Regional Quality Council meetings where members contribute to analyzing the data and provide valuable feedback on issues driving trends.

OER and other PIP-related data is regularly reviewed at quarterly Regional PIP Workgroup Meetings where discussions among members has led to several improvement activities since 2005. During FY15, improvement activities have targeted the development to tools to improve engagement of stakeholders, timely adoptions, and convening of Supervisory Forums. Collection and reporting of agreed-upon UPR questions has supported the development of these improvement activities, which are reviewed and adjusted as needed at subsequent meetings. The Regional PIP Workgroup process is managed and facilitated by FCURP.

Members of CWAC, which is comprised of DCFS and POS leadership, meet bi-monthly where information is shared and member feedback is solicited on key initiatives such as Federal Waivers, impending policy changes, resource allocation and contract negotiations. DCFS leadership participates in all regional statewide advisory groups (i.e. Foster Parent and Adoption Advisory Councils, Youth Advisory Boards, Partnering with Parents Councils, etc…) where stakeholders provide feedback and contribute to policy related discussions.

Staff and Provider Training

Initial Staff Training: The state is operating a staff development and training program providing initial training that includes the basic skills and knowledge required of all staff who deliver services pursuant to CFSP.

Pre-Service Training: The Division of Clinical Practice & Professional Development (also referred to as "Clinical" and "Office of Training" in this document) conducts the initial pre-service training required for new DCFS and POS intact and placement caseworkers and their supervisors, and for DCFS child protection workers and their supervisors. Additionally, it provides pre-service training for adoption workers and staff at the State Central Register (hotline). The Department provides Foster PRIDE pre-service training for prospective foster parents and Adoption/ Guardianship Certification training for foster parents adopting a child in placement.

All new direct-service employees are required to take the Department's Foundations course, which provides an overview and basic principles of child welfare in Illinois and is taken prior to taking the Child Welfare Employee Licensure exam. Upon completion of the Fundamentals course, the employee moves into the specialty training appropriate for their position. The table below represents the pre-service courses offered, the number of hours of each course, and the number of participants having completed the course from July 1, 2014 through April 30, 2015.

Course Title	# of Hours	# of Participants
Illinois Child Welfare Fundamentals	20.0	128
Illinois Child Welfare Fundamentals (web-based)	20.0	131
Foundations for Placement	123.5	315
Foundations for Intact Family Services	123.5	52
Foundations for Child Protection	195.0	60
Foundations for State Central Register	97.5	16
Foundations for Management and Supervision	54.0	19
Foster PRIDE Training for Foster Parents	27.0	1,487
Online Adoption/Guardianship Certification Training	9.0	519
Adoption Certification From Foster Care to Adoption (classroom)	9.0	311

Other courses required as a part of foundation training include the following:

- Child and Family Team Meetings
- Working with Deaf & Hard of Hearing
- Developmental Disabilities
- Ecomaps/Genograms
- Employee Workplace Safety
- Mandated Reporter
- Services to Families Experiencing Domestic Violence
- Sexual Harassment
- Working with Children with Sexual Behavior Problems
- Early Childhood Intervention
- Kids and Older Caregivers
- Kin Gap
- Burgos
- Norman Services
- Ansell Casey Life Skills
- Diligent Search
- Child Endangerment Risk Assessment Protocol (CERAP)
- Error Reduction

- SACWIS
- Administrative Law Judge Training
- Juvenile Court Testimony Training
- DuPuy Training

These courses are also available for in-service training.

Ongoing Staff Training: The state is operating a staff development and training program that provides ongoing training for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP.

In-Service (Continuing) Education and Training: Under Public Act 85-206, all caseworkers, investigators and their supervisors are required to be certified in their positions by completing mandatory pre-service training and testing. Additionally, the Department is mandated to provide in-service training and education programs for all direct-service caseworkers, child protection workers, direct-service supervisors, and foster parents in order to maintain their certification. Department caseworkers, investigators and supervisors must obtain 20 hours of in-service training credit every two years. Rule 412 also requires all licensed staff to remain current in their field and to take any training mandated by the Department.

From July 1, 2014 through April 30, 2015, the Department has conducted in-service training as follows:

Course Name	Delivery Method	# of Hours	# Completed
Head Trauma Training	Classroom	6.5	54
SACWIS Stand Alone	Classroom	13.0	14
Affirmative Action through Cultural Competency, Humility and Sensitivity	Classroom	3.5	1,047
Error Reduction Training	Classroom	6.5	198
Emancipation Fund (Financial Literacy) Countdown to 21 Training	Classroom	10.0	114
Keeping Children connected to Their Brothers and Sisters	Web-based	1.5	1,524
Partnership for Permanency: Eliminating Barriers to Permanency	Classroom	4.0	113
Reunification Training for Caregivers	Classroom	3.0	49
Human Trafficking	Web-based	4-6	263
Ethics in Child Welfare	Webinar	3.0	13
Social Media	Web-based	31.5	115
Methadone	Web-based	1.5	2,180
Sexual Harassment	Web-based	1.5	3,211
Medical Aspects of Child Abuse	Classroom	6.0	239
Court Testimony	Classroom	4.0	239
Social Media	Web-based	1.5	115

Family-Centered, Trauma-Informed, Strength-Based (FTS) Model of Practice: As part of the Department's Federal PIP, the FTS practice model was developed in the Fall of 2010 as an initiative designed to strengthen staff's ability to engage families, accurately assess safety, early intervention/prevention, and promote reunification and permanency for children.

Implementation Support: The Implementation Support (IS) Program was developed in 2014 to support the delivery and application of FTS child welfare services. This program was developed out of past training systems to continue the training of the FTS model and to reinforce FTS training staff received through their foundational training courses. The goal of the IS program is to improve the quality, effectiveness, provision, and availability of FTS services.

The IS Program contributes to the child welfare mission by:

- Providing research, curriculum design, and training specific to FTS practice concepts;
- Training and support of various child welfare initiatives;
- Enhancing child welfare professionals' knowledge and skills in assessing and responding to children, families, and communities impacted by trauma; and
- Supporting the child welfare professional in understanding and responding to secondary traumatic stress, as well as the significant impact of vicarious trauma.

The IS Program develops and delivers trauma training for DCFS new hires. Upon completion of their foundational training program, IS does for direct-service caseworkers what STEP does for supervisors. IS meets with new hires individually and in groups to reinforce the foundational learning of FTS practice and to support the implementation of the practice model in the field. In areas where requested, IS also meets with veteran staff to support their FTS learning.

Supervisory Training to Enhance Practice: The Supervisory Training to Enhance Practice (STEP) in-service workforce development program is conducted on-the-job with placement casework and child protection service casework supervisors. The trainings are in group or individual formats and held at a minimum of once a month throughout the year. Trainings focus on practical application and the transfer of learning with supervisors reinforces and supports their skill and ability to coach casework staff with changes in casework practice required to achieve and sustain the Federal Program Goals and Targets for Child Safety, Permanency, and Well-Being.

Service Array and Resource Development

Array of Services: The state provides an array of services that assess the strengths and needs of children and families and determines other service needs, addresses the need of families as well as the individual children in order to create a safe home environment, enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. The state ensures that these services are accessible in all political jurisdictions covered in the CFSP.

Individualization of Services: The service array may be individualized to meet the unique needs of children and families serviced by the agency.

While the array of services and the accessibility and availability of most services is strong, the Department still experiences challenges in ensuring that services are accessible to children and families throughout all geographic areas of the state. Caseworkers, and other stakeholders, as well as information from the Statewide Provider Database (SPD), continue to report a lack of accessible services in some of the more rural areas of Illinois, especially dental and mental health services.

Initiatives implemented as part of the CFSR PIP to effect change in this area include the use of the SPD to support service gap analysis, implementation of a continuous quality improvement contracting function, and expansion of the Family Advocacy Center (FAC) model statewide.

Through the SPD gap analysis function, the Department is able to produce geo-maps that identify the areas of the state where there is an undersupply or oversupply of services in relation to client needs. Geo-maps consistently show a gap in mental health services in the Southern and Central regions of the state.

While DCFS continues to be committed to the full implementation of the continuous quality improvement contracting function to address service gaps, the possibility of serious budgetary hardships due to the overall state of the Illinois state budget remains a concern. These budget hardships impact the state's ability to fund all of the service needs identified which means the SPD Contract Analysis committee and DCFS Budget unit staff needed to effectively prioritize service needs. DCFS will be an advocate for maintaining services and increasing capacity where needed.

In spite of budgetary issues, the Department was able to expand the FAC model statewide. There are currently 23 FACs operating across all six regions of the state, located in high needs communities with high incidence of child removals. The array of services available through FACs are provided under the overarching principles of family preservation and include (but are not be limited to): parent coaching, intensive mediation, service referral and linkage, counseling, 24-hour crisis response, after-school programs, parenting classes, domestic violence, support groups, skill building workshops and much more. DCFS recently moved FACs from a grant-based model to a fee for service model. This requires strengthened data collection through the use of standardized intake and monitoring forms to be utilized by all FAC providers throughout the state. The Department is also in the process of moving FAC data collection into SACWIS which will further enhance data collection and data quality.

Agency Responsiveness to Community

State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR: 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.

Coordination of CFSP Services with other Federal Programs: The state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

The Department engages, consults and coordinates activities with a number of stakeholders to inform its work with children and families. DCFS maintains a close working relationship with a number of other State agencies, 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 Department of Employment Security in regards to employment programs; the Department of Commerce and Economic Opportunity; the Department of Juvenile Justice; 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, the Chicago Department of Youth and Child Services, and the Chicago Public Schools. DCFS collaborates with other state agencies that provide services to our youth now, and when they emancipate, to help ensure there is a seamless transition to community-based services for our youth who will continue to need supportive services through adulthood.

DCFS collaborates with the vast array of POS providers throughout Illinois via CWAC and its subcommittees which are focused on such areas as foster care and in-home services, information technology and data, services to older youth, educational opportunities and others.

DCFS has a legislatively appointed seat on the Illinois State Advisory Council on the Education of Children with Disabilities and is a mandated member of the Interagency Coordinating Council (ICC). The ICC is a legislatively created council composed of directors or designees of the Illinois Board of Higher Education, Illinois Community College Board, Illinois Council on Developmental Disabilities, DCFS, Department of Commerce and Economic Opportunity, Illinois Department of Corrections, Illinois State Board of Education, and Illinois Department of Human Services. The role of the Council is to provide information, consultation and technical assistance to state and local agencies, and school districts involved in improving delivery of services to older youth with disabilities, thus allowing disabled youth to achieve self-sufficient independence to the best of their ability.

The Department's Medical Director serves as the DCFS representative to the Health Care Worker Task Force of the Health Care Reform Implementation Council, which was formed to make recommendations to the Governor on changes to Illinois health care worker requirements in light of federal health care reform. The Health Policy Administrator for Health Services serves as DCFS' representative to the Maternal and Child Health (MCH) Advisory Board. The MCH Advisory Board advises the Illinois Department of Human Services on the implementation of the Illinois Family Case Management Act, including assessments and advice regarding rate structure, and other activities related to maternal and child health and infant mortality reduction programs in the State of Illinois.

The Health Policy Administrator and the Statewide Administrator for Education and Transition Services were appointed to the School Health Advisory Committee (SHAC) of the Illinois State Board of Education (ISBE). The purpose of the committee is to advise ISBE concerning legislative acts which affect the health of students in Illinois' schools and to identify critical issues of student health needs. The DCFS Office of Education & Transition Services (OETS) operates in a collaborative partnership with Job Corps.

DCFS relies primarily on the state funded alcohol and other drug abuse treatment system for services to DCFS involved youth and young adults. The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DHS-DASA) continues to experience funding uncertainties that makes planning for services difficult. The services are delivered in the community via private agencies contracted through DHS/DASA with state general revenue funds, federal substance abuse block grant funds, and Medicaid funding. In addition, policy recommendations to the directors of DHS/DASA and DCFS are formulated through regular meetings attended by lead staff from each agency.

DCFS and the Department of Human Services/Division of Mental Health (DHS/DMH) have established 2 Transitional Living Programs (TLP) for youth with chronic psychiatric conditions that will require the service of the adult mental health system, upon their aging out of DCFS. These are located in Chicago and Carbondale (southern Illinois). Capacity at the different sites has fluctuated, due to the needs and the location preference of the individuals referred.

The AOIC and DCFS continue to work collaboratively on improving outcomes for children and families served by the Illinois child welfare system. In January 2012, the AOIC initiated a formal multidisciplinary process known as the Court Improvement Program Advisory Committee (CIPAC). Members of CIPAC include representatives from the AOIC's Court, Children and Families Unit, staff from the DCFS Office of Legal Services as well as Division of Quality

Assurance, Judges and Assistant State's Attorneys, Public Defenders, and Guardians Ad Litem from Cook and various downstate counties throughout the state, and representatives from the Illinois CASA program. Members of CIPAC meet twice annually and their role is to use their experience and expertise in the field of child protection in providing the AOIC with insight into emerging trends at the local and state level and to the support the development and monitoring of the Court Improvement Program strategic plan. The work of CIPAC is to focus on what the AOIC calls its Five Pillars of the CIP: 1) the Legal Representation Initiative, 2) Child Protection Circuit Teams (CPCTs), 3) Judicial Training, 4) Child Protection Data Courts Project (CPDC), and 5) Child Well-Being, in addition to ongoing collaboration with DCFS.

Foster Parent Licensing Retention and Recruitment

Standards Applied Equally: The standards are applied to all licensed or approved foster family homes or child care institutions receiving Title IV-B funds.

Home of Relative (HMR) Project: Placing children with relatives continues to be emphasized and the Child Care Act has been amended to include fictive kin as relatives, as well as expanding and clarifying the definition of "relative", including second cousins, step-grandparents, and relationships through a civil union.

The HMR committee continues and consists of private foster care agency and DCFS representation, including a co-chair from each. This committee subsequently reports to CWAC. The primary focus is to support relative placements that are in the best interest of the child, while working towards licensure of these relative homes in order to generate more resources to support and provide for children and families involved in the child welfare system.

The last HMR committee report recommended changes to the Child Care Act and Children & Family Services Act that would lessen the burdens for relatives to become licensed when background history reveals a criminal past that does not jeopardize the safety or well-being of children in their care. This includes shortening the timeframes required to be met when no further criminal history occurs within this timeframe (i.e., reduce from 10 years to 5 years).

The goal of increasing the percentage of relative foster homes that are licensed encounter barriers in statute that do not prevent initial placement with a relative, but prevent the home from becoming licensed. Those relative homes are regarded to be in the best interest of the child, but they may not be licensed due to convictions that may have occurred as many as thirty to forty years ago, with no further criminal history on their record.

Licensing

Rule & Procedures 383 – Licensing Enforcement – Pertains to all Types of Facility Licensure: There continues to be a committee in place that is comprised of staff at the DCFS Office of Child & Family Policy, DCFS Division of Regulation & Monitoring and licensing staff from the field. This collaboration has resulted in a consensus related to needed revisions to all sections of Rule & Procedures 383. The task at hand currently is to prepare the entire Rule & Procedures 383 for a Proposed Policy Review Notice (Internal Review).

In addition, the Division of Regulation and Monitoring prepared a training curriculum in conjunction with DCFS Office of Training in order to promote standardized practices for licensing staff, including how to work through licensing complaints, corrective/protective plans, enforcement action and assuring due process rights are afforded. The training in this area has been well-received and has continued to be offered. Since the initial offering on 10/30/13, over 450 persons have participated and completed the training, with another training scheduled for

05/14/15. Each training session has been at capacity and the training will continue to be on the DCFS training schedule.

Rule & Procedures 402 – Foster Home Licensing: Pending the completion of the comprehensive re-write of Foster Care Rule & Procedures, Policy Guides have been issued, per Administrative Procedures 1. A number of Policy Guides have been issued over the past year to better ensure safety provisions within a licensed foster home. These Policy Guides are in keeping with the allowances that make them enforceable and part of Rule, as long as they are within the confines of the Rule or Illinois Child Care Act. These Policy Guides include:

- more stringent regulations related to firearms and ammunition, including trigger locks for all firearms and keys to locked storage receptacles for firearms and ammunition being kept on the owner, or stored outside of the foster home premises
- more stringent requirements for waiver requests to the Director related to an indicated child protection report, wherein the foster parent is the perpetrator of neglect or abuse
- more stringent requirements related to foster home premises with swimming pools, hot tubs and other potential water hazards that are based upon the research and recommendations from the U.S. Consumer Product Safety Commission

In addition, a Policy Transmittal has been issued to shore up and better assess pet safety in foster homes.

Another major project is the overhaul of the required pre-service training known as PRIDE (Parent Resources for Information, Development, and Education). The training is going to incorporate more education related to trauma-informed fostering and provide flexibility through making pieces of the training available online. It will also include education related to human trafficking, social media and the importance of siblings needing frequent contact with each other in order to maintain and/or further develop those family relationships in compliance with the Aristotle P. Consent Decree. The revised PRIDE training will increase from 27 hours to over 37 hours of training hours in order to be licensed. A full roll-out of the revised PRIDE training is scheduled to occur in the fall of 2015, while establishing a research component to it in order to identify where the curriculum may be improved. The concurrent research will be led by the Dean of Social Work at Southern Illinois University at Carbondale.

Rule & Procedures 407 (Day Care Center Licensing): Significant progress has been made in relationship to Day Care Center licensing Rules and the creation of Procedures for Rule 407. Amendments, reflecting new and evidence-based regulations related to child obesity were adopted and made part of Rule. This included extensive language related to nutrition and exercise for children enrolled in day care center programs. Also, adopted into Rule 407 is the requirement for day care centers to test their facility for radon every three years, per the Illinois Child Care Act. This was added due to Illinois generally having high incidences of radon within structures and evidence that it is the second highest cause of lung cancer.

Draft Procedures for 407 have been developed and are ready for a proposed policy review through the Office of Child & Family Policy, which is the first step needed to promulgate the procedures to fruition.

Policy Guide 2015.05 was also adopted in March 2015, requiring licensed day care facilities to have a policy of their own developed and related to required immunizations for staff working in said facility.

Policy Interpretation 2014.01 related to conceal carry and licensed day care facilities was also enacted and reflects the following: "Unless he or she is a peace officer or other adult residing in the home, who must possess a handgun as a condition of employment, it is a licensing violation for a concealed carry permit holder to have a handgun on the premises of a licensed day care home."

Rules 406 (Day Care Homes & Rules 408 (Group Day Care Homes): There is currently language proposed for Rule 407 related to the prevention of obesity that is being adopted for licensed home-based day care facilities. This language is with the Office of Child & Family Policy (OCFP), with the fiscal notice requirement completed and ready for a Proposed Policy Review.

There is also proposed language for the Rules 406 & 408, as they relate to emergency preparedness plans, the use of swimming pools during child care hours, and providers working outside the home when children are not in care.

406 (Day Care Homes), Rules 407 (Day Care Centers), and Rules 408 (Group Day Care Homes): Policy changes for all licensed day care settings include the requirement for all licensees and staff to complete trainings every three years for Shaken Baby Syndrome and Safe Sleep Practices, including Sudden Infants Death Syndrome.

The Illinois Network of Child Care Resource & Referral Agencies' Gateways to Opportunity program has been developed to provide more consistency, quality, and documentation related to the providers of education and training for which licensees and child care staff receive. The Child Care Act now requires all licensees and child care staff to be registered and the training opportunities they take and complete are kept on record to provide a historical account of training and earned credentials for each.

The National Association of Regulatory Administration (NARA) continues their contractual work with the Department. The collaboration has produced a key indicators protocol for each type of licensed day care facility. When completed, this project should result in the enhancement, streamlining, and efficacy of DCFS day care licensing staff responsibilities, especially when they conduct their required annual monitoring visits at these facilities.

DCFS continues to collaborate with and support the Illinois Department of Human Resources (DHR) efforts related to ExceleRate Illinois, or otherwise known as the Quality Rating Improvement System (QRIS). This effort is currently active and online, with its own website that is easy to navigate. It allows consumers of early childhood services to better assess which facility has the best credentialed staff for early childhood programs and make informed decisions related to where they enroll their children.

All Licensing Types

Updates to foundational training for all staff responsible for licensing and monitoring compliance of facilities and agencies is in process. The updated foundational training will emphasize the need to develop positive working relationships with applicants for licensure and monitoring licensed facilities and programs. It will further take an approach to cover in more detail the Rules, Procedures, and Policies that are required to be followed in order to reach and sustain a standardized practice across geographical areas of the state.

Diligent Recruitment of Foster and Adoptive Homes: The state has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the state.

The Department's current approach to recruitment utilizes Targeted, Child-Specific, and General recruitment strategies to develop and enhance regional and site capacities to provide foster care services to meet the needs of the youth entering care, remaining in care or needing changes in placement. Through these methods, the Department focuses on community capacity, addresses individual planning for youth and promotes a general awareness of foster care, and the need for foster and adoptive families.

Targeted Recruitment: focuses on the development and implementation of strategies that will further the expansion of local (site/regional) foster care placement resources and services that are culturally relevant, linguistically sensitive, and will meet the demographic needs of the area. Recruitment efforts are data driven and within targeted recruitment, the emphasis is two-fold; targeted recruitment based on the local geographic/demographic profile of youths in need of foster/adoptive services and placement resources, but also on strategies for specific populations. Targeted populations include, but are not limited to:

- older youth;
- sibling groups;
- children and youth of color, primarily African American and Latino including bi-lingual;
- families interested in working with birth families towards reunification;
- children and youth with mild emotional/behavioral challenges;
- delinquent youth with conduct/behavioral disorders; and
- LGBTQ youth.

The Department continues to compile demographic information on children in foster care and foster/adoptive homes to ensure appropriate recruitment with regard to the racial and ethnic composition of the children we serve. This drives some of the recruitment efforts for specific populations.

The targeted approach to foster care recruitment and resource development:

- Is based upon demographic data which prioritizes recruitment for specific populations in the various sub-regions;
- Addresses the need for specific placement resources for youth who present with cognitive, emotional, or behavioral challenges;
- Hinders on the development of placement resources and services that will increase the foster care capacity in the areas of greatest need; and
- Relies on the demographics of the shelter population which mimics the trends of the Department's intake of youth coming into care.

Each of the recruiters are responsible for facilitating and developing a local recruitment collaborative which serves to support the recruitment, retention, and support efforts at the local level. Collaboratives include: Department caseworkers, licensing or other interested staff, foster & adoptive parents, and community stakeholders (i.e., youth advocates, teachers, religious leaders, health facilities, community agencies, and others) who are invested in youth and in improving our child welfare system.

Soon, collaboratives will be charged to engage some of our current and emancipated youth in recruitment activities by sharing their perspective of what a professional foster home placement should strive to do in order to support youth in care. Provision of services is paramount to support youth and their foster families, yet there is no funding for Recruitment and Resources.

Most R&R staff have built relationships over the years with community partners, albeit some in their infancy, with the intention of the collaboratives to become more operational and help empower foster families to function as the nucleus to identify and secure commitments from community based services for recruitment. They will address the retention and support needs of the foster/adoptive parents in their respective communities. Collaboratives who are actively engaged may be asked to organize/run recruitment or support activities themselves. This may be better received by potential caregivers, members of the community and existing foster parents with a known community agency that has demonstrated an investment in fulfilling the needs of youth and families DCFS involved that they can trust. The intention is that the communities may be more open and responsive to local people rather than state officials as we are aware, word-of-mouth is one of the best ways to recruit families.

The practice of targeted recruitment is essential as the focus is on securing quality caregivers to mirror the demographics of the population of youth in care, which promotes better matching, leading to more stability and better outcomes. Targeted recruitment increases the opportunity to recruit individuals who subsequently may be more aware of the needs of the youth that they would be caring for and bring a different skill or knowledge base to working with the identified target population. As opposed to general recruitment strategies which focuses on increasing numbers and awareness.

Child-Specific Recruitment: The purpose of child-specific recruitment is to identify potential foster or adoptive resources where routine methods and practices for placement identification have not been successful. Recruiters are asked to help identify resources for youth that will promote stability and permanency. Often these youth are disconnected from their families, supports, and community. The model includes a heavy emphasis on:

- family finding;
- record mining;
- stakeholder participation;
- youth and family engagement;
- visitation and transitioning planning support to the new placement; and
- placement support planning.

General Recruitment: has been a strategy employed by DCFS/POS for many years. The purpose is to promote and educate the community about the need for foster and adoptive parents as well as to encourage community support for foster and adoptive parents. The Department currently:

- Utilizes the Adoption Information Center of Illinois for recruitment referrals that come via a toll free number that are then discussed with Shelter staff;
- Utilizes a DCFS website page exclusively for foster and adoption inquiries to come directly to the Department for assignment to Licensing;
- Offers informational meetings on foster care and adoption;
- Uses social media to promote information regarding the Department fostering and adoption services on its website, Facebook, and Twitter accounts;
- Is routinely asked to participate in resource fairs and community events to provide general information to potential foster parent recruits to field questions about the Department, foster care, and adoption.
- The National Ad Council routinely runs ads on local TV and radio stations in the Chicagoland area that speaks to the need for foster families and mentors for youth in foster care in urban areas.

Over the next 4 years, using this 3-pronged approach to recruitment, the Department would expect to:

- Rely heavily on statistical data geographically drive recruitment activity and solicit feedback from the field via email, team/staff meetings, and Area/Regional Administrator meetings;
- Increase the number of DCFS/POS foster homes in the areas of greatest need;
- Create networks that are able to address retention and provide service support;
- Expand and further develop the local foster care continuum to meet placement demands and service needs to help youth remain in or as close to their communities of origin; and
- Decrease the number of youth who have been waiting for permanency resources.

The ultimate goal would be for the site/sub-regions to have infrastructures in place that would be sufficient not only to maintain the necessary continuum of placement resources and support services in their communities, but one that would also embrace and enhance the foster and adoptive experience for youth and caregivers involved with the child welfare system.

Recruiting & Maintaining Foster Homes for American Indian/Alaskan Native Children:
The Office of Affirmative Action's Indian Child Welfare Advocacy Program includes two full-time ICWA Program Specialists, who are enrolled members of an Indian Tribe and active in the American Indian/Alaskan Native community. The Program works to ensure 100% compliance with the federal Indian Child Welfare Act (ICWA), including the identification and provision of culturally appropriate services and activities, providing ICWA compliance information to child welfare staff statewide, and advocacy on behalf of American Indian/Alaska Native children and their families. Ongoing recruitment of Native American foster homes is a critical component in providing culturally appropriate services to children and families of Native heritage.

The ICWA Program Specialists continually make efforts to identify and ameliorate barriers to the recruitment of American Indian/Alaskan Native foster families and facilitate the successful completion of the licensure process by prospective American Indian/Alaskan Native foster parents. The ICWA Program Specialists facilitate communication between prospective American Indian/Alaskan Native foster parents and licensing representatives, responding to prospective foster parent's questions about the licensure process, and following-up with DCFS caseworkers to provide information and assistance. The ICWA Program Specialist's will continue to support and engage prospective foster families and engage in outreach to other members of the Native American Indian community.

Within the period May 2014 – May 2015, ICWA referrals increased 247% (200 new statewide referrals to the ICWA Program). The Deputy Director of the Office of Affirmative Action and ICWA Program Specialists will cross reference data from the 2010 US Census identifying where Self-Identified (SI) American Indian/Alaskan Natives reside within the State and the data from the ICWA SharePoint database to analyze, group data by June 30, 2015 to begin the foundation work for refining and updating the current plan for Foster Parent Recruitment and Retention. From there, the Department will also gather input from the Illinois Indian Child Welfare Advisory Council for Recruitment and Retention implementation. As well, the ICWA Program will have an updated FY16 Foster Parent Recruitment and Retention Plan by 10/01/15 and will meet with the Bureau of Operations Recruitment and Resource Specialists for implementation.

The ICWA Program will work with the Recruitment and Resources Specialists on the development of Native American foster homes through the following:

- Convening a group of American Indian/Alaskan 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 or affecting the provision of child welfare services to American Indian/Alaskan Native children and their families and support efforts to recruit Native American Indian foster homes.

- Collaborating with American Indian/Alaskan Native programs within the State including Chicago Public School's Native American Title VII Program, the American Indian Center, American Indian Health Services, American Indian Association of Illinois, Kateri Center of Chicago-American Indian Ministry of the Archdiocese of Chicago and California Indian Manpower Consortium.
- Including the ICWA Program to the Office of Affirmative Action's website on the Department's D-Net. The ICWA Program section includes extensive links to other resources within the American Indian/Alaskan Native community throughout the State, including contact information for prospective American Indian/Alaskan Native foster parents. The program's foster care recruitment brochure has also been made available to American Indian/Alaskan Native community organizations and agencies throughout the Chicago area for distribution and is continuously distributed at community outreach activities throughout the year.
- Working with Illinois child welfare staff, agencies and the court system to ensure ICWA compliance throughout the life of ICWA cases.
- Participating in the resolution of reported American Indian/Alaskan Native lineage issues by supporting child welfare staff in the exchange of necessary information to determine membership enrollment and/or eligibility options with the identified tribes.
- Initiating, maintaining, and cultivating connections with the identified tribes of the child[ren] and families involved.
- Attending child and family meetings, ACRs, and any case related meetings, including court hearings.
- Identifying community support organizations, programs and activities for American Indian/Alaskan Native children and families.
- Providing training to DCFS licensed foster parents and community members on ICWA, its history, and relevance to the child welfare and Native American Indian community.
- Giving two-hour presentations involving ICWA's historical foundation and relevance to the child welfare system, including information regarding the Department's ICWA Program. The ICWA Program Specialists have given trainings to DCFS staff and other child welfare stake holders in both the public and private sectors Statewide.
- Participating on the Chicago American Indian Community Collaborative with Native American community leaders**,** directors of programs/agencies and community members with the identified goal of building unity and collaboration within the American Indian/Alaskan Native population. UPDATE: in FY16, The CAICC is developing a website where the ICWA Program's contact information and program content will be available for a broader audience for the community to become aware of available DCFS ICWA program services for all Native American children and families who come to the attention of the child welfare system in Illinois.
- Participating weekly in community outreach and advocacy activities within the American Indian/Alaskan Native community, including volunteer work at the American Indian Center and American Indian Association of Illinois.

State Use of Cross-Jurisdictional Resources for Permanent Placements: The state has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

The Interstate Compact on the Placement of Children Unit (ICPC) continues to serve as a gatekeeper and clearing center for Illinois children who need to be placed outside of Illinois, as

well as for children from other states who need to be placed in Illinois. Reciprocal agreements among the states and the American Public Human Services Association (APHSA) help states to coordinate this work and assist one another with case management and other needed services.

ICPC maintains a centralized system to help ensure quality in the matching process across jurisdictional boundaries. The ICPC Unit ensures that inter-state approvals are expedited and provides technical assistance to all parties involved in the placement process. The centralized focus allows for better communication and expertise on cross-jurisdiction issues to facilitate more adoptive placements across state lines.

In order to expedite the placement of children across state lines, ICPC continues to send all parent, relative, adoptive home studies and foster home licensing requests to other states and to local Illinois DCFS offices and to private agency offices via overnight mail. In addition, when appropriate, the ICPC office uses fax and the recently implemented Document Transfer System which has the capacity to scan and transmit documents electronically. In an effort to expedite the completion of home studies in compliance with the "Safe and Timely Interstate Placement of Children" Act the ICPC office continues to purchase home studies from private agencies within Illinois. The annual renewal of those contracts takes into account the success of those agencies in complying with the mandates of the Safe and Timely Act.

While the federal "Safe and Timely Interstate Placement of Foster Children Act" (P.L. 109-239) provides timeframes for states to conduct home studies and provide for other inter-jurisdictional placement needs, it continues to be challenging to deal with states that may not respond within the required timeframes. Additionally, Illinois sets a high standard for the services that are available to the children within Illinois guardianship; other states do not always provide financially at this same level.

Chapter III – Plan for Improvement

Goal #1: Reduce the occurrence of maltreatment in out-of-home care

Rationale: NCANDS data (Chart 1) and the Department's internal case review results from the Outcome Enhancement Review (OER) (Chart 2) suggest relatively flat performance that has been below the federal CFSR 2 standard (99.68%) over the past 4 years and a decline in performance in FY13 related to the occurrence of maltreatment for children in out-of-home-care.

Chart 1: Illinois performance/CFSR 2 indicators

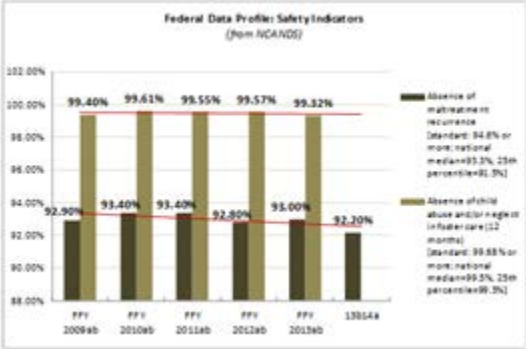


Chart 2: OER II Data (updated)

Placement cases						
OERII, Statewide Aggregate Data, %S	**2011** 80 cases	**2012** 80 cases	**2013** 80 cases	**2014*** 0 cases	**2015** 36 cases	**Trend**
Absence of maltreatment in substitute care	94.9%	96.3%	96.3%	0.0%	90.0%	**Down**

** OER data collected during 2014 targeted Items 4, 18 and 20 as these were federal Items the state remained out of compliance with*

CFSR 3 data (see below) evaluates abuse/neglect differently than in the CFSR2. Illinois is not meeting the national standard based on our Risk Standardized Performance, and will be required to develop a PIP that includes this indicator and efforts to improve performance.

CFSR 3 Safety Indicators/Illinois performance

Indicator	National Standard	Illinois Performance	RSP*	Met/Not Met PIP/No PIP
(S1) Of all children in foster care during a 12-month period, what is the rate of victimization per day of foster care?	8.50 victimizations **state result multiplied by 100,000*	7.98 (FFY13)	11.17 (age at initial victimization)	**Not Met/PIP** Goal: 7.21

**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](#).*

As reported in the CFSP, a review of administrative data between FY06 and FY13 in addition to an analysis of the data from a special review conducted by QA in February 2012 of indicated maltreatment cases in FY11 involving children placed in out of home care suggested the following:

- The majority of children abused/neglected were placed in relative care at the time of the hotline report
- For most, maltreatment in substitute care occurred within the 1st year of placement, and in the child's initial placement
- Most children who were abused/neglected were between the ages of 0-5
- Neglect was the most common type of maltreatment (i.e. allowing parents/perpetrators access to the children, unsupervised children or inadequate supervision)
- Whether or not the home was licensed appeared to have no bearing on whether the maltreatment occurred (i.e. half were licensed, half were not)

These findings above supported the need to develop a goal around reducing the occurrence of maltreatment in out-of-home care, specifically involving relative caregivers.

Objective: Reduce the occurrence of indicated reports for children in out-of-home care involving relative caregivers.

Outcome: Fewer children will experience neglect as a result of inadequate supervision or risk of harm allegations while in the care of relative caretakers.

Measures of Progress:

- Achieve a 10% reduction in the occurrence of indicated reports with a relative foster parent as the perpetrator by 2019.
- Baseline: 60% (SFY13)
- Achieve a .36% increase in the NCANDS measure of absence of child abuse and neglect in foster care by 2019.
- Baseline: 99.32% (FFY13ab)

Monitoring Plan: Ongoing monitoring of progress toward the identified measures will be done through the analysis of NCANDS data and through annual FY reviews by QA of all cases involving indicated child maltreatment while in substitute care, with a focus on relative care cases. These data will also be supplemented by internal case review data through the OER or internal implementation of the new CFSR review process.

Intervention #1: Implement an enhanced foster parent training program that will include: 1) a mandated training component for relative caregivers; 2) a focus on trauma; and 3) an enhanced Relative Caregiver Checklist.

Rationale: Data has shown that some relative caregivers have been involved in allowing unapproved and unsupervised parent-child contact that violates safety plans and results in reports of child maltreatment. An enhanced and mandated training component specifically for relative caregivers will support caregivers in understanding the Department's mandate to prevent child maltreatment. This training will help adult relatives learn what is expected of them while they are giving care to children in out-of-home placement, including following the rules of parental contact as stated in safety and visitation plans. The HMR caregiver training will also include the impact of child maltreatment on child trauma, and focus on improving the skill and ability of related caregivers to help support the recovery of children in their care from the effects of maltreatment.

Enhancing the Relative Caregiver Checklist will support a more thorough, upfront assessment of the ability and commitment of relative caregivers to provide for the safety, permanency and well-being needs of the children in their care. The enhancements will also help investigators and child welfare specialists obtain the information they need to make the most appropriate placement decision, as well as allow them to address issues that may reduce the likelihood of child maltreatment by making expectations clear at the beginning of the placement. The current checklist includes a listing of the expectations of the relative when a child is placed in their care, as well as various dwelling and environmental requirements that must be met. The protocol currently includes concrete issues such as space, number of bedrooms, background checks in reference to past criminal activity and child abuse/neglect history. The enhancements to the Checklist will include clearer expectations and will be more clinical and behavioral in nature. The checklist will be enhanced to include questions such as:

- Do you understand the emotions of the child, especially the impact of trauma, and may you meet those needs?
- How will you meet the needs of the child, specifically, education, physical health, and mental health needs?

- Do you as a caregiver understand visitation and contact plans for parents or persons from whom the child was removed?
- Do you agree to abide by rules or guidelines surrounding the child's contact with a parent or previous caregiver?
- Has the agency discussed with you training and licensing opportunities?

Overall, the checklist will be used to facilitate understanding and agreement by the relative caregiver.

Currently, HMR training has been developed and is being delivered. Upon placement, the child protection specialist gives the relative an application packet for licensure after the placement has been approved by the Placement Clearance Desk and the child is placed. The licensing worker and the caseworker follow up to encourage the relative to take the training and to get licensed.

The HMR training is available to relative caregivers both in person and on DVD.

Benchmarks
End of Year 1: Completed

- Develop the mandated Home of Relative (HMR) Caregiver Training curriculum
- Develop an implementation plan for ensuring all HMR caregivers are informed about the training requirement and training delivery process.

Intervention #2: Implement revised child protection procedures (DCFS 300) and train all child protection supervisors and staff.

Rationale: The procedures that govern child protection practices are outlined in Procedures 300; all of the requirements related to child abuse and neglect investigations are covered in this guidance. These procedures have not undergone review or revision in a number of years. During the past few years, addendums, policy transmittals, and appendices related to Procedures 300 have been issued in lieu of changing the policy in order to respond to issues such as updated research on child protection, current best practice, findings from investigations conducted by the OIG, and child death review and citizen panel recommendations. As a result, from a field perspective, directives and procedural expectations have been difficult to access and follow. Last year a workgroup was convened to conduct a review of Procedures 300 to address this problem. The workgroup consist of a cross-section of administrators and line staff from various Department division, including representation from legal, child protection, policy, and operations

The re-write will cover all requirements and expectations related to child abuse and neglect investigations from allegations to findings. Revising Procedures 300 and training all child protection supervisors and staff will put forth clear and succinct guidance and best practice to support the critical decisions that need to be made in the field. A key decision point that will be emphasized in the revised procedures and subsequent training will be to ensure that foster parents, especially relative care givers, are prepared to provide care and safety for children. This assessment and decision-making process is crucial at the beginning of the case. Child Protection supervisors will be supported through targeted supervisory training that specifically addresses how to guide, support, and monitor staff on the concepts and procedures in the revised policy.

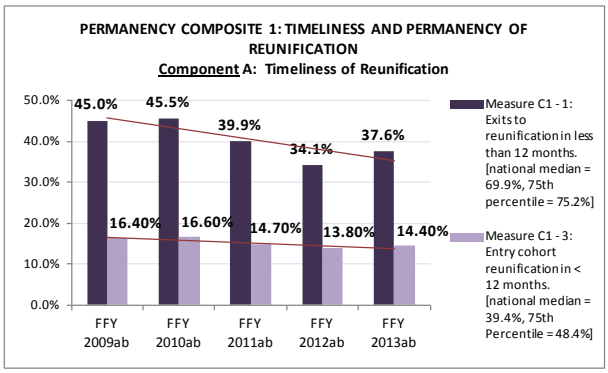
Benchmarks
End of Year 1: Revisions to Procedures 300 finalized

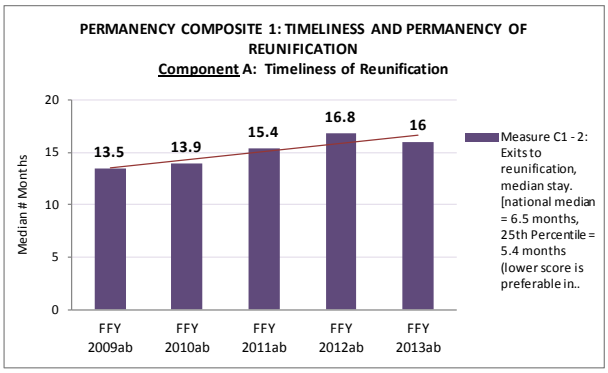
The Procedures 300 revision workgroup convened regular meetings and final draft of the revised Procedures 300 was released for public comment in August 2014. Due to the overwhelming response, the comment period was extended until September 22, 2014. The Procedures 300 revision workgroup reconvened in October and began the arduous task of reviewing over 400 pages of comments from child welfare staff, POS partners, and community stakeholders. Revision to Procedures 300 is pending completion and a small group is working to finalize changes to the Allegation appendix. Child protection administration has been working with the Training Division to develop a training plan. Given the extensive changes to the procedures, it was agreed to finalize them, then develop and deliver training to staff and supervisors prior to making the new procedures effective. The goal is to begin training of revised Procedures 300 during the summer 2015.

As final changes to 300 are being completed, the CERAP and Safety Assessment/Risk Assessment workgroup has resumed meeting to consider adjustments to those protocols. The Illinois Rapid Response group also focused a small group on the connection between safety decision making and the supervisory process. Focus groups, individual interviews, and survey of child protection staff and supervisors were completed to further inform the DCFS leadership on next steps toward improving child protection practices and ensuring the safety of children in Illinois.

Goal #2: Improve the timeliness of permanency achievement for children placed in out-of-home care.

Rationale: Illinois' performance on key composite measures related to the timeliness of reunification and adoption, as reported in AFCARS data, has been declining. AFCARS data regarding reunification as demonstrated in the charts below suggest that fewer cases with a goal of Return Home are resulting in the achievement of permanency in a timely manner, and that the median length of time to achieve reunification is increasing.





The DCFS Southern and Northern regions perform better than Cook County and the Central region, but still perform below the national median for reunification within 12 months and above the median length of time to return home (refer to Tables 1 and 2 below).

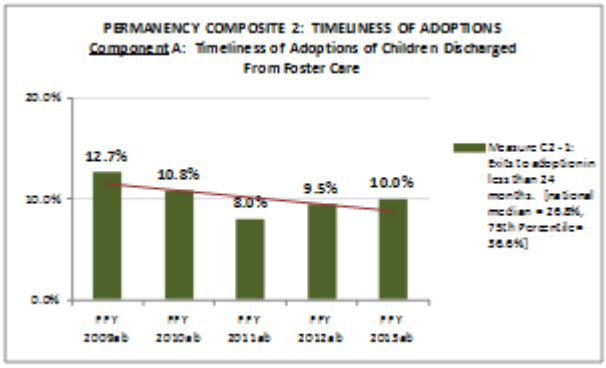
Table 1
Per AFCARS data –
Illinois Data Profile 12/2013

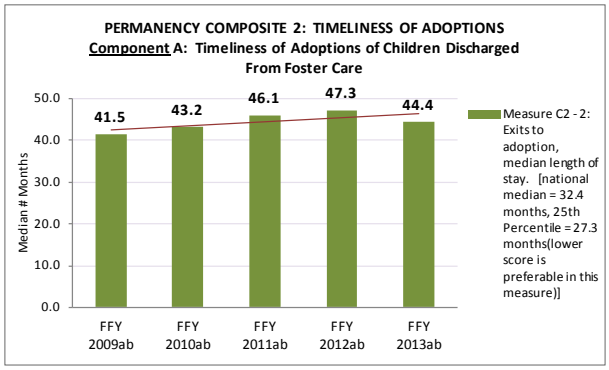
Reunifications within 12 months		
Rank	**Region**	**%**
1	Southern	45%
2	Northern	42%
3	Central	36%
4	Cook	25%
	Statewide	**38%**
	National Median	**69.9%**

Table 2
Per AFCARS data –
Illinois Data Profile 12/2013

Median length of time to Return Home		
Rank	**Region**	**Months**
1	Southern	13 months
2	Northern	14.1 months
3	Central	15.6 months
4	Cook	21.7 months
	Statewide	**15.7 months**
	National Median	**6.5 months**

AFCARS data regarding adoption performance in Illinois suggests that fewer children are exiting to adoption in less than 24 months and that they are staying in care longer:





The DCFS Southern and Central regions perform better than Cook County and the Northern region, but still perform below the national median for adoption within 24 months and above the national median for the length of time to adoption (See Tables 3 and 4 below):

Table 3
Per AFCARS data –
Illinois Data Profile 12/2013

Adoptions w/n 24 months		
Rank	**Region**	**%**
1	Southern	12%
2	Central	8%
3	Northern	6%
4	Cook	6%
	Statewide	**8%**
	National Median	**26.8%**

Table 4
Per AFCARS data –
Illinois Data Profile 12/2013

Median length of time to Adoption		
Rank	**Region**	**Months**
1	Central	39.4 months
2	Southern	43.6 months
3	Northern	45.8 months
4	Cook	62.1 months
	Statewide	**44.6 months**
	National Median	**32.4 months**

These data support the decision to continue concerted efforts to improve timeliness of permanency achievement for children in out-of-home care.

CFSR 3 data (see below) evaluates permanency differently than in the CFSR2. Illinois is not meeting the national standards for the indicators related to this goal, and will be required to develop a PIP that includes this indicator and efforts to improve performance.

CFSR 3 Permanency Indicators/Illinois performance

CFSR 3 Indicator	National Standard	Illinois Performance	RSP*	Met/Not Met PIP/No PIP
(P1) Of all children who enter foster care in a 12-month period, what percent discharged to permanency within 12 months of entering care?	40.5%	15.9% (11B & 12A)	17.4% (age at entry, State entry rate) Median age: 4	**Not Met/PIP** Goal: 16.4% (and companion indicator: re-entry threshold 6.8%)
(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?	43.6%	23.9% (13B & 14A)	22.6% (age on 1st day) Median age: 5	**Not Met/PIP** Goal: 25%
(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?	30.3%	26.6% (13B & 14A)	20.5% (age on 1st day) Median age: 8	**Not Met/PIP** Goal: 27.7%

**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.*

Objectives and Measures of Progress:

- Increase the percentage of children reunified within 12 months of coming into care (AFCARS Measure C1-1) from 37.6% to 45% by 2019.
- Decrease the length of time it takes for families to achieve reunification (AFCARS Measure C1-2) from 16 months to 13.5 months.
- Increase the percentage of children adopted within 24 months of coming into care (AFCARS Measure C2-1) from 10% to 15%.
- Decrease the length of time it takes to reach finalized adoption (AFCARS Measure C2-2) from 44 months to 39.4 months.

Monitoring Plan: Ongoing monitoring of progress toward the identified measures will be done through the analysis of AFCARS data. These data will also be supplemented by internal case review data through the OER or implementation of the new CFSR process.

Intervention #1: Revise Procedures 315 and train all supervisors and caseworkers on the new procedures.

Rationale: A comprehensive and targeted revision and training of Procedures 315, the procedures that guide the Illinois child welfare workforce on permanency practice, will provide the field with best practice standards and procedural requirements for managing cases with an

emphasis on returning children home sooner or getting them adopted sooner. Revised Procedures 315 will:

- Reflect best practices that were embedded in the tenets of practice initiatives implemented over the past few years but never set forth in policy and procedures;
- Reinforce and support overall agency messaging about permanency for children;
- Connect and bridge the roles of different disciplines (e.g. DCP, CWS, ACR legal, Permanency Specialists, etc.);
- Reflect key strategies and tenets (e.g. Life of Case map) and core practices identified as being critical to achieving timely permanency:
    - Use of fictive kin as relative placements;
    - Assessing the substitute caregiver (foster parent) capacity to care from a lifespan approach with consideration for permanency (concurrent plan) when reunification is no longer possible;
    - Notification to grandparents when children enter care; and
    - Importance of the caregiver dyad (birth and foster parents) and worker engagement and support of this critical union

A training initiative for supervisors and workers will be implemented and a change management strategy will support policy improvements. DCFS and POS supervisors will be supported through targeted supervisory training that specifically addresses how to guide, support and monitor staff on the concepts and procedures in the revised policy. Additionally, the Department has partnered with Casey Family Programs for technical assistance through a permanency enhancement project called “Partnerships for Permanency” (P4P). The P4P project was recently launched with executive level staff from the Department. The project will focus on identifying & addressing barriers to permanency and empowering workers & supervisors to reach out to stakeholders in an effort to move children and youth to permanency more efficiently and with the best supports in place for family and child.

The Department has made significant progress in implementing practices associated with improved permanency and outcomes for children and families with an emphasis on supportive connections for all children. Enhanced permanency procedures are scheduled for implementation in the summer of 2015 with an anticipated implementation completion before the conclusion of the FFY16 fourth quarter. Additionally procedures for the Illinois response to Fictive Kin law will be implemented on or before June 1, 2015. Considering fictive kin for placement, permanency and lifelong connections for children may potentially open doors for supportive relationships for children and families that were not previously possible.

The Department has also launched a Lifebook messaging endeavor in support of enhanced permanency procedures and in effort to impress upon staff, caregivers, children, and youth the importance of developing Lifebooks for children in care. Permanency procedures and training will included an overarching message that children need families and permanency in the child’s sense of time. Ongoing change management in collaboration with Casey Family Programs continues.

Benchmarks

End of Year 1: Completed

- Revisions to Procedures 315 finalized (On target, scheduled for implementation July-Sept 2015)
- Training curriculum developed, including separate modules for supervisors (on target, scheduled for implementation July-Sept 2015)

Intervention #2: Utilize Permanency Achievement Specialists to implement a process to resolve permanency issues for children age 0-5.

Rationale: The Division of Permanency has remained committed to improving Illinois permanency outcomes with a focus on permanency for all children and youth. The focus for improved permanency has remained constant for all children and youth in care, but with an increased focus on the 0-5 population as well as a focus on older youth populations based on DCFS data. The concept for improved permanency overall in a "life of case" approach considers that improved practice with the younger population will better ensure that these children achieve permanency sooner and the aging population of children in care will decline.

As part of a re-organization of staff in FY13, DCFS was able to create and fill new positions called Permanency Achievement Specialists (PAS) designed to assist DCFS and POS staff in getting children to permanency. A key focus area for these new positions is the 0-5 foster care population.

For the past year, PAS staff have been automatically conducting quarterly reviews of all DCFS cases to support permanency planning and decision-making; currently, POS staff may request a review. This intervention, as part of the CFSP, will expand the PAS quarterly review process as described herein to all POS cases. The purpose of the review is to identify and plan for barriers that delay permanency with the primary caseworker and supervisor. Items reviewed include father or noncustodial parent engagement as well as noncustodial extended family involvement. Long term connections are identified and discussed in part for concurrent planning, as well as support to birth families to aid in reunification and establishment of lifelong connections for children and families. When supportive connections may not be identified from a lifespan approach of the child, the need to perform a diligent search is highlighted.

Caseworkers are asked about additional barriers such as legal barriers with the court. Legal counsel is alerted and may become involved in the case. The concurrent plan is reviewed each time to ensure permanency is addressed from the lifespan approach when parents are unable to resolve the conditions that brought the child(ren) into care. If the concurrent plan is adoption there is a discussion as to whether an adoptive resource is available. If the child does not have an adoptive resource, information is provided to the caseworker so that the child may be listed with the adoption network. Other barriers may also be identified during the meeting. PAS staff may assist in removing barriers and are assigned tasks to assist the caseworker in that process. PAS track data from the permanency meeting. Cases are then monitored as barriers are lifted. Trending is reviewed statewide, regionally, sub regionally, and by worker/team. Services to the children and families are also discussed.

In addition to the concentration on barrier identification and reduction, the PAS staff assists casework staff in maintaining a focus on permanent relationships and connections from the lifespan approach. When supports are in place for children and families the reunification process is more supported. Further, when family, fictive kin, and other supportive connections are engaged in the reunification process the family has positive resources in times of need and when reunification is not possible children and families may remain engaged with supports to establish the best possible alternative path to permanency. The gold standard for permanency is "legal" permanency, which consists of reunification, adoption and subsidized guardianship. When one of these permanency paths may not be achieved for a child or youth in care, the importance of connections and relational permanency is crucial in that our children and youth need support and supportive relationships well into adulthood, just as any child or youth may need to be successful in their transition to adulthood. PAS staff maintains a consistent focus on relationships for children in care by working to identify resources for children and families. "File

mining" is a strategy that is used to review case records in an attempt to identify connections that may serve as a permanency support. PAS staff may help caseworkers with all of these tasks in support of permanency.

The division also recently implemented a Permanency Tracking System (PTS) to identify and track barriers to permanency throughout the regions in Illinois. The system collects data entered by permanency support staff as a result of quarterly permanency reviews intended to provide a picture of barriers to permanency. The system reports illustrate top barriers statewide and regionally, and helps inform strategic planning around practice and resource needs.

Benchmarks
End of Year 1: The tasks below have been initiated and are ongoing.

- Automated regional report developed by OITS that isolates 0-5 cases by child name, DOB, and permanency goal.
- The following five (5) questions will be added to the Permanency Achievement Specialist quarterly review process for all 0-5 cases:
    - What may be tried that has been tried before?
    - How may we engage the child in planning?
    - What may we try that has never been tried?
    - How many things may we do concurrently?
    - What will it take to achieve permanency?
- Follow-up process implemented to monitor case progress after a quarterly review is conducted.

Intervention #3: Enhance diligent search practices.

Rationale:

- Relatives may play an important role in supporting parent-child visitation;
- Relatives may be used for placement or placement support (respite, visiting resource, mentoring, and communication resource);
- If an initial diligent search was done and the placement disrupts, reviewing initial notices and responses may identify placement options;
- If relatives were used as placement support, they may be more willing to become a placement option.

Activities have been underway in Illinois during the past few years to address the identification and engagement of relatives to support children in care in order to affect permanency. These activities include legislative action that now requires notification to relatives when a child comes into foster care (Policy Guide 2014.12), the 2008 Fostering Connections Federal grant and the Recruitment and Kin Connections Project, a 5-year Federal demonstration project designed to find and engage relatives to improve permanency outcomes and support the well-being of children in care. The practice enhancements planned for the diligent search process will build upon and support these recent activities.

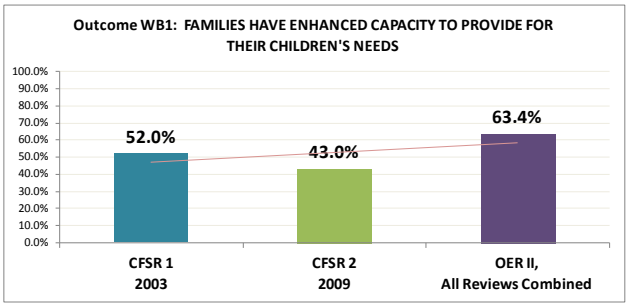
In addition to expanding the use of the Diligent Search Services Center to include the identification of grandparents, the administrative procedures (AP22) that currently outline casework activities for conducting diligent searches will be rescinded and promulgated into rule and procedures; specifically Rule and Procedures 301. AP22 currently speaks to the basic activity of finding people; Rule and Procedures 301 will provide the context and process for using the diligent search process to find more resources for children in care. Some of the concepts in the new rule and procedures will include:

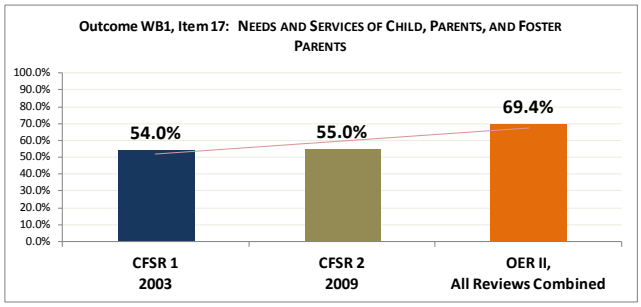
- Expediting the process of finding able and willing relatives, at the front end of the case, who are willing to provide and assist with long term care
- Expediting finding non-custodial parents

Benchmarks
End of Year 1: Completed
- The Diligent Search Center expanded to include the capability to find grandparents
- Draft of Rule and Procedures 301 completed
- Draft Rule and Procedures sent out for review by staff and outside stakeholders

Goal #3: Increase the capacity of families to provide for their children's needs.

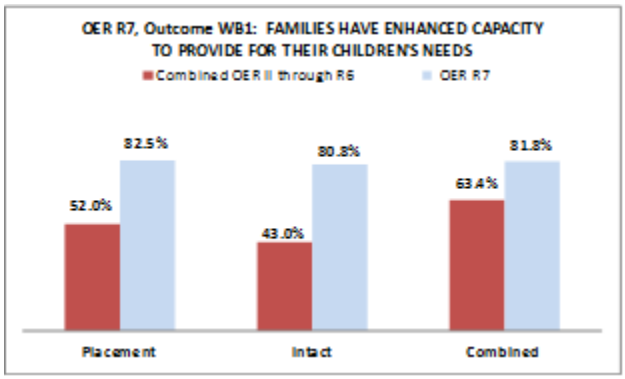
Rationale: While Illinois' performance as reflected in CFSR and OER results indicate modest improvement in Well-Being Outcome 1 (Families will have enhanced capacity to provide for their children's needs), a more detailed analysis suggests that continued efforts are needed to ensure that the needs of parents and foster parents are being better met in order to fully support the needs of children in their care.

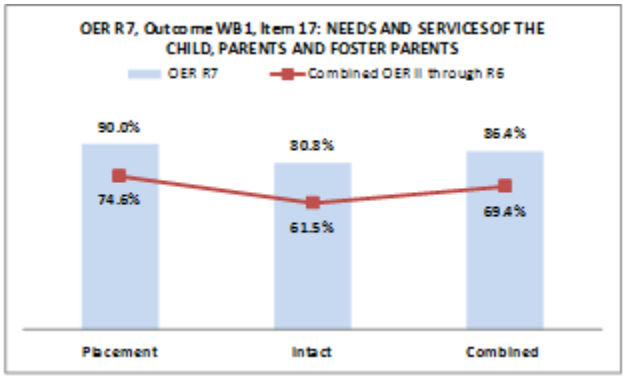




As reported in the CFSP, the above OER data further indicates that the needs of fathers and paramours in particular are not consistently being met, and that improvements are warranted in the on-going assessment of parent and foster parent needs as well as in the engagement of parents and foster parents in the case planning process.

Current OER Round 7 data suggest significant improvement:





Objectives:
- Enhance the capacity of birth parents to provide for their children's needs upon return home.
- Enhance the capacity of foster parents to provide for the needs of children while placed in their care.

- Enhance the capacity of parents as part of Intact families to provide for their children's needs.

Measures of Progress:

- Achieve a 10% increase in performance for applicable cases reviewed for Item 17 by 2019.
- Baseline: 69.4% (OER II)
- Achieve a 10% increase in performance for applicable cases reviewed for Well-Being Outcome 1 by 2019.
- Baseline: 63.4% (OER II)
- Based on the findings from the OER Round 7 (which show significant improvement and achievement of the 2019 goals), DCFS will continue to monitor these results through future qualitative reviews and other data sources.

Monitoring Plan: Ongoing monitoring of progress toward the identified measures will be done through the analysis of data obtained through the annual implementation by QA of the OER or new CFSR process.

Intervention #1: Implement the evidenced based TARGET Program

Rationale: In 2010, Illinois was awarded a federal grant to evaluate whether a specific evidence-based intervention could help stabilize and move children to permanency more quickly, Permanency Innovations Initiative (PII). The intervention, TARGET (Trauma Affect Regulation, Guidance for Education and Therapy) helps youth, their substitute caregivers and their parents when return home is the goal, with psycho-social education and training on the impact of trauma and teaches them practical skills that may be used on a daily basis for managing trauma symptomology and stress responses. The strength of the model is that it may be combined with other practices and therapies, the material is easily understood, and it has been well received by youth, their caretakers and parents, is strength-based and encourages family participation.

Through the grant, the department has trained 26 TARGET therapists across the state and 5 TARGET trainers. As part of the 2015-2019 CFSP, the Department intends to sustain the TARGET model past the PII evaluation period and offer it statewide for youth ages 11-16 years and their families (including substitute caregivers) in intact and foster placements. Eligible youth will be identified by an elevated affect dysregulation score on their Child and Adolescent Needs and Strengths (CANS). Implementation activities will include:

- Decentralizing the referral process to encourage easy access at the local level;
- Completing the training of the trainers to provide continued support, consultation and fidelity monitoring of current therapists;
- Expanding the pool of trained TARGET therapists as needed to ensure statewide access and saturation;
- Incorporating key TARGET elements into foster parent training activities.

Benchmarks

End of Year 1: Achieved

- Continue to provide TARGET to eligible youth randomized to the intervention group through PII;
- DCFS identified a program manager and intake coordinator for sustainability of TARGET by December 2014;
- Closed PII intake February 2015; and

- DCFS identified funding sources for TARGET sustainability by March 2015.

Intervention #2: Implement the evidenced-based Nurturing Parents Program

Rationale: The Nurturing Parenting Program (NPP) is an evidenced-based psycho-education and cognitive-behavioral group intervention targeted to biological parents that is aimed at modifying maladaptive beliefs that led to abusive parenting behaviors and to enhance the parents' skills in supporting attachments, nurturing and general parenting. The model was specifically designed for biological parents in families substantiated for maltreatment, and has demonstrated outcomes that support early reunification and prevents recidivism of the maltreatment and re- entry into care. The developers (Dr. Stephen Bavolek & Associates) worked with IB3 staff to modify the curriculum for foster parents. The specific goals of the model are to:

- Increase parents' sense of self-worth, personal empowerment, empathy, bonding, and attachment;
- Increase the use of alternative strategies to harsh and abusive disciplinary practices;
- Increase parents' knowledge of age-appropriate developmental expectations; and
- Reduce abuse and neglect rates.

The model will be delivered in a group setting with 7-8 families and two co-facilitators. Sessions will run approximately 90-minutes and will be delivered over 16 weeks for the Early Childhood model, and 8 weeks for the caregiver version. Home based observations are conducted to observe the implementation of the skills that have been acquired within the group. Specific outcomes that are demonstrated by the use of this intervention include: Parents participating in NPP developed more appropriate developmental expectations of their children, an increased empathic awareness of children's needs, more appropriate attitudes toward the use of corporal punishment, and a decrease in parent-child role reversal behaviors. The model receives a ranking of 3 from the California Evidence-Based Clearinghouse with a score of High for relevance to child welfare**.** This intervention will target birth parents whose children are ages 0-5, have been in care 6 months to one year or more, and who have a return-home goal. The geographic region will be determined during year one based on current data; the region selected will be outside of Cook County.

Benchmarks
End of Year 1: To be completed in FY16 (see Update below)

- Hire staff to manage the implementation
- Review data for each region to determine number of potential participants based on established criteria
- Review provider capability to train and provide NPP program
- Select provider and schedule training of trainers

Update: Earlier in the year there were some budgetary concerns, however, it is now felt that the program may execute the tasks outlined with the existing resources allocated to the waiver for initial expansion.

Progress toward Benchmarks: A staff member was identified during the 4th quarter of FY15 who is currently developing the expansion implementation plan along with the Project Director. Providers are currently being identified as a part of the expansion plan. Recruitment strategies are also being considered. Overall sustainability of the intervention in new agencies is a part of the implementation plan. The developer has approved the training of trainer plans and staff will participate during the Fall of 2015. In addition, the IB3 team is working with the developers

schedule to identify dates during the close of 2015 or in early 2016 for a 3-day training of new staff to implement the program.

Intervention #3: Develop a credentialing process for trauma-informed treatment providers.

Rationale: The Department is seeking to establish a multi-tiered trauma treatment credentialing system. To date, the Department has made insufficient progress in ensuring that counseling and therapy treatment providers have the capacity to assess and properly treat clients with primary and/or secondary trauma or in fully assessing the efficacy of existing counseling and/or therapy services on client progress and well-being. The intent of creating a multi-tiered trauma treatment credentialing provider network is to implement, through the Division of Clinical Practice & Professional Development and the Office of Contract Administration, a system that utilizes criteria for qualifications, training, client satisfaction, and efficacy of delivery for trauma-informed treatment services.

In mid-2013, DCFS convened a statewide workgroup comprised of DCFS and private agency providers to develop credentialing criteria and requirements for treatment providers (and their supervisors) of trauma focused interventions. Although an exact count of eligible providers is difficult to establish, it is estimated that between 1000-1500 DCFS counseling and POS treatment providers will be eligible. The workgroup has been focused on the development of a three-tiered credentialing approach to achieving a statewide preferred provider treatment network. Work with the Office of Training is proceeding to augment an existing data base and IT capacity to process and store provider credentialing information. An estimated budget of $80,000 for database enhancements, data entry, and management has been identified.

While all 3 Tiers have the same baseline credentialing requirements related to initial training, Tier I has a lower entry level education requirement (Bachelors) than Tiers II and III (Masters). All Tiers will need to provide documentation of completion of a number of specified DCFS and National Child Trauma Stress Network (NCTSN) sponsored educational and training activities.

Tier I criteria will focus on ensuring that treatment providers have a sufficient foundation in assessing, identifying, treatment planning, and evaluating intervention outcomes for clients in the areas of trauma-related emotional and behavioral regulatory issues. Applicants for Tier II must show documentation of training in formal Trauma-Informed Evidenced Based Practices (TI-EBP's). Applicants for Tier III credentialing must show proof of training and 'certification' in at least one TI-EBP.

Benchmarks:
End of Year 1: Achieved

- Finalized criteria for each credential tier
- Conducted outreach and marketing to providers
- Implemented the credentialing process for Tier I providers

Staff Training, Technical Assistance, and Evaluation: Staff training and technical assistance activities have been outlined as part of the discussion of each CFSP goal.
In order to support the successful implementation of the goals and objectives outlined in the CFSP, Illinois will implement a Model of Supervisory Practice. The tenets of the Supervisory Practice Model will be incorporated into DCFS policy and will require certification to ensure that all supervisors achieve a high standard of knowledge and practice. The Supervisory Practice Model is based on 4 functions of supervision: administrative, developmental, supportive, and clinical supervision which are interwoven throughout the model. This model requires that

supervisors balance these four functions, recognizing that each is a necessary component of effective supervision.

The Model requires weekly protected time for individual supervision and monthly group supervision at all levels in Operations. It is during this dedicated time with supervisees that supervisors will focus on ensuring family visitation, caseworker contact, and decision-making related to child safety, permanency, and well-being occurs.

Training for supervisors on Procedures 300 and 315 will be conducted within the context of the Supervisory Practice Model. Training modules specifically designed for supervisors will be developed to teach supervisors how to apply the tenets of the model to ensure that the requirements of Procedures 300 and 315 are consistently applied in child welfare practice. These training modules will be provided to DCFS and POS supervisors, and will be integrated into practice by field support and coaching. In addition to the procedures specific to supervisory training planned as part of CFSP benchmarks, plans are also underway to conduct an initial phase of general training to introduce supervisors to the basic components of the model, including the four functions of supervision.

The training and post-training coaching used to implement and sustain the Supervisory Practice Model will enhance the skills and abilities supervisors need to achieve the strategic goals of the CFSP. Improvement in the skill and ability to give administrative, clinical, developmental and supportive forms of social work supervision to casework staff will support and sustain improvements in child welfare outcomes for child safety, support for relative caregivers, enhanced parental capacity and family well-being, and permanency through timely family reunification or adoption.

Chapter IV – Update on Service Description

Child and Family Services Continuum

Safety Intervention System

Protecting Children: 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 they 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:

- Prevention
- Protection
- Partnership

Prevention: Child abuse prevention involves DCFS as a strong partner in the community continuum that keeps children safe. The goal of primary prevention is to identify at-risk children and families and to provide them with the supports and strategies they need to strengthen their family units before incidences of abuse and/or neglect occur. In instances where the family has undergone an investigation for abuse/neglect, whether indicated for the allegations or not, DCFS strives to maintain the family as an intact unit so long as that does not compromise the children's safety. DCFS aims to keep children safe and families intact whenever possible. Key prevention programs include:

Intact Family Services: In order to improve the service delivery and assure that families may safely remain together after services, during the past year there have been two major reviews of Intact Family Services cases and a modified Tier system. The first review was completed in response to the challenges, both fiscally and programmatically, with the new intact family services model. The second review was to ensure appropriate service provision, assess engagement, safety & risk responses, compliance, and supervision.

From May to August, 2014 there was a multi-stage review. Initially, POS and DCFS both reviewed cases internally at 5 months and cases that had been open 45 days and had been referred as a result of an unfounded investigation. Cases were assessed for the presence or absence of safety threats, status of service completion, whether the family has demonstrated the recognition of safety and risk factors and has demonstrated the integration of protective factors. These case review results were screened by the DCFS Intact Family Services Administrator. Utilizing specific criteria, cases were reviewed again by DCFS staff who volunteered to perform these reviews to assess whether cases needed additional services or could be closed. These results were shared with the agencies.

From October 2014 through February 2015, DCFS contracted with former DCFS staff to review Intact Family Service cases at both POS agencies and DCFS. These cases were at the 5, 8, and 11 month service provision point in time. Cases of concern were brought to the appropriate agency's attention for review and staffing if deemed appropriate. Patterns of non-compliance with policy and procedures resulted in in-person agency staffings. DCFS staff from Agency Performance Team (APT) partnered with Intact Family Services at these staffings. Agencies provided Improvement Plans to bring practice into compliance. APT monitored these plans.
From July 2014 to the present, Intact Family Services has implemented and is still implementing a two tier system of less intensive cases that may usually be closed safely in 6 months (Tier 1) and more intensive, multi problem cases that will usually require 12 or more months to be closed safely (Tier 2). This requires a narrative request form to be submitted by the agency to justify a Tier 2 designation to a case, which means the case is expected to be open at least a year and that there will be a higher level of service provision. Upon receipt of the request for Tier 2, Intact Family Services management staff will review the case file for service provision documentation as well as compliance. They will review engagement with the family in services, compliance with all required protocols and policies, frequency of contact with the family and worker and supervisory documentation.

In February 2015, the Intact Dashboard was activated. This Dashboard reports on 11 Performance Measures related to service provisions for Intact Family Services. The Division of Regulation and Monitoring will be using this Dashboard to assess goal achievement in relation to Performance Measures. The Performance Measures are contained in the Program Plan and are as follows:

Intact Family Services/ Family Preservation Outcome Measure	**Goal / Benchmark**
Families will remain intact during the period of intact family service provision excluding first 30 days from date of the transitional visit.	**90%**
Intact family cases will not re-open within 12 months of case closure.	**85%**
Children will not experience familial maltreatment during the time of intact family service provision.	**100%**
Children will not experience familial maltreatment within 6 months of intact family case closure.	**100%**
Length of time family served and closed will be 6 months for Tier 1. Length of time family served and closed will be 12 months for Tier 2.	**85%**
A parent(s)/caregiver(s) of an intact family case will be seen face-to-face in the family home by the assigned caseworker at least once every calendar week for the first 4 full calendar weeks following the week in which the case was assigned to the agency.	**90%**
All children of an assigned intact family case will be seen face-to-face in the family home by the assigned caseworker at least one time each calendar month beginning the first full month after the first 4 weeks of service.	**100%**
A parent(s)/caregiver(s) of an intact family case will be seen face-to-face in the family home by the assigned caseworker at least one time each calendar month beginning the first full month after the first 4 weeks of service.	**100%**
Initial (comprehensive) Assessments will be completed within 45 days of the transitional visit.	**90%**
Initial Client Service Plans will be completed within 45 days of the transitional visit.	**90%**
Supervisors will provide weekly individualized, case-specific supervision to staff as required in Procedures 302.388	**100%**

Additionally, in partnership with Regulation and Monitoring, Statewide Provider meetings are being held and will continue to be held quarterly. Various topics are presented to share information with providers and allow the opportunity for dialogue with the agencies. Finally, Intact Family Services Procedures 302.388 have been rewritten to reflect the current focus on Protective Factors, regularly assessing the safety and well-being of children in their own homes, and maintaining children safely in the homes.

Family Advocacy Centers: There are eighteen (18) service providers operating twenty-three (23) FACs located in high need communities across the state with high incidences of child removals. They are anchored by grass roots community organizations with a track record of serving high-risk families ranging from traditional social service agencies and faith based organizations to specialized agencies serving domestic violence victims and Latino communities.

Family Advocacy Centers maintain a prevention-focused, holistic approach that builds on a families' existing strengths. Although they often serve community residents, their priority goals are to provide supplemental support to parents involved with child welfare interventions:

- To help children and youth in care reunite with their natural parents as soon as possible or maintain stability in alternate living arrangements that could possibly lead to or continue permanency
- To prevent children from coming into care

FAC focus continues to be on a combination of families who have already been involved with DCFS and on families who may not have prior involvement with DCFS but who have children age 6 and under, putting them at a greater risk of severe abuse and neglect. Beginning in FY14 and continuing the centers transitioned from grant-based to fee-for-service funding, thus increasing the accountability of both the FACs and DCFS.

The transition to fee-for-service from the 50% DCFS / 50% Community caseload distribution came with challenges for some FACs. The FACs have been experiencing financial issues which put them at risk for sustainability. In FY13 the FACs served over 5,000 families prior to the change from grant to fee-for-service. In FY14 the FACs served over 3,000 families. Other major issues and barriers affecting the FACs have been a decrease in referrals from POS, DCFS, and Intact. The Family Advocacy Monitoring Team is working hard to encourage DCFS/POS teams to establish ongoing networking relationships with FACs, especially those nearest to their office locations. In addition, there were issues affecting pay for services, billing issues, changes in vouchering need for appropriate training for providers. There was also a need for sufficient technical support by staff assigned to the FAC team.

FAC continues to provide parents with the support and encouragement they need to follow through on the goals that will allow them to preserve and reunite their families. They tailor their services to the unique needs of the communities they serve. In addition to traditional counseling, referrals, and training services, FACs may also offer:

- 24-hour crisis response and systematic support 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, and classes in English and Spanish;
- Execution of intervention strategies to support the family reunification process; and
- Court ordered supervised child visitation for non-custodial parents.

Each provider has a unique array of services and approach to service delivery that is responsive to their communities. FAC programs are different, but all of them work collaboratively with "Be Strong Families" (formerly Strengthening Families Illinois) and the SPD. Most offer parenting classes or other types of family enrichment opportunities. Many offer services at non-traditional times (evenings and weekends). Family Advocacy Centers accept self-referrals as well as referrals from DCFS/POS child welfare and child protection staff. Most programs don't have geographical boundaries for clients, but in consideration of travel time, generally the provider located nearest to the client is the best choice. Family Advocacy Services are provided at no cost to the family.

Be Strong Families – Building Protective Factors in Child Welfare Involved Children and Families: In FY15, the Department continued its partnership with BSF, a not-for-profit whose role is serving child welfare involved families, youth, and young adults by providing services that build the Strengthening Families™ Protective Factors in families and children involved with the child welfare system. All services provided by BSF contribute to achieving child welfare goals. These include training workshops and cafes for both parents (foster and birth), youth, and young adults (teen parents / youth in care). Youth and young adult services contribute to building the Center for the Study of Social Policy's Youth Thrive ™ Protective / Promotive Factor framework.

Training topics offered for parents and youth included:

- Living the Protective Factors (Birth Parents and Foster Parents)
- Get on the Fast Track to Getting Your Kids Back Workshops and Booster Sessions (Birth Parents)
- Wake Up to Your Potential Leadership Training (Youth and Young Adults, Foster Parents, and Birth Parents)
- Parent / Youth Café Hosting Training (Birth Parents, Foster Parents, Youth, and Young Adults)
- Shared Parenting: Building Stronger Relationships Between Birth Parents and Foster Parents (Birth Parents and Foster Parents)

In addition, BSF provides services, educating pregnant or parenting teens on the importance of early childhood education, as well as opportunities to tour local early childhood centers in order to encourage the enrollment of their babies / young children in high quality early education programs.

BSF provides its services statewide through other agencies: Family Advocacy Centers, Child Welfare (POS) agencies, DCFS offices, Youth Providers, and community agencies (churches, schools, early childhood centers, libraries). Thus far, BSF has partnered directly with 80 agencies statewide to deliver services, which include the twenty-two (22) DCFS Family Advocacy Centers. BSF also provides tailored staff development workshops for staff members of the Family Advocacy Centers and child welfare service professionals.

Training topics offered to professionals in FY15 included:

- Living the Protective Factors
- Assisting Families with Living the Protective Factors
- Wake up To Your Potential
- Assisting and Supporting Birth Parents with Getting Their Kids Back
- Developing Collaborative Relationships Between Families and Providers
- Integrating the Youth Thrive ™ Protective Factors Framework into Work with Teens

- Trauma Stewardship
- Recognizing and Responding to Signs of Family Stress
- Communicating with Families

Within FY15 BSF has served:

- 816 youth and young adult participants (395 unduplicated)
- 1354 birth parent participants (488 unduplicated)
- 763 foster parent participants (292 unduplicated)
- 44 DCFS alumni (28 unduplicated)

Highlights from Parent Café and Youth Thrive™ Protective Factors Café evaluation summaries show:

- 90% of Foster Parents who participate in cafes report meeting someone they may add to their support system
- 97% of Birth Parents report their intent to change their behavior relative to the Strengthening Families™ Protective Factors
- 80% of Youth and Young Adults participating in Youth Thrive ™ Strongly Agree or Agree that they learned something that will help them in their life and 78% Strongly Agree or Agree that they felt more positive about themselves.

Wake Up to Your Potential Training evaluation highlights include:

- Youth and Young Adults who participated in the Wake Up to Your Potential Series:
  - 85% Strongly Agree or Agree that they understand the importance of a positive attitude.
  - 85% Strongly Agree or Agree that the training will help them deal with negative people and negative situations in life
  - 85% Strongly Agree or Agree that they feel more positive about their lives and the future
  - 86% Strongly Agree or Agree that they plan to make some changes in their behavior as a result of participating

Living the Protective Factors Training Evaluation Highlights:

- 94% Strongly Agree or Agree that they learned something that will help them as a parent
- 92% Strongly Agree or Agree that they learned ways to strengthen their family that they will put to immediate use in their lives
- 92% Excited / Motivated or Optimistic when describing their current attitude about building protective factors in their home

Get on the Fast Track to Getting Your Kids Back Workshops provide a pre-/post-session evaluation. Post session responses show slight reductions in stress levels regarding getting their kids back (52% high or very high to 44%) and slight increases in attitude (31% very positive to 41% very positive), however, many answers showed significant percentage increases.

- 92% believed they will definitely get their kids back or were optimistic (Increased from 30%)
- 92% Strongly Agree that their caseworker and the people taking care of their children are part of their team to get their children back (Increased from 64%)

Additional post survey responses showed:

- 94% Strongly Agree or Agree that they learned valuable information about getting their kids back that they have not received elsewhere

- 96% Strongly Agree or Agree that the information from the training will assist them with reunifying
- 85% Strongly Agree or Agree that they identified action steps that will help them strengthen their relationship with their caseworker

Get on the Fast Track Booster Sessions are offered to individuals who complete the workshop. Post session responses show:

- 98% describing their relationship with the people taking care of their children as Great or Good
- 90% Strongly Agree or Agree that they are taking good care of themselves
- 95% believe it's definite or are optimistic when describing their attitude about getting their kids back
- 75% Strongly Agree or Agree that they have moved forward on action steps identified to help strengthen their relationship with their caseworker

In FY16 Be Strong Families will continue providing a similar service array to child welfare audiences with an emphasis towards increasing service to child welfare populations in the southern and northern regions of the state. BSF will also focus on building the capacity of parent and youth leaders to be able to organize and deliver cafés, as well as, seek to increase the engagement of fathers through Dad Cafés. Additionally, BSF will expand Get on the Fast Track to Getting Your Kids Back services to Spanish speaking parents and teen parents and will be offering additional Wake Up! To Your Potential modules for youth and young adults.

Extended Family Support Services: 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 goal of the program is to stabilize relative caregiver households and avoid involvement of the relative and child in the child welfare system. 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; and
- Cash assistance for items needed to care for the child.

The program served 394 relative caregiver families referred between July 1 and December 31, 2014.

Norman Emergency Cash Assistance and Housing Locator Service: 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 statewide program provides:

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

The program provided cash assistance to 1,440 families and the housing advocates reported serving 766 families between July 1 and December 31, 2014.

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. Some assistance is provided to youth under the age of 21 who have a closed case to prevent the youth from re-entering foster care. The program almost always serves these youth for less than $500 per month. The program provided cash assistance to 31 youth and the housing advocates reported serving 66 youth between July 1 and December 31, 2014. The program is now working with pregnant and parenting youth during the Discharge-Clinical Intervention for Placement Preservation and the referral rate has increased substantially during the second half of FY15.

Public Education: The DCFS Communications Office conducts ongoing efforts to connect parents, caregivers and the public with child abuse prevention and child safety information. These efforts include the following initiatives in 2015:

- **Car Safety campaign:** Collaboration between DCFS and Kids and Cars, a nationally-known child safety organization, to educate the public about keeping kids safe when they are in or around cars. The Communications Office designed, printed and distributed 1,000 posters to businesses all across the state; added a new Auto Safety section to the DCFS website; partnered with the Illinois Secretary of State's Office to place a hyperlink to this page on the SOS website; and disbursed car safety checklists at multiple public and private events.

- **Child Abuse Prevention Month (April):** The Communications Office planned "kickoff" press events in Springfield and Chicago to build public awareness; joined forces with Prevent Child Abuse-Illinois and other community partners to promote child abuse prevention month via social and mainstream media; created and distributed a new poster; distributed over 5,000 blue ribbons and bookmarks across Sangamon County; and voiced a public service announcement that was made available to radio stations statewide. LaRabida Children's Hospital in Chicago displayed the poster throughout the hospital, expanding the reach of the department's prevention message to their patients and the public.

- **"You Are Not for Sale" Human Trafficking campaign:** This campaign began in 2014 and continues to grow in 2015. DCFS held two "On the Table Conversations" with like-minded organizations to discuss how to better educate the public on how to spot, report and help stop human trafficking.

- **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.

- **Get Waterwise…SUPERVISE! Campaign:** This year-round, ongoing campaign reminds parents and caregivers about the importance of actively supervising children when they are in or near water to avoid accidental drowning. In 2015, the Communications Office created a new poster to disseminate via social media and in print to our community partners; voiced a public service announcement that was made available to radio stations statewide; and held a press event in conjunction with the Red Cross, Illinois Association of Park Districts and the Illinois Department of Natural Resources.

- **Baby Safe Haven Campaign:** DCFS partners with the Save Abandoned Babies Foundation to educate the public about the Newborn Infant Protection Act which allows a mother to legally, safely and anonymously relinquish her unharmed newborn, aged 30 days old or younger, to safe haven locations across the state without fear of prosecution. In 2015, letters were sent to superintendents of each Regional Office of Education reminding them that the law must be taught in school health class. An order form was included to enable the superintendents to easily order posters and brochures free of charge. Large posters designed by the Communications Office are also located in many bus shelters across Chicago.

The Office of Communications also proactively places positive media stories to recruit foster and adoptive parents on television, radio, online blogs, newspaper articles, and social media platforms, including Facebook, Twitter, and YouTube.

Collateral materials with all of the Department's prevention and education messages are distributed at numerous community events across the state on a continuous basis.

Protection: As soon as a call is made to the Child Abuse Hotline, DCFS staff urgently takes action steps necessary to protect the child in question. Protecting children involves a strong system of screening reports, a properly assessed "front end" investigation, effective use of investigative tools, and timely service delivery. Illinois made significant gains last year by completely overhauling the 32 year-old Child Abuse and Neglect Hotline system resulting in a much more efficient and timely response. This year the Hotline has been able to hire additional staff. That improved our ability to answer and handle calls more quickly, and when a return call was required, to respond in a much shorter period of time. During FY15, calls handled the first time rose by 12.5% over FY14. Callers currently wait an average of 1 minute & 11 seconds (1:11) before their call is answered. When it is necessary to take a message and return the call to a reporter, the average time between the message and the return call is 43 minutes. The speed of the Hotline response results in expediting the transmission of information to the field offices. This in turn results in a faster response by field staff to ensure child safety and protection of children.

FYTD 2015 Monthly SCR Call Volume

Mon./YEAR	SCR Call Volume	AVG DAILY CALL VOUME
Jul-14	15,706	506.65
Aug-14	16,702	538.77
Sep-14	20,750	691.67
Oct-14	20,573	663.65
Nov-14	16,822	560.73
Dec-14	16,796	541.81
Jan-15	17,955	579.19
Feb-15	18,250	651.79
Mar-15	20,548	662.84
Apr-15	19,940	664.67
May-15	21,528	694.45
Jun-15		
FYTD	205,570	613.64

DCFS continued to make diligent efforts to maintain sufficient Child Protection Investigators on the front-line to ensure lower caseloads and timely, thorough investigations. Key strategies include a focus on answering calls to the State Central Registry quickly so information is transmitted to local investigative units in the field, providing intact family services to children who

are victims of abuse/neglect, and linking children/families who were not subjects of an indicated finding of abuse/neglect to community resources or DCFS-supported FACs.

The Department continues to meet the needs of high-risk intact families in downstate regions by assigning those families to a High-Risk Intact Specialist in many communities. These caseworkers carry smaller caseloads and provide more intensive contact and services in an effort to maintain the family unit and prevent disruption. All intact family cases in Cook County and low-risk families' downstate are served by POS agencies. All intact family services across the state are provided pursuant to guidelines set forth in Intact Family Services Procedures 302.388. These interventions are intended to be short-term, usually 6 months or less. When a call to the hotline does not meet state criteria for an investigation of abuse or neglect, but a service need is identified, the Child Welfare Intake referral system provides a casework contact with the family to assess service needs and provide linkage to appropriate community services. Community resources include such programs as our FACs and the SAFE Families program which links families to short-term voluntary out-of-home care arrangements outside the formal child welfare system. The Department is participating in a random research project to evaluate the effectiveness of SAFE Families program with a goal of expanding the support and utilization of similar voluntary programs.

Partnership: The description below highlights how partnerships with various entities continue to be involved in the implementation of goals, objectives and interventions in the monitoring and reporting of progress in the areas of safety, permanency, and well-being.

Partnering to Combat Abuse: Although the Department is charged with the responsibility to care for and serve the families of Illinois, the agency is not alone in this endeavor. A significant number of the families served also have contact with other government agencies. 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 members of the legislature. Through interdepartmental collaboration, DCFS will improve the safety net for its most vulnerable children and families. Initiatives to promote cross-agency collaboration include:

Human Trafficking: The Department has established a human trafficking coordinator to develop and implement the Department's response to human trafficking and to collaborate with other agencies/stakeholder; developed and implemented human trafficking operating procedures for caseworkers and child protection investigations; developed a SACWIS human trafficking indicator for youth in care; included human trafficking as an allegation of child abuse and neglect; and developed a media campaign which includes a poster and brochure. In addition, more than (900) caseworkers and child protection investigators have completed the Department's human trafficking training.

Illinois Partnership to Reduce Child Deaths: In recent years, accidental infant deaths due to co-sleeping with a parent or sleeping in an inappropriate environment have emerged as a major and preventable tragedy in Illinois. In response to these deaths, the Department has joined the national Collaborative Improvement and Innovation Network (COIIN) to develop policies and strategies to improve measures related to Safe Sleep practices of infants and reduce infant mortality. Over the course of eighteen months, Illinois will work with other states of Region Five to develop aims and strategies that will reduce the incidence of infant deaths associated with unsafe sleep practices. This group is spearheaded by the federal Maternal Child Health Bureau. DCFS staff participate in this team along with various governmental, medical, educational, and POS agencies across Illinois and the participating States of Regions Four and Six.

Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC): MPEEC primarily provides expert medical evaluations for abuse allegations of serious harm injuries to children under three, including bone fractures, internal injuries, head trauma, burns and bruising for children up to 36 months of age in Chicago. MPEEC is a consortium of the Chicago Children's Advocacy Center (CCAC), John H. Stroger, Jr. Hospital of Cook County, Lurie Children's Hospital, and the University of Chicago Comer Children's Hospital. MPEEC provides mandated medical expert consultation and written opinions; education of DCFS personnel, medical professionals, and police investigators on the medical diagnoses of child abuse and MPEEC investigative procedures; and expansion of medical expertise in the field of child abuse.

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.

Engaging Experts to Prevent Child Deaths: Under Illinois law, the state's 9 Child Death Review Teams (CDRT) review the death of every child related to abuse or neglect as well as any death of a child for other causes who had current or recent involvement with the Department. CDRTs bring together experts from child welfare, medicine, law enforcement, public health, and other fields in a multi-disciplinary effort to keep all children safe. Since their creation in 1994, CDRTs have made hundreds of recommendations to the Department not only to improve investigations and case management, but also to support advocacy to reduce preventable child deaths, whether from abuse, neglect, or accidental causes. Many of the CDRT recommendations have been incorporated into the Procedures 300 revisions and revised allegation system which will become effective during FY16. Partnering with the OIG to Reduce Systemic Errors

Multi-Subject Error Reduction Training: In FY14, the OIG conducted 5 Multi-System Error Reduction Trainings for 64 private agency staff. An additional 16 staff from DCFS' training division also attended. The training provided an overview of three Error Reduction Initiatives:

1) The Young Parent Training: Intact and placement staff received an overview of the Young Parent Training, and learned how to adapt the model of the Young Parent Training for all parents who are on their caseload, whether in DCFS or not. This training emphasized the importance of engaging in interactive, discussion-driven interventions with young parents.

2) The Bruising Training: While DCFS child protection investigators, supervisors, and managers were trained on Error Reduction practices in investigations of cuts, welts, and bruises, POS never trained on this material. At this training, POS were trained on how to differentiate between accidental and non-accidental bruising in infants and toddlers. All attendees received copies of a bruising poster developed by the OIG, to bring back to their agencies. The poster provided illustrations that 1) showed the prevalence and distribution of accidental bruising in infants; 2) contrasted high-suspicion and low-suspicion bruising in infants; and 3) presented autopsy findings of non-accidental bruising in injured children. Attendees also received a guide that accompanied the poster and provided additional information to help them effectively utilize the illustrations as teaching tools. To better inform parents, agencies requested additional posters to distribute in offices and visiting rooms.

3) Grief and Loss: This final portion of the training educated workers on ways to support youth and families experiencing loss. Participants viewed two films developed by the OIG. The first video presented an ethics panel made up of a state's attorney, 2 ethicists,

a caseworker, and a POS director with the dilemmas and disagreements between foster parents and a caseworker trying to decide whether or not to tell a soon-to-be-adopted seven-year-old foster child about the possible imminent death of his biological mother. The panel explored the ethical challenges in this case scenario, and discussed whether the child should be told of his biological mother's terminal illness and be permitted to see her before she dies. The second video, developed in collaboration with Lurie Children's Hospital Heartlight project, presented a hospital social worker discussing the continuing process of grief and mourning facing young children in state care. A revised publication, *Grief and Loss, Spiritual Support and Child Welfare: A Handbook for Hospital Chaplains and Child Welfare Professionals* was distributed to trainees. This publication, developed through a joint project by the OIG and the University Of Chicago School Of Social Service Administration, was designed to give guidance to DCFS and POS staff, and explores children's responses to loss by providing a developmentally-appropriate lens to understand children's sorrow. Different religious responses to death and grief are highlighted, to promote religious sensitivity around a family's grief and mourning practices. The handbook includes a statewide list of children's hospitals with chaplains, and other grief and loss resources that may offer assistance to caseworkers and families.

Education Training: A recent OIG investigation determined: 1) many eligible youth do not enroll in a post-secondary education program; and 2) those youth that do enroll often drop out before completing a degree. Many of these students are struggling academically and rarely receive the support they need to succeed. Often, youth and caseworkers are uninformed about the eligibility requirements for financial aid, and operate under the misconception that because the student is a ward, the Department will pay for their college education.

In FY15, the OIG, the Cook County Office of the Public Guardian, and the DCFS Office of Education and Transitional Services will conduct training for GAL and POS staff. Representatives from the City Colleges of Chicago, OETS, Illinois Student Assistance Commission, DCFS Education Liaisons, and the UCAN Education Mentor Program will discuss supportive resources available to post-secondary wards.

Two "frequently asked question" resource guides, one for youth and one for professionals, are being created to address issues around paying back loans, dropping classes, and losing financial aid will be available at the training. Staff from the OIG, the Cook County Office of the Public Guardian, and the OETS are collaborating to develop the guides.

Judicial Education Conferences: In January and April 2014, the Inspector General of the DCFS, Northwestern University Feinberg School of Medicine, and the Kempe Foundation for the Prevention and Treatment of Child Abuse and Neglect gave presentations on *Understanding and Interpreting Evidence in Child Abuse and Neglect Cases* at the Administrative Office of the Courts Judicial Education Conferences. Seventy-eight family law judges attended the sessions.

Young Parent Training: The OIG and the Teen Parent Services Network (TPSN) designed the Young Parent Training in 2011 to help lower the mortality rate among DCFS young parents' children (See FY11 OIG Report, *10-Year Review of Deaths of Children of DCFS Parenting Teens*). The interactive, discussion-driven training aimed to educate young parents on how to:

- understand the importance of always placing their child to sleep in a safe environment (alone, on its back, in a crib, without any heavy blankets/bedding/toys/bumpers);
- develop non-violent and soothing responses to infant crying;

- develop appropriate and supportive responses to challenging developmental behaviors of toddlers and preschoolers;
- understand the mechanics of abusive head trauma; and
- recognize warning signs for potential domestic violence to a child and/or a parent.

The TPSN has the responsibility to coordinate the Young Parent Trainings statewide. In FY14, TPSN coordinated 31 trainings (6 trainings for young fathers and 25 trainings for young mothers). TPSN invited 218 young parents to participate, and 145 (66.5%) young parents were trained (18 fathers and 127 mothers). Eighteen (72%) of the young fathers invited to participate in the training came to the training. However, the number of fathers trained represented only a small proportion of young ward fathers within DCFS. TPSN must increase the attendance rate for its fathers.

Train the Trainers: In FY14, the Young Parent Training was enhanced to educate young parents on how they may promote their infant's brain development through talking, touching, reading or playing with their child. In addition, parents learned about the effect of trauma or neglect on an infant's brain development. Parents were also taught how to discern the difference between accidental and non-accidental bruising in infants and toddlers. Staff from the Office of the Inspector General and the Teen Parent Services Network provided two enhanced "Train the Trainer" events. Thirty-nine previously-certified trainers attended the enhanced training and an additional 15 caseworkers and supervisors became certified as training facilitators. The 54 participants may now provide training to young parents served by their respective agencies.

Ongoing Monitoring of Young Parent Trainings: Through the continuous efforts of the OIG and the TSPN, the young parent trainings are tracked and monitored to assure attendance and consistency with the trainings' methodology.

During a review attendance and participation at young father's trainings, Office of the Inspector General staff found that although there was success in replicating the young mother's trainings, TPSN failed to adhere to the model of the young father's trainings by not encouraging the fathers to take home infant simulator dolls, which resulted in their underutilization.

The original model for young father's trainings included an overnight training activity where young fathers took home a "robotic" infant doll for 24 hours. A computer chip in the doll tracked the youth's responses to the everyday stresses of a caring for an infant, and recorded how the youth responded to the infant doll's needs. When the doll was returned, the data collected on the young father's performance was reviewed, and each father received individualized feedback about his parenting responses. In the past, young fathers favorably evaluated the infant simulator exercise and felt it helped prepare them for parenthood. Presently, the Office of the Inspector General and TPSN are exploring more effective strategies to increase full participation in the training; the Office of the Inspector General is working with TPSN increase fathers' attendance, to re-integrate the infant simulator activity back into the young father's trainings, and to encourage young fathers to participate in this aspect of the training.

Community Map Training: Over 10 years ago, the OIG and the TPSN trained staff working with pregnant and parenting wards on the use of an Eco-map, a working tool that identifies both formal and informal support systems within the young parents' community. The case manager and the young parent were expected to collaborate to identify resources and also through the caseworker's modeling establish in-person relationships with the young parents' community providers. The introductory half-day trainings took place at state-of-the-art Head

Start programs (Carole Robertson Center for Learning and El Valor). The training activities required workers to walk through the neighborhood and visit community resources such as settlement houses, title X clinics, local libraries, park districts, and early childhood education centers. The threefold intent of the training was to 1) give the case workers knowledge of existing community-based agencies; 2) to understand the importance of developing personal relationships with community-based agencies that enrich a young family's well-being; and 3) to model for the young parent how to utilize services for his/her family. A young parent should not be expected to seek out services in isolation, and as was stated often during the training, *a referral should never be a blind date.*

While TPSN incorporated Eco-map training as part of their annual multi-day specialty trainings for all pregnant and/or parenting teen case managers, a 2014 OIG investigation determined that these case managers were unaware of community resources and were not introducing or modeling for the young parent how to utilize the resources in their community.

A review of the training methodology revealed the trainings had deteriorated to become only classroom exercises with "paper tigers" rather than the hands-on event of workers walking and learning about the community with the young parent. Workers had been directed to contact community providers and complete the Eco-map as part of a homework assignment. The map was then to be submitted for training credit to TPSN. Despite this requirement, a review of the FY14 training data revealed that of the 32 workers who attended this classroom training, 87.5% never returned a map for training credit. Of those maps that were returned, none involved personal contacts with community-based providers. Because there was no fidelity to the original training model developed by the OIG, Community Map training was re-instituted.

It is hard to change a culture when workers are entrenched in an office approach and view a young parent's community as being only her apartment and the staff office. A community-based approach requires diligent efforts by the caseworkers to build a supportive village around a young parent and their child. An institutional approach has failed in the past and will continue to fail. Securely rooting a young person and their child in their community is the first step toward building a supportive environment.

To remedy the training deficits, staff from OIG and TPSN jointly conducted revitalized community map trainings, with the original approach of emphasizing in-person contacts with neighborhood service providers. To demonstrate the process of "getting out into the community," the training was held at four different neighborhood service providers in the Roseland community of Chicago. Each of the community providers described the services that they offer to young families.

A community map training was also conducted in Springfield for 23 caseworkers and like the training held in Chicago this community map training demonstrated the process of "getting out into the community," by taking caseworkers to community-based providers in the Springfield area.

Each caseworker was to return to their agency and visit community resources with one of their young parents. There will be an objective review of the completed community maps to ascertain if the caseworkers used a community-based and task-centered approach. Community map training will be adapted for use in rural areas. The Hill-Erikson consultant is advising the Department on revising DCFS procedures for young parents. The new procedures will require community mapping for all DCFS young parents.

Substance Affected Families: Abuse of alcohol and other drugs are frequent accompaniments to incidents of child abuse or neglect. The Department's intervention with Substance-Affected Families (SAF) is a collaborative effort between DCFS and the DASA. DASA is located in DHS.

Department policies and procedures describing intervention and services to substance affected families, establish the following requirements:

- Child protection investigators must complete a substance abuse screen for all adults in a household when child abuse/neglect is reported. The screening instrument identifies physical signs and symptoms that may indicate substance abuse.
- Child protection and child welfare staff must refer parents or caregivers for assessment and treatment when indicated.
- Enrollment of preschool children who are members of an intact family in protective day care.
- Collaborative monitoring of progress by the DCFS and DASA staff, including regular home visits.
- Urine and toxicology testing when clinically appropriate.
- The provision of education and treatment services to the individual's children and other family members.
- Back up child care plans.
- Ongoing risk assessment, including for families who are making satisfactory progress in treatment.
- Completion of the AODA (Alcohol and Other Drug Abuse) Recovery Matrix.

Additional information regarding AODA services is located in the Title IV-E waiver section of the APSR.

Children and family members involved with DCFS are assessed at entry, transition, and multiple other milestones within the life of a DCFS case. DCFS caseworkers, clinicians, and specialty staff primarily use the Child and Adolescents Needs and Strengths (CANS) assessment tool to identify and measure service needs. The table below indicates the number of children and adults involved with DCFS who were identified on a CANS assessment as having actionable substance abuse needs during FY14. The CANS assessment tools actionable items are defined as those needing action with a moderate degree of severity or those needing immediate, intensive action.

DCFS Involved Youth with Actionable Substance Use

Any FY-14 CANS

Age	Number	Per cent	Cumulative Percent
0-5 yrs *	52	5.50	5.50
6-14 yrs	71	7.51	13.02
15-18 yrs	525	55.56	68.57
19-21 yrs	297	31.43	100.00
Total	945	100.00	

*children age 0-5 reported due to prenatal and/or environmental substance exposure

DCFS Involved Bio-Parents w Actionable Substance Abuse
Any FY-14 CANS

Caregiver Type	Number	Percent	Cumulative Percent
Bio Fathers	1,627	36.13	36.13
Bio Mothers	2,876	63.87	100.00
Total	4,503	100.00	

Array and Collaboration for Substance Abuse Services: Substance abuse services are designed to reduce, defer or eliminate substance abuse and/or chemical dependency through the use of intervention, treatment and ongoing recovery support programs. Services provided by the Department include screening, referral, treatment, drug-testing and recovery support. Substance abuse treatment services are available to children and adults. Many of the substance abuse treatment services are provided through a cooperative agreement with DASA.

DASA/DCFS Family Recovery Partnership: This partnership is a collaborative program between the two departments which began in 1995. This initiative provides screening of alcohol and substance abuse issues and referral by DCFS/POS, timely access to assessment and treatment for DCFS involved families by DASA funded providers, enhanced outreach and case management for families receiving treatments, written monthly progress reports to caseworkers, and removal of barriers to treatment for families (e.g. child care, transportation). Services are available through a statewide network of substance abuse providers funded by DASA to serve referrals from DCFS/POS. Caseworkers may access contact information on referral agencies on the Department's internal web site, the D-Net. The site also provides step-by-step instructions on making a referral for substance abuse treatment services, tips on drug testing and discharge planning, support group resources, and information on problem gambling and other addictions. Data on DCFS involved individuals served through the Family Recovery Partnership are provided in the following table.

Services to DCFS Involved Individuals and Families

	State Fiscal Year							
Served in DASA Programs	2011		2012		2013		2014[1]	
	Services	Individuals	Services	Individuals	Services	Individuals	Services	Individuals
DCFS Individuals admitted	10,200	6,087	9,867	6,147	9,439	6,067		
DCFS Individuals discharged	7,901	4,796	7,478	4,754	7,738	4,911		
Individuals successfully discharged	3,271	2,230	3,109	2,265	2,952	2,233		
Males	3,261	2,218	3,089	2,216	2,838	2,139		
Females	6,939	3,890	6,778	3,944	6,601	3,942		
Children (<13)	19	12	18	14	19	19		
Adolescents (13-17)	996	650	948	679	623	540		
Adults (18+)	9,185	5,435	8,901	5,469	8,797	5,522		

Source: Illnois Department of Human Services; Division of Alcoholism and Substance Abuse (DASA)

[1] Data not yet available

The Intact Family Recovery Program: The Department has established the goal of safely preserving families whenever possible. DCFS attempts to keep children and families out of the

court and foster care systems by providing intact, in home services to strengthen families and protect children. The Intact Family Recovery (IF/R) program model was first developed by the DCFS Inspector General in response to child deaths and injuries in cases involving the birth of a substance exposed infant.

The IF/R teams child welfare and alcohol and other drug abuse (AODA) outreach workers together to provide comprehensive services to intact families during the process of recovery from alcohol and other drug abuse. Successful treatment and recovery from alcohol and other drug abuse may take up to two years.

The IF/R program is designed to last 18 to 24 months and provide continuous support and services to the substance affected family. The program targets families where an infant has been born exposed to controlled substances. The program serves families in Cook County. Services are delivered in three phases:

1) During Phase I, the team helps the substance abusing parent prepare for treatment, including arranging for child care. The team will also assist in arranging for medical care, school assessments and additional services for children that are important in order for the parent to enter treatment.
2) During Phase II, the IF/R team provides support during treatment and works to strengthen parenting skills as well as develop personal goals and aftercare plans.
3) During Phase III, the team supports the family in maintaining recovery, continuing to strengthen parenting skills and reaching personal goals.

The program is intended first and foremost to ensure the safety of the newborn child. The IF/R team, acting on behalf of DCFS, will monitor the infant to ensure that he or she, as well as other minor siblings, receive appropriate care. The IF/R case managers also advocate for the family with schools, doctors, DHS and other agencies when necessary to improve child well-being.

The parent is considered part of the IF/R team. Although recovery takes a lot of work, being part of a team may provide additional support that may help balance responsibilities and strengthen the recovery process. The IF/R team may help connect the family to a flow of services and resources that are important for recovery. The IF/R team will also work closely with the parent to identify and develop strengths and personal goals. Lastly the IF/R team works with the parent and other family members to create positive lifestyle changes. Reaching and maintaining recovery allows parents and families to take control and produce long-lasting, healthy changes in their lives. The IF/R program currently operates in Cook County. One team of child welfare and alcohol and other drug outreach and case management workers serves each of the three DCFS Cook County regions.

Data on families served and outcomes for previous state fiscal years are provided in the table below.

Intact Family Recovery (IFR) Program		
	Fiscal Year	
	2013	2014
Number of families served	186	212
Referrals to the IFR program	76	78
Successful case closures	36	42
Neutral outcomes (relocation, private guardianship, other outcomes)	12	14
Families moved to Temporary Custody	12	20
Alcohol and other drug treatment summary		
Clients served (all adults)	191	N/A
Clients receiving AODA treatment	168	169
Residential treatment	75	64
Outpatient treatment	144	118
Medication assisted treatment	47	44
Methaone	40	39
Suboxone	7	5
Treatment Completions		
Clients successfully completed treatment	102	79
Clients with unsuccessful treatment discharge	45	41
Clients successfully re-engaged after unsucessful discharge	23	23

Children's Advocacy Centers: The 37 Children's Advocacy Centers (CACs) across the state serve 92 of 102 Illinois counties. There are 32 centers distributed downstate, some serving multiple counties, while 5 are located in Cook County. CACs were initially created to meet the special needs of children who have been sexually abused and this remains the highest population served via the CACs. In FY14 the CACs service 10,528 children; 88% of those children were referred due to issues of sexual abuse. Most of those referrals (74%) were initiated by DCFS. In 2008 the CACs began assisting with serious harms including death and physical abuse. In FY14 10% of CAC referrals were due to physical abuse/death of a child. Over the 2 years the CACs have increased their services by accepting referrals for other types of harm including human trafficking and failure to thrive cases, with these referrals constituting about 2% of all families served.

The CACs continue to play a critical role in coordination of investigative activities utilizing a multi-disciplinary approach. They bring together child protective services, law enforcement, state's attorneys, medical, and mental health providers to ensure thorough, victim sensitive interviews and interventions. Level of children receiving forensic interviews have steadily increased in Illinois since 2011. The CACs also provide support and services to families after the victim sensitive interview. 30% of children interviewed at a CAC also received medical evaluations there to further evaluate the alleged abuse. On average, over 4,500 clients receive advocacy or other support services on a monthly basis from CACs. Our statewide Children's Advocacy Centers of Illinois, based in Springfield, works in partnership with the local CACs to strengthen practice & policy, track outcomes, promote achievement of accreditation standards, and assist with financial management. Most CACs receive local funding from their counties or townships. DCFS, other state agencies, and national organizations supplement the local funding of these programs.

Illinois Community-Based Child Abuse Prevention Activities: In general, Community-Based Child Abuse Prevention (CBCAP) grant funds are used to support primary prevention (universal) programs and strategies which are available to all families, as well as secondary (targeted) prevention efforts, which target children and families at risk for abuse or neglect.

The programs supported through CBCAP and/or matching funds provided core and adjunct services designed to prevent child abuse and neglect. Each program's activities were reflective of the purpose, values and spirit of our CBCAP legislation. This legislation played a key role in assuring that a continuum of services; including prevention, intervention, and treatment were available in our Illinois communities.

Illinois is the fifth largest state in the nation. It is home to over 12.8 million people. There is a mix of industries and world class educational institutions. At $721 billion, the state's economy is the fifth largest in the nation and larger than that of many independent nations.

According to a March 2015 Human Services Databook published by Social IMPACT Research Center of Chicago, 649,694 (10.3%) Illinois citizens are unemployed. More than 25% (391,538) of Illinois households are "rent burdened", which means families exceed the national average and spend more than half of their total income on rent. The number of families with children living in poverty is 255,883 (16.4%), and 39.6% of those families living in poverty are headed by single females. Just over 6% (808,855) children under five years of age and 185,935 (17.6%) of youth between 12-17 years are living impoverished lives. Those living in Illinois who are survivors of domestic violence comprise 8.5% (832,229), and 6.1% (598,590) of our population are survivors of sexual violence.
No single agency or system may successfully undertake all of the broad tasks and initiatives that encompass family welfare today. Rather these activities necessitate collaboration and

cooperation. This calls upon service providers, community members, and government agencies to be creative in thinking about these issues and in designing action plans. The lead agency is dedicated to reaching out to address the unique needs of families, schools, and communities, from rural to urban.

In FFY14, DCFS continued its commitment to join with agencies and organizations to expand its focus, achieve common goals, and to facilitate supports to those with unmet needs, especially those in situations where the potential for abuse and neglect was heightened. These activities included expanding or enhancing community-based, prevention-focused programs and accessible, effective, culturally appropriate activities to strengthen and support families. CBCAP and matching funds build upon existing strengths.

The programs being funded through CBCAP and matching funds are collectively diverse in population served and the types of services offered. This promotes a wide variety of interests and collaborations across the state. These affiliations and cooperative agreements range from statewide child abuse prevention coalitions at the community level to the creation and professional growth of the Coalition for Crisis Nurseries of Illinois. Served are children, parents and family units of all ages, races and gender having mental, emotional and/or physical challenges. Life situations are resolved in various ways from parenting education programs to the recruiting and training of CASAs.

CBCAP will maintain its contractual relationship with Prevent Child Abuse Illinois (PCAI) that has existed for many years. Prevent Child Abuse Illinois assists CBCAP with statewide coordination of primary and secondary prevention activities in many ways and promotes systemic change everywhere across the state. It is the most visible project funded through a blend of CBCAP and CAPTA grant monies.

Primary prevention services are open to anyone, including social service professionals, parents, foster and adoptive parents, youth serving organizations, childcare providers, law enforcement, home visitors, early childhood educators, school administrators and teachers, pregnant and parenting teens, volunteers, and state employees, including DCFS staff.

Child abuse and neglect prevention services are provided through public awareness campaigns, literature distribution, community education, resource and referral assistance, technical assistance support for agencies and programs, and direct client/consumer training including the annual statewide conference.

Services are scheduled as needed and requested. In some cases services are conducted on a monthly or quarterly basis such as committee and coalition meetings, provider networks, and ongoing workgroups. Below is a partial listing of activities and services provided for each of the 7 key program areas purchased through contract:

1) **Child Abuse Prevention Coalitions:** Project staff members provide leadership and coordination for community-based Child Abuse Prevention Coalitions. They form new coalitions to address specific child abuse issues and needs within local communities. Staff members facilitate meetings, chair committees and help plan events. Staff also coordinates the activities of the coalitions with other groups including DCFS, the Family Violence Coordinating Council, the Children's Mental Health Partnership, and others. Support includes identifying grants and funding sources, coordinating Child Abuse Prevention month activities, developing resources, and addressing local issues. PCA Illinois provides Child Abuse Prevention Coalitions with reduced registration fees for the PCA Illinois Annual Conference and access to all PCA Illinois workshops, trainings and

prevention education materials. When needed, PCA Illinois is available to act as a fiscal agent for coalitions receiving grant funds. Program staff members chair the Child Abuse Prevention Coalitions Advisory Committees, which are made up of representatives from the various local coalitions. In addition staff plan and coordinate an annual Child Abuse Prevention Coalition Summit.

2) **Preventing child sexual abuse:** PCA Illinois' Child Sexual Abuse Prevention Program supports efforts in the state to help prevent child sexual abuse and its devastating effects on children, families, and society as a whole. All four Prevention Specialists and the Project Director are certified facilitators of the evidence-based Stewards of Children child sexual abuse prevention curriculum developed by the Darkness-to-Light organization. The three-hour training follows a 7-Step training model. These steps are: (1) Learn the facts and understand the risks; (2) Minimize opportunity; (3) Talk openly about it; (4) Stay alert; (5) Make a plan; (6) Act on suspicions; and (7) Get Involved. Each training participant receives a workbook that contains vital information and resources which supports continued learning and prevention efforts. Individuals, programs, organizations and communities are asked to examine their current policies and develop new policies which protect children and create an atmosphere where child sexual abuse is not tolerated. In addition to providing training PCA Illinois staff members provide the support needed to develop and implement these new policies and take child safety to the next level. Darkness to Light reports that for every one adult trained, ten children are better protected.

   In addition, PCA Illinois' Child Sexual Abuse Prevention Program provides public awareness and educational materials and works in partnership with local and statewide Child Advocacy Centers and other agencies working on this issue.

3) **Promoting infant care and safety:** Caring for a new baby may be a challenge even for the most experienced parent or caretaker. Some babies come with special challenges and often best-practice recommendations on caring for an infant change from generation to generation. Prevent Child Abuse Illinois works with parents, foster and adoptive parents, childcare providers, and professionals working with caregivers to understand the issues of safe sleep environments and infant crying (The Period of Purple Crying) which has been known to trigger Shaken Baby Syndrome (Abusive Head Trauma) and other forms of abuse.

   The Happiest Baby on the Block is an evidence-informed curricula developed by Dr. Harvey Karp. This curriculum teaches participants five simple techniques for soothing a crying infant. Six PCA Illinois staff members, including the project director, all four Prevention Specialists, and the Healthy Families Illinois Associate are certified Happiest Baby Educators. The Happiest Baby Program also addresses safe sleep environments and the dangers of shaking an infant or young child. The class provides hands on practice of the five techniques. Parents are given a parent kit which includes a take home DVD and infant soothing CD. PCA Illinois' Happiest Baby Program is made up of three base components which include providing parent training, assisting other programs and professionals to become certified Happiest Baby Educators and the development of an Illinois Happiest Baby Network.

   Shaken Baby Syndrome (Abusive Head Trauma) is a medical term that describes the injuries that occur to infants who are violently shaken by a caregiver. The purpose of PCA Illinois' *Shaking a Baby Can be Deadly Campaign* is to provide public awareness and education throughout the state on Shaken Baby Syndrome and its prevention.

Components of this campaign include literature and material distribution, parent and professional training, and area wide Train-the-Trainer events.

4) **Addressing the connection between substance abuse and child abuse:** PCA Illinois coordinates and facilitates two established DCFS/Illinois Division of Substance Abuse workgroups in the Central Region and Southern region as well as provides cross-training and technical assistance between child welfare agencies and substance abuse treatment providers. Project staff members help resolve referral issues and find needed treatment resources. Staff members coordinate and provide community training on methamphetamine abuse and its impact on children, current drug trends, and other substance abuse issues. Staff members serve on Community Drug Coalitions, partner with the Illinois State Police, the Drug Enforcement Association, local law enforcement agencies, and others to address substance abuse issues. The Southern Region Prevention Specialist chairs and coordinates the Methamphetamine and Other Drug Conference annually. Staff members provide brochures and other educational material to professionals to help them work with families impacted by this issue.

5) **Addressing the connection between family violence and child abuse:** PCA Illinois works in close partnership with the Illinois Family Violence Coordinating Council (IFVCC), other violence prevention initiatives, and local domestic violence shelters. Project staff members chair committees, provide support material and resources, coordinate and provide training and cross-training on the connection between family violence and child abuse, provide technical assistance, and help resolve referral and service issues. In addition, staff members develop training curricula, provide resources on childhood trauma, and serve on statewide committees and workgroups.

6) **Child Abuse Prevention Month Leadership and Prevention Awareness Activities:** Prevent Child Abuse Illinois has provided leadership for Child Abuse Prevention Month Activities for the past 16 years. Activities include launch events, media conferences, Community Campaign Awards, local community involvement, collaborative efforts with other statewide groups, and a state calendar of events. This effort is in partnership with the Illinois Department of Children and Family Services and includes these additional components each year:
   - Advisory Committee
   - Regional Subcommittees
   - Community Resource Packet
   - Blue Ribbon campaigns
   - Pinwheels for Prevention campaigns
   - Involvement of Child Abuse Prevention Coalitions

   In addition, program staff members conduct training, provide community workshops, organize Child Abuse Prevention month events, coordinate Child Abuse Prevention month committees, provide technical assistance and distribute prevention materials.

7) **Promoting home visitation programs for new parents:** Home-Visitation is a strategy that is essential to enhancing support for our country's youngest children. Project staff members work with all types of home-visiting services including *Parents as Teachers*, *Early Head Start*, *Healthy Families Illinois*, *Nurse-Family Partnership* and others. Project staff members serve on the Healthy Families Illinois Workgroup, its Executive Committee, and co-chair its Public Awareness Committee. Staff members facilitate regional networking groups, provide training, provide specific home-visiting workshops,

other opportunities at our annual conference, and support the federal Maternal Infant Early Childhood Home-Visiting grant (MIECHV), originally the Illinois Department of Human Services Strong Foundations Home-Visiting project. Staff members work with home-visitation programs to help their staff become Happiest Baby Educator certified. Staff members also assist Healthy Families Illinois sites with accessing credentialing and affiliation support.

Client satisfaction surveys are utilized and compiled for all trainings and conferences. Quarterly reports track literature distribution, resource and referral requests, as well as participation in ongoing workgroups, networks and collaborations.

Next year, DCFS will continue to develop prevention and public awareness as well as initiatives such as the following:

- "How Well Do You Know Your Partner?"; "When Is It Safe to Leave My Child Home Alone?" and other campaign brochures.
- Launching statewide campaigns in schools such as the successful "You Are Not Alone" campaign.
- Prevention messages to social media, including Facebook, Twitter and Instagram.
- Statewide Blue Bow/Blue Ribbon Campaigns and Child Abuse Prevention Month speaking engagements.
- Targeted media outreach about prevention in English and Spanish.

The Department will continue to keep relevant parent resources about prevention of child abuse and neglect available on the DCFS website.

The CBCAP Lead's activities that contribute to positive systemic change include requirements that grantees embrace activities in line with current research. This is done through the required use of evidence-based, evidence-informed or evidence-supported program activities; the development of logic models; reporting about quantity and quality measures; as well as tracking program improvement indicators that illustrate how each of their federally-funded programs will contribute to the development of protective factors in the areas of child safety, permanency, and well-being. The programs are also focused on several agency outcomes relating to self-accountability.

One of the needed systemic changes made through CBCAP was the decision to focus on helping our military families. DCFS approved CBCAP's support of a pilot project that has since expanded in the Chicago collar-county areas. The Military Families project continues as a joint effort among DCFS-CBCAP, the National Military Family Association-Illinois, Chicago Home and Aid's program Parents Care & Share, and the Alexian Brothers, a faith-based entity. This program is a result of a single collaboration among a faith-based agency, a larger community agency, a state agency, and the federal government.

An additional change that needs to be addressed systemically is recognition of the connection among preventing child abuse, domestic violence, elderly abuse, and animal abuse. CBCAP funding has not been identified for this venture; however, more people are becoming aware of the strong connection among these behaviors and incorporating ways to address child well-being, permanency and safety through newly developed child welfare indicators and outcomes. Trauma-impacted children and adults fare much better emotionally and mentally when the family pet accompanies them into a shelter. Illinois is just beginning to deal with this connection through the passage of a reciprocal reporting mandate that involves Child Protection Specialists and Department of Agriculture Investigators.

Across Illinois we are seeing the establishment of domestic violence shelters that encourage victims to bring the family's pets when they decide to leave an abusive home. Those fleeing domestic violence may bring pets to shelters in these Illinois cities: Chicago (2), Decatur, DeKalb, Naperville (2), and Princeton. Complete contact information for all states may be found at the Humane Society website.

Foundation grants are being made available to convert existing domestic violence shelters to shelters that may take family pets as well as adults and children. Grants are being made available to expand no-kill animal shelters to house pets for those victims leaving domestic violence situations. (http://www.redrover.org/program/redrover-relief) (http://alliephillips.com/saftprogram/?doing_wp_cron=1429560390.2044439315795898437500) Agencies funded last fiscal year provided services meeting many community needs. Most contracts will be continued into FY16. Contracting decisions for funded providers are based upon Department direction. Any potentially new grantees must describe how, through their evidence-based services, they will promote child safety, permanency and wellbeing.

In awarding local grants under this title, DCFS gives priority to effective community-based programs serving low income communities and those serving young parents or parents with young children. We also assess other services offered in the immediate and surrounding areas.

Generally, when new general revenue funds become available and a Request for Proposal (RFP) is published, applicants are directed to the Illinois Central Management Services website.

The most recent solicitation, which is considered less formal than an RFP, was originated through The Statewide Committee on Child Abuse and Neglect (SCAN), a citizen's committee, and is funded by the Child Abuse Prevention Fund. SCAN has reviewed applications that came to the Department in response to that solicitation.

The prevention programs being funded through CBCAP matching funds in FY16 are:

Crisis Nursery: This grant supports our Safe Children program, a primary prevention program that provides emergency respite care for children whose families are in crisis.

Sinai Community Institute: Goals of the Sinai program will be to work with 50 parents using the six Protective Factors model of Strengthening Families. This model focuses on:

- Parental Resilience
- Knowledge of parenting and child development
- Concrete support in time of need

The SCI parent education program will address parents' immediate needs. Parents will obtain skills and services that may lead to successful parenting.

Sinnissippi Centers, Inc.: This contract is dedicated to a parenting initiative designed especially to meet the needs of high-risk parents who have not had an upbringing that serves as a source of strength and knowledge. Staff will utilize the Parenting Journey curriculum to assist parents in developing strong parenting skills and Parent Cafes to provide support in building protective factors.

Teen Parent Connection: The Teen Parent Connection's Adolescent Family Strengthening programs work closely together to promote permanency by providing a continuum of support;

beginning before birth through the first 5 years of a child's life. The services supported in this DCFS contract include Teen Parent Connection's Parent Groups (Known as "*Baby Steps"*), which provide teenage parents with education, resources, and peer support that promote positive parenting practices, helping to prevent child abuse, neglect, and the need for substitute care placement. Baby Steps groups also provide support to (teenage) parents whose children have been removed from their care. Group attendance is often an integral part of a treatment and reunification plan.

Two Rivers Child Advocacy Center: Through the Green Bear program, Two Rivers will provide prevention education to school aged children, mandated reporters, parents and community members in the agency's seven-county service area.

YMCA of Southwest Illinois: The YMCA of Southwest Illinois is partnering with the Greater East St. Louis Early Learning Partnership to prevent child abuse and neglect by ensuring that all children in the greater East St. Louis area, ages 0-5, have access to developmental screenings.

Illinois Association of Court-Appointed Advocates: Services provided under this contract are designed to improve and increase advocacy for abused and neglected children in the Juvenile Court System. The Association provides education, training and support to local CASA programs so that Advocates and volunteers throughout the state are better able to understand and communicate the needs of minors who have been abused or neglected to the court that has appointed them. Services are to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement; (2) promote family reunification; (3) stabilize foster care placements; (4) facilitate youth development; and (5) ensure the safety, permanency and wellbeing of children.

In FY14 CBCAP and matching funds supported Illinois community-based agency programs as they provided services to the following:

- Families: 4,097
- Infants: 1,106 — Disabled Infants: 7
- Children: 4.573 — Disabled Children: 113
- Mothers/Fathers: 5,424 — Disabled Mothers/Fathers: 19
- Guardians/Caregivers: 627 — Disabled Guardians/Caregivers: 107

Individuals experiencing the following special circumstances were served:

- Language Barrier: 557
- Incarcerated Parent: 161
- Mental Health Needs: 576
- Substance Abuser/Addict: 193
- Domestic Violence: 393
- Homeless: 627

CBCAP-supported programs conducted outreach, prevention and intervention services specifically to benefit special populations, such as, but not limited to:

- DCFS referred and involved families
- HIV affected/infected families who were in need of respite, education, and family support;
- Families in need of crisis care nurseries;
- Latino immigrants needing parenting classes, family support, educational intervention, and resource assistance in a native language;
- Teen parents who needed parent education classes;

- Dads who needed responsible fatherhood parenting classes and mutual support groups;
- Court involved and court mandated clients;
- Mutual support group attendees; and
- Challenged children and parents

Social service agencies supported through CBCAP and matching funds are doing more with less. Their target populations are growing and include minorities, the poverty-stricken, the undereducated, the legally involved, the homeless, all victims of domestic violence, and the HIV-AIDS affected. This lead continues to be sensitive to funding those programs who serve children and families having the least resources, the greatest of hardships, and the greatest risk of child abuse and neglect.

Some staff of our funded agencies reach out through DCFS caseworker referrals. Others contact medical service providers, affordable housing organizations, and agencies similar to their own to problem solve and partner. Schools and faith-based institutions have become collaborative partners with our service providers in many communities.

We will continue to search for ways to provide prevention services to those at-risk as well as communities in general despite of the state's fiscal downturn.

The Department will continue to respond to family needs through the expansion to twenty-three Family Advocacy Centers operating across all six regions of the state. These are located in high needs communities, and provide an array of services under the overarching principles of family preservation. Services include, but are not limited to, parent coaching, service referral and linkage, 24-hour crisis response, after-school programs, parenting classes, domestic violence shelters, support groups, skill building workshops, intensive mediation, counseling, and much more.

DCFS will continue a training and support program through the FACs for parents whose children are in substitute care. "Get Real about Getting Your Kids Back" is a 3-hour workshop with 3 subsequent 1-hour booster sessions. The program is to teach parents how to build a healthy relationship with case managers, to meet the goals of their service plan, to make the most of visitation, and to manage negative feelings. This service also includes a weekly positive phone check-in with a coach during which the parent shares what is working and what isn't working.

This lead is strongly committed to parent-specific cafes, leadership training, groups, commissions, advisory committees, and education. CBCAP interests will continue with involvement in the Home Visiting Task Force, MIECHV expansion, Home Visiting Sustainability Work Group, and the Early Learning Council's Community System Development Committee. Although implementation is uncertain CBCAP interests in the community-based prevention programming aspects of our FACs remain and a stronger collaboration is being explored.

The Lead Agency has no known plans for providing operational support, training, technical assistance and/or evaluation to the CBCAP or its grantees.

Of the programs receiving CBCAP funding, 92% ($897,883) are using evidence-based model programs ($897,883). Eight percent ($75,056) are utilizing programs that would be considered Evidence-Supported or Evidence-Informed. This does not include matching funds or other federal monies that are blended with CBCAP funds to support prevention services. All agencies receiving funds have procedures manuals and have developed logic models, goals, and outcomes.

Illinois' six crisis nurseries all use the same previously established database to collect and provide information about their clients and services. Below are combined outcomes:

SURVEY INFORMATION	
Number of families asked to complete survey	286
Number of families who completed survey	269
Number of families who declined to complete survey	26
PERFORMANCE INDICATORS	
DECREASED LEVEL OF STRESS	
Completed Surveys	265
Number Indicating Change	230
Percentage	87%
CHANGE IN PARENTING SKILLS	
Completed Surveys	269
Number Indicating Change	262
Percentage	97%
REDUCED RISK OF MALTREATMENT	
Completed Surveys	269
Number Indicating Change	244
Percentage	91%

This past year is the first time that CBCAP supported grantees are tracking performance indicators that they believe are specific to the programming they provide to the community. In FY15 CBCAP supported grantees were able to pick and choose performance indicators from an established list of activities and attitudes that accompany the development and strengthening of Protective Factors. Also, there is a section to track the agency's accountability measures.

Below are the aggregated results:

An Indicator is an observable measure that may highlight agency performance and inform action to address the same **Safety (Children are protected from abuse and neglect and safely maintained in their homes whenever possible and appropriate.)**	**# of grantees tracking this indicator**	**Number or Percentage**
# crisis childcare hours provided	8	166,870
# Suspected child neglect/abuse reports made		
# Families who came to your agency for services	12	5,983
# Parents who received community referrals to other services		
# Parents who participated in parenting education classes	5	288
# Parents participating in home visits where parenting skills are practiced	6	367
Permanency (Children have increasing stability in their living situations through societal change.)		
# Families referred to lifespan respite services through your agency.	1	85
# Public Awareness and Education activities facilitated by your staff.	2	1,132
# People attending public awareness and education events facilitated by your staff.	6	3,483
# Child Abuse and Neglect Coalition meetings attended by your staff.	1	25
# Evidenced-Based Trainings: *Darkness to Light: Stewards of Children; Shaken Baby Syndrome; Effects of Domestic Violence on Children; Methamphetamine and Other Substance Abuse; Happiest Baby on the Block*	1	160
# Prevent Child Abuse Illinois Conference attendees	1	425

An Indicator is an observable measure that may highlight agency performance and inform action to address the same **Safety (Children are protected from abuse and neglect and safely maintained in their homes whenever possible and appropriate.)**	**# of grantees tracking this indicator**	**Number or Percentage**
Well-Being (Families have enhanced capacities to provide for the children's educational, physical and mental health needs.)		
# Families provided information about Protective Factors to prevent child neglect and abuse.		
# Parents in your program who participate in parent support groups (Parents Anonymous/Parents Care+Share)	2	60
# Children in your program who participate in parent-support companion groups	1	1,060
# Fathers participating in program services	14	1,106
# Children with developmental delays identified and referred for early intervention services	3	115
# Meals served to parents and/or their children	5	3,202
# Families who received diapers, formula, toiletries or funds for other items of need.	8	5,756
% Parents participating in your parenting education classes who report decreased stress, decreased risk of child maltreatment, improved parenting knowledge	8	53%
% Parents receiving services who may identify 3 formal/informal supports in times of need	7	475
% Parents receiving services who may identify 3 community child abuse and neglect risk factors		
Accountability (Obligated to be responsible for program performance.)		
% DCFS Quarterly Reports submitted by the 30th day after the end of the quarter.	13	100%
% DCFS Quarterly Budget Updates submitted by the 30th day after the end of the quarter.	13	100%
% DCFS Year End Narrative and Budget Reports submitted by August 15th.	13	100%
# Community activities facilitated related to Child Abuse Prevention Month	1	22
% clients satisfied with program services as evidenced by satisfaction surveys	14	1,180
% program funding derived from resources other than CBCAP monies	12	32%
#parents involved in program development	8	436

The CBCAP lead is planning on using the same performance indicators and outcomes next year.

All CBCAP grantees will continue to have various forms of Performance Improvement activities that include program staff, program volunteers, like-agency personnel, and parent consumers. Typical for a majority of agencies, their peer review system involves an evaluation by referral sources and a quarterly Peer Review Committee meeting. All agencies will continue to ask participants of services to complete satisfaction surveys to provide feedback into how helpful the given information was as well as to provide constructive criticism. All grantees are required to provide quality and quantity measures as well as demographics along with fiscal updates during their customary quarterly reporting to this lead and the Department.

The myriad of obstacles that occurred during the past year will continue to exist and, perhaps, worsen. Naturally, the lead agency will increase their focus more on children in harm's way, those children who are coming into the system, and those for whom we are guardians. Significant time will be directed toward finding solutions to actions that contributed to the misuse of legislative and public trust, as well as implementation of needed changes. Administrative and clinical attention will be directed toward review, revision and development of a broad array of child welfare policies; how to provide evidence-based services to families and communities amid years of funding cuts; and how to monitor currently-contracted agencies, the quality of their services, and the number of DCFS clients served. Other obstacles include staff vacancies as well as keeping current with staff and POS training. Our technology resources will be

devoted toward improvement of data systems related to staff efficiency, child and family tracking, accurate NCANDS service numbers, and PIP compliance.

This lead sees no indication that primary and secondary prevention services will receive an increase in match funding from state coffers. There are no Department plans to identify primary and/or secondary prevention services in Illinois as an essential DCFS component toward achieving agency outcomes. This lead will continue to work with staff from the FRIENDS National Resource Center for Community-Based Child Abuse Prevention to develop a realistic, Department-approved plan-of-action for CBCAP programming throughout next year. This lead will continue to make recommendations to administrators regarding beneficial grant funding opportunities. Additionally, this lead would like to develop a CBCAP connection with staff at the FACs throughout the state. Technical assistance in meeting some of the mandated program evaluation and training requirements will be needed. Online training through webinars, hosted by this CBCAP lead and FRIENDS staff, has been discussed as an appropriate way to enrich grantees and provide assistance in resolving difficulties.

Strengths and Challenges of Safety Services: The 2015-2019 CFSP contains the Illinois spectrum of Safety Services. Illinois built a best practice Safety Intervention System over the last several years. The strength of this system begins with a focus on child safety and includes tools, process, partnerships, supervision and critical decision making in the field. Illinois continues to have one of the lowest removal rates in the nation. For the time period July 1 2014 through April 30, 2015 the protective custody rate in Illinois was 4.2% (the number of children taken into protective custody divided by the total number of alleged child victims). Illinois remains committed to keeping children at home with their families when it is safe to do so, as we recognize removal from the home is a traumatic, life-altering experience for a child and their family. The workforce is provided with the tools, supervision and critical decision making skills needed to enhance the ability of staff to make these decisions. New efforts during the current fiscal year included engagement with the Casey Foundation in January 2015 with a focus on strengthening the connection between supervision of child protection staff and the child safety decision, additional training on safety and risk in several areas of the state, and modifications to the Child Endangerment Risk Assessment Protocol (CERAP) forms and process. We also reconvened the CERAP Advisory group to renew discussions on further enhancement of the protocol and SACWIS functionality to support field staff as they make safety decisions on behalf of children and their families.

Since the 2012 reorganization to put more staff on the front line, the Department has remained committed to sustaining adequate staffing levels in child protection to ensure child safety, in spite of statewide budgetary issues. As a result, compliance with meeting 24-hour mandates has improved , with number of missed mandates falling from 179 reports (.26%) in FY14 to 112 reports (.18%) for FY15 to date (through 05/31/15). The average completion rate for investigative staff is 9.7 reports per month, providing staff with sufficient time to adequately assess and intervene with each family assigned to them. Although budgetary issues have made it necessary to increase number of assignments to front line staff on a monthly basis, the workload remains manageable and below the 2012 workload requirements.

Intact Family Services continue to be provided mainly by private agency partners; they continue to service over 80% of families referred for intact services. Currently DCFS does not provide intact family services in Cook County and there are several areas downstate where private agency partners provide all intact family services. We have made progress in staffing the Statewide Intact Utilization unit, which oversees services by the private agencies and monitors compliance as well as fiscal issues. This has resulted in better utilization of capacity and improved service delivery to intact families across the state. Child Abuse Prevention remains a

necessary component to our Safety Intervention System, but budget constraints continue to impact our ability to meet these needs.

Permanency Services

Whenever needed, DCFS and its social service partners provide voluntary services that allow children to remain safely at home.

While the Department must remove some reported child victims from their home to ensure their short-term safety, research shows that there are serious consequences when children are not reunified with their parents as quickly as possible. The Department makes every effort, under court supervision, to reunite children with their families whenever possible and as quickly as possible. Department and private agency staff engage parents to assist them in making the positive changes necessary to remediate the safety issues that caused their children to be removed from the home in the first place. For children who may not return home, a concurrent plan is developed, ideally with a loving family through adoption or guardianship.

For adoptive families, the Department offers an array of adoption and post-adoption supports, such as: support groups, counseling and ongoing training; therapeutic day care; reimbursement for costs associated with the adoption or guardianship; continued support of the child's basic needs through monthly adoption subsidies; and supplemental assistance with health care needs through enrollment in Medicaid.

Critical Strategies:

- Community-based programs to keep children at home
- Partnership for Permanency (P4P)/Casey Family programs technical assistance
- Permanency Achievement support
- Waivers and enhancement projects
- Local recruitment collaborative
- System of Care and the Illinois Choices pilot

DCFS has established a workgroup aimed at reviewing, analyzing, and revising core permanency practice procedures to establish a standard of care and service provision that considers family engagement, shared parenting as a means to empower birth parents, the child's sense of time in achieving permanency, and lifelong connections for families and children. DCFS must ensure the entire workforce is engaged, trained, and will sustain the crucial practice procedures that will serve to improve permanency in Illinois. Additionally, Department stakeholders such as legal, medical and educational forces must also be engaged in order for successful implementation. Internal and external stakeholders need to embrace an aggressive and innovative practice model designed to improve permanency for all.

Foster Care: Like any parent, foster families and relative caregivers are responsible for meeting the daily care and supervision needs of children, and to ensure their attendance at school and participation in other services determined necessary to ensure the youth's well-being. Foster families and relative caregivers also play an important emotional role supporting either the reunification of a child with her family or adoption by a new family. Foster parents are also expected to support the permanency goal identified for youth in their care.

Specialized licensed foster care provides youth who have serious medical or behavioral health issues with a more intensive level of case management and therapeutic services. These specialized foster families provide a loving home setting that avoids the more costly and traumatic placement in a residential facility. Caseworkers assigned to these youth have smaller

caseloads and have access to mental health clinicians and medical professionals to address needs identified in each youth's individual treatment plan. Specialized foster parents receive additional training to meet the unique needs of the youth placed with them as well as supportive services including respite and 24 hour consultation and crisis response.

Residential Treatment Services: Residential treatment is provided to youth who consistently demonstrate severe emotional and behavioral disturbances such that the youth's family or current or previous caregiver may not safely manage or adequately respond to the youth's needs. A primary goal of residential treatment is to provide an intensive level of services to rapidly stabilize acute risk issues of youth and enhance their emotional, behavioral and social functioning. Youth that present with the most severe behavioral issues are typically served in residential campus settings with on-grounds schools. Youth whose behaviors have been stabilized or do not present risks requiring this level of restrictiveness may be placed in community group home settings. Community-based group homes are also staffed by professional child care staff to provide daily therapeutic services, but the youth attend community schools.

Specifically, there are approximately 1,200 youth in residential and group home programs. Those in residential present with significant risk behaviors, such that they may not be safely managed in a community based setting. They present with histories of suicidal/homicidal ideation, frequent elopement from placement, sexually inappropriate behavior, aggressive behaviors, and fire setting, self-harm, substance use/misuse, have some difficulties in school such as occasional truancy or academic or behavior problems. Most have multiple placements, psychiatric hospitalizations and involvement with police. The average length of stay varies by population. Residential programs are also able to serve youth with specific specialized needs such sexually problematic behaviors, young children, females that are pregnant and/or parenting, severe mental Illness and delinquent behaviors. The average age of youth in residential is 14-17. A growing population of youth in residential are youth that are dually involved in the child welfare and juvenile justice systems and youth who are locked out by their parents in psychiatric hospitals.

In an effort to enhance provider performance outcomes, DCFS in partnership with Northwestern University and CWAC subcommittees began the development of two new performance measures in FY14. The workgroup also developed a new monitoring model to be implemented during FY15. Performance measures now include the addition of newly established measures of School Attendance and Absence of Maltreatment in Residential Care.

The first quarterly data report using the new performance measures was produced in February 2015. Official monitoring levels will be reviewed on a quarterly basis being effective FY16.
In December 2014, the Chicago Tribune began running a series of articles highlighting the treatment of wards of the state that were placed in residential treatment facilities. The series "Harsh Treatment", detailed incidents of runaways, alleged instances of abuse and human trafficking. The Department took swift action to begin remedying both the individual and systemic issues that jeopardize the safety of those in our care.

As an immediate response, the Department quickly dispatched multidisciplinary review teams to conduct unannounced site reviews at eight residential facilities. The eight facilities were selected based upon a review of unusual incidents reported during the period July 1, 2014 to November 31, 2014.

The teams used uniform assessment tools to guide the scope of the reviews. Each facility was reviewed for compliance with standards of practice and service delivery for the youth in care.

The teams assessed the physical plant, programs and service offered, reviewed case files and management staffing reports, interviewed youth and staff, and conducted milieu observations of the morning routines, afternoon and evening activities when youth returned from school, and bedtime routines. The review teams noted a wide variation from facility to facility in terms of what later became the immediate focus for corrective actions. Areas of non-compliance ranged from record keeping, and/or case file organization, to inadequate staffing ratios and chaotic milieu and youth behaviors. It was noted that in 5 of the 8 facilities reviewed, there was significant room for improvement. Staff and youth perception of risk and safety factors also varied dramatically.

In addition, in response to the Chicago Tribune's series DCFS immediately developed a Residential Centers Action Plan to address systemic issues within residential treatment facilities. The plan included:

- Unannounced site visits to eight facilities, as well as modifications to existing procedures for enhanced monitoring and reporting and enhanced guidelines to work more effectively with our partner agencies and law enforcement.
- DCFS required residential treatment centers to immediately initiate enhanced quality assurance oversight and monthly reporting to DCFS, identifying corrective actions that address staff shortages, inappropriate staff conduct, any incidents of youth elopement, youth physical or sexual assault, or youth physical or sexual abuse.
- DCFS provide human trafficking prevention training to all staff of residential treatment centers and youth in those facilities. That was completed by March 31, 2015.
- DCFS revised its procedures for addressing missing youth, including enhancements to child protection warrant processes to insure timeliness and accuracy of these requests to assist law enforcement in locating missing youth.

The Department continued implementation of improvements to its monitoring protocols for residential facilities as well as the performance measures. This work had been initiated with Northwestern University, DCFS and residential providers. We began piloting these performance measures in September 2014 with full implementation at the beginning of FY16. The new measures include Absence of Maltreatment and School Attendance in residential care.

UIRs are reviewed by DCFS and POS staff. DCFS residential monitors address issues identified with agencies on an ongoing basis. Beginning in December 2014, residential providers and DCFS monitors initiated a joint review process of UIRs to better utilize information to improve services for youth. DCFS revised its monitoring procedures to implement monthly management review of Unusual Incident Reports to identify and respond to unfavorable spikes or trends. Corrective actions will be identified at these meetings if appropriate. DCFS issued revised policy guidance on procedures for investigation of and response to allegations of sexual abuse or assault of a youth in a residential center.

In keeping with SOC practice principles, the Department has been working collaboratively to increase its efforts by implementing a variety of trauma-informed, evidence-based, community-based clinical interventions and strategies. These range from targeted foster home recruitment, expansion of in-home crisis stabilization, and placement preservation services to building a network of a trauma-trained, evidence-based community and residential providers.

DCFS conducted a comprehensive review of FY15 and historical data from the residential facilities to determine whether performance had improved since the timeframe examined by the Chicago Tribune and whether sanctions or other consequences were needed. As part of this process, teams were required to observe and review the treatment milieu, staff training and

staffing patterns, use of psychotropic medication, behavioral management, and reporting of unusual incidents. The teams also assessed and made recommendations regarding youth safety as well as current treatment needs and challenges or barriers to treatment. By January 2015, a total of 6 Residential Providers had been placed on intake hold, with corrective action plans. As of May 2015, of the original 6 on intake hold, 1 program closed and the others were able to make substantial progress where the intake hold was removed.

DCFS met with all executive directors and program managers of shelter facilities, to ensure that facilities are utilizing appropriate clinical tools and interventions to prevent elopement from facilities, including a behavior management plan that may include physical restraints, when appropriate. DCFS required Residential Treatment Centers to conduct specialized clinical staffing of all youth who have been in residential treatment for 12 months or more to develop individual plans to step them down to family settings, with intensive community-based supports, as soon as appropriate. Corrective action plans will be reviewed quarterly for progress toward addressing the identified UIR and youth safety issue(s).

The Department determined that it needed to utilize an assessment tool to assist with residential treatment admission and discharge decision-making. In partnership with DHS/DMH Child and Adolescent, has been working on enhancements to DMH DAT-STAT treatment database for counseling and residential services to accommodate data-entry for current DCFS providers. In late FY16, DCFS will utilize the DAT-STAT system to conduct a pilot with a number of our residential providers to capture client specific clinical progress.

The Clinical Division, Monitoring and Regulation, Bureau of Operations, and University of Illinois consultants have been working together to revise residential practice procedures. Residential treatment services will require providers to establish a clear clinical practice model and treatment philosophy. Requirements also include the expectation that providers utilize trauma-informed evidence-based treatment assessments, interventions and outcome tools. Providers are expected to address client progress, family engagement and participation, barriers to treatment and discharge, and client and family satisfaction. The procedures are designed to guide treatment, including the discharge and transition planning process, to facilitate placement stability and continuity of care in the step down setting for children and youth served through institutional or group home services. The procedures draw on a collection of best practices that establish a family-centered framework which promotes active youth engagement, strengthening of family connections, and enhanced community-based services to support the youth's transition. An emphasis on shared team decision making is intended to ensure proactive and inclusive planning as well as clear identification of responsibilities.

The Department also entered into and agreed to an interim compliance plan for the BH consent decree, for the University of Illinois Chicago to coordinate with and guide DCFS' "immediate actions to address the needs of the children most acutely affected by the Department's service and resource shortages." In addition, they are also involved in designing UICs independent monitoring function. The Department is also working with national experts to make recommendations on system reform to improve the delivery of services.

The Department in partnership with Casey Family Programs formed the Rapid Response Team to work to address key areas of practice and program development to improve Department outcomes and to better serve the children and families of Illinois in need of our support. Tasked with solution identification, the Rapid Response Team formed a specific work group related to residential care. A key area of improvement is integrating the Department's various projects and efforts related to residential/congregate care reform. The Department has:

- Defined therapeutic residential treatment and care in Illinois.

- Developed a department wide residential care strategic plan.
- conducted a formal assessment of all youth in care who have been in residential 12 months or longer (566 youth)
- Following the 566 assessment expedited transition discharge for youth identified as ready for discharge and or address barriers to discharge.
- Designed and administered survey and focus group questions for stakeholders related to their understanding of residential care policy, procedures, utilization and monitoring.
- Established monthly reporting structure to Division of Monitoring to better track, analyze, and correct identified risks and quality indicators.

The Department developed hypotheses regarding process improvement related to residential/congregate care reform. It was determined that a stakeholder engagement process to gather information to inform these hypotheses would provide valuable information. As part of that process, Clarus Consulting Group was engaged to facilitate a series of focus groups with the Department's key stakeholder groups, including Department staff, service providers, youth in residential care and other key partners. In April 2015 these sessions were held across the State to ensure a wide range of stakeholder perspectives. In addition, the Department developed online surveys and performed a series of individual interviews to further gather information related to residential/congregate care reform. A total of 116 stakeholders participated in a combination of focus groups, interviews and surveys to test the Department's Residential Care Hypotheses.

The Department developed the following Residential Care Hypotheses:

- Having a developed practice model with defined therapeutic interventions for residential treatment centers will result in better outcomes for youth.
- Youth stay long periods of time in residential care because we do not have enough family and community based resources.
- Some children and youth are inappropriately receiving residential treatment services.
- Providers lack an incentive to step down youth from residential care timely.
- Therapeutic Residential Treatment centers are seen as a long term placement rather than a short term treatment intervention.

All of the data was reviewed and analyzed and yielded the following themes:

- There is a sense that youth in residential care have largely been placed appropriately but that some may have stayed in residential care too long due to lack of available step-down options.
- Lack of step-down care options and community resources are seen as the primary reasons for the extended duration of youth stays in residential care.
- There is a sense among participants that availability of a greater number of therapeutic options for interventions in residential treatment would result in better outcomes.
- Though the majority of youth interviewed said that they have not been hurt in residential care, stakeholders, including youth, expressed concern about safety issues for youth in residential care.
- Increased resources are needed for prevention and early intervention services to help reduce the number of children and youth coming into care in the first place. Lack of early intervention services may mean that youth entering care have experienced significantly more trauma and are therefore more difficult to treat.
- The lack of specialized foster care providers contributes to length of stay for youth in residential care.
- Stakeholders are concerned about the quality of staff at residential treatment centers; more experienced staff members are needed and additional / ongoing training should be

provided. Some noted that the staffs that care for youth are the lowest paid individuals in residential facilities.
- Lack of family connections and supports contributes significantly to youth's length of stay in residential facilities; more should be done to strengthen family supports.
- Better assessments should be made on the front-end to ensure youth are placed in the most appropriate facility; current practice often leads to the most expedient placement rather than the best therapeutic match. Long waiting lists at identified facilities may exacerbate symptoms for youth when they do enter residential care.

The Department will continue to collaborate with stakeholders in the child welfare system to improve the quality of services and use our collective resources to better the lives of children in care.

Initiatives to Assist with Permanency Achievement

Clinical Intervention for Placement Preservation (CIPP) program: The Department has established the CIPP program. CIPP is intended to support foster care placements and reduce placement disruptions. CIPP uses a facilitated team decision-making process to identify and meet the appropriate intensity of service support for the youth and caregiver through creative and flexible interventions that preserve the youth's current connections within his/her home, school, and community. The CIPP's goal is to improve placement preservation and increase placement stability, improve the youth's well-being and functioning by building and maintaining connections to family, social supports and community, access to and use of local, community-based support services, and improve the timeliness of interventions, prior to placement disruptions.

Centralized Matching Teams: The purpose of the Centralized Matching Team (CMT) is to facilitate, expedite and support the placement of children and youth in a stable placement with the capacity to provide, or to access, timely and effective services. 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, 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. CMT staff participates in CIPP meetings to provide expertise around placement resources. Their aim is to bring their knowledge of services and placement resources of which other participants may not be aware, to the meeting with the goal of supporting foster care placements, reducing placement disruptions and, when necessary, providing information as to what placement resources such as residential, Independent/Transitional living and Specialized Foster Care programs may meet a youth's needs.

In addition to participating in CIPP meetings, CMT staff utilizes their expertise around placement resources, for youth stepping down from residential program or youth needing placement resources that are psychiatrically hospitalized. In FY14 CMT staff matched 1,905 youth to various placement levels of care resources.

To better respond to youth with specialized needs, reduce the length of stay in residential and support youth in home based settings, the Department has broadened the services and programs offered in Specialized Foster Care. Currently, Specialized Foster Care programs include Aggregate Foster Care, Adolescent Foster Care and Treatment Family Foster Home.

Aggregate Foster Care is a home that follows a family model that serves children and youth ages 11-20 years and has a highly-trained foster parent(s). Additional structure and support is provided by childcare staff. It also includes Adolescent Foster Care which is designed so that foster parents are "hired" by the agencies and are considered employees of the agencies. The model is critical in working with youth 12-16 years of age, in hopes of preventing youth from needing to enter residential care. The model focuses on the foster parents as mentors working with the youth to assist the youth in development of life skills and independent living skills. The Treatment Foster Family Home (TFFH) program adopt a set of general principles that inform best practice and are supported by a growing body of empirically based evidence. Through the guidance of professional staff and professional foster parents, services provided in this program will be family-centered, trauma informed, and strength-based. Foster parents are committed to providing care on a full-time basis wherein their role is considered the equivalency of a full-time professional. A hallmark for this program is the belief that the biological family is a source of stability and security for children and youth. Therefore, services will focus on promoting partnerships between foster and biological families, emphasizing unconditional commitment, family finding, engagement and family connections as paramount to the success of children/youth in this program and the achievement of their identified permanency goal of return home, adoption, subsidized guardianship, private guardianship and/or independence. The TFFH also requires community linkages and supports to ensure long-term stability and permanency for youth and their families served in this program.

Statewide Provider Database: The SPD is an easily accessible information system that identifies and locates community based services for children and families, describing the features of the specific service and the eligibility criteria. The SPD supports the efforts of caseworkers to locate a placement and services in the same school catchment that the child attended prior to removal from the home. The SPD is also available to the public and may be used to offer services as a preventative measure.

Reunification Foster Care: Members of the Reunification Team include the parent, caregiver, caseworker and the child. A Family Reunification Support Special Service Feed 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.

Financial reimbursement for travel and/or approved family activities is provided for caregivers who work with parents of children in their care toward reunification. Well-being for a child in such a placement is improved in seeing the important adults in his life cooperate in caring for him, contributes to his placement stability and facilitates productive work toward early and safe reunification with his family.

Family Advocacy Centers: The FACs were established in high need communities across the state. The Centers are operated by a variety of community-based groups that provide parents with the support and encouragement they need to follow through on the goals that will allow them to keep or regain custody of their children. A major focus of DCFS is the continued expansion of the Family Advocacy Centers. In doing so, DCFS has worked to establish better rapport with the DCFS Regions by attending Regional Monthly Meetings to increase exposure and improve the reputation of the FACs. The Family Advocacy Centers are currently participating in CIPP meetings, in FAC Providers Data Base along with CWS/SACWIS Training, as well as the new initiative for the Family Advocacy Centers to provide services to the 18 – 21 year old population regarding Life Skills and Job Readiness Training.

The strategy inherent in the model is that with a caring adult from the Advocacy Center to provide non-judgmental support and encouragement to parents by accompanying them to Court and general appointments, listening to struggles and challenges, and maintaining focus on the long-term goals of preventing custody or speeding reunification, positive changes will be within reach.

Family Advocacy Centers have been established in every region of the state based on criteria that include consistently high numbers of protective custodies and the existence of an established grass-roots community organization with a track record of serving high risk families. Current Family Advocacy Center providers include social service agencies, faith based organizations, community outreach agencies, non-child welfare human service providers, women's advocacy agencies, settlement houses, Latino advocacy agencies, domestic violence service providers, and youth service agencies. Although there are FAC offices in every region of the state, DCFS has worked to develop sites in specific needed areas.

Advocacy Centers tailor their services to the individual needs of the communities they serve. In addition to traditional counseling, referral, and training services, a typical center may provide some or all of the following services:

- parent coaching
- intensive mediation services
- 24-hour crisis response and systematic support services
- after-school programs
- summer and other out of school programming
- assessment
- immigration services
- parenting classes in English and Spanish
- counsel women and children who are victims of domestic violence
- collaborative work with various social and legal agencies
- parent support and mentoring
- support groups and skill building workshops
- leadership development workshops
- intervention strategies to support the family reunification process
- court ordered supervised child visitation for non-custodial parents

Whenever possible the FACs take a prevention-focused, strengths-based approach with the families they serve. This strategy provides a more proactive and cost effective approach to meeting the needs of families prior to their involvement with the child welfare system. Beginning in FY13, Family Advocacy Centers refocused their efforts to families involved with DCFS. A minimum of 50% of the families served were DCFS involved. The centers will also target services to DCFS involved families with children age 5 and under. This refocusing of resources is intended to ensure the availability of culturally sensitive intact family services statewide as well as to provide opportunities for substitute caretakers, parents and placed children to participate in parenting classes and visitation.

Permanency Achievement Specialists: A new initiative for the Department began in January 2012 with the implementation of Permanency Achievement staff. PAS positions were developed to support permanency outcomes for all children in care. The state defines permanency as providing a lifetime commitment to a child/youth in a setting where they are safe, have a sense of belonging and well-being. Permanency includes reunification, guardianship, adoption and establishing lifelong connections for children and youth in care. PAS staff provides experienced

professional services to assist in facilitating the timely achievement of permanency for children in all placement settings. Their focus is to identify and remove barriers that impede a case from achieving permanency. PAS staff is located in all regions of the state and work collaboratively with the assigned casework staff and with other divisional staff to address and remove the barrier(s). Quarterly case reviews are conducted that consist of a meeting between the caseworkers, PAS staff and other divisional staff as needed. If the case is "stuck", PAS staff may take the lead in helping to resolve the issues impacting permanency. The PA specialist tracks, analyzes and records the data from the reviews. Reports from this data may assist in identifying any trends that are impacting permanency in different areas of the state. The PA specialist may mine a child's file in order to locate someone that may be reconnected to the youth in order to establish long term connections. PAS work in collaboration with the resource recruitment specialist to secure appropriate placements and provides supports to adoption staff to expedite the adoption/subsidized guardianship process. Permanency Achievement Specialists are committed to improving permanency outcomes for children and youth that are impacted by length of stay in care, placement stability, racial disparity, disproportionality and other contributing factors that delay a child/youth's sense of permanency.

The implementation of the PAS model has served to heighten the need for permanency for all children in care where staff has embraced the concept of urgency and the child's sense of time in achieving permanency. Additionally, staff is engaged in the practice of considering the child's well-being in relation to permanent relationships and feeling connected through a sense of belonging. The Department must carry this concept further by engaging the private agency partners, who make up over 80% of the foster care service provision in Illinois. The model of reviewing children has been offered to POS on a voluntary basis. Several agencies throughout the state have requested this assistance. Efforts will continue to be made to engage private agencies in this process. DCFS has begun the critical task of examining and implementing strategies to improve permanency but now must begin to engage purchase of service providers in the urgency for permanency for all children in care.

While the focus of the work of the Permanency Achievement Specialists has been on securing permanency for children with the goal of adoption, in this year forthcoming, emphasis will be placed on the reunification cases. Again, the Department believes it is imperative to offer services focused on reducing/removing any barriers that are identified as impacting a child's safe return home. The Permanency Achievement staff will hold permanency reviews focused on the reunification cases. (These reviews will be done separately from those cases that are on an adoption track). A query of reunification cases hitting the six month mark will be the priority cases to be revised, as these cases should have a well-defined sense of what is holding up the return home. Specific assignments may be given to the permanency achievement staff in order to support both the caseworker assigned to the case and to the family in completing the tasks necessary for the reunification to occur. Although this model had been initiated during this past year, it was not structured will enough to be able to clearly show results. Making this review process its own entity and focusing on cases with the six month time frame will allow for concrete interventions to be offered and outcomes to be measured.

Partnership for Permanency (P4P) Casey Family Programs Technical Assistance: In the fall of 2013, DCFS partnered with Casey Family Programs to aggressively improve permanency outcomes for children and youth in care in Illinois. The Department, in consultation with Casey, has determined the need to focus initially on the oldest population of youth, children ages 14-17, who also typically have experienced the longest length of stay in foster care. These youth generally lack resources, family, and connections, and they often experience placement instability. In addition to this population of youth, DCFS in consultation with Casey will be analyzing the 0-5 population to establish strategies for timely permanency for the younger

population. One of the strategies being reviewed and discussed is the Permanency Round Table (PRT) model. Permanency Round Tables are structured, professional case consultations who:

- Develop an aggressive, innovative, and realistic *Permanency Action Plan* for the child or sibling group
- Provide a case centered "learning lab" for professional skills development
- Identify recurring systemic barriers to achieving permanency

The PRT model will serve to improve legal guardianship for Illinois children (reunification, adoption and guardianship) while focusing on the wellbeing need for lifelong connections for all children and youth, particularly for youth that are not able to achieve permanency. This has proven successful in other states such as Georgia, Colorado, and Texas.

Partnerships for Permanency (P4P) have been engaging with stakeholders to realize excellent, data-driven permanency outcomes, which intentionally and effectively impact the well-being of all children through permanency relationships and lifelong connections. Some of the past year's goals for P4P are:

- Identify and address the root causes for the consistently high entry rates of babies into care.
- When safety and risk factors have been appropriately addressed, provide supports to allow kids to "stay home", whenever possible.
- Reduce the overall number of children in care.
- Implementation strategies that will realize factors that will realize timely reunification, legal guardianship or adoption of babies, children and older youth in care.
- When safety and risk factors have been appropriately addressed, provide support to allow kids to "find a home" when reunification or adoption are not possible.
- Achieve legal permanency for all youth including older youth and ensure older youth who exit care have established lifelong, permanent connections.

This past year the P4P implementation team has held 6 convening meetings with DCFS management staff from across the state to discuss the data about our client population. These meetings have generated lively discussions and brainstorming opportunities. Data shows that a significant percentage of Illinois children and youth in care are ready for permanent families. The P4P convening meetings will continue and expand to the POS stakeholders during the next year. P4P provide collaboration between DCFS, Casey Family Programs, and our stakeholders.

Permanency Innovations Initiative

Implementation: Illinois DCFS began the federal Permanency Innovations Initiative (PII) in 2010, as 1 of 6 states to be awarded the PII grant by the US Children's Bureau, an office of the federal Administration for Children and Families. Grantees across the country are taking many routes in developing and testing innovative solutions to improve the permanency of youth at risk of long term foster care; in Illinois we are implementing a randomized-control design research study.

- PII youth in Illinois are ages 11-16 living in traditional, relative, or specialized foster care, and have been identified via criteria including time in care, mental health history, and number of placement changes. Youth receive either treatment as usual (control group) or the intervention, Trauma Affect Regulation Guide for Education and Therapy (TARGET).

Data/Evaluation: Utilizing interviews and administrative data, federal evaluators are measuring whether youth and their families show improvements in functioning (short term "proximal"

outcomes) as a result of participation in TARGET, and whether the youth who have received TARGET move to permanency quicker and to a greater degree than those that do not (long term "distal" outcomes). Due to the timeline of the study, Illinois will not receive results of the final evaluation from Westat until the spring of 2016.

- PII is broken into three phases: usability, formative testing, and summative evaluation. Case enrollment ended February 28, 2015. To date: 529 youth have been randomized (273 treatment, 256 control), 46 youth have graduated TARGET across all three phases, and there are 56 currently active TARGET families.
- Currently available data in the form of satisfaction surveys submitted by youth, caregivers, and biological parents indicate a high level of satisfaction with TARGET services. Most notably, 98% of those who completed satisfaction surveys agree to strongly agree they are satisfied with TARGET services. 87% agree to strongly agree that since they began TARGET they are handling stressful life experiences more effectively, and 96% agree to strongly agree that using the FREEDOM skills helps them feel better about themselves, get along better in their relationships, and achieve their goals.

Dissemination: The Illinois PII team is actively involved in engaging PII champions across the state through monthly planning meetings and the distribution of quarterly newsletters showcasing youth success stories (written by both youth and TARGET therapists). The Illinois PII team also participates in disseminating information on PII and TARGET to the broader community through poster presentations at conferences, brochure distribution, and webinars for caseworkers and supervisors.

Sustainability: As a trauma-informed child welfare system, we are committed to sustaining TARGET in Illinois. The PII study will end on September 30th, 2015. To continue offering trauma affect regulation services to youth and families, Illinois plans to embed TARGET in the DCFS Intensive Placement Stabilization (IPS, formerly known as System of Care) service array package for youth at risk of placement instability. IPS agencies will be allowed to offer TARGET (outside of PII) to youth age 12 and older with mental health or trauma related symptoms. Four Illinois TARGET trainers are prepared to offer ongoing consultation and fidelity monitoring as required by TARGET purveyors. A statewide sustainability group continues to plan for sustaining TARGET services after PII.

The sustainability of TARGET services in Illinois supports a number of existing department-wide initiatives including:

- The need for at-home services for residential step down,
- Ongoing efforts to credential treatment providers in trauma-informed practices, and
- The Intensive Placement Stabilization expansion proposal to support placement stabilization for more youth and families in Illinois.

Permanency Enhancement Project: In 2007, the Department in collaboration with its African-American Advisory Council, the Illinois African-American Family Commission and Illinois State University launched the Permanency Enhancement Program Initiative (PEP) in Central Region. The purpose of the Initiative is to reduce and/or eliminate racial disproportionality and disparities of families and children of color in the Illinois Child Welfare System and thereby improve permanency outcomes. The initiative was adopted statewide and is now functioning in all Regions (Cook, Central, Northern and Southern).

The methodology for the PEP is a systems approach to understanding how structural and/or institutional racism contextualizes child welfare practice in ways that create disparities in the

determination of need and services for children and families of color. The disparities are created when services are presumptively allocated, poorly provided or inadequate in addressing a family's identified need. Disparities are also created when differences in service delivery are not justifiable based on a family's identified need, available agency resources or other objective criteria.

The basic framework for the initiative is built upon data analysis, work force education, the promotion of community-based solutions through Local Action Teams and changes in policy and practice based upon the recommendations of Regional Transformation Teams. The systemic nature of the initiative also promotes collaborative efforts with multiple stakeholders including, but not limited to the courts, law enforcement, community-based organizations, university partners, and purchase of service providers.

In September, Year 1, the Office of Racial Equity Practice in collaboration with the African American Family Research Institute and Crossroads Antiracism Organizing and Training, developed and implemented a one day *Racial Equity Impact Assessment (REIA) Training.* The training was administered to 50 members of the Procedures 315 (permanency) policy workgroup, Permanency Achievement Specialists and select members of the Procedures 300 (Investigations) workgroup. The training sought to provide racial equity instruction and a tool that workgroups may use to mitigate any unintended factors that might contribute to racial disparities from the policies developed.

November of Year 1 saw the Office of Racial Equity Practice establish a *Racial Equity Practice Council* to function in a collective advisory capacity to the Office. The Council's membership includes representation from internal staff, African American Family Research Institute, Illinois African American Family Commission, Northern Illinois University, University of Illinois-Chicago, Southern Illinois University – Edwardsville, and the co-conveners from the Regional Transformation and Permanency Action Team Steering Committees.

In December of 2014 a joint meeting was held by the Office of Racial Equity Practice, Crossroads, the African American Research Institute and the Department's Office of Professional Development to continue development on a "*Race-Informed Practice Model".* The model will operate as a system-wide practice method of viewing and servicing families of color which takes into account implicit bias and the dynamics of institutional racism as child welfare workers and other system stakeholders develop policy, make decisions and provide services.

The purpose of this working session is to ready the "model" for field testing and piloting in Year 2, beginning July 2015 of this Child and Family Services Plan. The Department will extend racial equity efforts by finalizing the development, testing, evaluation and piloting of the Race-Informed Practice Model by Year 3, September 2016. The African American Family Research Institute will have lead responsibility for the development, testing, evaluation and training of the practice model. An implementation plan will be established for Year 3, 4, and 5, Federal Fiscal Years 2017, 2018 and 2019 respectively.

Adoption Preservation and Support Services: The provision of post adoption and post guardianship services to 24,215 children and youth receiving adoption or subsidized guardianship assistance (as of April 21, 2015) continues to be a critical challenge for the Department. Intensive services are often required to stabilize and support adoptive families. Fourteen years of age is now the median age of youth in homes receiving adoption or guardianship assistance and so it is clear that the special needs of adolescents will only amplify the behavioral and mental health issues of their past.

Statewide adoption preservation programs have been the cornerstone of the post adoption services offered to these families and this successful model has proven to be an invaluable resource of intervention and stabilization. The rate of adoption dissolution for FY14 is 0.78%., remaining stable with the rate from FY13, with an adoption dissolution rate of .724%.

To further enhance the progress and efforts made by the adoption preservation programs, the agency have additional programming supports for adoptive/guardianship families:

Maintaining Adoption Connections: The MAC programs provide an additional range of services to post adoption/guardianship families: from crisis intervention, assessment, respite, counseling, support groups, case management and various forms of advocacy. The Department's Maintaining Adoption Connections programs began operation in Cook County and vicinity in FY09 and are continuing in FY15 to meet the ever expanding support needs of the post adoption families. These programs have been able to meet many service needs that are not covered through the traditional subsidy related services and have provided much needed stabilization and support services.

Embrace Adoption: While these traditional preservation programs prove effective, DCFS understands that research supports the need for post adoption support to be available from the immediate onset of the adoption. By reaching out and publicizing these services, the goal is to normalize post adoption services for families. This will help families feel comfortable seeking assistance and remove the stigma that families often feel when needing help or when experiencing difficulties after the adoption is finalized. A post adoption relationship with an adoptive family is critical in preventing a problem from escalating in to a crisis. Families need to know that support is in place and may be accessed immediately without judgment and without a crisis occurring.

With these points in mind, work was started in FY15, to expand adoption preservation services. The "Embrace Adoption" project was initiated in the Cook Central and Northern Regions, to reach out to newly adoptive families. The focus will be to celebrate the adoption and offer support through individual and group therapeutic services to families. This early and ongoing connection to families will be the cornerstone to normalizing adoption preservation services. These services will be offered to families who have adopted children internationally as well. With so much concern nationally about the practice of "adoption re-homing", it is believed that this public and supportive outreach will decrease the number of families who feel isolated and wait to ask for help until they face a crisis within their newly formed family. During FY15 (to date) 24 families have attended Embrace Adoption Celebration at the pilot site of Metropolitan Family Services. Seven families have gone on to ask for formal adoption preservation services. An expansion of the Embrace Adoption format is planned for FY16 with all adoption preservation agencies having this model.

Post Adoption Transitional Services: During FY14, the Statewide Adoption Council identified a gap in service delivery to older special needs adoptees. Parents were reaching out to post adoption staff asking for assistance in navigating through the adult systems their children would be transitioning into. They were struggling to find open doors to the legal system, (in cases where an adult guardian needed to be named for their child) and the adult financial systems (i.e. social security and public aid). A committee was formed to look at these issues, and recommendations were drawn up to present to the DCFS Director. It will be suggested to the Director that the agency look at expanding these services presently provided to Cook County youth (through a contract with the Center for Law and Social Work) to a pilot area in downstate Illinois. This was accomplished and 9 families have taken advantage of this outreach.

Data shows that within this population three to five young adults are aging out of the child welfare system per month. Obviously, not all of these children need adult transition services, but for those who do, the goal would be to expand service delivery to make the transition into adult programming as smooth as possible, before the child turns 21 years old.

Educational Support for Post Adoption Children: Over the past years, budget constraints caused the educational supports that DCFS once provided to post adoptive families and their children to be decreased. The need to restore these supports was identified as a priority during FY14. Discussions have been held with Equip for Equality, (an organization tasked with advocating for special needs children in the educational setting) to develop a contract for these services. The plan is to have the organization serve as the advocate for children who are facing exclusion from school or placement in a most restrictive environment. Other plans include having the organization hold a series of trainings throughout the state to teach DCFS post adoption staff how to effectively advocate for children at school. Equip for Equality responded to our need to provide support to a family through an individual contract. Plans are still pending to expand the contract to allow for multiple cases to be served as needed throughout the state.

KinGap: The subsidized guardianship program (KinGap) implements provisions of Public Law 110-351 that allow the State to enter into guardianship agreements to provide assistance payments to grandparents and other relatives who have assumed the legal guardianship of children for whom they have cared as a licensed foster parent and for whom they have committed to care on a permanent basis. The program offers a subsidized private guardianship arrangement for children for whom the permanency goals of Return Home and Adoption have been ruled out.

Background: With the passage of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R.6893/P.L. 110-351) and its emphasis on promoting permanent families for children through relative guardianship, Illinois revised the program which has become the Kinship Guardianship Assistance Program (KinGap). The key differences between Subsidized Guardianship and KinGap are:

- The relative home must be licensed for six consecutive months before the child goes into KinGap;
- The child needs to have lived in the licensed relative foster home only for six months;
- KinGap is not available for children in non-related foster care placement; and,
- Although not federally reimbursable, Illinois has made the decision to allow guardianship for children 14 years and older with non-kin as a permanency option

KinGap as a Permanency Option: Like its predecessor, KinGap is an option for children when Return Home and Adoption have been ruled out as permanency goals. It is available to a child who is in a placement where the relative has consistently demonstrated the ability to meet the child's physical and emotional needs; child demonstrates a strong attachment to the prospective relative guardian; and if a child is 14 years or older, s/he must consent to the kinship guardianship arrangement. Additionally, this option helps children leave foster care to live permanently with relatives.

Licensing: The Home of Relative (HMR) Initiative began in October 2008 after the Fostering Connections legislation passed. The focus of the Home of Relative Initiative is to license unlicensed relative homes. DCFS and Private Agency staff was asked to focus on licensing those relative homes with children who have a Subsidized Guardianship or Adoption goal because it is essential to achieve licensure prior to achieving the permanency goal for the

purpose of Title IV-E claiming. However the major priority is to license all unlicensed relative homes.

As part of the KinGap program DCFS must obtain fingerprint-based criminal records checks of the national crime information databases of the relative guardian(s) and child abuse and neglect registry checks of relative guardian(s) and other adults living in the guardian's home.

Financial Eligibility:

- Payment for non-recurring expenses associated with obtaining legal guardianship of the child subject to the maximum of up to $2,000 per child.
- Assistance payments may not exceed the foster care maintenance payment the child would have received if he or she remained in a foster family home.
- Siblings of a IV-E eligible child, placed with the same caregiver may qualify for IV-E KinGap even if they do not meet the eligibility criteria in section 473(d)(3)(A) of the Act.
- Children who receive kinship guardianship assistance payments are categorically eligible for Title XIX Medicaid.

KinGap Case Plan Requirements: The case plan must describe the following:

- How the child meets the KinGap eligibility requirements;
- Steps the agency has taken to determine that return to the home or adoption is not appropriate;
- Efforts made to discuss adoption with the child's relative foster parent and the reasons why adoption is not an option;
- Efforts made to discuss KinGap with the child's parent(s) or the reasons why efforts were not made; and,
- Reason why a permanent placement with a prospective relative guardian and receipt of a kinship guardian assistance payment is in the child's best interests.

If the child's placement with the prospective relative guardian does not include siblings, the case plan must also include a description of the reasons why the child is separated from siblings.

Youth in KinGap may continue to receive KinGap services beyond their 18th birthday if the child is:

- Attending high school and will not graduate before their 18th birthday; or
- Has a physical or medical disability that substantially limits one or more of the youth's major life activities.

Strengths and Challenges of Permanency Services: In order to positively impact permanency for children, DCFS is building upon the strengths that are currently inherent in the child welfare system while recognizing the challenges. The strengths and challenges of permanency services within DCFS are outlined below.

Permanency Strengths:

- There is an increased attention for overall permanency and the Department is engaged in several initiatives aimed at improving permanency practice and outcomes for children and families in Illinois.
- Illinois has passed several laws that are sure to impact permanency positively. The post permanency sibling contact law was passed in 2012, reversal of TPR (termination of parental rights) was passed in 2013 and fictive kin was passed in 2014, all paving the way to allow casework staff to pursue permanency plans and permanency resources with family, kin, relationships and lifelong connections in mind. These changes allow for

a greater focus on family and kin connections, nurturing relationships and lifelong supports. The implementation of procedures and training in support of these newer laws is underway and enhanced procedures will help drive the practice changes afforded by legislation in support of permanency and lifelong connections for children and youth in Illinois.

- The implementation of the PAS model has served to heighten the need for permanency for all children in care where staff has embraced the concept of urgency and the child's sense of time in achieving permanency. Additionally staff is engaged in the practice of considering the child's wellbeing in relation to permanent relationships and feeling connected through a sense of belonging.
- DCFS is committed to improved permanency practice and has established a workgroup aimed at reviewing, analyzing and revising core permanency practice procedures to establish a standard of care and service provision that considers family engagement, shared parenting as a means to empower birth parents, the child's sense of time in achieving permanency, and lifelong connections for families and children.
- DCFS is engaged with Casey Family Programs to analyze, assess and employ permanency strategies through Casey technical assistance that will enhance overall practice and reshape permanency planning for all youth.
- DCFS conducted the Project "500 in 50" an initiative aimed at achieving 500 permanencies through adoption and guardianship by December 31, 2014. This project included both DCFS and mostly POS cases. The project's focused on two primary populations:
  1) The 307 children statewide who have a goal of adoption or guardianship, for which the assigned private agency has submitted a subsidy packet to the DCFS Adoption unit for approval, and he packer, is currently in the process of review.
  2) The 374 children statewide who have an already approved subsidy packet and are waiting for a court date for finalization.

The "500 in 50" charge was to identify and resolve internal barriers as well as reallocate existing human and technological resources in order to achieve the Project goal. The Project was successful and over 500 permanencies were completed by December 31, 2014.

Permanency Challenges: Illinois is made up of 102 counties and court jurisdictions. There is a need in bringing court systems and legal stakeholders to the table in efforts to inform and gain support to get children and youth to achieve permanency more timely. The P4P has plans this fiscal year to expand out to the court jurisdictions partners to identify, address and assist to eradicate permanency barriers.

The Illinois budget has consistently placed DCFS with potential reduction in staff and funds for contracted services. The loss of resources has had an impact on case progress as well as staff morale. The budgetary culture has repeatedly forced staff to face potential layoffs and changes in job assignments, which impacts productivity. DCFS needs to establish a sense of stability for staff and stakeholders in order to forge ahead with planned improvements. Staff is hesitant to buy in and difficult to engage when morale is low and stability is uncertain. The fiscal year 2016 budget had not been finalized as of this writing. However, potential cuts will probably be actualized which will continue to impact case progress and staff morale. DCFS is target for budget cuts and possible program cuts in serving the 18-21 youth population.

Well-Being Services

Education Outcomes: The Department is committed to helping children do well in school, stay in school and find the best schools available for their emerging skills. Studies indicate that many

abused and neglected children placed in substitute care are already behind academically when they enter care and remain at risk for educational failure throughout their teen years. From early childhood through college-level training, the attention of caseworkers, caregivers and other Department staff to educational progress of children is critical.

Keeping Children in Their School Area: For many years the Department has been faced with the educational challenge of keeping foster children progressing in school even as they move from one foster home to the next and from one school district to the next. To help stabilize educational outcomes and to help stabilize a child's life, DCFS has changed its policy regarding foster home locations so that everything possible is done to keep the child in the same school catchment area. The results have been dramatic. Many more children are able to stay in the same school enabling continuous education even though they are moving from one home to another.

School Readiness Initiative: The Department has made a commitment to provide quality early education opportunities to DCFS involved children. In Can of 2008, the Illinois Department of Children and Family Services launched the School Readiness Initiative. The overall goal of this initiative is to ensure that children aged 3 -5 years for whom the Department has a legal relationship with, those that have been involved with the Department via intact case management and children of teens are enrolled in an early learning program. The Early Childhood programs include 5 general categories pursuant DCFS Procedures Education 314.50 /70:

1) Head Start or Early Head Start;
2) Pre-Kindergarten programs for children at risk of academic failure (Pre-K);
3) Accredited child care programs (e.g. licensed childcare, home visiting programs);
4) Early intervention service for infants and toddlers with developmental delays, and
5) Early childhood special education programs for children aged 3-5 years with disabilities.

Specific activities associated with the School Readiness Initiative include:

- Maintaining a region based tickler system to assist in identifying early childhood learning resources and to monitor early childhood enrollment of children in care ages 3-5, children of teen parents for whom the Department has no legal relationship with and children that reside in intact families;
- Monitoring children in care ages 3-5 to ensure that their learning needs are being met in accordance with Procedures 314 "Educational Services";
- Consulting with educational advisors, liaisons, early childhood specialist, POS and DCFS child welfare and DCFS child protection staff to ensure successful collaborative efforts between early childhood provider and the child welfare community in promoting safety, well-being permanency and positive learning experiences for children;
- Participating in and supporting the efforts to build stronger relationships between the early childhood, child welfare and caregiver communities through local events, conferences and training;
- DCFS and Head Start/ Early Head Start Grantee Agencies have a "Joint Collaborative Agreement", which began in 2007;
- Participating in the Governor's Early Learning Council Committees and subcommittees; and
- Participating in the All Our Kids network statewide.

In cooperation with the DCFS OITS, DCFS and DHS developed an encryption list for Head Start use with early recruitment and enrollment of children ages 3-5 entering DCFS care. The Early Childhood Project is a collaborative effort between the Department of Children and Family

Services and Erikson Institute. The Project was implemented to serve and meet the needs of young children who are in care or being closely monitored by the child welfare system. Since its inception, the Early Childhood Project has been guided by the Department's belief that young children who have adverse experiences are at a greater risk for developmental delays than the general population. The Department also strongly advocates that with early intervention services, to address developmental delays, young children have the opportunity to remediate the delays and return to a typical developmental trajectory. Hence, in tandem with the Department's philosophy on supporting the needs of young children, the DCFS Early Childhood Project has been focused on identifying and addressing developmental needs as well assessing the impact of trauma on children birth to 5 who are part of the child welfare system. The Early Childhood Project consists of 2 vital components:

1) Early Childhood Placement Family Services Program
2) Early Childhood Intact Family Services Program

The Early Childhood Placement Family Services Program was created in 1998 as a result of the Behavioral Health Consent Decree to address the mental health and developmental needs of young children entering state custody. The program serves children from birth to five years of age in the child welfare system, with a special focus on providing developmental screenings for children aged birth to three and offering consultations and referrals for early childhood related issues within the Department for children up to age 5. Trauma, attachment, and social-emotional issues are a major component of the screening process.

In 2003, Congress amended the Child Abuse and Prevention Treatment Act (CAPTA) to require that all maltreated infants and toddlers be evaluated to determine if they are eligible to receive early intervention services. In October of 2010, to fulfill the requirements of Child Abuse and Prevention Treatment Act (CAPTA), the Department expanded the Early Childhood Project to create the Early Childhood Intact Family Services Program to serve children between the ages of 0-3 with open Intact Family Service cases. In keeping with the philosophy of the Early Childhood Project, the Early Childhood Intact Family Services Program looks to understand and address the social-emotional development and the impact of trauma on children birth to age 3 by providing valuable developmental and social/emotional screenings to children birth to three, as well as to provide consultation on early childhood issues to birth parents and providers across the state.

Health Care Services: Information regarding the health care services for children served by the agency is available in the Health Care Oversight and Coordination Plan which has been submitted as a separate document.

Office of Social Work Practice and Field Support

Regional Clinical Annual Program Report 2015

Part I

Program Description: 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 (Specialty Services is in itself a subset of programs within the Clinical Division). Regional Clinical Units (Clinical Managers and Clinical Services Coordinators) are located in each Region (2 in Cook County). A Clinical Services Coordinator is also stationed at Cook County Juvenile Court. Spanish-speaking Clinical staff are located within the Cook Central team.

Target Population: Clinical consultation or staffing requests may be made by DCFS and POS staff including (but not necessarily 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 wards and parents may also make referrals. Ultimately, the youth and families served by the Department and contractual agencies are included in the target population.

Principal Customers of Program Services
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
- Regional Clinical

External:

- Purchase of Service staff and Administration,
- Residential Treatment providers
- Public Guardian's Office (GAL),
- Systems of Care (SOC)
- Hospital psychiatric programs
- CASA
- County court systems (circuits)
- Community agencies
- Medical providers

Goals of Program during FY15:

- Hire a Clinical Manager for the Cook Central and Northern Region units
- Update referral form and Information Transmittal
- Managers and Coordinators will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation or staffing
- Coordinators will respond to 90% of all referrals received within 48 business hours
- 90% of general staffing and consultation recommendations will be shared with parties within required time frames; Manager approved extensions will be documented for all work completed outside time frames
- No psychiatrically hospitalized youth requiring placement will go beyond medical necessity (BMN) while waiting for a Clinical staffing
- 100% of youth identified as potentially disrupting from an adoptive placement will be involved with post-adoption services and a Clinical post-adoption consultation or staffing, if warranted
- 90% of Clinical Placement Reviews completed within required time frames
- 100% of all capacity waivers will involve the Coordinator meeting the involved children and summarizing recommendations in writing
- Establish quarterly QA/QI reviews
- Strengthen intra-agency partnerships to enhance service planning and interventions for youth who have been trafficked

Program Data/Sources: Program referrals are tracked through a logging system in ClinicalRef within the Clinical groupshare that houses completed referral and staffing documents. Clinical Managers also track workload distribution and special project activities.

Number of Eligible Clients: All youth and families contacted by DCFS (i.e., through investigation) or served by DCFS/POS staff and who present with heightened clinical needs may be eligible for consultation or staffing. There is no cap regarding numbers of clients served.

Program Metrics: In FY15, Regional Clinical staff received 1,179 referrals (totals through May 2015). Fifty-four percent of these referrals were for psychiatric staffings (including lock-outs). Additional activities included consultations (28% of referrals) and standard or "best interest staffings (14%). Expanded capacity staffing requests and Post-Adoption funding requests comprised 3% of the referrals, with 1% being "other" referrals, such as court-ordered involvement.

Statewide, Regional staff completed 227 Clinical Placement Reviews (staffings for disputed foster care moves).

Regional Clinical staff are charged with additional monitoring of children who are 8 years and younger who have been psychiatrically hospitalized. During FY15 (through May 2015), 104 staffings were conducted 30-day post-discharge. Also, 206 quarterly monitoring staffings were held during this time.

Additionally, Regional Clinical staff continues to monitor post-adoption youth who are approved for placement through the Director's Waiver process. Coordinators conducted 35 monitoring staffings for these youth.

Regional Clinical staff also assisted with special projects involving staffing and assessing youth placed in residential facilities. Over 350 youth were interviewed and case information reviewed to provide recommendations pertinent to the task (i.e., transition to new placement, enhancing current therapeutic interventions, locating resources for youth…). It is during these special projects that collaboration with internal programs (Operations, Residential Monitoring, Agency Performance, Licensing, Resource and Recruitment) are quite apparent. External collaborations with partner child welfare agencies and community providers become evident as well.

Part II

FY15 Program Outcomes and Findings:

- A Northern Region Clinical Manager and a Cook Central Clinical Manager still need to be hired. This remains an active goal for FY16. These are essential positions because a Clinical Services Coordinator from each team is covering Managerial duties. This increases the workloads of the remaining Coordinators, despite the Acting Managers still responding to referrals that require Managerial intervention
- The Cook South Clinical Manager was hired in November 2014, but still requires training
- Two Clinical Services Coordinators transitioned from the Cook South team. One position was filled and that individual is still training. This elevates the workloads of team Coordinators
- Three clerical vacancies still exist, which significantly elevates the workload of the remaining clerical staff

- Work entry into SACWIS remains an active goal for FY16 and a new Enterprise Service Request is being submitted to incorporate internal/POS referrals as well as the actual documentation by Coordinators and Managers
- Referral form revisions are still in progress. However, it is recognized that if Clinical documentation may primarily be managed by SACWIS, this will greatly reduce the number of electronic referrals to the unit. Faxed, scanned or electronic referrals would then only be submitted by those individuals not using SACWIS
- 100% of capacity waiver recommendations were completed with in-person staffings
- Quarterly QA/QI reviews remain an active goal for FY16. The Acting Associate Deputy and Administrator of Social Work Practice have conducted monthly reviews of work products as part of the QA/QI process

Customer Satisfaction: No customer satisfaction surveys are required for the program.

FY15 Budget: No separate budget exists for Regional Clinical. The program performed within its assigned budget.

Part III

FY16 Changes Related to Program Description, Population, Customers, Data Sources, Metrics: No changes have been identified to occur in FY16 regarding program description, population, customers, data sources, or metrics. However, should the Regional Clinical teams be called upon to assist with the clinical reviews of or consultations for additional populations, such as youth in residential placement, staff will readily comply with such a change.

FY16 Program Outcomes Enhancements/Changes:

- Fill multiple Manager and staff vacancies
- Best interest considerations prioritized for youth served by the Department
- Reduce the number of psychiatrically hospitalized youth staying in the hospital beyond medical necessity (a priority, standing outcome)
- Improve long-term stability for post-adoption youth at risk of disrupting permanently from home
- Ensure stability for youth moved within the foster care system
- Provide evidence-informed Clinical recommendation whether children should be placed in homes exceeding license capacity
- Improve completion rates of clinical summaries and recommendations within specified time frames. Ensure recommendations are effective and actionable by field staff (this is an ongoing process)
- Address clinical needs of youth trafficking survivors (this remains an enhancement. Although a Human Trafficking Coordinator is active within the Department, Clinical staff is available to provide consultation and support to field staff)

FY16 Goals:

- Hire a Clinical Manager for the Cook Central and Northern Region units
- Update referral form and Information Transmittal
- Managers and Coordinators will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation or staffing
- Coordinators will respond to 90% of all referrals received within 48 business hours
- 90% of general staffing and consultation recommendations will be shared with parties within required time frames; Manager approved extensions will be documented for all work completed outside time frames

- No psychiatrically hospitalized youth requiring placement will go beyond medical necessity (BMN) while waiting for a Clinical staffing (a priority, continuing goal)
- 100% of youth identified as potentially disrupting from an adoptive placement will be involved with post-adoption services and a Clinical post-adoption consultation or staffing, if warranted
- 90% of Clinical Placement Reviews completed within required time frames
- 100% of all capacity waivers will involve the Coordinator meeting the involved children and summarizing recommendations in writing
- Establish quarterly QA/QI reviews that are overseen by Clinical Managers and Coordinators. What will be different than in prior years is that collaboration with the Department's Quality Assurance Unit will be pursued to assist with formalizing the process of reviews and data collection
- Strengthen intra-agency partnerships to enhance service planning and interventions for youth who have been trafficked

FY16 Budget: The budget for the Regional Clinical Unit is not projected to change. However, a FY16 goal is to fill vacant positions, so consideration is given to this monetary impact.

Specialty Services

Developmental Disabilities and Deaf/Hard of Hearing

Program Description: 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 wards must also be made available to person served by the Developmental Disabilities Program and Deaf/Hard of Hearing 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. According to the American Association on Intellectual and Developmental Disabilities maltreatment is one of the causative factors in acquiring a cognitive disability.

The Developmental Disabilities Program and Deaf/Hard of Hearing Program were established to coordinate a consistent, organized and effective statewide DCFS response to the special needs of the child welfare population. There are 787 wards identified in the CYSIS system with at least one handicap code of developmental disabilities and over 30 with a code of deaf/hard of hearing. There are 148 youth in care currently active on the DD Transition list for transition into the adult system.

In the past services were managed by one person. Initially the worker was part time in DD and his main focus was in working with the Department of Human Services Office of Developmental Disabilities (DHS/DD) and DCFS/POS caseworkers to navigate the transition of youth into the adult system. Recently further services and referrals, e.g. Assessments, Psychological Evaluations, Functional Behavioral Analysis, TLP Programs, site reviews, Guardianship Transfer, etc..., are being added to better address readiness for transition to permanency. Given the desire for a state of the art response to developmental disabilities this program is actively planning contingencies in order to meet the special needs of these wards.

Currently, the DD Program and D/H of Hearing Program administrate statewide programing to address issues of permanency, safety, best practice, educational advocacy, service provision and wellbeing through their role as content area experts in the following activities:

- Reviews and provides input for DCSF Rules, Procedures, and Guidelines;
- Consults on relevant training curriculum;
- Provides clinical consultation on specific cases in Clinical Referrals, CIPPs, D-CIPPs and other staffing;
- Facilitates referrals for behavioral plans;
- Researches and monitors best practice in Developmental Disabilities and Deaf/Hard of Hearing service provision;
- Maintains a collaborative relationship with DHS/DDD/DMH, and DD providers in order to assure the greatest cooperation in transitioning wards from child welfare into the adult DD/MH systems;
- Monitors the Kaleidoscope Transition Services Project for the DD Transition Process;
- Offers in-service training and orientation on DD and Deaf/Hard of Hearing issues;
- Supports case workers in relating to persons with all disabilities;
- Monitors and makes referrals for American Sign Language Interpreters to the field;
- Advocates within DCFS and POS agencies for people with DD and D/HofH; and
- Facilitates improvement and expansion of service availability in both the child welfare system and in the adult DHS/DDD system.

Target Population: The DD and D/HoH programs continue to work with all youth in care, care givers, and family members who have a disability such as a developmental disability or who are deaf/hard of hearing.

Principle Customers of Program Services
Internal:

- DCFS Casework and supervisory staff of intake, placement, child protection and post-adoption cases.
- DCFS Administration, including the Director's office, Legal Services, Health Policy, Agency Performance, and Service Interventions.
- Clinical Managers/Coordinators, Integrated Assessment Program staff, Education Liaisons, D-CIPP, and CIPP Team members.

External:

- POS placement caseworkers and supervisory staff.
- Community stakeholders, including the juvenile court system and related legal personnel, Guardian's (GAL) office, residential and outpatient mental health and psychiatric treatment providers, and licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors and Health Works Primary Care Providers.
- DHS/DDD, DHS/DMH, POS, DD Provider Agencies (both child and adult) and PAS/ISC agencies.

Goals of Program During FY15:

- Filled positions for State Wide Deaf/Hard of Hearing Coordinator and Down State Assistant DD Administrator trained and supported new staff for both positions.
- Review DCFS Rules, Procedures and Guidelines on an ongoing basis as they relate to serving people with Developmental Disabilities and who are Deaf/Hard of Hearing, as necessary revise and submit for approval.

- Provide clinical consultation to other Divisions and Units within DCFS and POS agencies.
- Provide referrals to regions and POS agencies for Sign Language Interpreters.
- The Manager of the DD Program will provide oversight and supervision to the Statewide Coordinator of Deaf/Hard of Hearing Services.
- Continue to monitor and research best practice in Developmental Disabilities for potential use in DCFS and POS agencies in child welfare.
- Develop and maintain a collaborative relationship with DHS/DDD (also MH), POS agencies, and Developmental Disabilities providers in order to assure the greatest cooperation in transitioning wards from child welfare into the adult DD/MH systems.
- Develop and maintain a list of Developmental Disability community referrals for wards, family members and care givers.

Program Data and Sources

Number of eligible clients: All DCFS youth in care and their families based on diagnosis of a developmental disability, deafness or hard of hearing need and referral information presented by caseworkers.

Number of clients served: During FY15 there were a monthly average of 140 youth on the DD Transition List. The transition team successfully transition 95 youth into adult services: 75 youth were transitioned into traditional adult developmental disabilities services; and 20 youth were transitioned into non-traditional and mental health based services. DD and D/HofH staff attended 290 CIPPs and 45 D-CIPPs. This office consulted on 495 cases with DCFS and POS staff.

Program Outcomes: The Transition to Adult Services program will review 100% of the Prescreen referrals to determine appropriateness and potential adult services eligibility.
The Transition to Adult Services program will transition 70 youth in care with a developmental disability into the adult system.

Did the program achieve its goals for FY15?: Yes, the program was able to achieve its goals.

Budget: There is no assigned budget for this office.

Goals for FY16:

- Transition 75 youth from the child welfare system into the appropriate adult system to assure safety, permanency and well-being.
- Improve communication with CILA agencies, PAS agencies and DHS/DDD in order to make the transition process go more smoothly.

Outcomes for FY16:

- The Transition to Adult Services program will review 100% of the CFS418-L Prescreen referrals to determine appropriateness and potential adult services eligibility.
- The Transition to Adult Services program will transition 75 youth in care with a developmental disability into the adult service system.

Parenting Assessment Team Program (PAT): The Parenting Assessment Team Program (PAT) was originally established in 1995 based on the findings and recommendations of the Mental Health Task Force Special Wallace Case Investigation Team. This Task Force was put together as a direct result of the highly publicized Amanda Wallace case in April of 1993. The

Task Force's report to the Governor in May of 1994 underscored the lack of organized data collection, clear communication and methodological soundness in assessment of mentally ill parents, and recommended the creation of independent assessment teams to assist the Department.

Program Mission: The mission of the PAT Program is to assist DCFS and the Juvenile Court enhance, facilitate and promote child safety, permanency, placement as well as child and family well-being, by evaluating the parenting capabilities of mentally ill parents who are alleged perpetrators of child abuse or neglect.

The PAT Client: The PAT program works with referring caseworkers to provide multidisciplinary, comprehensive, non-adversarial parenting capacity assessments to parents with a diagnosed mental illness who have an active DCFS case. For purposes of defining the target population, mental illness here pertains to a parent who has been formally diagnosed with an axis I recognized mental disorder from the Diagnostic and Statistical Manual of Mental Disorders.

Referral Criteria: In order to be accepted into the PAT program, the following **referral criteria** must be met:

- The referral must be for an active DCFS case.
- The parent must have been formally diagnosed with an axis I recognized mental disorder from the Diagnostic and Statistical Manual of Mental Disorders.
- The referring worker has questions and believes that additional assessment beyond what he or she may provide is needed, and that a multidisciplinary assessment by the parenting assessment team would be helpful.
- The parent must give informed consent in order to participate in the assessment.

Referral Process: The PAT works with the referring caseworker to help formulate the specific questions to be answered by the assessment, and the focus of the assessment is directed by these questions. In general, assessments attempt to answer questions related to child safety, permanency, placement, and child and family well-being, as well as questions related to needed treatment services for both parent and child.

Composition of the PAT: Each parenting assessment team is made up of a Psychiatrist, Psychologist, Social Worker, and Administrative Assistant. The team's clinical members each evaluate the parent and the child according to his/her own discipline. The following methodologies and data are used:

- Demographic information.
- Past records (medical, psychiatric and criminal).
- Structured and clinical psychiatric interviews.
- Collateral history from significant others.
- Semi-structured interviews specifically designed for parenting assessment;
- Questionnaires with demonstrated reliability and validity for parenting assessment.
- Structured and clinical assessment of social support network.
- Direct observation of parent/child interaction.
- Assessment of the home environment.

Assessment Process: The assessment process consists of a series of scheduled interviews (usually 3) with the various PAT members. Each team member will meet with parent, and/or parent and child in completing their portion of the assessment according to their own discipline and utilizing the above methodologies.

Report Process: After the interviews are finished and the assessment is complete, the team comes together to discuss their findings, and develop a team consensus. A comprehensive report is written with detailed recommendations that document the teams' findings, and specifically and clearly answer the identified referral questions presented by the caseworker.

Feedback Session: Once the final report is completed and submitted, a feedback session/review meeting is established with the team, caseworker and parent to review the team's findings and recommendations. The purpose of this feedback session/meeting is to provide a summary overview as to the team's recommendations and review the general findings of the report with the parent and the caseworker. It is not the purpose of this meeting to provide a comprehensive and thorough review of the entire report. If more specific questions are generated during this meeting, a follow-up meeting with the team may be scheduled to answer questions that may be more in depth.

The program is designed to provide a single, time-limited, comprehensive assessment, and typically does not follow the parent/family over a sustained period of time. However, as part of the assessment process, follow-up assessments are sometimes necessary and recommended. If the completed evaluation included recommendations for a follow up report, the team may conduct a formal re-evaluation, which will assess the parent's response to intervention and how this has affected parenting capabilities and risk to the child. Please note – the earliest the re-evaluation could occur would be six month and is typically conducted after one year. The purpose for this is to allow enough time for services to have been implemented to be able to evaluate what the impact of these services on parenting have been.

Goals:

- To assist the casework team enhance and facilitate child safety.
- To assist DCFS and the court facilitate child permanency.
- To enhance and promote parent and child well-being.

Objectives: The PAT Program will continue to assist DCFS with enhancing, facilitating and promoting child safety, permanency and child and family well-being, by providing comprehensive parenting assessments/consultations to Caseworkers and the Court in answering a variety of questions around how parental mental illness may have affected a parent's ability to safely parent their child.

Provide DCFS/POS Casework staff timely, multidisciplinary comprehensive parenting assessments regarding mentally ill parents involved in the child welfare system in order to facilitate child safety, permanency, and child & family well-being.

Each parenting assessment team report will contain an easily identifiable recommendation section, where the recommendations are specific and clearly written as to be easily understood by the worker, and must address all of the original questions posed by the worker/court.

To provide a summary feedback session for all cases where there is a completed PAT report. This should be done for purposes of reviewing the team's findings and recommendations with the casework team and parent, as well as to receive feedback from all participants.

For FY15 there were 2 established PAT providers for DCFS that provided service to clients in the Cook North, Cook Central, Cook South, and Northern Regions.

1) Hephzibah

2) Children's Home + Aid

The following is program data for FY15:
Hephzibah
Total # of Referrals = **14**
Total # of Referrals Accepted = **11**
Total # of Referrals Rejected = **3**
Total # of Cases Closed without completion after opening = **0**
Total # Completed Assessments = **11**
Total # of Assessments completed within the program timeframe = **0**
Total # of Feedback Sessions Completed = **10**
Note – Totals do not include carry over assessments from FY14.

Children's Home + Aid
Total # of Referrals = **19**
Total # of Referrals Accepted = **10**
Total # of Referrals Rejected = **5**
Total # of Cases Closed without completion after opening = **4**
Total # of Completed Assessments = **10**
Total # of Assessments completed within the program time frame = **5**
Total # of Feedback Sessions = **9**
Note – Totals do not include carry over assessments from FY14.

Program Totals
Total # of Referrals = **33**
Total # of Referrals Accepted = **21**
Total # of Referrals Rejected = **8**
Total # of Cases Closed without completion after opening = **4**
Total # Completed Assessments = **21**
Total # of Assessments completed within the program timeframe = **5**
Total # of Feedback Sessions Completed = **19**

Agency Utilization of Services: DCFS = 26% POS = 74%
Total # of POS Agencies utilizing PAT service = 17

Program Trends, Concerns and Interventions: Historically, the PAT program started out as a grant based program that consisted of 3 separate parenting assessment teams to provide multidisciplinary parenting capacity assessments to DCFS clients residing in the Cook County and Northern Regions of the state. Over the years, and for various reasons, all 3 of the original founding PAT providers (UIC, Thresholds, and the Community Mental Health Council) have all left the PAT program. Due to significant cutbacks in the State Budget, the program was switched to a fee-for-service model in FY05, and remained so until the beginning of FY14, when it switched back to a grant based model.

Since the closure of the last founding PAT provider (CMHC) in FY12, there has been a significant and steady decrease in the total number of PAT referrals received on a yearly basis, approximately 79%. Subsequently, there has been a significant decrease in the total number of assessments completed annually, approximately 76%. Despite great efforts to increase program awareness (i.e., announcements, newsletters, presentations etc…) throughout the Department for the past two fiscal years, the number of PAT referrals to the program continues to decline, remaining a fraction of what they had previously been.

Aside from the constantly changing casework staff which may not be familiar with the PAT program, and may constitute one explanation regarding low PAT referrals, another explanation for continued low referrals rests with the possibility of casework staff utilizing other Clinical Services within the Department to meet their clinical needs (i.e., psychological assessments and clinical case consultation). Furthermore, casework staff may also be utilizing more outside resources to meet their needs (i.e., parenting capacity assessments through the Juvenile Court Clinic). As there does not appear to be a direct way of identifying whether or not the above services would have been referred to the PAT program, the direct impact of these other services on the PAT program is unclear.

Trends:

- A significant decrease in PAT referrals, approximately 79% since FY12.
- A significant decrease in the total number of completed assessments since FY12 – from an average of 88 assessments per year to approximately 21 assessments per year.
- An inability to sustain providers in the program, and subsequent increased need to bring in new providers to maintain assessment services. Three new providers since FY12.

Specific Concerns: In the past several years there has been a steady decline in the number of referrals to the PAT program, this despite several attempts to increase program awareness within the Department. In direct relation to the above, there were no established PAT providers for the program at the beginning of FY14. Despite bringing on two new providers at the second quarter of FY14, the Department is ending FY15 with no PAT provider in place for FY16. Given the PAT Program's 20 year history with the Department and its initial mandate through the Wallace Task Force, juxtapose the decreasing level of referrals, and inability to sustain providers, the program must address the current structural and financial difficulties if it is to remain sustainable for the future.

Upcoming Initiatives: Beginning FY16, the PAT program is attempting to reconfigure itself under the DCFS Psychology and Psychiatry Program. While this initiative is not yet finalized, PAT will change the multidisciplinary team approach previously established by utilizing a Psychiatrist and a Psychologist to complete the assessment. In order to streamline and facilitate this process, the program is attempting to partner with the Continuity of Care Clinics, under the umbrella of the DCFS Psychology and Psychiatry Program. The plan is to establish three separate parenting assessment teams to service DCFS clients by utilizing three sites through the Continuity of Care Clinics. Financially, PAT will be going back to a fee-for-service model in which the participating Continuity of Care Clinics will have a set number of assessments they will be able to bill for. Finally, the PAT referral process will be streamlined with the psychology program, and utilize the consulting psychologists for DCFS to manage the initial PAT referral. Note: the above will simplify the referral process for the referring worker. Once this initiative has been finalized with the participating providers, an announcement will be forthcoming on the D-Net.

Clinical Intervention for Placement Preservation (CIPP): On 01/01/13 with the Department's re-organization, Child Youth Investment Teams (CAYIT) was converted to CIPP. It kept its focus of being a family-centered; youth focused team decision making process. The staffing structure changed from teams of 5 (3 in each staffing) to all CIPPs being led by an Independent Facilitator, this resulted in a 65% reduction in staff. CIPP became more about assessing the current situation, placement, and team development to focusing on the youth. In creating the CIPP Policy, an emphasis was put on getting to the youth's situation earlier in the youth's placement rather than during a crisis or after the placement disrupted.

- There have been only small in roads to meeting earlier in the youth's placement as the potential volume far exceeds the resources to meet the demand.
- As with CAYIT, CIPP continues to challenge the current practice in Child Welfare by creating a process that gives families and youth a much stronger voice in creating plans to address their strengths and needs, with an increased focus on the youth's relationships and adult connections.
- There has been a reduction in the reaction to move youth from their placements as soon as there are some difficulties. Families, caregivers and youth are much more inclined to try and work things out if given a voice on their priorities and how to address them.
- There has been less of a demand for higher end services and placements when families, caregivers and youth partner with the professionals in prioritizing and focusing on their needs.
- Stability increases when the Team (families, caregivers, youth and professionals) feel they are partnering and supportive.

Budget: FY15 budget is 1.4 million dollars to conduct the approximately 2,500 CIPPs that occur annually. Approximately 75% comes from federal funding. In FTEs this accounts for 12 Facilitators, 4 Intake, 1 QA/QI, one Supervisor and one Administrator. Through the CIPP process the recommendations for increased services and higher end placements exceeds over $200 million annually.

CIPP Data for 01/01/13 - 06/30/14:

- Over 40% of all CIPPs the youth is not in a current foster home. They are in the shelter, detention, Dept. of Corrections, runaway and unauthorized placements
- During CAYIT we saw a continual decline in recommendations for Group and Residential care, CIPP made an even bigger impact and reduced the recommendations for Group and Residential by another 20% in its first 18 months.
- Though we still have not made significant inroads in seeing these teams earlier and before disruption has or is about to occur, CIPP has had recommendations to remain in the current FH with increased services over 70% of the time, which was a 15-20% increase from the previous year.
- Of those recommended remaining in placement, 42% were still in that placement six months after the CIPP.

Changes Implemented in FY15:

- All youth where recommendations to remain in current foster home will be seen in 30-60 days a follow up CIPP to help assure implantation of increased services and to assist in keeping team support intact
- All youth recommended for Group or Residential care will have a follow up CIPP within 30-60 days, to help identify and include adult connections in the youth's residential treatment and to keep the focus on the top two concerns for why residential was recommended
- Brought in a direct Supervisor to support the Facilitators and improve consistency in the team decision practice

Further recommendations to be implemented in FY16:

- Identify and prioritize ways and means to work with teams prior to reaching the level of high potential for disruption
- Facilitate teams during and while transitioning out of residential treatment to identify, enhance and support the youth's adult connections

- Develop an improved information system to better measure outcomes and support a team decision process to increase consistency
- Complete a fidelity evaluation of the entire process with the support of UIC

Domestic Violence Intervention Program

Part I

Program Description: The Domestic Violence Intervention Program (DVIP) is a statewide Specialty Services Program within the Clinical Division. The general activities are case identification, assessment, consultation, resource networking, policy development, and training to support direct service staff around the complexity of cases involving domestic violence.

DCFS DV policies were developed in consultation with state domestic violence advocates in accordance with DV laws in Procedures 300.Appendix J and Section 302.260. The practice model is designed to augment the Department's mission to ensure the safety, permanency and well-being for children within their families and those youth in care. This approach aims to address the trauma to children witnessing violence in their homes and keep them safe.

Goals of Program during FY15: Clinical case consultation is an integral component of the work of the Clinical Domestic Violence Specialist under this contract. Cases are referred to the DVIP directly from the field – by staff and/or their supervisors. On many occasions, community providers also contact the DVIP staff for assistance with a family that is in a DV situation that is involved with DCFS.

The main goal of case consultation is to address safety and risk factors of children, and that of their non-offending parent/caregiver. With this, the purpose of case consultation is to recommend strategies for Domestic Violence safety 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 workers also provides for an excellent opportunity for training and providing information on dynamics of DV.

Case consultation on domestic violence cases involves the examination of the family's strengths and protective factors; an examination of the indicators of and impact of traumatic events in the family; and a focus on reunification for those families who have children temporarily taken from their care. Focus on these three areas is outlined below:

Program Focus - Strengthening Families: Via case consultations, the Clinical Domestic Violence Specialist provides guidance in identifying the protective factors within a family system, despite the presence of DV as an underlying condition. These protective factors are incorporated in safety and protection planning for DV victims.

Trauma: Given the known impact of trauma from DV, trainings and case consultations, focus around such impact on family functioning and dynamics the Clinical Domestic Violence Specialist works together with Regional Clinical staff to identify appropriate interventions for families impacted by trauma from DV. The intersection between trauma and DV is crucial to address, especially in cases with return-home or reunification goals.

Reunification: While a vast majority of cases involving DV become open for intact cases, there are many with critical risk factors that have warranted protective custody. The DVIP works collaboratively with partners and stakeholders from the DV provider community. It is most essential for the Clinical Domestic Violence Specialist to maintain these relationships with these

partners, as it is parallel to the overall goal of the Department to work with community based programming towards safe reunification

Clinical Case Consultation: The Clinical Domestic Violence Specialist provides statewide case consultation to DCFS and POS agency staff – to include supervisors, managers, investigators and caseworkers. The Clinical Domestic Violence Specialist provides consultation around such specifics as definitions of domestic violence and teen dating violence, indicators, psychodynamics, lethality indicators, cultural factors, policy implementations and limitations. The Clinical Domestic Violence Specialist participates in CIPP meetings, clinical staffings, and other case discussions.

DCFS and POS agency staff must utilize the Clinical Referral Form (CFS 399.1) when requesting a clinical case consultation on a domestic violence case. Following receipt of a referral for case consultation for a domestic violence involved case, the Statewide Administrator of the Domestic Violence Intervention Program will first screen the referral to determine its appropriateness for response by the Clinical Domestic Violence Specialist. Following this screen, the Clinical Domestic Violence Specialist will be assigned the case for consultation. The Clinical Domestic Violence Specialist must complete the consultation within 21 calendar days of case assignment, and has 10 calendar days after that to complete and submit a consultation note on that case. The Statewide Administrator of the Domestic Violence Intervention Program will review and approve the consultation note before it is provided to the referral source. Following the completion of a consultation on a case involving domestic violence, the referral will be officially closed.

The information received from case consultations feeds the overall goals and outcomes of the program, and assists to identify trends, themes, and emerging issues in domestic violence that needs to be incorporated in training:

- Address safety and risk factors of children, and that of their non-offending parent/caregiver including legal indicators, protective, and cultural factors.
- Recommend strategies for intervention – to include protection planning for DV, assist in assessing the family's needs based on history, identify appropriate services for the victims and perpetrators
- Educate on dynamics of domestic violence, and guidance in interviewing families, and trauma informed practice.

Consultation is NOT meant to replace supervisory decision making, or existing DCFS or POS agencies' clinical staffing processes. DCFS and POS agency staff must utilize the Clinical Referral Form (CFS 399.1) when requesting a consultation on a case involving domestic violence.

The Clinical Domestic Violence Specialist will provide referrals and linkages to other Specialty Services Program consultants: Addictions, Deaf and Hard of Hearing, Developmental Disabilities, HIV/AIDS, LGBTQ, and Mental Health. Additionally, the DVIP team works collaboratively with statewide Regional Clinical staff to provide consultative support and expertise at clinical staffings.

Training: Along with training on the policies and procedures for Domestic Violence, Clinical Domestic Violence Specialists conduct trainings on various topics related to intimate partner 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. Among the goals of these trainings are to:

- Provide an overview of the policies and procedures for Domestic Violence, and provide guidance in application of such to practice.
- Recognize the dynamics of Domestic Violence with regards to the Power and Control Wheel and the Cycle of Violence.
- Discern warning signs and barriers to leaving abusive relationship.
- Identify case dynamics that impact safety, and to provide guidelines for developing plans for safety and protection.
- Know the impact of Domestic Violence on children and teens.
- Identify Domestic Violence resources and services available to victims and batterers.

Collaborative Work with Partners: DVIP staff work collaboratively with partners and stakeholders from the DV provider community. DVIP staff serves on many local and statewide committees/coalitions, to include: 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 (PAIPs), the Illinois Family Violence Coordinating Councils, Juvenile Court in Chicago, Domestic Violence Court in Chicago, Office of Mediation Services in Chicago, and the overall Circuit Court of Cook County.
It is most essential for the DVIP to maintain these 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.

In FY15, the DVIP team represented the Department through participation in the following committees:

- Illinois Family Violence Coordinating Council Steering Committee
- Partner Abuse Services Committee, Department of Human Services
- Domestic Violence Mental Health Policy Initiative Steering Committee
- 3rd, 12th, 18th, and 20th Circuit Family Violence Coordinating Councils
- 20th Circuit Family Violence Coordinating Council Education & Training Committee
- 20th Circuit Family Violence Coordinating Council Court Review Committee
- Jackson County Family Violence Task Force
- Southern Region Youth Summit Planning Committee
- Supervised Visitation and Safe Exchange
- Cook County Domestic Violence Stakeholders (Chicago, Skokie, Rolling Meadows, Maywood, Bridgeview, and Markham Courthouses)
- DCFS TLP/ILO Model Workgroup Committee

Collaborative Work within the Department: The DVIP works collaboratively with all Divisions and Programs within the Department:

- The Director's Office – to identify special projects that require the expertise and involvement of the DVIP.
- Child Protection and Operations – to identify consultative needs and high risk cases needing specific guidance and support around issues of safety; and to identify training needs to address and fill areas of knowledge and skills gaps.
- DCFS Legal – to identify and problem solve around issues that arise with court constituents (Office of the Public Guardian, Mediation, State's Attorney, and Public Defender).
- Office of Child and Family Policy – to identify updates and revisions to policy and procedures guidelines, in conjunction with recommendations by the Office of the Inspector General.

- Office of Communications – to identify public speaking opportunities that involve the need for providing information on the DVIP and DCFS policies and procedures for DV; to update information on DV accessible to the public via the Department's website and social media sites.
- Office of Training – to identify training needs to address and fill areas of knowledge and skills gaps; to provide CEUs to attendees of all DV trainings provided by the DVIP; to maintain data of trainings and updated curriculums.
- The African American Advisory Council and the Hispanic Advisory Committee – to identify workshop needs related to DV, for annual conferences.

Target Population: The Domestic Violence Intervention Program provides clinical case consultation and support on cases involving domestic violence, referred by DCFS and POS agency staff. Statewide domestic violence trainings are offered and available to DCFS and POS agency staff, foster parents, and youth in care.

Principal Customers of Program Services
Internal:

- DCFS investigators and caseworkers; supervisory staff across all programs
- DCFS Administration and all Divisions – including the Director's Office, DCFS Legal, Office of Child and Family Policy
- DCFS Division of Clinical Services – including Regional Clinical Managers and Coordinators, Specialty Services staff, IA, CIPP, Psychiatry Program, Psychology Department

External:

- POS agency caseworkers and supervisory staff
- Community partners and stakeholders – 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, PAIPs, the Illinois Family Violence Coordinating Councils, and Juvenile Court in Chicago.

Program Data/Sources
Client Reports: Clinical Domestic Violence Specialist shall ensure that all consultation services provided on a DCFS or POS agency case are documented in full compliance with applicable Department rule and procedures, including Policy Guide 2012.03 Consultations by Specialty Services Program Specialists, Section 302.260, and Procedures 300 Appendix J.

Each case consultation activity is documented in the form of a case consultation note, using CFS 399.1 Clinical Referral Form, provided to the referral source. Consultation notes are filed in the Clinical and Specialty Services case consultation electronic database, and the Clinical Domestic Violence Specialist will maintain such documentation in his/her electronic files.

Each training and presentation is documented, and recorded with the name of the event, the agency present, sign-in sheets from attendees, and an outline or power point presentation. The Office of Training also maintains this documentation and provides CEUs to attendees.

Program Reports: Clinical Domestic Violence Specialists provide a monthly program report to the Statewide Administrator of the Domestic Violence Intervention Program. This monthly program report includes the following:

- Statistics on the total number of referrals, case consultations and staffing,
- Total number of trainings provided, topics, and number of trainees,

- Activities and tasks that the Clinical Domestic Violence Specialist has completed and is actively engaged in,
- A list of committees and meetings attended,
- A list of continuing education conferences and trainings attended.

Outcomes and Program Metrics: The overall outcome of the work of the Clinical Domestic Violence Specialist is as follows:

- By virtue of case consultation, DCFS and POS agency staff will demonstrate enhanced practice skills in working with families where dynamics of domestic violence are present. The opportunity to engage in case consultation discussions with the Clinical Domestic Violence Specialist will provide DCFS and POS agency staff with referral and resource information for their clients. Further, DCFS and POS agency staff will have increased awareness and insight into the patterns and cycles of domestic violence that occur within family systems.
- By virtue of attending domestic violence trainings and presentations conducted by the Clinical Domestic Violence Specialist, DCFS and POS agency staff will increase their knowledge base and understanding of domestic violence. Staff will have the opportunity to learn how the dynamics of domestic violence co-exist with and have an impact on other underlying conditions, such as: substance abuse, mental illness, developmental disabilities, etc. Further, DCFS and POS staff will learn about the impact of exposure to violence on children, and skills in engaging with these young victims.

Part II

FY15 Program Outcomes and Findings (from July 1, 2014 to May 29, 2015)

Total Number of Clinical Case Consultations	Total Number of Domestic Violence Trainings / Workshops	Total Number of Trainees
725	**52**	**1,173**

** An additional 25 referrals are expected in June 2015, which will increase the number of clinical case consultations completed in FY15.*
** The DVIP team will present at three statewide Youth Summits in June 2015, which will increase the number of trainings and trainees in FY15.*

FY15 Program Accomplishments:

- In FY15, Ami Lilley Plexico, Clinical Domestic Violence Specialist, passed the LCSW exam.
- In FY15, Nisha Patel, the Statewide Administrator of the DVIP, was given the "2015 Service Award in Recognition of Outstanding Social Service" by the Clerk of the Circuit Court of Cook County, Chicago.
- In collaboration with the DCFS Office of Communications, the DCFS website incorporated updated information on Domestic Violence.
- The DVIP conducted a series of eight webinars for staff, board members, and volunteers of the Illinois Court Appointed Special Advocates, which focused on domestic violence and its impact on children and families, reaching nearly 500 participants statewide.
- FY15 saw an increase in the number of consultations provided to the Southern and Northern Regions.
- Provided workshops at two statewide conferences: the Illinois Department of Public Health's Women's Health Conference and the Annual Piecing It All Together Conference.
- FY15 marked the fourth consecutive year of offering Teen Dating Violence Training for TPSN

- The DVIP team will present at three statewide Youth Summits in June 2015, which will increase the number of trainings and trainees in FY15.

Customer Satisfaction: No customer satisfaction surveys are required for this program.

FY15 Budget: In FY15, there were 4 staff in DVIP:

- The Statewide Administrator is a full-time GSU contracted employee.
- The Cook Region Clinical Domestic Violence Specialist is a full-time GSU contracted employee.
- The Northern and Southern Region Clinical Domestic Violence Specialists are full-time Independent Contractors.
- A Decision Memo was created for a Central Region Clinical Domestic Violence Specialist position, however, that position was unable to be filled in FY15.

Part III

FY16 Changes Related to Program Description, Population, Customers, Data Sources, Metrics: FY16 program description and other information will remain the same as in FY15.

FY16 Program Outcomes Enhancements/Changes: FY16 Program Outcomes will continue as they were in FY15.

FY16 Goals: FY16 goals will continue as they were in FY15.

- Hire a Central Region Clinical Domestic Violence Specialist, under GSU or Independent Contract.
- Update DV policies and procedures, to include Appendix J, Domestic Violence, and Section 302.260.
- Following update of the DV policies and procedures, the DV policy training curriculum will be updated.
- Update DV training handouts and educational materials.

FY15 Budget: Expand the DVIP budget to enable the hiring of a new Central Region Clinical Domestic Violence Specialist, under GSU or Independent Contract.

LGBTQI Y/F Program

Part I

Program Description: 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 to convey that support and education may be offered by the Program Specialist at any point in a family's contact with DCFS. Intersex youth and caregivers may also be served and supported. However, future writing will focus on the LGBTQ spectrum.

The Clinical Coordinator manages statewide Departmental programs and initiatives to ensure that appropriate services are provided to LGBTQ youth. The Coordinator also develops and implements statewide policies and procedures, develops culturally sensitive resources for placement and supportive services, monitors outreach efforts to LGBTQ youth and provides consultation regarding the preservation of current placements for children and youth. The Coordinator 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

Coordinator serves as the Department's LGBTQ liaison with community providers and national networks.

DCFS policy is to maintain and promote a safe and affirming environment for LGBTQ 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 wards 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 Coordinator is a key educator regarding these circumstances.

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.

Target Population: The DCFS LGBTQI Y/F Program serves all DCFS involved minors and their families through consultation, resource linkage and referral, primarily when there are presenting concerns/reactions regarding the minors' sexual orientation and/or gender identity.

Principal Customers of Program Services
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
- Regional Clinical
- CIPP

External:

- Purchase of Service staff and Administration,
- Residential Treatment providers
- Public Guardian's Office (GAL),
- Systems of Care (SOC)
- Hospital LGBTQ programs
- CASA
- County court systems (circuits)
- Community agencies
- Medical providers

Goals of Program during FY15: The overarching and continuing goal of the LGBTQI Y/F Program continues to be maintaining and promoting a safe and affirming environment for LGBTQ youth and families served by DCFS or POS agencies.

Specific fiscal year goals:

- Hire a Downstate Program Coordinator
- Create an LGBTQ Youth Advisory Council
- Initiate creation of an internal LGBTQ Employee Advisory Council
- Complete outreach to all Illinois judicial circuits to identify resources and supports offered by the LGBTQI Y/F Program in order to support youth within the juvenile court system
- Establish a protocol with the Department of Juvenile Justice to address the needs of dually involved youth, focusing specifically on transgender youth
- Merge the stand-alone LGBTQ resource directory with the Statewide Provider Data Base
- Partner with DCFS Communications to create a youth-oriented link on the website that addresses LGBTQ youth circumstances
- Complete LGBTQ curriculum training projects and implement training by June 30, 2015
- Complete an LGBTQ "Youths' Rights" sheet for distribution
- Create an internal "credentialing" process for agencies working with LGBTQ youth and families to ensure their services and staff are LGBT affirming
- Concretely address the process of transgender youth placement in foster homes and congregate care settings

Program Data/Sources: Program referrals are tracked through a logging system in ClinicalRef within the Clinical group share that houses completed referral and staffing documents. The Program Coordinator also maintains a log of activities.

Number of Eligible Clients: All youth and families contacted by DCFS (i.e., through investigation) or served by DCFS/POS staff.

Number of Clients Served: During FY15, (to mid-May 2015) there were 87 consultations completed by the Coordinator. It is projected that another 8-10 referrals may be received by the end of the fiscal year. Consultation activities include:

- In person meetings with staff and youth
- Teleconferences with staff
- Participation in larger staffings conducted by Regional Clinical Coordinators
- Quarterly agency staffings for youth
- CIPP
- Residential and Transitional Discharge staffings
- Child and Family Team Meetings
- Written resource sharing

In addition to consultation, the Coordinator and Administrator of Social Work Practice also provide in-service/training opportunities to DCFS/POS staff, court staff, Department of Juvenile Justice employees and community stakeholders. The Social Work Practice Administrator was a panelist for the "Supporting Permanency for LGBTQ Youth in Foster Care" webinar for National Foster Care Month.

Program Metrics

Part II

FY15 Program Outcomes and Findings:

- A downstate Coordinator was not hired, but this remains a goal.
- At this time, an independent LGBTQ Youth Advisory Council cannot be created. However, the standing Regional Youth Advisory boards will serve as the conduit to identify youth (LGBTQ or ally) who may serve in an advisory role when needed. Written information to this effect will be presented during the Regional Youth Summits held during the summer of 2015.
- An internal LGBTQ Employee Advisory Council remains a goal. There is still interest but the group has not been created. However, revised Affirmative Action training has an enhanced module regarding LGBTQ staff rights.
- Outreach to Illinois judicial circuits to identify resources and supports offered by the LGBTQI Y/F Program in order to support youth within the juvenile court system continues, but on an individualized basis and is dependent upon the needs of the youth. However, this is an ongoing goal for FY16.
- The DCFS Training/Professional Development Unit provides child welfare-specific training to Department of Juvenile Justice staff. When these trainings occur, a module on working with LGBTQ youth is included. Establishing a written protocol remains a goal for FY16.
- The stand-alone LGBTQ resource directory does cross with the Statewide Provider Data Base, but efforts must continue to update the Data Base.
- A partnership with DCFS Communications has been established and LGBTQ affirming youth and family resources will be made available on the website (in process).
- The LGBTQ curriculum training projects are being drafted. Although the work product is not finished, the creative process is active.
- The LGBTQ “Youths’ Rights” sheet is in development with a first draft to be completed by 06-05-15.
- An internal “credentialing” process for agencies working with LGBTQ youth and families to ensure their services and staff are LGBTQ affirming remains a FY16 goal; this now coupled with assessment of providers to ensure they are LGBTQ affirming. Because of the expansiveness of this project and the need to synchronize activities with other credentialing processes pending in DCFS, it is likely this goal will continue beyond FY16.
- Concretely addressing the process of transgender youth placement in foster homes and congregate care settings remains a youth-by-youth decision. In retrospect, it becomes clear that this should always be the guide point for transgender youth placement to ensure the rights and protections of the youth are maintained.
- The LGBTQ policy has been updated and forwarded to the Office of Child and Family Policy for review and comment.
- Partnering with the Resource Unit to increase number of LGBTQ-affirming substitute caregivers AND increase recruitment of LGBTQ caregivers will continue throughout FY16.
- The Coordinator responded to 90% of all referrals received within 48 business hours
- The Coordinator responded to and coordinated 100% of requests for in-service presentations or trainings.
- 100% of referrals received were addressed with written outcomes. This includes sending resources to referral sources even when there was no response from the referral source to set a time for consultation

Customer Satisfaction: No customer satisfaction surveys are required for this program.

FY16 Budget: No separate budget exists for the LGBTQI Y/F Program. The program performed within its assigned budget.

Part III

FY16 Changes Related to Program Description, Population. Customers, Data Sources, Metrics: No changes will occur in FY16 regarding program description, population, customers, data sources or metrics.

FY16 Program Outcomes Enhancements/Changes:

- The Coordinator will respond to 95% (increase from prior fiscal year) of all referrals received within 48 business hours.
- The Coordinator will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation.
- The Coordinator will participate in and provide consultation to 90% of the staffings where attendance has been requested. In circumstances where the Coordinator is not able to participate in a pre-scheduled, larger staffing, consultation will be offered to referral sources and field staff immediately after the staffing. Written outcomes will be provided. This is already an active process within the program.
- The Coordinator will respond to 100% of requests for in-service presentations or trainings.
- The Coordinator will ensure that 100% LGBTQ-related inquiries from the Specialty Services dedicated phone line are responded to within 48 hours.

FY16 Goals:

- Hiring a downstate LGBTQI Y/F Coordinator is still being requested.
- An internal LGBTQ Employee Advisory Council remains a goal.
- Outreach to Illinois judicial circuits to identify resources and supports offered by the LGBTQI Y/F Program in order to support youth within the juvenile court system continues for FY16.
- Completion of the LGBTQ curriculum training projects within FY16 so that delivery may begin before the next fiscal year.
- An internal “credentialing” process for agencies working with LGBTQ youth and families to ensure their services and staff are LGBTQ affirming remains a FY16 goal; this is now coupled with assessment of additional providers (such as mental health providers) to ensure they are LGBTQ affirming. Because of the expansiveness of this project and the need to synchronize activities with other credentialing processes pending in DCFS, it is likely this goal will continue beyond FY16. DCFS is also tracking the pending legislation involving HB0217 – Youth Mental Health Protection Act. This Act Defines "mental health provider" and "sexual orientation change efforts" or "conversion therapy". It provides that no mental health provider shall engage in sexual orientation change efforts with a person under the age of 18. The Act was re-referred to the Rules Committee 04/24/15.
- Partnering with the Resource Unit to increase number of LGBTQ-affirming substitute caregivers and increase recruitment of LGBTQ caregivers will continue throughout FY16.
- Drafting anti-discrimination legislation for LGBTQ youth in care will begin in June 2015 with a short term goal of delivering to DCFS Legislative staff in July 2015. The next steps would be finding a sponsor for the bill which would be initiated in August 2015.

FY16 Budget: The budget for the LGBTQI Y/F Program is not projected to change. However, a FY16 goal continues to be hiring a downstate LGBTQI Y/F Program Coordinator, so consideration is given to this monetary impact.

Collaborations: The LGBTQI Y/F Program Coordinator continues with multiple external collaborations, including:

- Lurie Children's Gender & Sex Development Program (Dr. Rob Garofalo)
- Cook County Public Guardian (Guardians Ad Litem)
- Participation in the Gender Expansive Committee of the Health and Medicine Policy Research Group (Cook County)

The Program Coordinator also collaborates with internal Department Divisions, including:

- Regional Clinical staff
- Resource/Recruitment (Operations)
- Licensing
- Residential Monitoring
- Psychology Program

HIV/AIDS Program

Part I

Program Description: 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.

The Program Specialist also has assisted with psycho-educational groups for HIV-affected individuals and their caregivers. This is done through a contract with The Children's Place. A contract is also 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.

Target Population: The target population includes all youth and families dealing with HIV infection. 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 spurred the need to reconstruct the program itself.

Pending state legislation (passing in the state Senate and now pending in the House of Representatives) would require the Illinois Department of Children and Family Services and the

Illinois Department of Public Health to collaborate on a prevention program for DCFS wards. This coalesces with a project already underway within the DCFS HIV/AIDS Program. With the likely advent of new legal requirements, DCFS has initiated discussion with CORE Center to create a prevention curriculum that may be used for this purpose. The process is in the early stages of planning.

Principal Customers of Program Services
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
- Regional Clinical
- CIPP

External:

- Purchase of Service staff and Administration,
- Residential Treatment providers
- Public Guardian's Office (GAL),
- Systems of Care (SOC)
- Hospitals
- CASA
- Department of Public Health
- Community agencies
- Medical providers

Goals of Program during FY15:

- Promote the services of the program within DCFS and purchase of service agencies
- Increase number of trainings regarding HIV prevention throughout the state
- Increase contact with downstate DCFS staff, POS staff and providers
- Standardize documentation of consultations

Program Data/Sources: Program referrals are tracked through a logging system in ClinicalRef within the Clinical groupshare that houses completed referral and staffing documents. The Program Specialists also maintained a log of youth served by the program. However, the challenge has been ensuring these logging activities synchronize.

Number of Eligible Clients: All youth and families contacted by DCFS (i.e., through investigation) or served by DCFS/POS staff.

Number of Clients Served: During FY15, there were 7 consultations completed by the Specialist. There are twenty-two "active" youth (youth known to program staff). Four post-adoption youth and nine youth who had previous Department involvement served in Children's Place psycho=educational groups.

Consultation activities included:

- In person meetings with staff and youth
- Participation in psycho-educational groups conducted with Children's Place

- Participation in client reviews/staffings with CORE Center staff regarding clients served
- Teleconferences with staff
- Participation in larger staffings conducted by Regional Clinical Coordinators
- Quarterly agency staffings for youth
- CIPP
- Child and Family Team Meetings
- Written resource sharing

Program Metrics

Part II

FY15 Program Outcomes and Findings: In August 2014, a new Specialist transitioned to the position. She has continued to learn about the program and the services provided by the Specialist position. The significant step regarding standardizing documentation of consultations has also continued. The Specialist is fully integrated into the use of Clinical forms for documenting and sharing information. Her ongoing responsibility has been to maintain an updated, confidential "active list" of youth still involved with the Department who are affected by HIV. This allows a better grasp of what the youths may need from the program and also assists with a longitudinal assessment of case progress and physical care requirements. She also has been working with Children's Place and CORE Center to ensure focus on DCFS wards, caregivers, and families.

Customer Satisfaction: No customer satisfaction surveys are required for the HIV/AIDS Program. However, customer satisfaction surveys are now standard within the above-mentioned contracted programs.

FY15 Budget: No separate budget exists for the HIV/AIDS Program. The program performed within its assigned budget. Contracts remained within their budgetary constraints as well.

Part III

FY16 Changes Related to Program Description, Population, Customers, Data Sources, Metrics: No changes will occur in FY16 regarding program description, population, customers, data sources or metrics. Consideration is still being given to transitioning the program to Health Services in order to unite the concept of addressing health needs of children involved with the child welfare system.

Additional metrics may be obtained in FY16 if the prevention curriculum launches. Tracking of attendees as well as pre-post assessments of knowledge will provide information about the curriculum.

FY16 Program Outcomes Enhancements/Changes:

- The Specialist will respond to 95% (increase from FY15) of all referrals within 48 business hours of receiving the referral
- The Specialist will ensure that 100% of referrals received are addressed with written outcomes. This includes sending resources to referral sources even when there is no response from the referral source to set a time for consultation
- The Specialist will participate in and provide consultation to 90% of the staffings where attendance has been requested
- The Specialist will respond to and coordinate 100% of requests for in-service presentations or trainings

- The Specialist will serve as program liaison for the prevention curriculum/training development. Collaboration with IDPH and CORE Center as well as DCFS Training and Professional Development will be necessary

FY16 Goals: Goals for FY16 remain similar to FY15.

- Promote the services of the program within DCFS and purchase of service agencies
- Increase number of trainings regarding HIV prevention throughout the state
- Increase contact with downstate DCFS staff, POS staff and providers
- Create a "prevention campaign" that may be launched throughout the different Regions (this same goal was included for FY15 and is applicable for FY16)
- Partner with the Office of Child Well-Being to address the health/education needs of youth transitioning to adulthood

FY16 Budget: The budget for the HIV/AIDS Program is not projected to change. However, a second HIV/AIDS Specialist is NOT being requested for FY16.

Consideration is also being given to reducing the contract monies for The Children's Place and CORE Center (Hektoen).

Additional Clinical Services

System of Care (SOC) Program Description: The System of Care (SOC) 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. SOC was developed in response to the BH Consent Decree that requires the Department to provide services to children in the least restrictive setting. Clearly, children prosper and flourish in homes that provide stability and structure, and ones that promote bonding and attachment within the family. Moving from home to home has dire consequences for the child as they often must leave their school, communities, friends and social connections with every move. Placement stability and increases in client functioning are the primary outcome goals of the System of Care program. SOC 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 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. In FY13 and 14, the SOC program authorized four months of services. For FY15, the program changed to six months of services to children and families that can be extended depending on clinical necessity. SOC services are accessed through referrals from DCFS and Private Agency casework staff on behalf of the child and family experiencing or at risk for experiencing placement instability. One of the primary strengths of the SOC program is the ability to quickly deliver intensive in-home services to support the family and caregiver. SOC 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.

SOC attends Clinical Intervention for Placement Preservation (CIPP) staffing to provide clinical input, to serve as community resource experts as well as to assess whether the SOC program could provide stabilization services to the families coming to CIPP. In FY 15, SOC attended over 115 CIPP meetings and has subsequently opened 68 of these children and families for full SOC services.

Target Population: Any child or youth for whom DCFS is legally responsible, who resides in or is returning to the Local Area Network (LAN) served by the SOC Provider, whose placement is at risk and who meets one of the following criteria: an open DCFS case still exists, the child is at risk for moving to another foster care placement or the youth is at risk for moving to a more restrictive living arrangement. SOC also serves youth who are in a more restrictive setting and need time-limited, additional services or interventions in order to successful step-down and transition to a home of a parent, home of relative, traditional foster care placement or with DCFS Administrative approval, specialized foster care.

Principle Clients of Program Services
Internal:

- DCFS Casework and Supervisory staff are the primary beneficiaries of SOC services.
- DCFS CIPP Team members
- DCFS Administration

External:

- POS placement caseworkers and supervisory staff
- Foster Parents who are caring for the youth who is in DCFS custody
- Community Stakeholders including educators and other school personnel, residential and outpatient mental health and psychiatric treatment providers

Goals of Program During FY15:

- Stabilize foster care placements so youth do not have to move to other homes and lose attachments, community connections, schools and experience additional instability as a result.
- Provide psychoeducation to the foster parents and others in the child's life about the impact of abuse and neglect and subsequent traumatic experiences on children.
- Teach foster parents and other caregivers the skills needed to manage their own emotions and behaviors so they can respond to the traumatized youth in their care in a way that enhances attachment and bonding within the family while setting appropriate boundaries and limitations.
- Provide age appropriate trauma psychoeducation to the youths' themselves to help them understand what is happening in their lives and why they may be responding and reacting in ways that may not be consistent with what they really want to do.
- Facilitate healthy growth and development for the youth by identifying and building child strengths and protective factors in the youth and family.
- Improve the child's level of functioning in numerous areas including traumatic stress symptoms, life domain functioning, behavioral and emotional needs and strengths and risk behaviors.
- Obtain a high level of high consumer satisfaction from the children who receive SOC services, the caregivers/foster parents and the caseworkers and supervisors.

Program Data & Data Sources:

Number of eligible clients: All DCFS youth placed in traditional or home of relative placements who are experiencing placement instability. Children in Specialized Foster Care may also be served with administrator approval.

Number of clients served to date: 1,198 children have been served in FY 2015 to date. The breakdown is as follows:

Gender	Number	%
Male	641	54
Female	557	46

Age	Number	%
≤5	314	26
6-1	474	40
12-18	410	34

Race	Number	%
African American	665	54
White	425	34
Hispanic	82	7
Asian	23	4
Native American	3	1

The Regional breakout is as follows:

Gender Breakout

	Male	Female
Northern	176 or 58%	128 or 42%
Cook	255 or 48%	276 or 52%
Central	134 or 62%	84 or 38%
Southern	76 or 53%	68 or 47%

Age Breakout

	≤5	6-11	12-18
Northern	67 or 22%	128 or 42%	109 or 36%
Cook	153 or 29%	190 or 36%	188 or 35%
Central	49 or 23%	96 or 42%	73 or 33%
Southern	45 or 31%	60 or 42%	39 or 27%

Racial Breakout

	African American	White	Hispanic	Asian
Northern	142 or 46%	126 or 42%	22 or 6%	14 or 6%
Cook	394 or 74%	75 or 14%	51 or 10%	11 or 2%
Central	82 or 38%	127 or 58%	8 or 3%	1 or 1%
Southern	46 or 31%	97 or 66%	1 or 1%	11 or 2%

Program Outcomes: The SOC program has been measuring various outcomes since FY06. This report provides an overview of performance indicators for FY15 with exception of

placement stability as this outcome is measured on an annual basis and FY15 is not yet concluded. The report includes a review of placement stability during the SOC treatment episode, clinical progress measures using the CANS tool while in treatment, surveys that assess the client, caregiver and caseworker satisfaction with the SOC program as a whole, an age, race, and gender demographic profile of the SOC program, and a breakdown of the services and location of services provided by each agency to their clients.

Placement Stability:

- In FY14, 83% of clients did not change their placements while receiving SOC services.
- In FY13, 80% of clients did not change their placements while receiving SOC services
- In FY12, 83% of clients did not change their placement while in SOC services.

Clearly, SOC has shown its effectiveness in keeping children and families' stable while in services but even more remarkable is the child's stability after SOC services. Using FY12 data, the following outcomes were noted:

- During the year prior to receiving SOC services, youth have almost one placement change each year.
- While in SOC services the rate of placement disruptions drop to approximately one placement change every two years.
- Following SOC services placements are even more stable, youth average one placement change every four years

Another evaluation to assess child stability after receiving SOC services is currently underway using data from FY13 and FY14. Future reports will include the results of this evaluation.

Clinical Progress: The CANS is a decision support tool that measures numerous domains of functioning for both the child and their caregiver including Traumatic Stress Symptoms, Behavioral and Emotional Needs, Life Domain Functioning, Risk Behaviors, Child Strengths and Caregiver Needs and Strength. The CANS ratings translate into "action levels" that help to determine where action needs to be taken or interventions need to be built. A CANS assessment is completed at various points in time for all children involved in the SOC program including at a minimum upon case entry and case closing. Changes in CANS scores provide a picture of the clinical wellbeing of children in care.

Findings based on FY15 data to date continue to indicate clinical improvement among youth while in SOC treatment across all CANS domains. This data is aggregate and reported both statewide and regionally.

Statewide:

- 47% of the symptoms in the Traumatic Stress domain that were actionable at time the time of SOC entry, were no longer actionable at discharge from the SOC program
- The Behavioral and Emotional Needs domain showed an improvement of 41%
- Life Domain Functioning domain showed an improvement of 36%
- Risk Behaviors domain improved by 47%
- Child Strengths improved 15%
- Caregiver Needs and Strengths improved by 32%

Consumer Satisfaction: The SOC program conducts annual caregiver, caseworker, and client satisfaction surveys to ensure that we are meeting the needs of all stakeholders and to ensure that everyone has an opportunity to have their voice heard. It is vital that the feedback is given back to the individual agencies so they can enhance the programs accordingly.

The SOC program enjoys a high level of satisfaction from caseworkers, the youth and their caregivers. The following gives a high level overview of the results including specific quotes taken from the actual surveys.

Statewide Caregiver Customer Satisfaction Survey Results:

- 95.9% of respondents rated the ease of making SOC appointments as “good” or “excellent”.
- 90.9% rated their ability to get help in an emergency as “good” or excellent”.
- 92.7% rated “good” or “excellent” when asked if they had a voice identifying needed services.
- 96.9% rated “good” or “excellent” when asked if they were treated with respect.
- The overall value of SOC services and caregiver confidence in their ability to continue care for the child were rated 94.2% and 95.2% “good” or “excellent”, respectively.
- Overall, over 90% of the comments suggested a high satisfaction with how well SOC understood the needs of the child and family.

Caregiver comments:

- *Anytime something was going wrong with my Foster Son. I just called and not only did I get a listening ear but I also got suggestions and views from another perspective. This helped with my ability to get the child under a lot more control.*
- *The worker had knowledge about good parenting skills, and interventions to address problem youth.*
- *She wanted to help us a great deal and was very supportive. She understood my child's needs and behaviors. She helped me understand better.*
- *Our SOC worker was extremely understanding, she put together a place to help bridge gaps between our Foster agency, school and the DIS. She is extremely easy to talk to and shows empathy in everything she did. She was very resourceful and knowledgeable! She helped shut down girls open up and trust again! We will never forget her and will always thank God she was a part of our lives!*
- *We had a complicated and unique situation and our worker was an advocate for all of us in all situations.*

Statewide SOC Youth Satisfaction Survey Findings:

- 94.3% of youth said SOC did a “good” or “excellent” job at helping them.
- 90.1% said SOC did a “good” or “excellent” job helping their family.
- 97.2% responded “good” or “excellent” when asked if they felt the SOC worker was respectful.
- 85.9% of youth replied “good” or “excellent” regarding how helpful the SOC program was to them.
- Clients were asked how well the SOC worker listened to what they wanted, 94.4% answered “good” or “excellent”

Youth Comments: Youth comments showed a general positive experience with SOC. When asked what they liked best many replied by simply saying: “everything”. A safe place to talk with a person who will listen, mentoring and school help, as well as interpersonal skills are often mentioned by the kids as things the SOC worker is able to help them with. Here are a few examples:

- *I liked that she listened to me and didn't force me to talk about stuff I didn't want to. She was also fun.*
- *They came to the house or school which made things easy for us as a foster parent.*

- *When she took time to spend with [client] took out to the park to give me some free time for myself. She way out to help [client] & myself I thank her deeply.*
- *Playing games when I was talking to her*
- *They're really nice and they spend money on us and they take us out to eat and they take us places and I think that's really nice of them.*
- *What I like about the SOC is that they helped me a lot with my problems and understanded me good.*
- *We do activities like make bracelets, play board games and I would want to see her.*

Statewide SOC Caseworker Satisfaction Survey Findings

- Almost **89%** of caseworkers rated the overall quality of SOC services received by children as "good" or "excellent."
- Over **77%** of the caseworkers rated the Outcomes achieved from SOC services as "good" or "excellent"
- Over **91%** of caseworkers reported the impact of SOC services on placement stability was "good" or excellent".
- When asked about the impact of SOC on school, community, and home relationships over **83%** of caseworkers responded "good" or "excellent" to all 3.

Below are comments from the Caseworker:

- *SOC worker was able to help my child express herself appropriately and reiterate those feelings back to her caregivers so they understood her behavior.*
- *Since the time SOC became involved, the child's behavior has seemed to improve and continues to improve on a weekly basis.*
- *The service helped my teen transition to a new placement and a new school.*
- *Minor appears to have a better understanding of the possible consequences of his behavior. Despite a couple disruptions, his behavior has improved.*
- *My teen had to learn to manage different boundaries in the [community] area. The SOC worker helped her do this.*
- *The foster parents received coaching on discipline techniques that worked better for the child.*
- *The placements are more stable now that the foster parents/parents know that they can call for help when needed.*
- *Child only had to move placements twice. SOC was able to stabilize placement.*
- *[SOC worker] got through the minor in a way that only she knows. He is no longer seeking attention, making excuses, and he is owning up to his responsibilities*

Budget: Yes, the program operated within its assigned budget for FY15

Budget Request for FY16: $7,458,734

Amount Increase/Decrease from FY15: At the request of the Director, the SOC program submitted a proposal to enhance SOC services to include children who move 2 or more times in one year. The age demographic breakout is divided into the following categories: 6-11 and 12-18. We have requested an additional total of $4,037,810 that will enable us to serve these additional "multiple move" children and to sustain the Evidence-Based Practice of TARGET within the SOC program.

Rationale for Proposed Budget: Below is the breakout of the projected costs for expanding SOC to the different ages of the multiple move children that was submitted to the Director December 15, 2014:

SOC Agencies	Additional Capacity	FY16 Allocation	FY16 Multiple Move Allocation	FY16 Total SOC Allocation
25	1610	$3,806,116.50	$3,652,617.60	$7,458,734.00

There are additional costs associated with sustaining TARGET within the IPS program. The breakdown is as follows:

5 Trainers for EBP TARGET	$187,500
Iron Box for TARGET Fidelity	$20,000
ATS Licensing Fee for TARGET	$25,500

Goals for FY16:

- Change the name of the System of Care program to Intensive Placement Stabilization (IPS) to reflect a more accurate depiction of the program's true purpose and mission. Engage in efforts to "rebrand" the program including marketing and dissemination activities to ensure the field understands the program's continuing purpose.
- Increase IPS administration's capacity and ability to analyze data for both outcomes measures and to use in ongoing quality assurance efforts.
- Further develop the existing IPS database to refine the reporting capacities.
- Successfully develop the implementation plan necessary to grow the IPS program in a strategic and targeted manner to ensure the successfulness of the enhancement of the multiple move children.
- Continue to identify risk factors for placement instability to recognize high risk population early and provide in home stabilization services quickly in efforts to preserve the child's placement.
- Improve engagement of adolescents age 12-18 and adapt services to their unique needs, particularly regarding the transition to adulthood.

Outcomes for FY16:

- 75% of children receiving IPS placement stabilization services will not experience a placement change during the time they are enrolled in the program.
- 70% of children will remain in their placement for at least 4 months after discharge from IPS services.
- Children will experience a symptom abatement reduction of 35% across the following CANS domains: Trauma Symptoms, Behavioral and Emotional Needs. Risk Behaviors, Life Domain Functioning, Caregiver Needs and Strengths and Child Strengths.
- At least 85% of youth, caregivers, and biological parents who are surveyed after completing TARGET intervention services 'agree' to 'strongly agree' that using the FREEDOM skills (learned through TARGET) helps them feel better about themselves, get along better in their relationships, and achieve their goals. Clients are surveyed upon completion of services; satisfaction is measured quarterly.
- At least 90% of clients meeting the eligibility criteria for TARGET services will be offered TARGET within 30 days of IPS referral acceptance. Of those offered, at least 65% will engage in TARGET services. Review of provider performance data every six months.
- 85% of surveyed Caregivers, Caseworkers, and Youth will rate their overall satisfaction with SOC services as "good or better".
- At least 85% of youth, caregivers, and biological parents who are surveyed after completing TARGET intervention services 'agree' to 'strongly agree' that they were satisfied with TARGET services. Clients are surveyed upon completion of services; satisfaction is measured quarterly.

Recommendations:

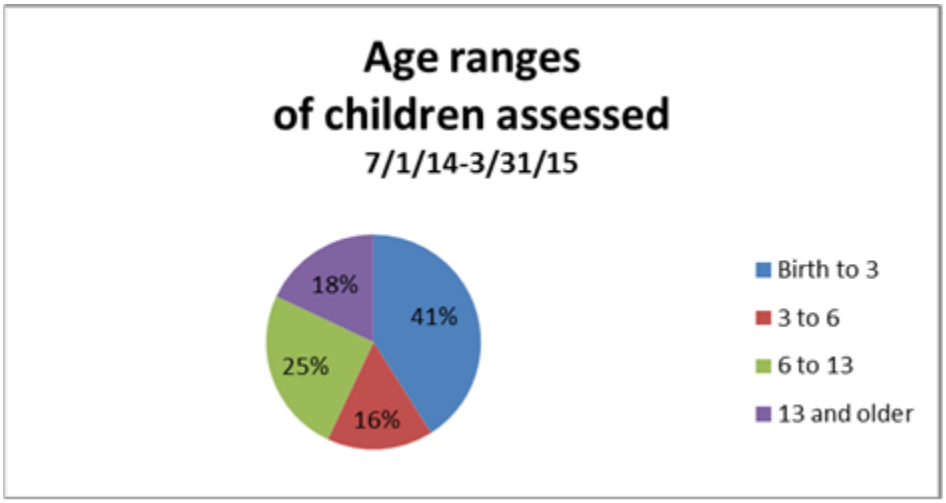
- Enhance IPS providers' abilities to treat traumatized youth using trauma-informed best practice approaches and concrete interventions through additional training provide by Statewide Administrator for IPS. In addition to the training, IPS Administrator will concentrate on practical application of the training and education though additional case consultations and ongoing support to ensure the implementation of the training content.
- Obtain Illinois Outlook addresses (ending in @illinois.gov) for all IPS Supervisors to foster communication between IPS Supervisors, CIPP Intake staff and other DCFS and POS providers.
- Develop IPS Program Management's ability to analyze various data points and make programmatic decisions and evaluate outcomes and case extension requests.

Integrated Assessment: Each child coming into care is provided with a comprehensive clinical assessment. The Integrated Assessment (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.

Goals: To continue to provide high quality and timely child and family assessments; to develop enhanced data collection through the integration of the free-standing Integrated Assessment database into the SACWIS system; to work with partners in ACR to look at outcomes around timely implementation of assessment recommendations, assessment prognosis and permanency achievement and to continue to provide enhanced assessment for all children birth-3 who are participants in the Illinois Birth to Three Waiver (IB3).

Volume and Timeliness data: The following data is from the IA database and is for period 07/14/15 - 03/31/15

	Total # child cases assessed	**Total # of family cases assessed**	**Total number of reports completed during period under review**	**Total number of IA reports completed within 45 days of temporary custody**	**Percentage reports completed within 45 days of temporary custody**
Statewide	2,849	1,797	2,869	1,864	65%



Psychiatric Hospitalization Project

The Psychiatric Hospital Project was moved to the Clinical Division with the Department reorganization in FY12. One of the major tasks has been the redesign of the PHP Database, which was completed in FY13. The OITS division began working on converting the new database in January 2013. In April 2013, the conversion was moving toward the final steps, and a plan was put into place for database testing, user training, and database implementation. OITS provided the information to review. Detailed comments were made, however the implementation plan for July 2013 was postponed. Meetings continued, with the launch of the live data base function in January 2014. The database supports the project's ability to collect and communicate information in a timely and efficient manner and to achieve these primary objectives:

- Improvement in timeliness and adequacy of post-discharge services
- Reduction in subsequent hospital utilization (to decrease recidivism, decrease length of stay per episode, and increase the days between admissions)
- Reduction in days that youth (who are otherwise ready for discharge) remain in a hospital because they do not have a discharge placement (BMN - Beyond Medical Necessity)

In 2015, subsequent discussions to improve the data base have resulted in a BMN function that is considered to be very important for DCFS to address youth well-being and to decrease the financial burden on the Department for days not covered by Medicaid. This part of the data base is expected to be live by mid July 2015. The current reporting system allows us to focus on youth that have been locked out or became wards while in the hospital; wards that need a discharge placement; and wards age 12 or younger.

Clinical conducts priority staffings for hospitalized youth who meet any of the above criteria. These staffings help identify youth with multiple psychiatric hospitalizations. The results give guidance to ensure that we have specific programming and placement resources to accommodate our youth while in the care of the Department.
The PHP Liaisons participate in hospital visits with the youth. They document these visits to help ensure that the youth has a viable discharge plan. They ensure that referrals are made to the appropriate DCFS/POS unit for additional service needs. The liaisons ensure that the hospital programming is appropriate to the youth's treatment needs and their overall well-being.
The PHP Program is focused on improving the continuity of care for youth in addition to identifying which hospitals and what programming may provide the most efficacies for the youth served. With the current utilization trends, reporting episodes that suggest patterns of high

hospital utilization, length of stay greater than or equal to 30 days, admission to same hospital or another hospital within 30 days of discharge, including same day hospital transfers and three or more admissions with 6 months. For example, in FY15 there were 1,663 psychiatrically hospitalized youth and there were 1,806 completed episodes. This indicates multiple hospitalizations for some youth. The average length of stay (LOS) was 18 days, but there were 245 episodes of youth who had a LOS greater than 30 days (14%). Youth who remained out of the hospital (between hospitalizations) less than 30 days accounted for 958 episodes (53%) and those youth with 3 or more admissions within 6 months totaled 476 (26%).

Closely following the launch of the BMN functionality, there is a plan in place to obtain reports to identify trends in hospitalization and to examine if the services that are provided at discharge will meet the mental health needs of our youth and be a stabilizing factor that will reduce the number and frequency of hospitalizations. There is continued collaboration with a consultant and other partners in the community, including agency directors and psychiatric/psychological professionals.

The Challenges for this program continue to be lack of staff, including lack of staff in OITS, who have developed and continue to improve the database. Our timeframe for goals of improving the database have continually been pushed further into the future.

Psychology Services

Consultations: The Clinical Division's Psychology & Psychiatry Program's Consulting Psychologists are Licensed Clinical Psychologists with extensive Child Welfare experience and trauma training that provide consultative support to the caseworkers and supervisors as needed and attend staffings to provide clinical input. As part of the consultation process, the psychologists determine if evaluations or services are needed, and if so, what type. The Consulting Psychologists provide clinical input through routine program review, high-profile case review, membership on various workgroups within the division, across divisions, and interagency, and gate keeping services for program therapy contracts to ensure that continued therapeutic treatment is indicated. The Consulting Psychologists act as liaisons with other programs within the division, e.g., Specialty Services Programs such as Psychiatric Hospital Program (PHP), Nursing Program, and Sexually Problematic Behavior Program. With regard to the PHP program, the liaison visits children and adolescent psychiatric hospitals as well as psychiatric units of community hospitals to conduct file reviews, unit observations and clinical interviews in order to monitor care and implementation of best practices as well as to coordinate and maximize efforts and resources of SASS and the Placement and Permanency Division. And the Psychology Consultants provide immediate response for crisis and urgent situations such as the recent 566 Residential Length of Stay Staffings where there was a psychologist present in each staffing. The Psychology & Psychiatry Program averages 3,200 testing referrals, and 1,200 consultations, and 1,200 meeting, staffings, and presentations annually.

Goals: To continue to provide high quality clinical consultation and support to the casework and supervisory staff.

Testing: Many youth and their families are referred for Psychological and Neuropsychological Evaluations and Parenting Capacity Assessments either before they enter care as an Intact Family Case, when they first enter care from an Integrated Assessment, during care from a Placement Caseworker, Residential Facility or Psychiatric Hospital or after care from a Post-Adoption Caseworker. The Consulting Psychologists provide reviews of these referrals to assure that the evaluations are necessary and appropriate. All testing must be pre-approved regardless of the payment source; this includes intact, placement, residential, psychiatric hospitalization and post-adoption. Exceptional Payment Requests are not to be used to

circumvent this process. For FY16 the Parenting Assessment Team (PAT) program will be incorporated into the Psychology & Psychiatry Program. This is a specialized team assessment to evaluate the parenting capabilities of mentally ill parents and answer questions related to child permanency and placement as well as questions related to needed treatment services for parent and child.

Goals: To continue to provide high quality review of Psychological, Neuropsychological, and Parenting Capacity requests to the caseworkers ensuring that all testing and referral questions are appropriate. Restructure the testing payment rate in order to have a focused Psychological Evaluation and a comprehensive Psychological Evaluation. This more equitable system should result in a savings to the Department. Work with OITS on ways to utilize state of the art technology for the submission and storage of testing reports. Of the over 2,000 approved evaluations in any year, at least 1,800 are completed. Not only is this an added expense to the providers for printing and mailing, it has become an increasingly difficult task of storage space and access to reports for information when needed.

Provider Training: The Psychology & Psychiatry Program oversees the 138 approved testing providers. Based on the outcome of a prior review of reports and the fact that no training has been offered to fee-for-service providers, it was deemed that statewide training was a necessity to provide up to date information about the Family Centered, Trauma Informed and Strengths Based (FTS) orientation of the Department.

Goals: The Psychology & Psychiatry Program has almost completed a training for all testing providers with a focus on testing and writing with a Family Centered, FTS orientation, and continued compliance with DCFS Psychology Program Guidelines and Standards. The providers will be able to enhance psychological evaluations by identifying the impact of complex trauma on the client's current functioning. This training will help ensure that the testing program provides clear and concise assessments in a timely manner that specifically address all of the questions posed by the caseworker/court in order for better decisions around permanency are made, and thereby strengthening the outcomes for children and families. With the inception of the Illinois Psychological Association's requirement for Licensed Psychologist to obtain CEU's for license renewal, we will add the objective of being able to offer CEU's to participants. The training will be presented via webinar modules with quizzes for comprehension. The expectation is that every provider must complete the webinar modules in order to remain on the Approved Provider List.

Psychiatric Services

Continuity of Care Center (CCC): The Continuity of Care Clinics provide outpatient psychiatric services for youth in care beginning with the initial need for service. By combining therapy within the same location, the goal is to reduce the need for psychiatric hospitalization resulting from a lack of needed care. In this model, psychiatric continuity of care consultations 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. Medicaid is billed for direct professional psychiatric services for medication administration and medication management, and in some clinics Medicaid is direct billed for the therapy service. There are currently three CCCs operating in Cook County. Through the end of April, there have been 120 referrals for psychiatric services statewide, of which 59 were referred to one of the CCCs. The remaining 61 were referred to other psychiatrists.

Goals: During FY16, plans are being made to open one additional CCC in each of the Northern, Central, and Southern regions.

Medication under 6: Given the limited knowledge about the impact of psychotropic medication on young children's developing brains, the fact that young children are more sensitive to side effects than older, larger children, and that foster children are prescribed more of this medication overall, new guidelines have been developed for prescribing psychotropic medication to young children. These guidelines have been distributed to the prescribing psychiatrists and physicians. All children under 6 years old for whom medication is requested will be referred to one of the DCFS Division of Clinical Practice and Professional Development's Psychology & Psychiatry Program's Continuity of Care Centers (CCC) in the Cook County Region. The CCCs provide outpatient psychiatric and therapeutic services for youth with mental health problems that are causing significant distress or functional impairment in their family, school or other environment. Children in the Northern, Central and Southern Regions will be linked with a comparable level therapist if a CCC is not available in their area. Except in rare instances, psychotherapy will be the first line of treatment. Through the end of April, there have been 74 children under age 6 with requests for medication.

Goals: The goal is to decrease inappropriate requests for psychotropic medication, reduce psychiatric hospitalizations among young children, and ensure that children needing medication are also involved in therapy. The procedures is being completed to make sure that this protocol will be followed.

Title IV-B – Federal Fiscal Year (FFY) 2014: First Half of FFY15

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 or neglect allegation. The purposes and uses of this funding have been stable for several years. Eligible case management services are determined by Random Moment Studies of caseworker time conducted in accordance with methods approved by the federal government as described in the DCFS' Public Assistance Cost Allocation Plan. Eligible services claimed under Title IV-B, subpart 1 exclude those services eligible to be claimed under Title IV-E or TANF-Emergency Assistance. For many years, eligible expenses for Title IV-B, subpart 1 services have exceeded federal spending authority. This situation is continuing in FFY15 and is expected to continue through FFY19.

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 as well as its relationship to the CFSR Outcomes and Systemic Factors is provided below, along with descriptions of those particular programs partially or fully claimed to Title IV-B, subpart 2 for reimbursement. Similar to Title IV-B, subpart 1, expenditures in prior periods for eligible Title IV-B, Subpart 2 services have exceeded federal spending authority. This situation is continuing in FFY15 and is expected to continue through FFY19. The Department will continue to improve and maintain its contacts with children in placement and their families. The Department continues to engage families and children through necessary and purposeful contacts and reports 94% compliance in monthly caseworker visits during this reporting period. As a result, the Department expects that all of the federal outcomes related to caseworker visitation will be monitored for meeting of benchmark requirements during FFY15 through FFY19.

Monthly Caseworker/Child Visits Report October 1, 2014 thru May 31, 2015 Data as of 06/13/15

Number of Cases	# Months Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred In Residence
17254	107720	115047	103744	94	96

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 or neglect report to remain safely with their families. Adequately assessing the family's strengths and needs and assisting the family meet minimum parenting skills are essential to the success of those efforts. Intact Family Services continue to be offered to those families who have been indicated for abuse or neglect, to families court-ordered to cooperate with DCFS, and on a limited basis to those families in need of support resulting from an unfounded investigation. Service provision is geared toward a six month time period, although services may continue beyond that time if needs remain and the family is cooperative. During FFY14 and 15 several actions were taken to improve services and monitor the outcomes more effectively. During the past year there have been two major reviews of Intact Family Services cases and a modified Tier system. The first review was completed in response to the challenges, both fiscally and programmatically, with the new intact family services model. The second review was to ensure appropriate service provision, assess engagement, Safety and risk responses, compliance and supervision.

The cost of this program exceeds the Title IV-B, subpart 2 allotments, with the bulk of costs paid from State funds. Therefore it is only partially reimbursed by HHS. May-August, 2014: This was a multi-stage review. Initially, POS and DCFS reviewed cases internally after 5 months of services and cases that had been open 45 days and had been referred as a result of an unfounded investigation. Cases were assessed for the presence or absence of safety threats, status of service completion, whether the family has demonstrated the recognition of safety and risk factors and have demonstrated the integration of protective factors. These case review results were screened by the DCFS Intact Family Services Administrator. Utilizing specific criteria, cases were reviewed again by DCFS staff who volunteered to perform these reviews to assess whether cases needed additional services or could be closed These results were shared with the agencies.

October 2014 - February 2015: During this period DCFS contracted with former DCFS staff to review Intact Family Service cases at both POS agencies and DCFS. These cases were at the 5, 8, and 11 month service provision point in time. A copy of the review form is available to HHS upon request. Cases of concern were brought to the agency's attention for review and staffing, if deemed to be appropriate. Patterns of non-compliance with policy and procedures resulted in in person agency staffings. DCFS Agency Performance Team (APT) staff partnered with Intact Family Services staff at these staffings. Agencies provided Improvement Plans to bring practice into compliance. APT monitored these plans.

July 2014 to present: Intact Family Services implemented a 2 tier system. This requires a narrative request form to be submitted by the agency to justify a Tier 2 designation to a case, which means the case is expected to be open at least a year and that there will be a higher level of service provision. Upon receipt of the request for Tier 2, Intact Family Services management staff will review the case file for service provision documentation as well as compliance. They

will review engagement with the family in services, compliance with all required protocols and policies, frequency of contact with the family and worker and supervisory documentation.

In February 2015, the "Intact Dashboard" was activated. This Dashboard reports on 11 Performance Measures related to services provision for Intact Family Services. The Division of Regulation and Monitoring will be using this Dashboard to assess goal achievement in relation to Performance Measures. The utilization reviews allowed DCFS to continue to fund and provide intact family services in spite of budgetary restrictions. Implementation of the dashboard will help monitor and improve the quality of the services statewide.

Outcome Measure	**Goal**
Families will remain intact during the period of intact family service provision excluding first 30 days from date of the transitional visit.	90%
Intact family cases will not re-open within 12 months of case closure.	85%
Children will not experience familial maltreatment during the time of intact family service provision	100%
Children will not experience familial maltreatment within 6 months of intact family case closure.	100%
Length of time family served and closed will be 6 months for Tier 1. Length of time family served and closed will be 12 months for Tier 2.	85%
All children who are members of an assigned intact family case will be seen face-to-face by the assigned caseworker at least once every calendar week for the first 4 full calendar weeks following the week during which the case was assigned to the agency.	90%
A parent(s)/caregiver(s) of an intact family case will be seen face-to-face in the family home by the assigned caseworker at least once every calendar week for the first 4 full calendar weeks following the week in which the case was assigned to the agency.	90%
A parent(s)/caregiver(s) of an intact family case will be seen face-to-face in the family home by the assigned caseworker at least one time each calendar month beginning the first full month after the first 4 weeks of service.	100%
Initial (comprehensive) Assessments will be completed within 45 days of the transitional visit.	90%
Initial Client Service Plans will be completed within 45 days of the transitional visit.	90%
Supervisors will provide weekly individualized, case-specific supervision to staff as required in Procedures 302.388.	100%

In FFY14, $35,057,270 was expended on the services described above on cases assigned to POS agencies. They were offered to 7,497 families at an average cost of $4,676 per family.

Family Support Services: Family Support Services are described below and include: Extended Family Support Services, Habilitation Services, and Family Advocacy Center

Services. These services relate to Goal 3 of the Plan for Improvement in the current CFSP, Objective C, page 62. Due to the ending of Local Area Network (LAN) Flexible Wraparound services in FFY13, the Family Support service mix was different in FFY14, with fewer clients served with an average of more intensive services than previously. In FFY14, expenditures for the services described below were $5,516,090.

- Extended Family Support Services (EFS) are designed to divert relative caretakers from the child welfare system when caring for a relative's child for more than 14 days and a risk of abuse or neglect may be present. In these instances neither the children nor their families have open cases with the Department. The services offered include safety assessment, casework services, counseling, parenting training, connecting the family to short term and long term family support services provided by community based programs, and other services designed to increase family stability. Case goals and decisions are developed collaboratively between the) and the family. These services may help a family obtain guardianship in a local probate court, a child only grant, subsidized day care and other entitlements, or enroll a child in a school in the community where the caretaker lives. However, when a protective services case must be opened for safety reasons, steps are taken to maintain those services that have already been offered. EFS programs protect children from abuse and neglect while allowing them to remain in their home, providing those children with needed family stability and permanency. EFS programs have operated successfully with few changes for several years. As a result, these services will continue to be provided during FFY15-19. 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 $1,167,533 was expended in FFY14. Downstate the services are more difficult to identify separately.

- 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. The Department's funding for these services has declined over the last five fiscal years and been reinvested in an expansion of the Family Advocacy Center Services. This decrease in funding for habilitation services and reinvestment in Family Advocacy Center Services is expected to continue through FFY15-19. For these programs, almost all of the funding is from state Family Preservation dollars, while the remainder is from Foster Care Initiative funds. Spending for these programs exceeds the allocated PSSF. Claims for reimbursement are filed under Title IV-B, Subpart 2 up to the amount allocated. $1,042,961 was expended on these services for 639 clients at an average cost of $1,632 per client.

- Family Advocacy Centers are operated by eighteen (18) service providers offering twenty-three (23) programs across the state serving high need communities with high rates of child removals. This effort by the Department is directed at preventing child abuse and neglect by funding community organizations providing comprehensive and diverse support services to families. Therefore the programs are anchored by grass roots community organizations with a track record of serving high-risk families. These range from traditional social service agencies and faith based organizations to specialized agencies serving domestic violence victims and Latino communities. FAC

provides parents with the support and encouragement they need to follow through on the goals that will allow them to preserve and reunite their families. They tailor their services to the unique needs of the communities they serve. FAC uses a prevention-focused, holistic approach that builds on a family's existing strengths. Spending for these programs exceed the federal allocation, so state funding exceeds the federal funding. The programs are funded from state appropriations and claims for reimbursement are filed under Title IV-B, subpart 2 up to the amount allocated. A total of $3,305,596 was spent on these services in FFY14.

In addition to traditional counseling, referral, and training services, FACs may also offer:

- 24-hour crisis response and systematic support 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 and classes in English and Spanish;
- Execution of intervention strategies to support the family reunification process; and
- Court ordered supervised child visitation for non-custodial parents.

In FY14, FACs reframed their efforts to focus on a combination of families who have already been involved with DCFS and on families who may not have prior involvement with DCFS but who have children age 6 and under, putting them at a greater risk of severe abuse and neglect. FACs focused their efforts on families at greater risk of abuse and neglect, i.e., those families that have been involved with DCFS with children age 6 or under. This further increased the effectiveness of FAC services in protecting children from abuse and neglect and helping them remain in their own homes, preserving the continuity of family relationships, and strengthening the family's ability to care for their children and provide for their needs. In FY 2014 the centers transitioned from grant-based to fee-for-service funding, thus increasing the accountability of both the FACs and DCFS.

In FY15, the FACs adjusted from grant funding to the fee for service funding method, providing services to families referred for services while complying with the required service ratio of 50% DCFS and 50% Community families referred for services to the centers. The FACs have moved away from statewide teleconference meetings to In person Regional meetings in order to increase the number of referrals made to the FAC in each region. In person Regional meetings serve to make DCFS staff more aware of the services provided by the FAC assigned to their field office and also serve to enhance communication while increasing accountability for all staff involved. The Regional monthly in person meetings consist of detailed reports regarding the number of referrals made to the center and the quality of services provided by the FACs. FAC Data Base Pilot Training is currently in place with full training scheduled to be completed prior to the end of this fiscal year. The Data Base training allows for data to be directly submitted into the system by the FAC workers which will improve and increase accountability of services being provided. In addition, the Curriculum for CWS Training has recently been approved and is scheduled for implementation to all FAC staff by June of 2015.
New additional sites have been identified and will be developed as funding permits: in Southern Region (1), Central Region (2), and Cook County Region (1).

Time-Limited Family Reunification Services: Time-Limited Family Reunification programs offer services prior to reunification to assist families in reuniting and aftercare services which offer support to families after reunification has occurred. Additionally, time-limited reunification services associated with early discharge from institutional residential treatment programs and group homes are also offered by the Department. These services relate most closely to the

current CFSP's Service Improvement Plan's Goal 2 (pg 54 of the CFSP), "Improve the timeliness of permanency achievement for children placed in out-of-home care". They also relate to Goal 3 (pg 62 of the plan), Objectives A and B, "Enhance the capacity of birth parents to provide for their children's needs upon return home" and "Enhance the capacity of foster parents to provide for the needs of children while placed in their care". Time-limited reunification services are offered to the child and family in support of their reunification. The reunification services offered include counseling, planning, visitation supervision, evaluations and court testimony regarding the family's readiness to reunify, etc. These time-limited reunification services are initially funded from the state Foster Care appropriation. Then the costs included in claims for reimbursement under Title IV-B, Subpart 2 along with other reunification services provided to the child. As long as the current Performance Foster Care services are offered, this component in the comprehensive foster care service array will continue.

- Time-limited reunification services are also offered in support of the reunified family. These reunification services include case planning, monitoring of behavior, progress, and safety, safety assessments, counseling and therapy as needed, and collateral referrals and contact with community agencies. The services provided after reunification are billed separately, identified by service type and child's ID number and claimed under Title IV-B, Subpart 2. These payments are in addition to and separate from the monthly payments for services made under Performance contracts and per diem payments for specialized foster care services made under specialized contracts. State Foster Care and Family Preservation appropriation funds are initially used to pay these costs. During the first year the focus of work has been on securing permanency for children with the goal of adoption. During the next year, emphasis will be placed on the reunification cases. The Department believes it is imperative to offer services focused on reducing / removing any barriers that are identified as impacting a child's safe return home. The Permanency Achievement staff will hold permanency reviews focused on the reunification cases. These reviews will be done separately from those cases that are on an adoption track. A query of reunification cases hitting the six month mark will be the priority cases to be reviewed, as these cases should have a well-defined sense of what is holding up the return home. Specific assignments may be given to the permanency achievement staff in order to support both the caseworker assigned to the case and to the family in completing the tasks necessary for the reunification to occur. Although this model had been initiated during this past year, it was not structured well enough to be able to clearly show results. Making this review process its own entity and focusing on cases with the six month time frame will allow for concrete interventions to be offered and outcomes to be measured. In FFY14 $5,108,813 was expended for post-reunification services provided to 2,116 children returned home from foster care. The annual average cost of these services per child was $2,414. From the start of FFY 2015 on October 1, 2014 until April 23, 2015, according to AFCARS, there have been 1,353 children discharged to their parents. The Department expects that, as the result of the changes described above, this rate of achievement will improve during the next year.

  It should also be noted that $95,500 was expended for specifically-coded pre-reunification services for 107 children, at an average cost of $892 per child. This is in addition to the pre-reunification services that are an integral and necessary part of regular, performance-based foster care and of specialized foster care programs.

- Regarding institutional and group home residential treatment programs, time limited family reunification services related to early discharge are also provided, but are not claimed under Title IV-B, Subpart 2. These services supporting family reunification are an integral component of the residential treatment and group home services offered and

will continue during FFY15 through FFY19. The residential treatment center or group home is also able to provide up to 3 months of transition support for those youth who are reunified with their families. This transition support is paid for by the Department via the Residential and Transition and Discharge Protocol. One of the performance measures for residential treatment centers and group homes is Sustained Favorable Discharge. A reunification is considered a favorable discharge. These costs are paid from state Institution and Group Home funds and from the Counseling appropriation. There is a connection between these reunification services and the two year old Department Permanency Achievement Specialist program, described under the Services Continuum section of this chapter. The specialists have conducted conducting quarterly reviews of all DCFS cases to support permanency planning and decision-making; currently, POS staff may request a review. The purpose of the review is to identify and plan for barriers that delay permanency with the primary caseworker and caseworker supervisor.

Adoption Promotion and Support Services: This Title IV-B section of the APSR describes those Adoption services that are the most relevant to Title IV-B, Subpart 2 because they are partially or fully claimed under that program. These services relate 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", in that they increase the likelihood that an adopted child will remain in the adoptive home and will not return to substitute care. A total of $11,078,450 (not including respite services) was spent on the Title IV-B-reimbursable services described below.

The provision of post adoption and post guardianship services to 27,440 children and youth receiving adoption or subsidized guardianship assistance (as of March 26, 2014) continues to be a critical challenge for the Department. Intensive services are often required to stabilize and support adoptive families. Fourteen years of age is now the median age of youth in homes receiving adoption or guardianship assistance and so it is clear that the special needs of adolescents will only amplify the behavioral and mental health issues of their past. Despite these challenges the Department maintained a rate of adoption dissolution for FY13 at 0.724%., showing an improvement from FY12, when the adoption dissolution rate was .944%. Many services contributed to providing the support that made this possible, including several funded partially or entirely from Title IV-B, part 2 funds.

- Intensive Adoption Preservation Service programs for adoptive families in crisis and in danger of surrendering an adoptive child are available both for families of former wards (whether DCFS or a private agency was responsible for the adoption) and for adoptive families who have had no connection with the State child welfare system. These services include emergency intervention, assessment, short-term clinical therapy by M.A.-degreed workers, casework/case planning, support groups, respite, and intervention and interaction with community services. The programs support the family, stabilize the adoption, attempt to prevent psychiatric hospitalization of the child, and prevent the adoption from dissolving. A formal evaluation by Illinois State University found these services effective in preserving the permanency and stability of the adoptive home, maintaining adoptive family relationships and connections, and enhancing the ability of the family to meet the adopted child's needs. During FFY14 a total of $7,716,985 was expended on Intensive Adoption Preservation Services, and 1,143 children were served at an average cost of $6,751 per child. (A total of 495 families were served.)

  An improvement to these services has begun in FFY15. Work was started on the Embrace Adoption project, to expand adoption preservation services. The "Embrace Adoption" project was initiated in the Cook, Central and Northern Regions, to reach out

to newly adoptive families. The focus is to celebrate the adoption and offer support through individual and group therapeutic services to families. This is intended to normalize adoption preservation services and decrease the number of families who feel isolated and wait to ask for help until they face a crisis within their newly formed family. During State FY15, (through March, half way through FFY15), 24 families have attended Embrace Adoption Celebrations at the pilot site of Metropolitan Family Services. Seven families have gone on to ask for formal adoption preservation services. State Adoption and Family Centered Services funds pay for these services, which are then claimed for Title IV-B, Subpart 2 reimbursement. A fuller description of these services is found above in this chapter under Child and Family Services Continuum: Adoption Preservation Services.

- Maintaining Adoption Connections (MAC) program began near the end of FFY11. MACs identify challenges and recommend support services needed to stabilize and preserve the adoptive family relationship. MAC services focus on young adolescents, 13 to 15 years of age, but may also include children of other ages. The services offered are not as intense or as crisis-oriented as the Intensive Adoption Preservation Services previously described. MAC services include short term individual and family therapy, crisis prevention, etc. These services will continue to be offered during FFY15 - FFY19 as the Department continues its efforts to improve this model's effectiveness. State Adoption and Purchase of Children's Services funds have been the initial payment sources for this service. The services are eligible to be claimed under Title IV-B, Subpart 2 grant but are not currently claimed due to the limited size of that grant. FFY14 expenditures were $508,000 at an average cost of $842 for the 603 children served, or $1,977 for the 257 families.

- Older Caregiver Services include two dedicated programs serving the Chicago/Cook County area and immediate vicinity which have delivered services for the last 10 years. These programs provide adoption support services to older caregivers, 60 years of age and above and their adopted children. One service provides for and implements an agreed upon back-up plan in the case of death or incapacity of the caregiver in order to provide continuing care to the child. Juvenile Court liaison is another service involving a specialist who is available every day court is in session to assist with problems requiring court involvement. Another valuable service includes therapeutic, casework and legal assistance when a caretaker death occurs. These programs provide added special-purpose support beyond the partially federally funded Adoption Preservation programs. These services assist in adoption preservation by providing continuity to children when death or other tragedy befalls an older caregiver and a planned transition to a successor caretaker ready to care for them. It should be noted that, in downstate communities, Department staff perform these functions but are not always able to offer all the specialized services available in Cook County. These services are effective in the preservation of adoptions and will continue to be offered during FFY15 - FFY19. State adoption funds, supplemented by state Counseling and Family Preservation funds, and Family Centered Services funds, are used as the payment sources for these services. The services are eligible to be claimed under Title IV-B, Subpart 2 grant but are not currently claimed due to the limited size of that grant. In FFY14, $1,463,338 was expended on the purchased services. Of this, $1,170,670 was expended on two specific Cook County programs which were offered to 144 children at an average cost of $8,130.

- Adoption Respite Services – consist of short-term, temporary services to provide stress relief to the adoptive or subsidized guardianship family serving former Department

wards. It also provides stress relief and skill building experiences to adopted children to improve their social and coping skills. (It is important to point out that this service should not be confused with babysitting.) The goal is to strengthen the adoption or guardianship relationship and prevent its dissolution which would necessitate the return of the child to state custody and placement in foster care or institutional care. These services have continued during FFY15 and are expected to continue through FFY19. However it continues to be true that funding is not currently available to expand them. This service is supported from state adoption funding. Although they are eligible for claiming, these services are not currently claimed to Title IV-B, Subpart 2, since the state has already maximized available claiming.

- Other supportive post-adoption services mainly consist of post-adoption counseling and therapy, which together constitute more than 85% of other supportive adoption services. The "other" category also includes therapeutic day care/day treatment services for children, when diagnostically required, and tutoring services for children, as necessary. These services are permitted if their need is referenced in the signed adoption subsidy agreement entered between the Department and the adoptive parents. While use of other supportive services per adoptee has increased, the total usage of these services will probably decline slowly due to the decrease in the population eligible for those services. These services are funded from state adoption, counseling, family preservation and children's personal and physical maintenance funds and are paid via purchase of service payments, usually on the basis of documented hours of service. They are not included in the monthly subsidy payment. Once paid, to the extent that the counseling or therapy services are authorized in a specific child's signed, dated subsidy agreement they are then claimed under Title IV-B, Subpart 2. A total of $1,390,128 was spent on these services for 736 children at an average cost of $1,889.

Staff reorganization in FFY14 has aided the delivery and improved the effectiveness of adoption promotion and support services described above. Prior to this reorganization, the Department had 3 separate adoption related units: These units included Adoption staff who completed DCFS adoptions, Post Adoption staff who managed post adoption functions and cases, and other staff responsible for the review and approval of all the purchase of service subsidies. It became clear that this functional separation did not maximize the Department's ability to promote, consummate, and support adoptions. Under the reorganization these three functions were consolidated and performed under one unit with each supervisor overseeing a team of staff who were performing all three functions. All staff is expected to learn to perform all three job functions, creating true adoption specialists of each of them. As a result, the Department is better able to identify and address the adoptive family's needs. In addition, workload after the reorganization is more equitably distributed and performance improved resulting in more efficient use of the Department's limited resources. These improvements are expected to continue in operation during FFY16-19.

Chafee Foster Care Independence Program (CFCIP)

Description of DCFS Chafee - Independence Program and Its Components: In 1990, DCFS developed transitional Policies and Procedures to better serve youth transitioning from state care. Key program components included continued educational opportunities, employment assistance, life skills assessments, and training, placement services and other support program opportunities. The policies and procedures developed embrace adoption of the Casey Life Skills Assessment resulting in well-defined transition plans to assist youth in transitioning to self-sufficiency; expansion of post-secondary educational opportunities for youth; supports for vocational training, job skills, job placement, and retention; promotion of mentoring programs

with dedicated adults; and financial, housing, counseling, and other appropriate supportive services.

Transition to Independence Philosophy of the Department: It is the Department's position that all youth in placement, regardless of their permanency goal, will be provided age or developmentally appropriate activities and support services designed to enhance and monitor their independent living skills development. Transition planning for adolescents for whom family reunification, subsidized guardianship, or adoption is not an option, must be an ongoing process beginning with an assessment of the adolescent's needs and allowing for input from the youth, caregiver, teachers, counselors, youth's family, and caseworker. Transition planning must also ensure accountability on the part of the youth, the Department and other service providers, and include periodic assessments of needs in light of services to promote successful transition to independence. All adolescents are unique; however, they share common needs when preparing for independent living.

In order to comply with the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351), Department Procedures were revised in December 2010 to require that a Youth Driven Transition Plan (YDTP) (CFS 2032-1) be developed for all youth in care at age 17. The YDTP (CFS 2032-1) must be completed at age 17 and must be reviewed/updated 90 days prior to discharge from care. It is also strongly recommended that the Plan be reviewed and updated on a regular basis between those times and that it be used as a tool to assist the youth in planning for self-sufficiency upon emancipation from care. For youth in an ILO or TLP placement, the Transition Plan required per that Program Plan is acceptable to meet the review required 90 days prior to discharge.

Additionally, as part of the YDTP (CFS 2032-1) completed at age 17, caseworkers must also complete the following steps to comply with the informed health care decision requirements of the Fostering Connections legislation:

- Provide education regarding Power of Attorney for Healthcare to all youth in care who are 17 years of age, regardless of living arrangement, by reviewing Your Future, Your Health information sheet (CFS 2032-2) with the youth.
- Provide the youth with a copy of the Illinois Statutory Short Form Power of Attorney for Health Care (CFS 2032-2), and educate the youth regarding their option to execute the Power of Attorney for Health Care on or after their 18th birthday.
- Obtain the transitioning youth's signature on the Receipt of Information & Education Regarding Health Care Options (CFS 2032-3).
- Sign and date the Receipt of Information & Education Regarding Health Care Options and retain copies for the youth's permanent record as appropriate.

The number of eligible youth for the CFCIP program in FFY15, as of 04/04/15, was 5,059. DCFS will continue to ensure eligible youth are aware of the independent living and transition services and encourage all eligible youth to participate. CFCIP funded programs and services are available in all areas of the state.

In response to the current reality of long-term placement for a growing percentage of youth in care, the DCFS has enhanced and refocused many services. Although the average length of care in Illinois is 4.5 years, children in foster care age 13 or older, are far less likely to be returned to a biological parent, adopted, or discharged to private guardianship than younger children in care. In FFY15, of the approximately 15,000 children and youth in substitute care, approximately 33% are ages 14 and older. Long-term youth service components, for youth remaining in foster care until age 18, include comprehensive integrated assessment,

coordinated case management, placement stabilization, education support, and adult transitional planning. Department services to youth comply with safety, permanency, and well-being standards, approved by the U.S. Administration for Children and Families. Specific outcomes for adolescent development and transitional preparation for adult self-sufficiency are guided by the 1999 Chafee Foster Care Independence Act, and include:

- Increased levels of educational achievement;
- Increased employment opportunities & number of youth working;
- Reduced at-risk behavior;
- Reduced non-marital pregnancy;
- Reduced incarceration;
- Reduced homelessness and dependency; and
- Engagement in age or developmentally appropriate activities.

Department service resources, allocated to reach Chafee transitional preparation goals, include intervention and advocacy to address academic achievement barriers, life skills assessments, instruction and application opportunities, recreation and cultural enrichment programs, mental health and substance abuse assessment/service, subsidized college/vocational training and successful program completion support, employment assistance, and appropriate post-DCFS self-sufficiency plans. Self-sufficiency plans may also include housing, transition to adult-care health systems, and extended community support networks. Youth services are delivered by DCFS/POS caseworkers, clinical and administrative staff, caregivers, DCFS Office of Education and Transition Services (OETS) staff, and various contracted and volunteer service providers. In addition to expanded provider/program resource components, the Department has enhanced vital application process factors, through an inclusive, collaborative process of research-based, policy revision, staff development training, and strategic interagency and community partnerships.

Team Case Management Services for Adolescents - Caseworker and Caregiver: For adolescents in care until age 18, the transition service plan is a vital service component. Chafee adolescent development and transition objectives are coordinated with permanency goals, through caseworkers, DCFS Transition Managers, and contracted service provider collaboration. The caseworker documents interventions and services that are to be provided, specific time frames for completion, and desired outcomes, and who will be responsible for completion. Specific adolescent service plan components include:

- Anticipated length of time support services will be needed until the ward is fully independent;
- The person(s) responsible for monitoring the ward's progress;
- How and which support services will be offered in the following areas:
  - Counseling, education training, life skills training, human sexuality education, vocational/technical training, employment, health, housing, legal services, socialization (cultural, religious, and recreational activities), support groups, and aftercare; and
- Financial responsibility of the youth and Department.

The permanency goal entails both the living arrangement and the legal relationship, which is determined to be in the best interests of the child. Permanency goals may include:

- Remain Home
- Return Home;
- Adoption;
- Permanent Family Placement with an Unrelated Foster Family;
- Permanent Family Placement with Relatives;

- Independence;
- Long Term Care in a Residential Facility;
- Substitute Care Pending Court Decision Regarding Termination of Parental Rights; and
- Kinship/Guardianship Assistance (KinGap).

For youth who may remain in DCFS care until age 18, the permanency goal will usually change, as the child and family's needs, and circumstances change. For adolescents in DCFS care, the preferred goal remains return home; however, if reunification is not possible, caseworkers explore adoption and guardianship options. When these goals have been ruled out, independence may be selected as the most appropriate permanency goal, while assessing, with each service plan, whether changing circumstances might allow return home, adoption, or guardianship to become the preferred goal. When Independence is selected as the permanency goal, the caseworker documents on the Service Plan, CFS-497, Part I:

- The reason for selecting this permanency goal;
- That the child is at least 15 years of age;
- The reasons why remain home, return home, or adoption are not appropriate permanency goals for the child; and
- That the child has demonstrated the potential to care for himself.

With an Independence goal, caseworkers also develop alternative ways to accomplish the independence goal, in the event the youth is unwilling or unable to accomplish established objectives and tasks. For adolescents, the caseworker and caregiver relationship with the youth is pivotal to the successful and meaningful strategic planning for the youth's future. The caseworker/caregiver may assume multiple roles in relation to the adolescent. These roles may include coach, mentor, mediator, advocate, and role model. The given role may vary, and is dependent on the needs of the youth at any given point in time.

Complete a Life Skills Assessment at Designated Age Intervals: In support of the Department's ongoing commitment to provide youth in placement with targeted activities and support services to enhance the development of their self-sufficiency skills, the Department requires the use of the Casey Life Skills Assessment (CLSA). The assessment may be administered to children as young as eight years old on their caseload. The assessment must be administered to adolescent youth no later than 30 days after the youth's 14th and 16th birthdays, and 6 months prior to the youth's planned discharge from guardianship.

Those youth entering the child welfare system after their 14th birthday will be administered the life skills assessment no later than 60 days after their entry into substitute care. Administering the CLSA at the specified intervals provides an ongoing guide for Department or purchase of service providers in developing appropriate service plans for adolescent youth.

Complete an Interactive Life Skills Program: Youth between the ages of 14 to 20 are encouraged to complete life skills training. The curriculum covers an array of topics essential for successful independent living. Topics include career planning/ employment, communication, STD/ HIV Prevention, Housing, Money Management, Self-Care, Social Relationships, Family Planning, Education/ Study Skills, Transportation and Substance Abuse Prevention. The Department contracts with five providers to provide an array of one-on–one, hands on and group instruction focused on the individual plans developed from the youth's life skills assessment.

This Life Skills program provides group based education related to life skill development. It provides opportunities for youth to test their knowledge and learn how to manage their lives as

young adults. Life Skills assists youth in learning how to use computers and the internet in a variety of action-oriented learning activities; learn job seeking and application skills; finding the best transportation to get where they are going; money management; budgeting; and shopping. The program provides life skills in community areas where they live and may deliver group for youth for whom participating in the group setting would be difficult or problematic. Incentives include food and a $150 stipend upon completion of the curriculum, Life Skills uses a participative program model that employs highly qualified staff to inspire the youth to be active in their own learning.

The life skills agency for Downstate Central and Southern regions is Southern Illinois Collegiate Common Market (SICCM). During SFY15, 128 referrals have been made to OETS to be served by SICCM. In the downstate Northern Region, there are three life skills providers: Omni Youth Services, Parents with Promise and Youth Services Network. Ninety eight (98) referrals have been made to these Northern Region providers in SFY 2015. In the Cook County region, the department contracts with the Uhlich Children's Advantage Network (UCAN) for life skill instruction. This contract was just released authorized. UCAN has received eight referrals to date for the first training that will start May 21, 2015.

Older Youth Placements to Promote Independence: Transitional living and independent living programs, which serve older youth in DCFS care, previously lacked uniform standards or consistent program structures. The Department's redesigned transitional/independent life skills program consists of a continuum of services designed to support progressive responsibility with the expectation that by the age of 21 a young person will be prepared to transition successfully into adulthood. The Department believes the vision/plan for ILO/TLP programs is to make youth self-sufficient and to hold private agencies accountable for servicing older youth under care of the Department.

Performance Based Contracting for Transitional Living and Independent Living Programs is currently in its 4th year. The outcomes being measured include the Indicators of Self-Sufficiency. The Indicators of Self-Sufficiency (ISS) are measures of achievement for all youth discharged during the fiscal year in the areas of education/vocation, employment and financial stability (note that youth "discharged with potential" as well as all other youth discharged during the fiscal year are included in these measures). Youth being self-sufficient when they exit the system is a challenge for the programs providing Transitional Living and Independent Living services. Programs have had to be creative in their engagement work with the youth they serve and this will continue to be their challenge to meet in FY13.

The Department's Placement Alternative Contract (PAC) 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 promote 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 may 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.

Discharge Planning: The permanency goal of independence is achieved when the youth is age 18 (or older) or is an emancipated minor under the Emancipation of Mature Minors Act and, in the worker and supervisor's judgment, the youth is functioning successfully on his or her own. In most instances, the youth will be employed, be enrolled in a job training or educational program, and will have financial support or income from an outside source, and custody or guardianship has been terminated and case closure is planned.

At a minimum, the caseworker must review the CFS 2032-1, Youth Driven Transition Plan (YDTP), or for youth in TLP or ILO, the Transition Plan required of those programs, with the youth 90-days prior to discharge and updated/revised as necessary or directed by 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 a list of emergency contact persons.

The youth should also be assisted in obtaining or compiling documents necessary to function as an independent adult. Those documents should include:
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) if parent(s) is deceased;
- Medicaid card or other health eligibility documentation;
    - *Please Note: The youth should be enrolled for medical benefits, or have applied for benefits one month prior to emancipation or case closure. DFHS will not accept an application for DCFS youth in care prior to 30 days before the youth's emancipation, or case closure.*
- 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.

Trial Discharge Services: Trial Discharge Services (TDS) is a Department program that allows former foster youth who encounter hardship upon emancipation to reengage with the Department and Juvenile Court in order to secure essential supports and services that will enable these youth to learn to live independently as adults. To be eligible for Trial Discharge Services:

- the youth must be between the ages of 18 and 21;
- the youth's DCFS case must have been closed and coded OR (Own Responsibility), SF (Guardian-Self), or ILO (Independent Living Only); and

- the youth must request reinstatement of ward ship prior to his/her 21st birthday.

Trial Discharge Services shall begin at the time a youth's DCFS case is reopened following the reinstatement of DCFS guardianship through a juvenile court proceeding. The youth is then eligible for all Department services he/she would have been if his/her case had not been previously closed in court.

Program Support: The Office of Education and Transition Services staff is available on an ongoing 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 is 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.

To ensure the programs are meeting youth needs and that youth have an opportunity to participate in identifying their needs, Client Satisfaction Surveys were created to send out to the youth after they successfully complete transition programs. The Department/OETS requires contracted providers to submit copies of satisfaction surveys completed by the youth. This is to assist OETS staff with monitoring of the programs/providers and provide feedback to the provider.

The Department created resource tools to assist providers, caregivers, caseworkers, youth and other stakeholders when seeking services for older youth. They include: a brochure titled "Get Goal'd" aimed at youth in care and a larger "cookbook" type resource guide aimed at caseworkers and staff in the field. The brochure was designed along the theme of a video game. When unfolded, one side of the brochure contains the various domains of life, i.e. . . . "Get a Good Education", "Be Job Smart and Money Savvy", etc., each identified by a specific color that then matches on the reverse side to those same resources with additional information and a phone contact. In order to keep the brochure small the information provided is very minimal. The goal is to stimulate the youth who will then advocate on his or her own behalf with a caseworker, caregiver, or other adult in their life to obtain additional information on the program or resource and, if eligible, take advantage of it. The Get Goal'd brochure has been continuously updated since its inception to include additional Department and community-based resources. The Get Goal'd brochure was updated in SFY15.

The second tool is a larger resource guide created along the same color theme that contains additional information about the programs and services, including specific eligibility criteria and corresponding Department Policy and Forms references, to be used by caseworkers as a user-friendly resource guide to Education and Transition related programs and services. The goal is to have better-informed caseworkers and youth who take advantage and utilize those programs and services. Better-informed individuals make better advocates for those services and resources that are missing or insufficient to meet a specific need. This resource was distributed to DCFS and private agency caseworkers across the state by the OETS Transition Managers. The feedback received continues to be overwhelmingly positive. The Get GOAL'D handbook is currently being updated.

The third tool is a website for youth, caregivers, caseworkers, and other interested individuals. The website design follows the same design as the brochure for youth and the handbook for

caseworkers. The Department has received positive feedback from users of the site, including inquiries from counterparts in other states regarding its development. The website is updated monthly or as necessary.

The Department maintains "tip sheets" on the education and transition programs and services offered by OETS. These one page "tip sheets" are available at each field office, through DCFS Stores, which provides all DCFS documentation to all agencies contracted by DCFS that provide services to our youth, on the Youth in Care website, and on the D-Net.

Program Collaboration: The Department contracts with a private agency, Lydia Home, to provide educational assessments for youth in care enrolled in Chicago Public Schools. Referred youth receive individual, detailed assessments. Lydia Home has provided service to 13 youth in FY15.

DCFS contracts with Lawrence Hall to provide educational diagnostic services to youth in care. Lawrence Hall is dedicated to helping students develop the necessary tools in order to succeed in school. Youth in care receive individual assessments from Lawrence Hall instructors. This fiscal year Lawrence Hall has provided service to nine youth in care.

DCFS contracts with Uhlich Children's Home to provide an approved therapeutic day school specifically designed for youth who have found it difficult to succeed in traditional school environments. Youth in care attend this therapeutic school until they are prepared to return to their regular school. Four youth in care attend Uhlich Children's Home in FY15.

The Department collaborates with the Illinois Work Net Centers for youth outside of Cook County. The Work Net Centers provide pre-employment workshops, career counseling, job placement, and many other employment services. Unfortunately, the Work Net Centers do not keep statistics on DCFS youth served; however, DCFS is confident many DCFS youth have utilized these services. The Department will continue to investigate the possibility of securing a vendor outside of Cook County to do pre-employment workshops, job placement, and tracking for DCFS youth.

DCFS youth are also informed that they may participate in many employment and training programs such as the City of Chicago Department of Family and Support Services Youth Employment Programs, the Illinois Department of Employment Security "Hire the Future" program, Job Corps, Lincoln's Challenge Academy, the Safer Foundation, St. Sabina Youth Career Development Center, the Youth Job Center of Evanston, Inc., the Workforce Investment Act (WIA) programs and Youth Build.

The Department contracts with Uhlich Children's Advantage Network (UCAN) to provide a system of administrative and clinical services for pregnant and parenting teens under the custody of DCFS. TPSN focuses on four major goals for its clients:

- to ensure the safety and well-being of the children while in the program (physical, social, emotional),
- to help develop parenting abilities and family choices (including subsequent pregnancy prevention),
- to help prepare for independence (with an emphasis on education and vocational development), and
- to help develop a positive support network (through both personal relationships and community resources).

The Teen Parent Services Network (TPSN) is responsible for the overall planning, delivery and evaluation of comprehensive quality services to pregnant and parenting youth in care and their children. In cooperation with the DCFS agency performance teams, UCAN oversees clients currently being serviced by existing specialty pregnant and parenting programs and also those who are being fully case managed by Regional Service Partners. In January 2010, TPSN expanded to provide services to the majority of downstate counties.

As part of the ongoing effort to deliver specialized services to our parenting wards and their children, a pregnant & parenting teen specialty worker is assigned to conduct a New Birth Assessment (NBA) whenever a child is born to a teen ward. The NBA is completed within the first 60 days of birth and ideally takes place in the client's placement. When possible, the client's caseworker will also be present during the assessment. The purpose of the assessment is to:

- evaluate the current level of parent-child interaction
- provide education to teen parents about parenting and child development and 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

Within 14-days of completion of the NBA the results and recommendations will be provided to the caseworker. Based on the recommendations, the specialty worker may continue to work with the parent and child on a regular, ongoing basis or offer referrals for community-based services. As long the specialty worker is working with the client, they will coordinate their activities with and provide information to the assigned caseworker.

There is a Hill Erickson Supplemental court order that went into effect that indicated that DCFS was to have a Pregnant and Parenting Consultant to monitor the program for the next 5 years. In addition, the Office of Education and Transition Services continues to utilize the services of the three Downstate Transition Managers to also monitor PPT cases from their respective regions and address client specific issues when warranted, and participate in TPSN specialty trainings.

The Statewide Coordinator monitors the TPSN contract, supports the identification of resources, provides technical assistance to DCFS/POS staff, and provides written reports upon request. TPSN receives the UIRs and the referral process for accessing services for youth in care. The Coordinator addresses client specific issues when warranted, participates in the TPSN specialty trainings and reviews and supports the consultant, OIG office and DCFS legal.

The TPSN program offers specialty training which was developed especially for employees who work with pregnant and parenting youth in care. After the completion of the training the staff will hold the TPSN "Specialty Worker" designation. CEU's are offered to licensed Social Workers and Professional Counselors for the Specialty and Advancement Training Sessions. The training includes the following topics:

- Developing Effective Helping Relationships Part 1 and 2,
- Preparation for Parenthood,
- Options Counseling and Family Planning,
- Individual and Family Planning,
- Mental Health and the Teen Parent,
- Strengths Based Assessment and Service Planning,
- Working with Child and Family Teams; Part 1 & 2,

- Discharge Planning,
- Developmental Disabilities and Substance Abuse,
- Domestic Violence and the Teen Parent,
- Compassion Fatigue for the worker,
- Eco Maps, and
- Educational Advocacy.

Specific Accomplishments/Progress made by DCFS to Improve Outcomes for Children and Families: On 07/01/14, DCFS launched the Countdown to 21 program which is designed to support the successful transition of older youth to independence. The program ensures that youth are involved in the long term planning activities regarding their final living arrangement prior to leaving the Department's care, connections are established with family and community supports, realistic education and vocational goals are established and in process, and participation in financial literacy training to promote financial stability. Over 500 youth have been served in the program since in its inception on 07/01/14.

Age	Transition Planning Activity
19	Within 30-days of youth reaching their 19th birthday a Discharge-Clinical Intervention for Placement Preservation (D-CIPP) staffing will be convened. The D-CIPP relies on a facilitator-guided team decision-making process with the youth, caseworker, caregiver, family, and other stakeholders to help determine the array and intensity of support and services needed to assist the youth in planning for a successful emancipation. The primary objective of the D-CIPP will include the development of the updated/revised CFS-2032-1, Youth Driven Transition Plan.
19	Referral to a Department approved Financial Literacy Course that focuses on basic financial education that promotes the ability to understand financial choices, plan for the future, spend wisely, and manage the challenges associated with life events such as a job loss, saving for retirement, or paying for a child's education.
20.75	Within 90-days of youth reaching their 21st birthday a D-CIPP staffing will be reconvened to review the CFS-2032-1 Youth Driven Transition Plan and CFS-*TBD* Emancipation Funding Application & Budget. The budget will be part of the application for emancipation funds (not to exceed $1200.00) and must include the following: final living arrangement, how funds will be utilized, and commitment that funds will be utilized to support emancipation activities.

The following are guiding principles for the program:

- The Department recognizes age 19 as a critical milestone for transition planning and psychosocial development for all young adults in the child welfare system. Furthermore, pursuant to the Juvenile Court Act, age 19 is also a benchmark in casework decision making in that at that age the critical decision to extend wardship is determined. *Juvenile Court Act 705 ILCS section* 405/2-*31 (1) All proceedings under this Act in respect of any minor for whom a petition was filed after the effective date of this amendatory Act of 1991 automatically terminate upon his attaining the age of 19 years, except that a court may continue the wardship of a minor until age 21 for good cause when there is satisfactory evidence presented to the court and the court makes written factual findings that the health, safety, and best interest of the minor and the public require the continuation of the wardship.*
- Considering that age 21 is when most foster youth in Illinois age out of care, the Department recognizes age 20.9 as a critical milestone for transition planning, and a final opportunity for interventions by the child welfare system to impact emancipation outcomes for young adults preparing to age out of foster care. Furthermore, the

Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that the caseworker must develop a youth directed and personalized transition plan during the 90-day period immediately prior to the date on which the youth ages out of foster care.

Effective July 1, 2014, under the Countdown to 21 Initiative, youth who meet the following criteria are eligible to apply/receive Emancipation Funding in the amount of $1,200:

- Must be in a Department approved substitute care placement. Youth in the following placements 90-days prior to emancipation are ineligible for application: DET-Detention, IDC-Institution DOC, SSU-Self Selected Unapproved, WUK-Whereabouts Unknown, UAP-Unauthorized Placement, UAH-Unauthorized Home of Parent, HMP-Home of Parent and WCC-Unknown Continued Contact.
- In-Person participation in the 90-day Discharge-Clinical Intervention for Placement Preservation (D-CIPP).
- Completed CFS-2032-1 Youth Driven Transition Plan, including verification that vital documents (e.g., valid driver's license or state ID, birth certificate, updated medical) have been obtained.
- Description of living situation and address post emancipation.
- Youth must identify a supportive resource person that will be available to them post emancipation. The support person will be encouraged to participate in the 90-day D-CIPP.
- Successful completion of a Department approved financial literacy course.
- Completion of the CFS-TBD Emancipation Funding Application & Budget.

As part of the Countdown to 21 program the Economic Awareness Council (EAC) provides the Get Real: Financial Decisions in the Real World curriculum, including all program materials to 900 – 1,000 youth within the DCFS system between ages 19-21. The EAC has provided financial education programming to youth ages 3 - 24 and their families for over 10 years. Program services range from basic parent education regarding banking, credit, budgeting and saving skills for pre-school youth to financial life skills for teens such as managing a first paycheck and budgeting for college.

In addition to utilizing the Get Real curriculum, the EAC customized this curriculum to include information about resources critical to foster youth transitioning to independence. For examples, resources regarding identity theft & credit issues; college financial aid; and ongoing financial education are also included. Additionally, the training guide has been customized for this large, non-school time audience. This customized program was successfully used in FY15 with DCFS youth obtaining an average financial literacy score of 88% correct responses at completion of the program. At program completion, over 94% of youth also reported confidence with all financial skills that were taught through this program.

The EAC provides the financial literacy training to DCFS trainers, who then train POS staff on the financial literacy curriculum. The POS staff then conducts the financial literacy training for the DCFS youth assigned to their agency. The EAC also provided support for two training sessions each quarter as needed to train new instructors. EAC staff participated in three financial literacy trainings for POS staff in FFY15. The EAC also conducted 14 Coalition Calls in FFY15 with POS staff to discuss and provide support for the financial literacy training for DCFS youth in their agencies. Two hundred thirteen POS staff participated statewide in the coalition calls.

In total, it is estimated that over 200 service providers have been trained between 07/01/14 - 03/31/15. The EAC provides all training materials including: training binders with lesson guides, Get Real workbook answer keys and sample student materials, master copies of the financial literacy and financial capability assessments and related answer keys, master copies of review worksheets and evaluation forms, training evaluation forms, DVDs, copies of the Money Matters simulation game for their student groups, credit crunch game cards, training assessments and evaluations will all be included. Action plans identifying target training dates and outreach numbers and certificates of completion for all staff successfully trained will also be included. Access to online assessment tools and training in these tools will also be provided. Training will include both instruction and also time for practice and application of the Get Real training modules with other staff.

In addition to the training provided, the EAC is available to provide ongoing consultation to DCFS/POS in the initiation and delivery of their Get Real services. In particular, the EAC and the Young Illinois Saves coalition are available to help connect sites to both financial institutions offering high quality, community outreach and youth bank accounts that benefit youth with no fee and low minimum banking options to avoid check cashing fees. Through the Young Illinois Saves network, volunteers from the financial community, in particular credit counseling, VITA, financial planning advisors and legal assistance organizations that provide serves on a pro-bono basis may be secured as available throughout the state to assist sites as needed both when questions arise or when special presentations of educational information on a specific topic such as credit, tax, banking or saving/investing might be needed. Additionally, as part of this consultation, the EAC will hold twice monthly conference calls for service personnel and trainers. On these calls, the EAC will review progress in implementing the financial education programming as well as answer any questions or address issues with implementation of this initiative.

Finally, all of the youth in this program will have an opportunity to set a savings goal and receive ongoing financial education information through Young Illinois Saves. Through Young Illinois Saves, over 4,000 youth have set savings goals and pledged to save monthly. In total, these pledges result in $3 million in annual pledged savings. Individuals who have a plan and pledge to save have been found to save significantly more than those who don't.

For FY16, the EAC will work with 20 pilot sites to establish specific procedures for distribution of the emancipation fund that include banking and ideally direct deposit. Through this pilot, youth will utilize banking and ideally direct deposit to establish both a transactional account for spending as well as a savings fund (via savings account or CD) to be used for emergency savings. Financial institution partners participating will be required to offer no fee, low minimum products with no checks and no overdraft as well as online access. Financial institution partners will be encouraged to distribute saving incentives after 6 months and 1 year and to report data regarding average account balances and accounts remaining open. Financial institution partners will be selected throughout the state.

In FY15, Be Strong Families (BSF), a not-for-profit has continued serving child welfare involved youth & young adults by providing services that contribute to achieving child welfare goals and building the Center for the Study of Social Policy's (CSSP) Youth Thrive ™ Protective / Promotive Factor framework.

Youth Thrive™ is a multi-year initiative of CSSP in Washington D.C. (creators of the Strengthening Families ™ Protective Factors Framework) that examines how foster youth may be supported in ways that advance healthy development and well-being and reduce the impact of negative life experiences. The framework is based on established research

on positive youth development and emerging research on trauma and adolescent brain development.

The 5 Protective and Promotive Factors are:

1) Youth Resilience
2) Social Connections
3) Knowledge of Adolescent Development
4) Concrete Support in Times of Need
5) Cognitive and Social Emotional Competence

The following services are provided for youth and young adults:

- Youth and Young Adult Cafés: A series of 5, 90-minute informal, but highly structured small group conversations (based on the World Café model) that promote peer to peer learning and deep individual self-reflection. Each café session focuses on a Youth Thrive ™ Protective / Promotive Factor and is centered on topics that include education, health, employment, housing and community engagement which help prepare youth for emancipation.
- Teen Parent Cafés: A series of 3, 90-minute sessions that foster peer-to-peer learning and self-reflection among teen parents. The café themes are: Taking Care of Yourself, Being a Strong Parent, and Building a Relationship with Your Child.
- Wake Up to Your Potential Leadership Training: 12 experiential, activity-based (non-didactic) 90-minute workshops that promote optimal development and life skills for youth in care that help prepare them for emancipation.
- Youth Café Hosting Training: provides youth with the skills to host youth and young adult cafes

In addition, BSF provides services, educating pregnant or parenting teens on the importance of early childhood education, as well as opportunities to tour local early childhood centers in order to encourage the enrollment of their babies / young children in high quality early education programs. BSF provides its services to youth and young adults statewide through youth serving agencies and residential living programs.

BSF also provides services to DCFS Alumni who have aged out of the system offering a Thanksgiving Alumni café and an annual “Family Reunion” event. For both events there is a planning committee that involves heavy youth and alumni participation. Each event brings former youth in care together to network and re-establish relationships with friends and mentors who support their development. Alumni also have access to attend cafes and trainings.

Within this program year BSF has served 816 youth and young adult participants (395 unduplicated). As of March 31, approximately 50% of the unduplicated youth served are over the age of 18 with about 10% turning 18 during the fiscal year. BSF has also served 44 alumni (28 unduplicated).

Youth Thrive™ Protective Factors Café evaluation summaries show:

- 80% of Youth and Young Adults Strongly Agree or Agree that they learned something that will help them in their life
- 78% Strongly Agree or Agree that they felt more positive about themselves

Wake Up to Your Potential Training evaluation highlights show:

- 85% Strongly Agree or Agree that they understand the importance of a positive attitude.

- 85% Strongly Agree or Agree that the training will help them deal with negative people and negative situations in life
- 85% Strongly Agree or Agree that they feel more positive about their lives and the future.
- 86% Strongly Agree or Agree that they plan to make some changes in their behavior as a result of participating

In FY16 BSF will continue providing a similar service array to youth and young adults with an emphasis towards increasing service to child welfare populations in the southern and northern regions of the state. BSF will also have an increased focus towards building the capacity of youth leaders to be able to organize and deliver cafes and will be offering additional Wake Up! To Your Potential modules. We will also begin to work with teen parents using the Get on the Fast Track to Getting Your Kids Back workshop model and printed resources as we have seen a spike in interest from teen moms requesting more information on the resource.

The Educational Access Project for DCFS (EAP) is a partnership between DCFS and Northern Illinois University (NIU). Education Advisors and Post-Secondary Education Specialists are located in DCFS regional and field offices where they are readily accessible to families, schools, child welfare staff and communities. EAP provides educational advocacy to promote academic success for youth involved with DCFS. Staff advocate for increased access to educational services, attain enrollment, improve attendance, and reduce disciplinary actions for elementary and secondary students.

EAP staff also offer technical assistance and support to students to plan for post-secondary education, and support youth enrolled in the DCFS Youth in College and Scholarship programs, Education and Training Voucher (ETV) and the Community College Payment Programs (CCPP). Staff works to identify issues that would be barriers to academic success and offer support for improving academic performance. The EAP staff has established a Youth in Care on Campus Program at Southern Illinois University-Carbondale, have supported a “Meet and Greet” group at NIU and Illinois State University, and are working on implementing similar programs at the University of Illinois Chicago and Eastern Illinois University. They identify resources available in DCFS, on college campuses and within the college communities, as well as other relevant resources. Staff also tracks information that could be used to improve educational services for post-secondary youth and process ETV and CCPP funding requests.

- Number of Youth Served: 10/01/14 through 04/30/15 – 781
- Number of Persons Trained: 10/01/14 through 05/01/15 – 271
- Number of Trainings: 10/01/14 through 05/01/15 – 22

The Youth in College/Vocational Training program supports DCFS students attending state or private universities, community colleges, or vocational training schools. Participants receive a monthly grant of $51,100 per month and payment for books and required supplies that are not paid for by financial aid. For SFY15, 90 new youth were approved for the YIC/VT program and as of May 1, 2015, there are 171 youth in the program. Youth must remain at full time status, while maintaining a 2.0 GPA or “C” average to continue to receive grant payments. It is recommended that the monthly grant be increased to more adequately meet the students housing costs. Students may remain in the YIC placement at age 21/case closure until they complete their program or through the semester they turn 23 years old, whichever occurs first, as long as they continue to meet the eligibility criteria.

The Youth in Scholarship program is a competitive college scholarship program open to all DCFS youth in care, youth who aged out of care at age 18 or older, and youth who left care through guardianship or adoption. Beginning with the 2015 scholarship program, 53

scholarships will be awarded annually. This is an increase from 48. The awardees receive a monthly stipend of $511.00, a medical card, and a tuition and fee waiver to an Illinois state university or community college. Currently, there are 169 youth in the DCFS Scholarship program. Scholarship recipients may remain in the program until they complete their program (up to 5 years) or through the semester they turn 23 years old, whichever occurs first, as long as they continue to meet the eligibility criteria.

The Department continues to sponsor annual Graduation Celebrations to honor youth in care who graduate from high school or a post-secondary program. This year's events are all scheduled for June and include an age appropriate, fun activity for the youth to participate in following the luncheon. Youth are also given a monetary award in recognition of their efforts. Approximately 200 youth participate in the celebrations across the state.

The Department's Project STRIVE (Strategies To Rejuvenate Interest and Value in Education) Network in Cook County and surrounding suburbs, using two social service agencies. The program design is simple, although the implementation is far from routine. A trained social worker is sent into the school with an average number of 30 DCFS involved youth to engage them in the educational process. The worker performs a wide variety of functions, depending on the receptivity of the school and the needs of the wards. The STRIVE worker connects and coordinates with the case manager from the POS agency or DCFS and gets to know the school intimately. The worker may counsel the student, attend staffing, initiate conferences with teachers, broker tutoring and other services, introduce a ward to an appropriate activity sponsor, help the ward find a job, help the ward get a scholarship, pick up a ward at his house when she/he is truant, etc. In each case, the worker must also engage the student's family in both the program and the school. Due to the many instances that family is unavailable or unwilling to work with the school, this may be a difficult (but crucial) process. The STRIVE worker will often go to the home, at a time convenient for the family, to discuss school progress and plans for improvement with the youth and caregiver. During FY15, Project STRIVE began providing transitional services to 8th graders for high school. To date, Project STRIVE has served 232 youth.

The UCAN Mentoring Program assists youth in gaining skills and confidence to reach their full potential through a meaningful and supportive mentoring relationship that inspires youths' educational and employment success and thereby facilitating youth development. The goal is to improve the academic, professional and social skills of youth in DCFS care by coordinating a multi-disciplinary team, which includes the youth, foster parent/caretaker, youth's identified positive social supports, and DCFS/POS agency service providers. The program will also engage the youth and provide youth with a well-defined role which will give the youth a voice in the development of youth-led, task-centered goals. Mentors will use the relationship and knowledge of Cook County educational institutions, such as Chicago Public School and Alternative School Network, community colleges, as well as accredited vocational programs to assist in creating personalized educational plans. In addition, mentors will connect the youth to resources available in the community and through DCFS; leading to the establishment of long term supports. This state fiscal year, 41 youth have been served by the UCAN Mentoring Program.

Introspect Youth Services provides college and vocational program admission direction to youth in care. Youth in care receive assistance in all aspects of the college and vocational program application and decision making process. They may also visit the offices of Introspect and receive individual counseling services.

The CCPP pays for the tuition, fees, and books, as well as supplies and uniforms, not covered by financial aid, for those youth attending an Illinois community college. This assistance is for youth who are attending an in-district community college and is offered regardless of living arrangement. Most students are eligible for the maximum State of Illinois Monetary Award Program (MAP) and Federal Pell grants, so this funding is used only when financial aid is not available. To date, for FY15, 36 youth have participated in this program. Community Colleges are increasing the number and variety of vocational related programs that train people for entry level and above positions in careers that need workers now. The majority of these programs are related to the health field. Because most of these courses are not funded by FAFSA related grants, the Community College Payment Program is being used to help youth get the needed education for these positions. This funding source may also be utilized by youth who are still in high school or are in a 'bridge' program that allows them to complete their high school diploma while earning college credits. One of the largest users of the CCPP, City Colleges of Chicago, is stepping up their career and technical training program offerings through a College to Careers emphasis. Beginning in fall 2015, City Colleges of Chicago will be offering tuition waiver scholarships to those students graduating from a Chicago Public or Charter High School earning at least a 3.0 GPA and who place into college level math and English or have an ACT of 21+. These students will also need to enroll in one of the colleges structured, relevant pathways to be eligible to receive this 3 year tuition, fee, and book waiver. Since most of our youth receive enough grant money for 2 semesters, this would only assist during the summer semesters. We do not know how many of our youth will meet the criteria necessary to receive the waiver, but this may decrease the number of students having to use the DCFS CCPP funding.

The Alternative Schools Network (ASN), in collaboration with the DCFS, has developed the Youth Scholars, Skills, and Service (YS3) Program with 14 community based alternative high schools and an ASN GED Prep Institute for DCFS youth who are out of school and do not have a high school diploma or GED. Each school provides teachers and mentors who work closely with the DCFS students to monitor academic achievement, personal development and supportive services. All programs offer the following: year-round academic program, after school enrichment program, full-time school based mentor, student savings, and scholarship program for post-secondary education. In FFY15, 207 DCFS youth were served in the ASN YS3 program. Three DCFS youth graduated or attained their GED.

The Youth Scholars program continues to provide innovative and exciting educational programs and services to youth in care. There has been increased coordination with the DCFS and POS workers. Cultural and recreational field trips continue to provide new opportunities for youth in care. The life skills workshops provide the youth with new learning experiences and help them become independent and self-sufficient. The Department requires the mentors and the youth's DCFS and POS workers to convene a meeting at the alternative schools where the student's academic progress is reviewed and problems/issues are discussed. An Annual High School Academic Plan is then completed, and may then be brought to the youth's next ACR by the caseworker.

The Extra Learning Online (ELO) Program uses computer-based technology to promote and increase academic skills and achievement in the areas of reading, math, and science. This tutorial program offers youth the opportunity to work at their pace, while improving their academic performance in the area of reading, literature, comprehension, writing and other academic subjects. The program offers curriculum in each subject to promote subject mastery. At the conclusion of each lesson, an assessment is administered to document mastery of that subject. In FY15, 317 DCFS youth have utilized the ELO (Fostering Learning) program. Three

hundred and ninety-five DCFS youth were registered with accounts. Ten private agency sites utilized the ASN ELO program.

The DCFS Find Your Futures Program was established in the summer of 2005. The internship program originally matched DCFS youth in college with employers in the Chicago area. The Program was expanded in 2008 to include opportunities in downstate Central Illinois and a procedural change allowed interns to repeat up to two years if they meet the criteria. Interns must have a minimum 2.0 cumulative GPA and are enrolled in college full-time. Fifty-eight applications were received for the summer 2015 program; 53 applicants were interviewed, and 41 youth were approved to participate, of the 41 youth approved 28 students were identified to participate and 13 were put on a wait list. Throughout April and Can, interns are matched with an employer in their field of interest. In order to meet the demands of clients' academic concentrations, 9 new internship providers were recruited. The Internship program begins with orientation; the youth then complete a ten week internship, while participating in the following workshops: Office Etiquette, Financial Literacy, Resume Writing, Interviewing, Networking/Business Dinner Etiquette, as well as team building (rock climbing and kayaking), volunteer activity, a self-defense class and closing ceremony. Evaluation results from previous participants indicated interns wanted to participate in more networking opportunities. Employers, as well as others from the professional world, are invited and encouraged to attend some of these events in order for interns to develop their networking skills. These events will also allow the interns to develop relationships for future employment opportunities. Anonymous program evaluations will continue to be provided and program changes/improvements will be made based upon the results. Efforts will continue to get prospective employers throughout the fall in order to gain new and continuing support for Find Your Future. All past interns have an opportunity to avail themselves of staff who may assist them in their job searches once they graduate from college.

The Work-Attitude-School-Study Youth Program (WASSUP) is a program through the Springfield Urban League that focuses on skill building, increasing academic performance, and career development. Using the Seven Habits of Highly Effective Teens as part of the coursework curriculum, the Springfield Urban League provides services through individual case management, self-directed learning options, structured mentoring sessions, individual tutoring instruction, job shadowing and on-the-job work experience. Program participants are 14 - 20 years old, under court-ordered legal supervision of DCFS, and have completed the Casey Life Skills Assessment. Fifteen (15) participants are targeted to be served. The program is divided into semesters. All participants receive case management services where goals are established and monitored. Upon completion of the program a graduation is held. Once the work experience component is completed, participants enter into follow-up status where contact is made at a minimum of once per month. Assistance is provided as deemed necessary.

During FY15, 6 youth have participated in the WASSUP Program. Program staff found that many youth in the WASSUP program require additional and more intensive case management and remedial services to get them at a comfortable point to begin the skill building necessary to more effectively participate in the program. This component has been added as youth have a desire to be more engaged.

The Girls Awakening Power (GAP) Program is a Springfield Urban League program designed to find the hidden voice within each young girl and give it validation, power and a forum. The program offers a safe, yet challenging, academic and social environment that provides opportunities for girls ages 9 - 14, in an all-girl setting. During FY15, 4 youth have participated in the GAP Program. These young girls are able to participate in computer lab and homework tutoring, project based education (visiting women owned businesses), meeting women CEO's,

mentoring/job shadowing opportunities from women leaders within the Springfield community; social and emotional learning through staff guided group discussions; exploring friendships and other relationships with more support and less peer pressure; expanding their view of the range of life options available to women; building healthier and more appropriate views of their bodies, minds and potential; studying non-traditional subjects such as computer science, welding and engineering; and business etiquette classes.

The WASSUP and GAP Programs work together to ensure that youth in both programs are getting services that are beneficial. When young girls in GAP reach age 16, they are able to transition to WASSUP to further enhance their skills.

The Illinois Inter-Agency Athletic Association (IIAA) sponsors and organizes sports and recreational events for Illinois youth residing in child care institutions, group homes or independent living preparation programs. The sport events offered to the youth by the IIAA include softball, rugby, swimming, soccer, volleyball, dodge ball, basketball, bowling, and track and field. It also includes special events and activities, an arts and crafts exhibit, creative writing booklet, and a picnic. The IIAA also conducts staff training clinics two times a year. An estimated 1,000 DCFS participants will be served during the contract period. By participating in IIAA activities, the boys and girls may grow and benefit in 3 areas: 1) recreational, 2) social, and 3) psychological. The IIAA mission is to use sports and recreational activities to help youth build the essential social skills enabling them to become well-adjusted and productive members in their communities. The social benefits include learning how to follow directions and deal with authority, gaining impulse and emotional controls, working as a team, developing empathy/identifying with the need of others and learning appropriate public behavior. Many common problems of our boys and girls, such as negative and unrealistic self-images and undeveloped social skills may be treated effectively and economically through an organized recreation program.

The Alternative Schools Network Added Chance Program provides Pre-Employment Workshops and Job Placement for DCFS youth 16-20 years of age in Cook County. The Added Chance staff has had to work harder and provide youth more referrals for jobs because of the economic downturn and high unemployment rate. The Added Chance staff continues to find innovative employment strategies in meeting their goals and objectives. In FFY15, 177 DCFS youth were served in the Added Chance program. One hundred twenty-four DCFS youth participated in the Pre-Employment workshops. Sixty-four DCFS youth received 73 job placements. At least fourteen DCFS youth received job placements after turning 21 or on their own, for a total of 74 youth with 94 job placements.

The Community Assistance Programs (CAP) Transitional Jobs Program serves youth, ages 17 and over in a step by step process to achieve life skills, job skills, employment training and successful job placement. The Program services DCFS youth who dropped out of high school, DCFS youth who have completed high school or have a GED and are not going to college, DCFS youth who are teen parents, DCFS youth who are involved with the Illinois Department of Corrections systems, and DCFS youth who are seeking vocational education and employment.

The Transitional Jobs Program provides comprehensive assessments, intensive case management, mentoring, support services, personal development workshops, job skills training, educational services, transitional job paid work assignment or subsidized employment, job placement assistance and post-employment case management.

In FFY15, 90 DCFS youth participated in the CAPs program. Twenty-two DCFS youth completed Orientation. Thirteen DCFS youth completed Job Readiness. Forty-one DCFS youth

participated in subsidized employment. Eleven DCFS youth received unsubsidized employment. CAPs made progress on their goals and objectives by adjusting their program to better serve youth in care. Monthly Chafee Reports, case notes and case files now better indicate the involvement of youth in care during CAPs Orientation, Job Readiness, Subsidized Employment and Unsubsidized Employment.

The Lawrence Hall Youth Services (LHYS) Mentoring Youth to Inspire Meaningful Employment (MY TIME) program was implemented in FY13 and began serving DCFS youth in October 2012. MY TIME is a unique job readiness and job placement program created especially for youth in care. MY TIME has a 5 - 8 day Career Readiness Training component that has been provided to youth in care during the day and in the evening based on the needs of the youth. The MY TIME staff are experienced in working with youth in Group Home, Residential, Foster Care, Transitional Living Program and Independent Living programs. Youth are placed in subsidized employment, 20 hours a week for up to 3 months. The MY TIME staff assist employers in transitioning youth from a subsidized employee to a traditional paid employee. In FFY15, 84 DCFS youth were served in the MY TIME program. Seventy-four DCFS youth completed Career Readiness Training (CRT). Twelve DCFS youth were placed in subsidized employment and 16 DCFS youth were placed in competitive employment.

The Employment Incentive Program is a transition program for youth in care 17 - 20 years of age. DCFS youth who have a high school diploma or GED, and are involved in job training through a certified jobs skill training program, or are employed 20 hours a week are eligible for a monthly grant. Youth or their assigned caseworkers are required to submit monthly check stubs to the appropriate EIP Coordinator. The grant provides $150.00 a month for a maximum of 12 months, or until the youth reaches the age of 21, whichever comes first. The 12 months may be consecutive or intermittent. DCFS youth living in foster care, supervised independent living, group homes or institutional placement are eligible. Start-up funding for work related items (e.g. tools, work clothing, etc...) is also available to EIP participants. Funding is need based and limited to a one-time disbursement of $200.00.

The EIP was effective 01/01/06 and since its inception a total of 1649 youth have applied for the Program. A total of 1875 youth have since completed the program either by aging out or completing the program's 12 month eligibility. As of April 28, 2015, 180 youth have been approved for participation during FY15.

All of the above described programs and services will be continued in FFY16. The majority of these programs currently provide engagement in age or developmentally appropriate activities and will continue to do so in the future.

For FY15, the Department's Youth Housing Assistance Program has authorized cash assistance to 63 youth who were aging out of, or had already aged out of, the foster care system. The total amount of bills entered on the system for this service was $43,158.26 during this time. The Department served more youth so far in FY15 then the entire FY14. We believe we will continue to grow as we now automatically attend a meeting with every pregnant and/or parenting ward three to 6 months prior to the youth turning 21 and therefore expect to serve 50% more youth in the current year. In FY15, DCFS expects to provide a total of $80,000 to 90 youth.

DCFS also provided housing advocacy services (help locating housing, provide housing & budget counseling, and follow-up services) to 90 youth so far in FY15. The total amount billed to serve these youth was $67,847.14. We referred 83 new youth in the first 7 months of FFY15 and continue to serve some wards referred in FFY15. We have referred, on average, 5 youth

per week for the past 2 months. Therefore, we expect to serve at least 150 youth in FY16 and anticipate spending approximately $150,000 on services provided to these youth.

On October 1, 2013, the Department's housing specialist has reassumed the role of administering the Youth Housing Assistance Program. Efforts have been expanded to locate potentially eligible youth. Every youth whose case closes before they turn 20.5 who is eligible to receive services to a youth housing advocate to see if they want to access services has been referred. Every worker, and youth who are still DCFS wards when they turn 20.5, are notified of the program.

The Department worked with POS to create the Housing Empowerment Handbook. The handbook was created for first time renters. It includes important information to help locate, obtain, and remain stable in rental housing. The Housing Advocacy Providers will use this information to prepare youth obtaining housing. In FY16 DCFS will produce the second edition of the handbook.

Regional Youth Summits geared specifically for youth in care, ages 14 - 20, and are held annually across the state. DCFS/POS staff from Cook, Northern, Central, and Southern regions recruit youth representatives from the Youth Advisory Boards to participate on planning committees. The youth participate in monthly planning meetings with adult staff to design and plan for the execution of the Regional Summits. Adult staff volunteers serve as co-chairs to assist the youth in planning and coordinating the events. The youth on the planning sub-committees learn valuable life skills as they design the Summits, including creating workshops, scheduling and confirming venues, public speaking, and motivating peers to register for and attend the Summits.

In addition, the annual Regional Youth Summits involve youth in care and former youth in care as keynote speakers, workshop co-facilitators and youth leaders at the resources fairs. The Summits give youth the opportunity to develop the needed skills to prepare them to be self-sufficient and independent as they prepare to leave DCFS care. The Summits cover topics such as housing, financial literacy, preparing for employment, post-secondary education, healthy relationship/parenting skills and legal rights. The goal is that the youth will have an in-depth understanding of services available from the Department and their communities and how to utilize them. Southern, Northern and Central Regions host approximately 150 youth per event. The Cook County region hosts approximately 200 youth.

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. Information regarding NYTD is also posted on the Department's Youth in Care website that is available on the internet.

The Department posted the comparison reports via the NYTD portal on the D-Net, the DCFS main website, and the Youth in Care website. The goal was to provide information gleaned from the surveys completed to date with youth, Department and private agency staff, caregivers, and other interested stakeholders.

The Department has used data from the surveys to inform a Homeless Youth Prevention Planning Committee that the Department participates on in collaboration with the Illinois Coalition on Youth, the Illinois Department of Human Services, and private child welfare and homeless youth services providers.

The Department shares data from the independent living services reporting and surveys with Chapin Hall for research purposes. The Department needs to discuss additional ways to utilize the NYTD data internally for the improvement of service delivery.

The Department continues 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 paid two financial penalties for not meeting the requirements of the first follow up survey population. The Department increased efforts to educate permanency workers and youth about the importance of completing the NYTD survey. In addition, for out of care youth the homeless youth providers who the Department contracts with have been engaged to assist in locating these youth. Unfortunately, however, if the youth are located many still refuse to complete the survey, as well as many youth who are still in care.

The Department will continue to require caseworkers to report independent living services as required for NYTD.

The Department 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. The Department is currently working in collaboration with the Illinois Collaboration on Youth, the Illinois Department of Human Services, private child welfare and homeless youth providers to on a federal Homeless Youth Grant proposal.

The Department maintains a close working relationship with a number of other State departments, including: the Department of Human Services 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.

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.

DCFS is a mandated member of the Interagency Coordinating Council (ICC). The ICC is a legislative creative council composed of directors or designees of the Illinois board of Higher Education, Illinois Community College Board, Illinois Council on Developmental Disabilities, DCFS, Department of Commerce and Economic Opportunity, Illinois Department of Corrections, Illinois State Board, and DHS. The role of the council is to provide information, consultation and

technical assistance to state and local agencies, and school districts involved in improving delivery of services to older youth with disabilities, thus allowing disabled youth to achieve self-sufficient independence to the best of their ability.

DCFS contracts with private agencies for the delivery of job coaching, mentoring, financial aid preparation services, 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 may learn and practice the skills necessary to make a successful transition to self-sufficient adulthood.

The Department contracts with and collaborates with Struggling Youth Equals Successful Adults (SYESA). SYESA, pronounced “see-saw”, was founded by three foster care alumni from Illinois in June of 2009. All three co-founders had been wards of the state for over ten years and had successfully emancipated from the Illinois child welfare system. Their ability to beat the odds of becoming homeless, incarcerated, unemployed, or uneducated as African- American men encouraged them to help other youth in care and transitioning out of care become just as successful. SYESA’s Success by Twenty (SB25) program provides services for youth in care and young adults between the ages of 13-25 that are from low-income families, foster care, and on probation/ parole that live in the Cook County area.

SYESA provides weekly one to one life coaching sessions with disconnected youth and young adults that are preparing for emancipation, reunifying with family, formerly in care, or been adopted. SYESA also provide life coaching for youth that are in care and involved with the juvenile court system.

SYESA life coaches meet with participants a minimum of once a week and more if needed from the referral date until the age of 25. Additional funding will support youth after emancipation age. Life coaching sessions are based on a youth centered transition plan that focuses on the youth self-reported educational, employment, vocational, financial, and financial goals. Each week life coaches and client will create small benchmarks to be achieved every week that will facilitate progress towards the long-term client goal. SYESA has a variety of resources and relationships that help participants achieve their goals.

SYESA life coaches help youth develop ongoing positive relationships with adult mentors/ volunteers that also help guide youth through their life challenges. Life coaches help participants acquire necessary legal documents such as birth certificates, state identification, driver’s licenses, voter registration cards, and social security cards. SYESA also teaches participants how to apply for public assistance and other DHS resources by walking them through the process when needed or upon request.

SYESA also help disconnected youth find temporary and permanent housing when needed. SYESA has working relationships with “A Safe Haven Foundation”, Mercy Housing, Career Development Employment Training Services (CDTES), and YMCA Alliance GED program. SYESA life coaches create easy access to these programs as well as bridge the relationship for the participants.

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 such as 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 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.

For downstate Illinois (defined as all regions outside of Cook County and its 5 collar counties), the services provided for Pregnant/Parenting youth are provided by community based service providers. DCFS contracts directly with 7 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 the SuperNOFA and 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 County, 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 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, 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.

DCFS 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 for wards. In addition, DCFS has collaborated with the Department of Healthcare and Family Services to implement the expansion of Medicaid eligibility for former foster youth to age 26 and is currently working on a seamless transition when the youth's case closes with DCFS.

DCFS began collaboration with DASA 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 Illinois Collaboration on Youth (ICOY) and DCFS were awarded a two-year federal planning grant from the Department of Health & Human Services, Administration for Children, Youth and Families (ACYF) in September 2013. The purpose of the grant is to develop a model intervention to prevent homelessness for youth and young adults with current or past involvement with DCFS. The Homeless Youth Prevention Planning (HYPP) grant aims to improve outcomes for youth with child welfare experience in the areas of housing; permanent connections; social and emotional well-being; and, education and employment. This is a collaborative process bringing together staff from the DCFS Director's Office, DCFS contracted agencies, DHS, DJJ, ISBE, and homeless youth service providers. ICOY and DCFS are in the final stages of preparing a second grant application that is due May 26, 2015 which outline the intervention model developed by the Planning Committee and evaluation structure.

The Department is a participant in the Child Welfare and Education Learning Community (CWELC) convened by the University-based Child and Family Policy Consortium. The members of the group represent researchers, policymakers and practitioners across three states of Illinois, Minnesota and North Carolina who work at the intersection of child welfare and education. The goals for the CWELC project include cross-state collaboration on issues of child welfare and education, infusion of research knowledge and practical experience in CWELC recommendations. Topics include: data sharing, student mobility, use of evidence, cultural competency, and different needs at policy and practice levels.

The Department continues to collaborate with many organizations in an effort to prevent trafficking, respond to allegations of human trafficking and provide services to victims. The National Center for Missing and Exploited Children's sex trafficking team provides assistance to DCFS caseworkers with suspected or known victims. Department Child Protection Specialists are required to report all allegations of human trafficking to the FBI for criminal investigation and the FBI Victim Specialists assist with interviewing and providing services to victims. DCFS collaborates with State's Attorney's offices and the US Attorney's Office when traffickers are

pursued for criminal prosecution. When appropriate, Child Advocacy Centers are utilized in child abuse and neglect investigations with a human trafficking allegation. The Department collaborates with numerous service providers regarding trafficked youth, including the Salvation Army Stop-It program, mental health providers, and medical personnel. The DCFS Human Trafficking Coordinator participates in the Cook County Human Trafficking Task Force and the Statewide Human Trafficking Task Force, which fosters coordination and institutionalized collaboration among task force members.

In FY15:

- The Department developed and provided human trafficking training to (258) residential facility, group home and shelter staff which included prevention curriculum for staff to use with youth in care placed in their facilities. The youth in care prevention curriculum, "You are Not for Sale", will provide youth with human trafficking education to build protective factors and resiliencies of youth and to deter the recruitment methods of pimps and traffickers.
- The DCFS Human Trafficking Coordinator presented information on human trafficking to: Child Advocacy Centers, the Illinois Dept. of Juvenile Justice, the Illinois Children's Justice Task Force, Court Appointed Special Advocates (CASA), Latino Advisory Committee Family Institute, the African American Advisory Council Institute, Pediatric Resource Center, the Office of the Cook County Public Guardian, Prevent Child Abuse, and UNICEF.
- The Department developed a media campaign, "Our children are not for sale". The poster and brochure have been distributed to stakeholders and mandated reports in an effort to prevent, and raise awareness of, human trafficking
- Two hundred and sixty-two (262) Department and private agency staff completed the online human trafficking training which includes information regarding the prevention of sex trafficking.

Office of Education and Transition Services staff continue to conduct and participate in trainings as requested across the state informing foster parents, relative caregivers, adoptive parents, DCFS and POS staff, and court personnel on the availability, procedures, and requirements for applying and accessing services thru the OETS, including post-secondary educational services.

Staff from the Office of Education and Transition Services is housed in field offices in each of the DCFS regions. These staff may participate in management/staff meetings and be available to assist staff on an as needed basis in their assigned offices. For the remaining DCFS field offices, the assigned Transition Manager is required to participate in regional meetings, management meetings, staffing when requested, and to be available to present information and guidance on accessing all OETS programs and services.

The Transition Managers provide on-site training sessions at private agencies in their respective regions for both staff and youth on programs/services offered by the Office of Education and Transition Services. The Department's Training division is working with OETS to award training credit hours to the staff who participate.

Staff from the Office of Education and Transition Services continues to conduct trainings and information seminars at foster parent conferences, Hispanic, Asian-American and African-American Family conferences, educational trainings on suspensions and expulsions, and with juvenile court personnel, which include information about the Chafee programming available to youth.

The Education Advisors under the Educational Access Project/NIU are required to deliver a minimum of two trainings each quarter in each region of the state. Content covered in the trainings include: Back to School; Educational Procedures 314; Special Education; Section 504; Postsecondary Education; Academic Support/Progress; DCFS Education Planning; Education Advocacy. The trainings are open to foster parents, caregivers, permanency workers, and Department staff. For FFY15, 22 trainings have been held with 271 individuals participating.

The DCFS PRIDE foster parent training program continues to focus on helping foster parents learn best ways to help teens in their care to prepare for and transition to adult life. First and foremost is the annual delivery, through the state's foster parent newsletter, to all foster parents public and private, of information about the various programs the Department provides, such as Youth in College, Independent Living Option, etc. By keeping foster parents apprised of the latest information about programs available and how to enroll, DCFS empowers foster parents to begin planning with their youth for pathways to independence early in children's teen years.

The PRIDE program also maintains close communication with the DCFS Office of Education and Transition Services and endeavors to embed and update information about transition services and supports in its various PRIDE Foster Parent In-Service Training modules that foster parents may select in order to earn their required continuing education credits that are necessary to renew their foster care license. Foster parent trainers also distribute brochures about transition services to foster parents attending certain in-service training modules.

The programs mentioned above, plus other programs and supports offered by OETS, employ specific support and empowerment strategies designed to assist youth in care to practice independence in supervised settings, get a college education while receiving state support, and forge plans to successfully live independently upon completion of the programs and their college careers. The DCFS PRIDE Training program is explained in much greater detail in the Training chapter of this report.

The Department is currently collaborating with the Cook County Office of the Public Guardian to develop training on opportunities to engage youth in education and employment. This training is not only intended to be a refresher for attorneys but an opportunity for caseworkers, youth, judges, public defenders, and bar attorneys to learn about what services are available, how they may access them, and how do all the stakeholders work together to do a better job with foster youth.

Involve Youth/Young Adults in the CFCIP, CFSR, NYTD, and other related agency efforts:
Regional Youth Summits are held each year. Planning Subcommittees, comprised of youth in care and chaired by adult staff, are currently meeting to develop the agenda and coordinate the events for the June 2015 Summits. The youth on the planning subcommittees learn valuable life skills as they design the Summits, including creating workshops, scheduling and confirming venues, public speaking, and motivating peers to register for and attend the Summits. In addition, the annual Summits involve youth in care and former youth in care as keynote speakers, workshop co-facilitators and youth leaders at the resources fairs. The Summits give youth the opportunity to develop the needed skills to prepare them to be self-sufficient and independent as they prepare to leave DCFS care. The Department has committed to continue holding the Youth Summits on an annual basis. Approximately 600 youth participated in the Youth Summits in 2014 across the state.

The DCFS Regional Youth Advisory Boards (RYAB) are convened in every DCFS Region across the state. The RYAB meet once per month. The members are DCFS youth in care or youth who have achieved permanency through Adoption or Guardianship. Each RYAB has

elected officers, who convene at the Statewide Youth Advisory Board (SYAB) bimonthly meetings. Guest speakers, including successful former DCFS wards, are often included on the agenda. RYAB and SYAB members represent the interests of the total population of DCFS youth in care. The RYAB mission statement focuses on partnerships, commitment, engagement, advocacy, empowerment, collaboration, and responsibility for DCFS youth, particularly adolescents.

For FY15 the Youth Advisory Board Statewide members continue to address issues that include long-term partnerships with Loyola Law School and other community stake holders. The SYAB members work collectively as a recognized and commissioned Youth Advisory Board with the Department. The youth have convened focus groups with the Acting Director around the state, participated in lobbying at the state capitol, and testified before legislative and Senate hearings. It was reported that the youth did an outstanding job telling their story and speaking on behalf of the many youth in care receiving services between the ages of 18 - 21 years of age. The commissioned board has:

- Provided the Department and the General Assembly with the perspectives of youth in foster care;
- Recommended solutions to the issues concerning youth in foster care between the ages of 18 - 21;
- Reviewed and advised the Department on proposed legislation concerning youth in foster care;
- Made recommendations to the Department on policies and guidelines as it relates to foster care youth, particularly for residential placements; and
- Engaged youth in positive leadership development.

The Homeless Youth Prevention Planning Grant committee is made up of three sub-committees, one of which is the Youth Perspectives Subcommittee, comprised of youth in care. The subcommittee has met several times over the past year and a half and has gained valuable input from the youth to help develop the model intervention. In addition, staff from the Illinois Collaboration on Youth also held focus groups with youth in care, and those who have left care, to gain additional input.

The State's philosophy for all of its youth in care over fourteen years of age is one of empowerment and responsibility, with heavy emphasis on education, training, mentoring, peer-group support, and age or developmentally appropriate activities. DCFS continues to fund several programs and activities that provide youth with opportunities to enhance their self-esteem, to be supportive of each other, and to develop a sense of empowerment and control in their lives.

Consultation and Coordination with Each Indian Tribe in Illinois and Non-Discrimination in Providing Chafee Services to Indian Children in Illinois: In FY05, DCFS updated the Policies and Procedures to ensure Indian Child Welfare Act (ICWA) compliance and implemented a case finding/advocacy support program staffed by Native Americans. The primary goal of the advocacy program is to follow each Native American identified case for compliance and to ensure that the needs of Native American children are met. This includes access and referral to any appropriate Chafee funded program and/or the ETV program.

Education and Training Voucher (ETV) Program: Illinois developed the ETV program in 2003 to assist youth with post-secondary educational and vocational/training opportunities. Eligible youth in Illinois are current wards who begin and use ETV funding in a program at an accredited post-secondary institution prior to age 21 and are in independent living programs,

foster care, relative care, or private agency care homes, post adoption or subsidized guardianship after the age of 16 or youth who aged out of care at age 18 or older. Benefits include up to $5,000 per youth per year for tuition and fees that financial aid grants do not cover, room and board, books, uniforms, supplies, transportation, or equipment. Financial assistance for room and board is only considered for youth not participating in the Department's Youth in College, Scholarship program, or any other Department paid placement. Youth in the YIC and Scholarship programs receive a monthly grant of $511.00 along with their Pell and other financial aid grants to assist with room and board expenses.

The number of youth eligible for the ETV program, based solely on the fact that they are 17 - 20 years of age and their case is still open, as of 04/24/15, is approximately 3,000. All of these youth may not meet the high school graduate and enrollment in post-secondary education eligibility requirements. The number of youth to receive ETV services as of April 28, 2015, is 190 wards and former wards. In addition, 5 youth were able to use the ETV funding because they had been adopted or in guardianship at age 16 or older, and 9 youth were eligible from the Enhanced Subsidized Guardianship and Adoption Program (ESGAP) group, and one student who emancipated in other states were able to use ETV funding. In addition, currently there are 97 youth in the Youth in College program who are age 21 or older who DCFS is providing educational support through other DCFS funds. Our goal is to serve 400 youth by the end of the FFY15.

Program Support: The ETV program will be offered to youth in care, youth who were discharged from care at age 18 or older, and youth who went to adoption or guardianship at age 16 or older who are interested in attending any accredited school or institution, such as a junior college, 4 year college or university, or vocational program to help increase their employability. In order to increase outreach efforts in FFY15, the OETS plans to send a targeted mailing with ETV program information to all youth who were placed in adoption or guardianship at age 16 or older and are still within the age parameters of the ETV program. This was not done during FFY 14 as planned. OETS staff did outreach to all youth currently in our Youth in College post-secondary program who have not accessed the ETV program prior to age 21 or have not submitted renewal ETV applications for additional funding that s/he may be eligible to receive.

Program Collaboration: The Department's ETV Coordinator has an internal contact at a majority of the vocational training programs in the state and has identified a point person at most community colleges and public universities who may provide information and support to DCFS youth and troubleshoot in concerns that arise with ETV funding. In addition, the Department has a general list of contact people at the colleges, universities and community colleges.

Accomplishments and Progress to Establish, Expand, or Strengthen the State's Post-Secondary Educational Assistance Program with the ETV Program:

- During FY14, 235 youth were served via the ETV Program. This number includes 103 youth who began receiving services in FY13 and continued receiving services in FY14
- From July 1, 2014 to April 28, 2015, 97 new youth have applied for ETV benefits and 205 total youth have benefited from ETV awards. Sixteen youth served by the program were enrolled in a career and technical education program (formerly known as vocational or trade program) and the remainder were attending a community college or 4 year university.
- 272 youth were served via the ETV program in FFY 13; 140 were new youth accessing the program and 132 were youth continuing from the previous year.

- 231 youth were served via the ETV program in FFY 14; 132 have accessed the program for the first time and 99 continued from the previous fiscal year.
- 191 youth have been served to date via the ETV program in FFY15; 88 have accessed the program for the first time and 103 continued from the previous fiscal year.
- Illinois estimates that 240 ETV vouchers will be awarded in FFY15 and again FFY16 and approximately 110 youth will continue participating in the program that entered in a previous federal fiscal year.
- The Department's ETV program is available to former wards that were adopted or placed in guardianship at age 16 or older. Of the youth who received ETV funding in SFY15, 148 of the youth served were wards, 42 were non-wards, five were either subsidized guardianship or adoption at age 16 or older, nine were in the ESGAP group, and one was from another state, but ETV eligible with Illinois funding.
- All youth having a current email address on file with the business office will received a reminder notice during spring of 2015 to review their college expenses for the year to see if there was a need for ETV funding and to make sure they file their FAFSA so they will be eligible for the maximum federal and state grant funding. Those that did not respond were sent multiple notices from various individuals including third party billing personnel at their school if they had utilized funding previous terms, but had not applied for all eligible terms. The Department will continue to develop and implement ways to identify these youth and then reach out to them.
- Staff from the OETS continues to conduct trainings and information seminars at foster parent conferences, Hispanic and African-American Family conferences, educational trainings on suspensions and expulsions, and with juvenile court personnel, which include information about the ETV Program. This will continue through FFY15.
- Information regarding the ETV program will be presented to youth at all 4 Youth Summits during June 2015

Administration of the ETV Program: Illinois administers its ETV Program independently. A full time staff position is dedicated to reviewing, approving, and processing applications for the ETV Program. When necessary, this staff person requests input/approval from the supervisor before approving requests that might not conform to regulations governing the program. This position also maintains statistical reports on the program, conducts extensive outreach to youth and caseworkers to solicit referrals to the program, and tracks funding disbursements to youth to ensure compliance with the maximum $5,000 per youth per year allowance.

Unduplicated Number of ETVs Awarded Each School Year: Recipients of ETV funds must re-apply each school semester for additional funds up to the $5,000 per fiscal year maximum. This is to ensure the youth are still participating in and making satisfactory progress toward completing a post-secondary educational or training program. The requests are reviewed by the OETS ETV Program Monitor to ensure the youth meets the eligibility criteria and the expenses are allowable under the program guidelines.

2015 APSR
Annual Reporting of State Education and Training Vouchers Awarded

	Total ETVs Awarded	Number of New ETVs
Final Number: **2013-2014 School Year** (July 1, 2013 to June 30, 2014)	235	132
2014-2015 School Year* (July 1, 2014 to June 30, 2015)	240	120

Populations at Greatest Risk of Maltreatment: Each year DCFS publishes the DCFS Annual Statistical Report on child abuse and neglect. The information available in this report identifies the population of children who are at greatest risk of maltreatment.

How are services targeted in the next 5 years?: DCFS has and continues to focus attention on the 0 - 5 population. This population is the most vulnerable due to their age and their inability to self-protect. Illinois focuses on this population by their Family Preservation efforts which include their Safety Intervention System. DCFS has one of the best family preservation rates because the agency takes children into protective custody only as a last resort, when it is the only way to ensure the child's safety, relying on DCFS monitored safety plans and a wide range of programs like our Intact Family Services that enable children to remain in their homes and their communities safely.

Illinois continues to be a leader in maintaining children in their home when safe to do so. This is due to there being numerous child protection front end measures in place. Illinois utilizes a detailed allegation system when calls are made to the State Central Registry. This system is utilized in taking a report involving incidents of abuse and/or neglect. Hotline workers are trained in the allegation procedures and what may constitute a report being taken. Illinois also utilizes a detailed safety assessment in assessing safety and risk to children in which a hotline investigation has been initiated. Child protection staff is trained in the use of the safety assessment and receive ongoing close supervision when a safety determination is made regarding child victims. In using the allegation system as well as a precise safety determination process the 00 process the protective custody rate is very low (4.2% for current fiscal year-to-date). Protective custody is taken of those minors only in the most serious situations and where protective measures cannot be taken to ensure their safety without being removed from the caretaker. Illinois is also able to offer diversion programs for families and children which may address less serious harms or situations. Some of these include referrals to intact service providers which may arrange for an array of preventive services ranging from protective daycare to counseling services. Department staff may also refer families to various community service providers who may assist with needs such as housing or parent training including Family Advocacy Centers and the SAFE Families initiative in some areas of the state.

Over the next 5 years, Illinois will continue to refine assessments and services to this most vulnerable population**.** This will be the focus by using data to guide decision making for Intact family services reforms. Additionally resources will be added and will include Permanency Achievement specialists that will focus on Permanency efforts for all children. Despite the decline in the number of children entering substitute care, the number of children in foster care has plateaued at 15,000, after dropping sharply from 52,000 in the 1990's. DCFS has committed the entire agency and our nonprofit partners to breaking through the "permanency barrier" to reduce the number of children in substitute care to 10,000 in the coming years. This

will require not just innovation within the child welfare system, but the critical engagement of the court system, who are the primary gatekeepers to permanency.

Hotline workers continue to receive ongoing training to better hone their assessment skills. Thirty minute, small group, face to face sessions are utilized to update staff on current changes to policies and procedures. The increase in Hotline staff also allows the call floor worker to take the time necessary with a caller to assess the call correctly. For FY15, the training and time to assess has resulted in an approximate 2.4% increase in calls taken for investigation over FY13 and an approximate 1% increase over FY14. With better assessments of abuse and neglect and safety, more children may be protected.

Services for Children Under the Age of 5: DCFS remains committed to improving Illinois permanency outcomes with a focus on permanency for all children and youth. The focus for improved permanency for all children in care remains, but with an increased focus on the 0-5 population based on DCFS data. The concept for improved permanency overall in a "life of case" approach considers that improved practice with the younger population will better ensure that these children achieve permanency sooner and the aging population of children in care will decline.

Over the next 5 years the Division of Permanency will continue to focus on reshaping staff and stakeholder mindset regarding the need for timely permanency. DCFS will continue working with Casey Family Programs in efforts to effectively message permanency in an aggressive and urgent way with a focus on the child's sense of time. The "gold standard" for permanency highlights the three legally permanent forms: reunification, adoption and guardianship, with an emphasis on the child's sense of belonging for permanency. Finally for children and youth who are not able to achieve legal permanency, DCFS remains focused on the need to secure permanent, lifelong connections for all children.

The focus on permanent relationships and connections from the lifespan approach is a major tenet of the enhanced model for permanency in Illinois. When supports are in place for children and families, the reunification process is more supported. Further, when family, fictive kin and other supportive connections are engaged in the reunification process, the family has positive resources in times of need and, when reunification is not possible, children and families may remain engaged with supports to establish the best possible alternative path to permanency. The gold standard for permanency is "legal" permanency, which consists of reunification, adoption and subsidized guardianship. When one of these permanency paths cannot be achieved for a child or youth in care, the importance of connections and relational permanency is crucial in that our children and youth need support and supportive relationships well into adulthood, just as any child or youth may need to be successful in their transition to adulthood and beyond. DCFS will continue to draft, implement, train, and sustain improved permanency practice

The division has taken measures to analyze and improve practice procedures, including a complete revision (in process) of permanency planning procedures (P315) that includes enhancements from initial placement selection to post permanency. Procedures are near completion and are scheduled for implementation before the conclusion of the 4th quarter of FFY16. DCFS Division of Permanency has partnered with Casey Family Programs to gain technical assistance around strategies for improving overall permanency outcomes and processes of permanency planning and achievement. Illinois is committed to improving permanency outcomes for children in Illinois by focusing attention on the front end practice and procedures as well as an improved practice on the back end when children are nearing permanency or transitioning to adulthood. For youth unable to achieve legal permanency, an

increased focus on relational permanency, use of fictive kin and establishing lifelong connections is key to the lifelong successes of foster care alumni.

In order In order to improve services to children in care and to those in care for extended periods of time, the Department believes improving placement selection, identifying supportive resources to the caregiver dyad (birth and foster) and child, assessment and service delivery with focus on trauma experiences is a strategy that will impact not only younger children but all children who enter care. The revisions to procedures (P315) will include these practices and guide workers and supervisors to ensure families who experience protective custody are more supported by the agency, foster parents, providers and other stakeholders in a systemic community based approach to improving permanency for all. An improved front end practice such as placement selection and diligent search for family and fictive kin connections will impact permanency for the 0-5 population in that better identification of kin and fictive kin connections allows these children to remain in family systems, even if children are placed in foster care. While this practice is currently a tenet of DCFS procedures, the Department has taken measures to further improve and explore ways in which families stay connected, supported and empowered, even if protective custody must occur. Procedures for Fictive Kin in support of legislation will be implemented by June 1, 2015 and will open doors for placement, permanency and lifelong connections for children that were not previously possible.

As noted DCFS has partnered with Casey Family Programs in a permanency enhancement project called “Partnerships for Permanency” (P4P). DCFS and Casey recently launched the P4P project with IDCS executive level staff. The community based model will focus on identifying addressing (“busting”) barriers to permanency. The model calls for stakeholder engagement, participation and cooperation in the “barrier busting” process and employs a sense of empowerment to workers and supervisors to reach out to stakeholders in efforts to move children and youth to permanency more efficiently and with the best supports in place for family and child. The model notes that DCFS is one part of the system and that all parts of the system (courts, attorneys, education, medical, mental health etc.) have a responsibility. DCFS will continue to explore strategies in partnership with Casey Family Programs and will benefit from the expertise of Casey in performing change management with multiple layers of stakeholders, both internal and external, such as court systems, law enforcement, educational and medical entities who commonly interact with the families served in Illinois child welfare.

DCFS will continue the PAS position and will continue to utilize their expertise and support in assisting front line caseworkers in addressing barriers to permanency. The PAS staff review DCFS permanency cases every quarter and will place a specialized focus on the 0-5 population to expedite permanency. PAS staff will also begin supporting and providing technical assistance to POS staff where the majority of foster care service provision resides in Illinois. This expansion to support and guide POS will surely impact Illinois permanency outcomes in a positive way.

Developmental services to children under the age of 5 are described in the discussion of School Readiness Initiative and The Early Childhood Project, under the heading of Well-Being Services. Please refer to those sections for additional information about developmental services.

Services for Children Adopted from Other Countries: Illinois’ Family Preservation Act, Section 302.5 includes, among those eligible for intensive family preservation services, “any persons who have adopted a child and require post adoption services.” The services the law identifies are: “Intensive family preservation services provided by local community-based agencies experienced in providing social services to children and families.” Since 1991, Illinois

has developed and implemented a statewide system for providing adoption preservation services. These services are offered to all families with adopted children, including those families with children adopted from other countries. Each area of Illinois has at least one Adoption Preservation Program to which families may self-refer. These programs provide a range of services to strengthen and stabilize families. Adoption therapists, most with an MSW or master's degree and advanced training, serve relatively small caseloads, providing intensive, home-based services. In addition to therapeutic counseling with parents, families and with children, the programs provide support groups for parents and for children, advocacy for families to receive needed services, and training and support of parents as they master new skills to better meet their children's emotional and behavioral challenges. Preservation services are described as intensive, family-centered support and therapeutic services to help families gain stability and to reduce the risk of out-of-home placement. It is based on the recognition that families built through adoption or guardianship, especially when there is a history of trauma, maltreatment and loss, may significantly differ from those created through birth. The goals of all preservation programs are to help parents:

- Feel better about their ability to parent
- Understand adoption and its impact on children
- Connect their children's current behavior to past history
- Understand the children's past losses
- Gain skills to help their children

Illinois is committed to supporting children adopted from other countries by continuing to maintain and enhance this statewide network of highly trained, trauma-informed and adoption competent practitioners offering a comprehensive range of services though the Adoption Preservation programs. The goals of these programs will continue to include the following:

- To increase the use of community-based services to support families, where appropriate, and to prevent the out-of-home placement of children, for at least 95% of families served by the program.
- To prevent the entry/re-entry of a child into the child welfare system for at least 95% of the children served by the program.
- To establish a range of services that address the needs of adoptive families, while responding to their immediate needs, for at least 95% of families served by the program.
- To increase the family's level of functioning in at least 80% of families served by the program.
- To maintain the child in the adoptive home, or when placement outside the home is appropriate and necessary, maintain parent/child relationship in at least 85% of families.

Chapter V – Program Support

Professional Development and Training

Family-Centered, Trauma-Informed, Strength-Based (FTS) Model of Practice: As part of the Department's Federal Program Improvement Plan, the FTS practice model was developed in the Fall of 2010 as an initiative designed to strengthen staff's ability to engage families, accurately assess safety, early intervention/prevention and promote reunification and permanency for children.

The Department initially implemented training of the FTS Model of Practice through Learning Collaboratives, which were designed to improve the quality, effectiveness, provision and availability of trauma-informed services delivered to all DCFS children and adolescents who have experienced traumatic events. Existing caseworkers were trained in the following phases:

- Trauma 101
- Psychological First Aid
- Trauma 201
- Assessment: CANS Certification
- Strength-Based Service Planning
- Engagement and Involvement of Fathers
- Strength-Based Practice
- Family-Centered Practice
- Family Connections: Visitation and Shared Parenting
- Stability for Children and the Workforce

Since delivering the above individual trainings for existing staff, the Office of Professional Development has interwoven the FTS Model of Practice throughout in both the Illinois Child Welfare Fundamentals and the specialty Foundations courses that are required for Intact, Placement, Child Protection and State Central Register (SCR) workers by incorporating the content from the above courses. Additionally, individual webinars or classroom sessions are devoted to several of the above content areas. Based on feedback from classroom participants that it was not relevant to their day-to-day work, content from Psychological First Aid has been discontinued. Additionally, all caseworkers and their supervisors are currently required to take and pass the CANS training and exam.

The table below represents the number of DCFS and POS participants completing the individual courses from July 1, 2014 through April 30, 2015:

Course	Delivery Method	# Completed
Child Trauma 101	Webinar	339
Assessment: CANS	Self-pace online	613
Strength-Based Practice	Webinar	293
Engagement and Involvement of Fathers	Webinar	350
Family-Focused Practice	Webinar	292
Family Connectedness	Webinar	290
Trauma-Informed Service Planning	Webinar	297

In addition to the above courses, the Department also currently requires participation in a FTS webinar, with 152 individuals having completed that course during this same time period.

Pre-Service Training: The Office of Professional Development conducts the initial pre-service training required for new DCFS/POS intact and placement caseworkers and their supervisors, and for DCFS child protection workers and their supervisors. Additionally, it provides pre-

service training for adoption workers and staff at the State Central Register (hotline). The Department provides Foster PRIDE pre-service training for prospective foster parents and Adoption/ Guardianship Certification training for foster parents adopting a child in placement.

All new direct-service employees are required to take the Department's Foundations course, which provides an overview and basic principles of child welfare in Illinois and is taken prior to taking the Child Welfare Employee Licensure exam. Upon completion of the Foundations course, the employee moves into the specialty training appropriate for their position. The table below represents the pre-service courses offered, the number of hours of each course, and the number of participants having completed the course from July 1, 2014 through April 30, 2015.

Course Title	# of Hours	Number Completed
Illinois Child Welfare Fundamentals	20.0	128
Illinois Child Welfare Fundamentals (web-based)	20.0	131
Foundations for Placement	123.5	315
Foundations for Intact Family Services	123.5	52
Foundations for Child Protection	195.0	60
Foundations for State Central Register	97.5	16
Foundations for Management and Supervision	54.0	19
Foster PRIDE Training for Foster Parents	27.0	1,487
Online Adoption/Guardianship Certification Training	9.0	519
Adoption Certification From Foster Care to Adoption (classroom)	9.0	311

Other courses required as a part of foundation training include the following:

- Child and Family Team Meetings
- Working with Deaf & Hard of Hearing
- Developmental Disabilities
- Ecomaps/Genograms
- Employee Workplace Safety
- Mandated Reporter
- Services to Families Experiencing Domestic Violence
- Sexual Harassment
- Working with Children with Sexual Behavior Problems
- Early Childhood Intervention
- Kids and Older Caregivers
- Kin Gap
- Burgos
- Norman Services
- Ansell Casey Life Skills
- Diligent Search
- Child Endangerment Risk Assessment Protocol (CERAP)
- Error Reduction
- SACWIS
- Administrative Law Judge Training
- Juvenile Court Testimony Training
- DuPuy Training

These courses are also available for in-service training.

Direct Service Child Welfare Service Employee Licensing: Illinois Administrative Rule 412 requires that all DCFS and POS direct service caseworkers, investigators, and foster-home licensing workers hold a Child Welfare Employee Licensure (CWEL). In order to meet the requirements for licensure, the individual must meet the following requirements:

- Hold a minimum of a Bachelor's Degree from an accredited college or university;
- Pass a criminal and child abuse and neglect background check;
- Complete the prescribed pre-service training course for their job specialty;
- Pass required examinations which include the Child Welfare Employee Licensure exam, the exam for their specialty, and the Child Endangerment Risk Assessment Protocol (CERAP) exam;
- Verify that they are not in default of a student loan;
- Verify that they are not in arrears on a child support enforcement order; and
- Verify that they hold a valid driver's license.

Under Rule 412, CWELs may be suspended or revoked for a violation of the Rule. The table below represents the number of CWEL actions from July 1, 2014 through April 30, 2015:

CWEL Action	Number
Approved CWEL	456
CWEL Complaints	28
CWEL Suspensions	8
CWEL Revocations	4
CWEL Relinquishments	2

Supervisory Training to Enhance Practice: The STEP in-service workforce development program is conducted on-the-job with placement casework and child protection service casework supervisors. The trainings are in group or individual formats and are a minimum once a month throughout the year. Trainings focus on practical application and the transfer of learning with supervisors reinforces and supports their skill and ability to coach casework staff with changes in casework practice required to achieve and sustain the federal program goals and targets for child safety, permanency, and well-being.

Since October 2010, STEP staff has engaged in the following workforce development programs:

- In collaboration with the National Resource Center and the Child Welfare Workforce Improvement Center, implemented the Leadership Academy for Supervisors for both Department and POS supervisory staff with a total of 24 supervisors completing the course between November 2012 and October 2014;
- In collaboration with private child welfare agencies and Department regional administration, designed and implemented a coaching and mentoring program for supervisory staff utilizing the Department Model of Casework Practice;
- In collaboration with the Department's Bureau of Operations, Clinical Division staff and OIG designed and implemented training on Head Trauma involving Multiple Caregivers for improving the clinical social work skills of supervisory and administrative staff;
- In collaboration with the Bureau of Operations, developed a Model of Supervision to support the sustained implementation of the FTS practice model and the Enhanced Safety Assessment (Enhanced CERAP) model of practice;
- In collaboration with the Northwestern University, developed and delivered a CANS Demonstration Project to support the sustained implementation of the CANS by training and coaching supervisors in using CANS data reports to support decision making.

Implementation Support: The Implementation Support (IS) Program was developed in 2014 to support the delivery and application of FTS child welfare services. This program was developed out of the Learning Collaboratives to continue the training of the FTS model and to reinforce FTS training staff received through the Learning Collaboratives and in their foundational training courses. The goal of IS is to improve the quality, effectiveness, provision, and availability of FTS services.
The Implementation Support Program contributes to the child welfare mission by:

- Providing research, curriculum design, and training specific to FTS practice concepts;
- Training and support of various child welfare initiatives;
- Enhancing child welfare professionals' knowledge and skills in assessing and responding to children, families, and communities impacted by trauma; and
- Supporting the child welfare professional in understanding and responding to secondary traumatic stress as well as the significant impact of vicarious trauma.

The IS Program develops and delivers trauma training for DCFS new hires. Upon completion of their foundational training program, IS does for direct-service caseworkers what STEP does for supervisors. IS meets with new hires individually and in groups to reinforce the foundational learning of FTS practice and to support the implementation of the practice model in the field. In areas where requested, IS also meets with veteran staff to support their FTS learning. Other activities of the IS Program during this fiscal year have included:

- Working with a residential facility to assess their trauma-related training needs and delivering that training to facility staff;
- In conjunction with STEP and OPD, developing and implementing a support plan for staff and supervisors in the Northern Region, which had a high level of less experienced staff filling direct-service positions;
- Staff support for the implementation of the federal IB3 waiver;
- Participating in the development of the Illinois Model of Supervisory Practice and curriculum for the training to support the Model;
- Delivery of in-service trainings on Affirmative Action and Mobility 8.1, our information technology training;
- Targeted work with State Central Register staff related to implementation of classroom learning in daily practice;
- Contributed to the PII project by becoming certified trainers in TARGET (an evidence-based practice therapy approach) and fidelity monitors of the TARGET intervention model;
- Delivering Trauma training for new hires.

Illinois Model of Supervisory Practice: The Office of Professional Development and the Director's Chief Policy Advisor have worked in conjunction with representatives from a cross-section of DCFS and purchase-of-service providers to develop the Illinois Model of Supervisory Practice. This Model supports the DCFS mission and the Family-Centered, Trauma-Informed, Strength-Based Child Welfare Practice Model. It includes 4 functions of supervision: Developmental, Supportive, Administrative, and Clinical supervision. It identifies an overarching philosophy of supervision and a framework for the frequency and format of supervision.

Training curriculum to support the Model of Supervisory Practice has been developed and reviewed by a variety of stakeholders. Final implementation plans have been drafted and it is anticipated the training will be implemented in this calendar year. Training will be followed by a voluntary coaching program to be supported by STEP staff.

University Partnerships: The Office of Professional Development has established partnerships with 6 undergraduate and/or graduate schools of social work 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 complete all requirements for the Child Welfare Employee License while they are students at the university, including taking required exams. Upon graduation and completion of the coursework and testing, those students who have met all the requirements receive the Child Welfare Employee License.

This program benefits the Department and purchase-of-service 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 having a CWEL, they are 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.

In addition to the 6 universities already in partnership with the Department, there are 6 universities in the planning stages for this partnership. The universities currently offering Foundations for Placement in their curricula are as follows:

- University of Illinois in Urbana-Champaign
- University of Illinois in Chicago
- Loyola University
- Northeastern Illinois University
- Illinois State University
- Aurora University

College Student Intern Program: In collaboration with the Office of Employee Services recruitment program, the Office of Professional Development operates the DCFS Student Intern Program. The Office of Professional Development anticipates having eighty-five (85) student interns complete an internship placement during FY15.

Students are required to complete an application, criminal and child abuse and neglect background checks, and complete an interview. Students are matched with a supervisor who works in the student's area of interest. Students complete a learning plan with their supervisor in conjunction with the university, and are evaluated based on meeting university requirements for the internship.

In-Service (Continuing) Education and Training: Under Public Act 85-206, all caseworkers, investigators and their supervisors are required to be certified in their positions by completing mandatory pre-service training and testing. Additionally, the Department is mandated to provide in-service training and education programs for all direct-service caseworkers, child protection workers, direct-service supervisors, and foster parents in order to maintain their certification. Department caseworkers, investigators and supervisors must obtain twenty (20) hours of in-service training credit every 2 years. Rule 412 also requires all licensed staff to remain current in their field and to take any training mandated by the Department.

From July 1, 2014 through April 30, 2015, the Department has conducted in-service training as follows:

Course Name	Delivery Method	# of Hours	# Completed
Head Trauma Training	Classroom	6.5	54
SACWIS Stand Alone	Classroom	13.0	14
Affirmative Action through Cultural Competency, Humility and Sensitivity	Classroom	3.5	1,047
Error Reduction Training	Classroom	6.5	198
Emancipation Fund (Financial Literacy) Countdown to 21 Training	Classroom	10.0	114
Keeping Children connected to Their Brothers and Sisters	Web-based	1.5	1,524
Partnership for Permanency: Eliminating Barriers to Permanency	Classroom	4.0	113
Reunification Training for Caregivers	Classroom	3.0	49
Human Trafficking	Web-based	4 - 6	263
Ethics in Child Welfare	Webinar	3.0	13
Social Media	Web-based	31.5	115
Methadone	Web-based	1.5	2,180
Sexual Harassment	Web-based	1.5	3,211
Medical Aspects of Child Abuse	Classroom	6.0	239
Court Testimony	Classroom	4.0	239
Social Media	Web-based	1.5	115

Credentialing of Treatment Providers: A statewide workgroup comprised of both DCFS and private agency providers has developed credentialing criteria and practice requirements for providers and their supervisors of trauma-focused interventions. The requirements identify minimum educational, state licensure, and treatment experience for providers of trauma-focused and evidence-based or evidence-informed practices. Specific pre-credentialing education/training and continuing education requirements have been identified. These include certification of completion of training in trauma-focused, evidence-based interventions.

This project has been piloted with 3 POS agencies. Clinical staff have worked with the OPD to identify fields for enhancement to the Virtual Training Center, which is OPD's web-based training delivery and information system. The revisions to this database will store and process provider credentialing information for an estimated 1,500 – 2,000 treatment providers. Once enhancements to the Virtual Training Center are complete, credentialing requirements will be phased in throughout the State throughout FY16.

Foster Parent Support Specialists: The FPSS Program is intended to provide a wide range of support to DCFS foster parents and to assist caseworkers and supervisors in locating foster homes that meet the needs of identified children. The primary focus of the program is to improve the quality of foster care in meeting the needs of children in placement, to reduce the number of resignations of experienced foster parents, and to reduce placement disruptions.

FPSS promote permanency by maintaining, strengthening and safeguarding the functioning of foster families to retain foster homes, promote family reunification, stabilize foster care placements, facilitate youth development, prevent shelter placements, and ensure the safety, permanency, & well-being of children.

FPSS reach out to assigned DCFS licensed foster parents no less than monthly to ascertain stability of the home, check on any needs which should be addressed and take necessary action to address the placed children's well-being needs. They respond 24/7/365 by phone to foster parents with needs and, when it cannot be resolved by phone, they go to where the foster parents are, including foster homes, ERs, police stations, etc...

FPSS provide ongoing mentoring and development for foster parents, including recommendations on their foster parent training needs, how to become affiliated with foster parent support groups and referring them to the appropriate services or DCFS staff. They mentor foster parents to assist them in working closely with birth parents such that foster parents coach parents, demonstrate and assist with shared parenting and perform other support and family reparation work with birth parents when the goal is return home.

Many of the FPSS also serve or have served as PRIDE foster parent trainers. All are required to attend Pre-service and/or In-Service PRIDE and other trainings as directed by their Supervisor.

There are currently 27 Foster Parent Support Specialists serving DCFS foster parents around the state.

Technical Assistance and Capacity Building: Quality outcomes for children and families served by DCFS are at the core of the Department's mission in protecting Illinois children from harm and ensuring that children have the opportunity to thrive and achieve timely permanency. The expectation for the achievement of such outcomes are embedded in the DCFS annual CQI plan, reflected in the state's PIP with the Federal government and is also updated each year as part of the state's APSR. In order to enhance the quality environment in the Department for improved outcomes the Division of Quality Assurance and Research has identified the following agenda:

- Continued efforts to improve communication between CQI and the court system
- Continued efforts to improve stakeholder participation in the Department's internal CQI committees
- Additional efforts needed to improve communication between CQI infrastructure and DCFS Advisory Groups
- Need for additional training resources for CQI staff on CQI techniques and data analysis
- Need to incorporate assessment of systemic factors into OER or internal CFST process
- Continued efforts needed to add to/enhance the Agency Performance Data Site and make data more accessible, particularly to POS staff
- Consideration toward improving data accessibility to the general public

Chapin Hall

Updates to Research
DCFS Multiple Project Contract FY15, Quarterly Update as of March 31, 2014
ILO/TLP Performance Contracting

Completed: No activity this quarter

Next Steps:

- Continue to provide consultation as needed to support DCFS in their efforts to generate ILO/TLP performance measures.

- Continue to participate in relevant meetings, including the ILO/TLP provider workgroup meetings and CWAC Well-Being Outcomes Committee meetings.

Family Advocacy Center

Completed: No work during this quarter

Next Steps: Any further work is pending decisions internal to DCFS.

Integrated Assessment (IA)

Completed:

- Quarterly reports at the family case level and by IA screener assigned were produced and delivered in August 2014 to Clinical management. (8 reports were produced in all).
- Participation in a 1-day in-service training hosted by UNC in December 2014 for the purposes of learning about the IA program model (travel expenses paid for by UNC).
- A full-year report for FY14 was produced in November, allowing more time for later steps (such as report completion and approval) to be completed and recorded in SACWIS.
- Family Case and IA Screener quarterly reports for 1st quarter FY15 were produced and shared with Clinical management in December 2014 (allowing 60 days for report completion on cases assigned at the end of the first quarter).
- A consultation call was held with IA program staff and OITS regarding plans to integrate the IA database screens into SACWIS and plan for the transition to using SACWIS for all IA program data. It is anticipated this transition will begin in April 2015. The transition will necessitate rewriting the programs for the quarterly reports.
- Participation in IA directors' monthly call to walk through the interpretation of the quarterly reports.
- OITS refreshes the IA tables in the data warehouse on the 1st of each month, so in order to access data through March 15th, we needed to delay production of the 2nd quarter report until the first week of April. Adjustments were made to the programming code to add fields (% completed by day 45) requested by IA program administrators, and the reports are now in process.

Next Steps: Family Case and IA Screener quarterly reports for 2nd quarter FY15 will be produced in April 2015 (allowing 60 days for report completion on cases assigned at the end of the second quarter).

Education:

Completed:

- Chapin Hall staff participated in CWAC education meetings 07/10/14 and 10/15/14
- Preliminary assessment of completion/generalizability of IA CANS data for the purposes of analyzing education items
- We have completed preliminary analysis of CPS attendance, within district school mobility, and suspension patterns for the 2012 - 2013 academic year. The analyses are being refined to reflect mid-year enrollment patterns and to add another cohort of students.

Next Steps: A report on CPS attendance, school mobility, and suspension patterns for students entering foster care, in foster care the full year, or exiting foster care mid-year will be delivered in June, 2015.

ADHD Diagnosis, Trauma, and Psychotropic Medication Use

Completed:

- Finalized analyses of identifying youth with and without a history of ADHD treatment and their rating on the IA-CANS for attention problems
- Assessment of the relationship between youth with and without ADHD treatment upon entry into foster care and actionable trauma items on the IA-CANS
- Preliminary analyses of youth with and without history of ADHD and the number of actionable traumas they had on the IA-CANS
- Preliminary analyses of the demographics of this population and whether any age, race, or regional patterns exist

Next Steps:

- Finalize all analyses to date
- Continue additional analyses to determine the relationship between placement disruptions and treatment for ADHD
- Deliver memo of findings to DCFS stakeholders prior to the end of the fourth quarter

TPSN Outcome Study

Survey Interviews with Emancipated TPSN Clients: In August 2013, DCFS began requiring a Discharge Clinical Intervention for Placement Preservation (D-CIPP) for every TPSN client in Cook County nine months prior to emancipation (i.e., age 20 years and 3 months old), then again three months prior to emancipation (i.e., age 20 years and 9 months old). The purpose of these team meetings is to improve the discharge outcomes of parenting youth by involving them in the development of their transition plan and helping them identify the services or supports they will need to make a successful exit from care.

The original study design called for Chapin Hall to conduct telephone interviews with two groups of TPSN clients who recently emancipated from care:

- 50 TPSN clients who attended a D-CIPP meeting between October 1, 2013 and March 31, 2014. These TPSN clients would emancipate between July 1, 2014 and December 31, 2014.
- 50 TPSN clients who emancipated between October 1, 2013 and June 30, 2014. These TPSN clients would not have attended a D-CIPP meeting because they reached age 20 years and 3 months before the D-CIPP meetings began.

Due to recruitment problems described the first quarterly report for FY15, the focus of the study is now on how parenting youth are faring soon after leaving care rather than on the effects of the new discharge planning process (i.e., the D-CIPP) and all parenting youth who emancipate from care between now and April 15, 2015 are eligible for the study regardless of whether they participate in a D-CIPP meeting when they are 20 years and 3 months old.

- TPSN has continued to recruit clients who attend the D-CIPP meeting that is held 3 months prior to emancipation. Recruitment will continue through mid-January and will include clients who are going to emancipate on or before 04/15/15. This will allow us to complete all the survey interviews by the end of May.
- TPSN has been obtaining up-to-date contact information from clients who were initially referred after their first D-CIPP meeting 9 months prior to emancipation when these clients attend their second D-CIPP meeting 3 months prior to emancipation.

Administrative Data Analysis: We are using administrative data from DCFS and IDES to examine employment and earnings among TPSN clients who emancipated from care between FY05 and FY14.

- We have received the quarterly wage report data that was requested from IDES in February 2014 and are in the process of de-identifying the data. Data analysis will be once the data have been de-identified.

Completed:

- 35 TPSN clients who recently emancipated from foster care have completed interviews.
- Had contact with another 20 who are or will soon be eligible for an interview

Next steps:

- Complete analysis of IDES data.
- Complete interviews with TPSN clients who have recently emancipated or who will emancipate before the end of April.

Choices Evaluation

Completed:

- Monthly Choices Care Coordination Committee calls
- Evaluation-specific meetings/calls with DCFS
- Revisited and revised scope for FY15 to focus on baseline comparisons of outcome and performance measures

Next Steps:

- Continued participation in Choices monthly meetings
- Revise and submit IRB application
- Review availability of data required to evaluate baseline comparisons of outcome and performance measures.
- Evaluation-specific meetings/calls with DCFS

Health Care for Wards

Completed:

- Ongoing status calls with the DCFS Medical Director and other Clinical staff
- Submitted report on ADHD care CHIPRA quality indicators for DCFS wards and peer Medicaid population

Next Steps:

- Determine psychotropic drug prescriptions for DCFS wards and peer Medicaid-enrolled group
- Regular analysis-specific calls with DCFS

Data Support

Completed:

- Geocoding: Because of the increasing need of geocoded data, we continue to improve our methods to more accurately geocode and store geocoded data. Having accurate geocodes for investigations, biological families' residences, and foster homes is critical for the analysis of outcomes. Where children live is critical for the receipt of services and their well-being. This activity consolidates the geocoding approach across all SACWIS and CYCIS data, as well as other agency datasets needed for DCFS tasks. This activity will continue over the course of the year.

- Regular production of quarterly data: We continue to provide quarterly data to CFRC, UIC, University of Michigan, University of Wisconsin, and the Center for State Child Welfare Data at Chapin Hall. This data typically arrives to these organizations/individuals during the final month of the quarter for the previous quarter. We address questions and make corrections to the data as they are reported to us.

- New record-linkage data processing: Because of the size of the databases that now go into the tasks of the contract, we have had to employ new software in order to accurately and efficiently link records across DCFS, DHS (for Medicaid recipient IDs), and CPS databases. This has been a time-consuming task, in that the new software, Bigmatch, is similar, but at the same time, different from Automatch, the software that we have been using. We anticipate perfecting this process over the course of the year, but will have the capacity to link data that is needed for tasks in the short-term.

Residential Care Research

Completed:

Memo One: Agency Variation in the Reporting of Unusual Incidents
The first report provides a description of the degree to which residential treatment providers differ in rates of Unusual Incidents Reports (UIRs). The memo documents broad variation in these rates, after controlling for both child and agency characteristics that might explain differences. Notably, 57% of agencies report rates of Unusual Incidents that are above the overall average of 5 incidents per 100 care days. Controlling for the length of time in placement (using the “per 100 days” metric), young children actually experience higher rates of UIRs and these rates are concentrated among certain types of incidents. These findings may be used to target efforts aimed at improving provider readiness and capacity to respond to youth behaviors and other UIR precipitants.

Memo Two: UIRs among Wards Who Run Away from Residential Care
The second memo describes both the incidents that precede runaway episodes and the variation in reporting patterns of providers. Providers are required to report runaway episodes as Unusual Incidents, but a comparison of the runaway UIRs with the occurrence of “runaway” in living arrangement data allows us to observe variation in the rates at which providers are compliant with this reporting requirement. In addition, we are able to observe and report on the frequency of precipitating events that precede runaway episodes. It is interesting to note that episodes involving medication noncompliance or errors are the most prevalent category of episodes preceding runaway behavior, which might signal to providers that attention, should be focused on placement stabilization when these episodes occur. This information is important to efforts to prevent runaway behavior, as well as to strengthen the reporting mechanisms so that data obtained from UIRs may be a reliable source.

Memo Three: Mental Health among Wards in Residential Care
The third memo provides details on residential spells and the characteristics of wards who experience them. The vast majority of wards have at least one mental health diagnosis prior to placement in residential care, and many wards receive multiple diagnoses. In addition to illuminating some of the diagnostic characteristics of youth placed in residential care, the characteristics of the spells themselves suggest implications for understanding the availability of residential placements post-hospitalization or following shelter stays.

Next steps: A forthcoming memo will provide more in-depth analysis of the clinical characteristics of youth who are placed in residential settings at the beginning of their time in

custody, in contrast to those who are placed in residential care later in their custodial spell and those who never experience residential placements. On this issue (CANS characteristics of youth upon entering care and subsequent residential placement), initial analysis suggested the need for further exploration which will we will complete prior to submitting this. We will also conduct further analysis of runaways using data culled from case notes.

University of Illinois at Urbana-Champaign

Quarterly Progress Report on CFRC Projects, January – March 2015

Child Endangerment Risk Assessment Protocol (CERAP) annual evaluation
Project summary: In conjunction with the DCFS Director, the Deputy Director of Child Protection, and the CERAP statewide advisory council, the CFRC will develop and implement an evaluation that tests the reliability or validity of the CERAP safety assessment. Topics for the evaluation are designed to be responsive to the Department's current needs related to safety assessment, safety management, and maltreatment recurrence. Deliverables for the project include the CERAP annual evaluation report and a presentation of report findings to the CERAP statewide advisory council.

Progress report: The CERAP Advisory Committee has been re-convened and met three times during the reporting period: February 18th, March 6th, and April 2nd. As the CERAP evaluator, the CFRC has attended all of the meetings, and Tamara Fuller was elected to be one of the co-chairs of the committee. The primary purpose of the three meetings was to review the results of the most recent CERAP evaluations and determine the research questions for the FY2015 CERAP evaluation. Several potential research topics were identified, but consensus among the committee members was that the report should focus on compliance with CERAP milestones that occur during placement. Now that the research topic has been finalized, the CFRC has begun preparing the data files for analysis and expects to have a draft of the report ready for the CERAP Advisory Committee to review by Can 15.

Illinois Child Death Review Teams (CDRT) Annual Evaluation
Project summary: In collaboration with the Department and the CDRT Executive Council, the CFRC will analyze data collected by CDRTs throughout the state on child deaths and write an annual report. In FY15, the CFRC will produce two separate CDRT reports: a report covering deaths that occurred in calendar year 2013 will be produced in the Fall 2014, and a second report covering deaths that occurred in calendar year 2014 will be produced in Spring 2015 (if the data is available).

Progress update: The CDRT annual report on deaths that occurred in 2013 has been completed and delivered to the Department. The data on child deaths that occurred in 2014 has not yet been sent to the CFRC. Work on that report will begin as soon as the data is sent to CFRC.

B.H. Monitoring Report
Project summary: Using DCFS administrative data and other data sources, the CFRC produces an annual monitoring report that describes the Department's performance in key outcome areas of safety, permanence, and well-being.

Progress update: The data tables for the FY2015 BH report have been produced, and the 3 chapters (Child Safety, Children in Substitute Care, and Legal Permanence) have begun to be written. A draft of the report will be ready for distribution to DCFS and the BH plaintiff attorneys in June 2015.

Maltreatment in Care Analyses

Project Summary: CFRC was asked to participate in a meeting on December 3, 2014 with Director Gregg and the DCFS Legal Office regarding a request for additional analyses related to the topic of maltreatment in care. Prior to the meeting, we drafted a proposal that included the background and objectives of the studies, an analysis plan, and a timeline for two studies that examined the issue using DCFS administrative data. During the meeting, some suggestions were made to the proposed analyses and the workplan was approved.

Progress update: The report for the first study was sent to the Department (Beth Solomon) on April 3, 2015. Work on the second study has begun and the report will be completed in June 2015.

Child Welfare Outcomes Website (Data Center)

Project summary: Each of the outcome indicators included in the B.H. monitoring report are available on the CFRC outcome website (also known as the Data Center). Through this publically-available website, interested individuals may examine data for each indicator for the state as a whole, by DCFS administrative region, by sub-region, LAN, or county.

Previously, the outcome website was updated annually, near the end of the fiscal year when the latest BH report was published. The CFRC has been having ongoing discussions with the Department to update the outcome website more frequently, specifically, two times a year. However, the timeliness of the website updates will be dependent upon receiving timely and complete data updates from Chapin Hall. Additional discussion is needed with all 3 parties present (CFRC, Chapin Hall, and DCFS) so that everyone has a similar understanding of what is going to be updated, how often, and when.

Progress update: The September 2014 data have been received from Chapin Hall and have been cleaned and analyzed. The Data Center will be updated with the September 2014 data in April 2015.

FCURP

Project summary: The Center's Foster Care Utilization Review Program (FCURP) works in close partnership with the DCFS Division of Quality Assurance (DQA) to prepare for, conduct, and respond to the Federal Child and Family Services Review (CFSR). Using a continuous quality improvement structure, FCURP plays a vital role in maintaining a viable public-private framework for supporting ongoing efforts to enhance child welfare outcomes in Illinois at the state and local levels.

FCURP Program Update, FY15

Child and Family Service Review:

FCURP has assisted DCFS to address the unmet federal Items and Indicators from the 2009 state PIP that were not met by 3/31/14 (the end of the CFSR non-overlapping year). During this reporting period, FCURP prepared analyses and reports to the Children's Bureau for consideration of passing the final CFSR Item the state had still not passed.

FCURP coordinated and managed the planning and rollout of Round 7 of the Outcome Enhancement Review (OER) began in November 2014, with DCFS DQA. A statewide training and team building session for both state (DQA) and private agency OER reviewers was coordinated by FCURP and held in February. The regional OERs took place in four (4) phases, between March – May 2015. OER Round 7 data was used in the performance section of this

document, as well as used in Regional PIP Workgroup Meetings that occurred around the state in June 2015. General support for the completion of the APSR by DQA, particularly the Assessment of Performance and Goals sections, were authored and edited by FCURP.

All FCURP staff completed the online training on the new automated CFSR case review system (called the OSRI, On-Site Review Instrument) processes and database in January 2015. FCURP is integral in the planning that is currently underway to merge the OER process with the new OSRI expectations and processes in preparation for the next Illinois CFSR, scheduled for 2018.

FCURP will continue to assist DCFS with follow-up and technical assistance to support program improvement planning to address identified deficits, and support future review planning.

Statewide PIP Workgroups:

Regional PIP Workgroup Meetings were held statewide in July, September and December 2014, and June 2015. Improvement activities for specific casework practices (engagement, adoption checklists, etc.) were developed and implemented for foster care and intact family case programs. Improvement activities were related directly to data findings in each of the regions. FCURP facilitated and supported the Southern Region Supervisory Forum on April 29, 2015, and with a Supervisory Forum scheduled in Cook South on July 16, 2015.

Regional data submissions from FY15 Universal Peer Review (UPR) questions continued to be collected from private agencies and DCFS in each of the regions, and the UPR database was expanded for trending collection and reporting capabilities. Over 1400 cases were reviewed during FY15 through this qualitative review process related to CFSR performance.

POS CQI Capacity Assessment:

A key initiative aimed at formally assessing POS capacity to carry out key functional components of a CQI system with a particular focus on agency capacity to produce reliable data was managed and overseen by FCURP staff under the direction of DQA. This initiative was to inform DCFS and POS providers on the strength of POS child welfare CQI processes, as related to the overall child welfare CQI system and as a result would leave agencies with objective feedback that could be utilized to strengthen their won individual CQI systems toward improving child welfare outcomes.

In FY15, FCURP and DQA authored and submitted a report of findings and recommendations based on the assessment of 25 agencies to the DCFS Director, CWAC-Foster Care, and CCA-I. Most agencies were assessed to be in the “emerging” category (few elements of CQI are in place and the overall approach is partially functioning). Findings identified gaps (for example: QI staff are always proficient in data analysis, case review systems collect predominantly compliance data versus qualitative data, lack of databases, all data is not always entered to be aggregated, lack of analysis of data, incomplete improvement cycles, etc.), and recommendations that centered around developing and providing comprehensive CQI training to all CQI staff in the state (POS & DCFS), and providing a variety of supports (TA, access to data, etc.) to agencies.

Planning began January 2015 in preparation for a statewide CQI Conference to be held in November 2015 to support the

CQI Conference:

Since December 2013, FCURP staff have participated in a grassroots group convened by Illinois private agency CQI staff. During FY15, the group (called the CQI Community) voted to convene the first ever CQI Conference in the state. FCURP has been instrumental in securing the conference venue (UIUC Urbana Champaign, School of Social Work), coordinating Save the

Dates, Invitations, the RFP announcement, and in the selection of presentations that will occur at the conference.

Updates on Information Systems

ICWS Release 5.2, 08/14/14 Create Case functionality is now limited to supervisors and designees. The person creating the case will select the appropriate Case Category type at the time of case create.

ICWS Release 5.4, 12/05/14 The primary change for this release is the migration to SQL 2012; the look and feel of the application is unchanged. In addition, the Caseworker Case Load Task window now include "Youth Requiring Immunizations to be Completed (Ages 6 and 13).

ICWS Release 5.4.1, 12/21/14 Changes include an edit so that Perpetrators are required to have a mailing address associated with Person record for Central Print notification letters

ICWS Release 5.4.3, 01/11/15 Change made to allow certain supervisors and manager the ability to permanently remove UNAPPROVED pieces of work from the application; changes are recorded in an error correction log screen.

ICWS Release 5.4.5, 01/25/15 Added new living arrangement type PGH – Private Guardianship Home; this is to be entered by Central Payment Unit staff after verification of the court order.

ICWS Release 5.4.6, 03/28/15 Enhancements were made to the Sibling Visitation plan processes to allow more accuracy in recording both sibling visitations and contacts. Changes were made in the functionality and recording of missing children information in the application to allow better use of the system and to provide better management tools. Changes were made to the Case Load Task window to incorporate required immunizations for DCFS wards that are birth to age 3. DCFS nurses now have a log window for monitoring upcoming immunization needs of the wards.

ICWS Release 5.4.8, 05/17/15 New eHealth information is now displayed including birth data on wards and parents, neonatal and metabolic information, newborn hearing, lead screening, etc. Additional information is captured including information on the ward's mother and father, and was the mother married at the time of the ward's birth.

Chapter VI – Consultation and Coordination Between States and Tribes

Indian Child Welfare Act (ICWA)

Compliance with the Indian Child Welfare Act of 1978, 25 U.S.C.A. 1901 et seq.: Congress' expressed intent in enacting the Indian Child Welfare Act of 1978, 25 U.S.C.A. 1902, ("ICWA") is to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families." The Department of Children & Family Services is likewise committed to American Indian/Alaskan Native (AI/AN) children in substitute care and those whose families are receiving remedial and rehabilitative services to prevent out-of-home placement. The Department continues to engage in Active Efforts to prevent the break-up of American Indian/Alaskan Native families through the provision of intact family services, as well as within case planning services when American Indian/Alaskan Native children are placed into substitute care. The Department updated its Rule and Procedures 307 (Indian Child Welfare Services) to promote timely identification and consultation with tribes. Currently, the Department is currently working to complete a second revision on Procedures 307 (first revision completed July 2012). DCFS Rule and Procedures 307 are available online at the following links: Rule 307 and Procedures 307.

DCFS Indian Child Welfare Advocacy Program: The Department's ICWA Program is part of the Office of Affirmative Action and was developed to serve American Indian/Alaskan Native children**,** their immediate and extended family members to ensure compliance with the Indian Child Welfare Act in child welfare proceedings. ICWA does not apply to divorce proceedings, intra-family disputes or juvenile delinquency proceedings. The Mission of the DCFS ICWA Program is to:

- Enhance services and facilitate communication between the Illinois child welfare system and communities involved with American Indian/Alaskan Native children and families.
- To identify and advocate for American Indian/Alaskan Native children and families.
- To ensure 100% ICWA compliance.

The Department has 2 ICWA Program Specialists, who are enrolled members of an Indian tribe, and who are active in the American Indian/Alaskan Native community through various outreach and advocacy efforts. They participate in activities within the American Indian/Alaskan Native community weekly. This nurturing and supportive approach has cultivated a trusting relationship and led to collaborations between American Indian/Alaskan Native community members and the Department, including joint planning for youth and families through community planning meetings and outreach. The American Indian/Alaskan Native community has also continued to refer families in need of child welfare support and/or seeking some other form of assistance to the ICWA Program. This partnership facilitates coordination of prompt, culturally sensitive services and responses to families at risk of disruption with the goal of preventing out-of-home placements.

DCFS ICWA Program Specialists also serve as liaisons between the court system, child's case work team, and tribal representatives. The Program Specialists consult with tribal representatives nationwide to determine a child's enrolled membership and/or eligibility for membership with a federally recognized Tribe under the ICWA, as well as to ensure the provision of child welfare services in a manner consistent with ICWA requirements. Illinois currently does not have any federally recognized tribes within its borders and, therefore, all of the ICWA Program's communications and collaborations with tribal nations involve those outside of the State of Illinois. The ICWA Program Specialists maintain ongoing communication with the child's tribe and report any recommendations and culturally appropriate resources

identified by the tribe to the court and child's case management team. They also collaborate with the child's family team, including identified tribal representatives, to review services and participate in case planning services for the child and family to ensure that active efforts are made consistent with the ICWA to prevent disruption of the family and/or facilitate reunification of the child with his or her family, as well as ensure that diligent search efforts are made to identify and locate extended family members as possible caregivers for the child.

If a determination is made that a child is eligible for services under the ICWA, the Program Specialists work closely with the child's tribal representatives, the court, the child's family and case management team to ensure coordination of services consistent with the Indian Child Welfare Act, including *Active Efforts* in service delivery to the family, diligent search efforts recommended for extended members of the child's family as potential resources, and education/advocacy regarding the child's Native heritage. In situations in which a child is placed in a non-Native Indian foster or adoptive home, the ICWA Program Specialist provide the non-Native foster or adoptive parents with referrals and resources to address the unique needs of the American Indian/Alaskan Native child and his/her family. Resources have included, but are not limited to, culturally sensitive information about scheduled activities, cultural events, traditional ceremonies, drumming, Powwows, and American Indian/Alaskan Native language and storytelling.

The Department seeks guidance from American Indian/Alaskan Native stakeholders and to engage the American Indian/Alaskan Native community in numerous ways. It:

- Provides clinical consultation and case support to child welfare professionals and tribal representatives on ICWA cases.
- Participates in monthly teleconferences sponsored by the Child Welfare League of America and National Association of State Indian Child Welfare Managers to promote optimal information sharing on child welfare practice for American Indian/Alaskan Native children and families.
- Convened a group of American Indian/Alaskan 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 American Indian/Alaskan Native children and their families and support efforts to recruit American Indian/Alaskan Native foster homes. Currently, the Council has created the following:
    - Mission/Purpose statement
    - Core Values
    - Will have an initial draft of the IICWA Council By-Laws (June 2015) for implementation
- Collaborates with American Indian/Alaskan Native programs within the State, including Chicago Public School's Native American Title VII Program, the American Indian Center, American Indian Health Services, American Indian Association of Illinois, Kateri Center of Chicago American Indian Ministry of the Archdiocese of Chicago, and California Indian Manpower Consortium.
- Includes the ICWA Program on the Office of Affirmative Action's website to enhance communication and access to resources for Native American Indian community members. The ICWA Program section includes extensive links to other resources within the Native American Indian community throughout the State, including contact information for prospective American Indian/Alaskan Native foster parents. The Program's brochure and foster care recruitment brochure has also been made available to Native American Indian community organizations and agencies throughout the

Chicago area for distribution and is continuously distributed at community outreach activities throughout the year.

The ICWA Program Specialists further 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 and externally. They:

- Participate in the resolution of reported American Indian/Alaskan Native lineage issues by supporting child welfare staff in the exchange of necessary information to determine membership enrollment and/or eligibility options with the identified tribes.
- Initiate, maintain, and cultivate connections with the identified tribes of the child[ren] and families involved.
- Attend child and family meetings, ACRs, and any case related meetings, including court hearings.
- Identify community support organizations, programs and activities for American Indian/Alaskan Native children and families.
- Provide training to DCFS licensed foster parents and community members about ICWA, its history, and relevance to the child welfare and Native American Indian community.
- Give 2-hour presentations involving ICWA's historical foundation and relevance to the child welfare system, including information regarding the Department's ICWA Program. The ICWA Program Specialists have given trainings to DCFS staff and other child welfare stake holders in both the public and private sectors Statewide.
- Participate on the Chicago American Indian Community Collaborative with Native American community, program/ agency directors and members with the identified goal of building unity and collaboration within the Native American Indian Community.
- Participate weekly in community outreach and advocacy activities within the American Indian/Alaskan Native community, including volunteer work at the American Indian Center and American Indian Association of Illinois.
- Engage child welfare staff, agencies, and the court system to ensure ICWA compliance throughout the life of child welfare cases.

Increased awareness and compliance with the Indian Child Welfare Act through ongoing child welfare staff education and training has resulted in the increased timeliness of referrals to the ICWA Program. There have been 200 new referrals to the ICWA Program from May 2014 – May 2015, resulting in an exponential growth of 247% of referrals within a twelve-month period.

Collaborations with Tribal Nations/ICWA Professionals Nationally: The ICWA Program continues to communicate with tribal entities throughout the country to clarify a child's membership and or eligibility for membership with an identified tribe and ensure that tribal representatives are involved in case planning/permanency for those 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 American Indian/Alaskan Native ancestry is suspected but insufficient information is available to identify the specific tribal group.

The Department also participates in a national ICWA work group sponsored by the Child Welfare League of America as part of its efforts to coordinate services for American Indian/Alaskan Native children and families consistent with ICWA mandates. The workgroup was established to enhance services to Native American Indian children and families consistent with the Indian Child Welfare Act. It is composed of ICWA child welfare professionals from across the country and convenes month to month via teleconference.

Illinois is 1 of 17 states without federally recognized tribes within states lines. With the continued relationship with the ICWA State Managers group, Illinois has been a leader (among states without federally recognized tribes) and has been an example for the ICWA State Managers group regarding ICWA compliance, 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 IICWA 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*")
- Participating as a founding member of the Chicago American Indian Community Collaborative (CAICC)
- Consulting with American Indian Health Services of Chicago; specifically, identifying, partnering and (soon to be) referring ICWA children and families to access culturally and clinically appropriate services via a Native American Clinical Psychologist
- The ICWA Program Specialists will contact National Indian Child Welfare Association and the Native American Rights Fund to have the Department included within their websites; including program title, description and contact information (June 2015).
- Tribes that become a party to an Illinois child welfare case have participated telephonically for court proceedings (telephone communication is encouraged due to proximity issues, as all federally recognized tribes are outside Illinois state lines).
- Tribes have also participated in the service plan creation and implementation, for ICWA compliance purposes.

American Indian/Alaskan Native Community Outreach and Advocacy within the State of Illinois: The ICWA Program Specialists have continued to engage the American Indian/Alaskan Native Community through weekly outreach and advocacy activities. These activities include volunteer work at the American Indian Center, the American Indian Association of Illinois, the Kateri Center of Chicago (formerly Anawim Spiritual Center), and American Indian Health Center, as well as participation in major Native American events such as the annual largest Midwest Pow-Wow hosted by the American Indian Center; other outreach within the Native American community include collaboration with the Native American Title VII Program through Chicago Public Schools. These collaborations have afforded opportunities to create trusting relationships between the Department and Native American Indian community and facilitated relationships between the ICWA Specialists and Indian families who have recently come to the attention of the child welfare system. The result has been more opportunities for the delivery of prompt, culturally relevant services to American Indian/Alaskan Native families at risk of disruption.

The ICWA Program has also continued to consult with community leaders and members who are active in the American Indian/Alaskan Native community and experts in the area of American Indian/Alaskan Native culture to help provide input and collaboration between the American Indian/Alaskan Native community and the Department, as well as to enlist American Indian/Alaskan Native leaders throughout the state to participate in developing the state-wide Illinois Indian Child Welfare Advocacy (IICWA) Council. This outreach to interested American Indian/Alaskan Native leaders, directors and members throughout the state is ongoing and will continue to be a Program goal. In addition, a monthly meeting of agencies/programs working with American Indian/Alaskan Native families within the Chicago metropolitan area was convened beginning in early Spring 2012 and included the ICWA Program Specialists. The Chicago American Indian Community Collaborative held the second conference since the 2012 commencement inviting the 16 American Indian programs/agencies to report on the progress of the created Community Action Plan (held on March 2015). The ICWA Program, a founding

member, participated with said partners to continue to cultivate and update community members by attending and participating in the conference and reporting on the Education Subcommittee Community Report with Dr. Dorene Wiese, President of the American Indian Association of Illinois.

ICWA Trainings to Support ICWA Compliance: The ICWA Program Specialists continue to provide training to educate child welfare professionals, mental health professionals, legal staff, and members of the American Indian/Alaskan Native community about the Indian Child Welfare Act. These trainings include the historical foundation of the Act, its relevance to the child welfare community, and an overview of DCFS ICWA rules and procedures. Training materials covered include the importance of inquiring about the possibility of Native American Indian heritage throughout the life of a case, implications for case and service planning, placement preferences, and permanency planning factors to be considered for American Indian/Alaskan Native children under the Indian Child Welfare Act. The ICWA Program also achieved one of its goals of providing training to court personnel throughout the state. A presentation was given to 250 participants in DuPage County, including juvenile court judges and attorneys at the 18th Judicial Circuit Child Welfare Issues Committee Symposium, in April 2012 and to juvenile court judges in 2011. An ICWA webinar training was also developed to provide easily accessible presentations to a broader audience, particularly Downstate, which includes, child welfare professionals, community members, court personnel and families. As well, the Department's Training Division, in conjunction with the ICWA Program, is designing a self-directed, online ICWA Training curriculum that will be mandated for all colleagues of DCFS and POS agencies.

ICWA Goals and On-going Activities: The ICWA Program will continue to facilitate the Department's ICWA compliance and coordinate the provision of culturally sensitive remedial and rehabilitative services to prevent out-of-home placement and case planning services when American Indian/Alaskan Native children are placed into substitute care. The ICWA Program's continuing goals and activities include the following:

- Increased collaboration between the American Indian/Alaskan Native community and the Department. In addition to ongoing outreach activities and participation on advisory committees within the Native American community, the Program has initiated extensive outreach to American Indian/Alaskan Native leaders and community members to develop the statewide Illinois Indian Child Welfare Advocacy (IICWA) Council; informational meetings for interested American Indian/Alaskan Native community leaders and community members have been convened. The development of the advisory group continues with the goal of having a broad-based membership comprised of educators, Native American parents, religious and or spiritual leaders, attorneys from the Illinois Native American Bar Association and the Guardian Ad Litem Office and downstate community leaders as well as Chicago area American Indian/Alaskan Native participants.

- The ICWA Program will continue to collaborate with other American Indian/Alaskan Native programs within the State serving Native American/Alaskan Indian children, including the Chicago Public School Title VII program, American Indian Center, American Indian Health, American Indian Association of Illinois, and Kateri Center of Chicago. The ICWA Program is also participating in a community planning initiative composed of Tribal agency leaders/directors from Chicago area programs which serve Native Americans. A founding community conference was held in June 2012 for 300 community participants to discuss the needs of the American Indian/Alaskan Native community and included the ICWA Program Specialists. The Chicago American Indian Community Collaborative held the second conference since the 2012 commencement inviting the 16 American Indian programs/agencies to report on the progress of the

created Community Action Plan (held on March 2015). The conference resulted in "*About 100 attendees, Reported on Accomplishments & Progress [*regarding the Community Action Plan*], Gave 5 Informational Workshops, Held 5 Feedback & Dialogue Sessions, Youth Group Featured*."

- An ICWA webinar presentation is near completion and will be provided to child welfare professionals, attorneys, judges and community members statewide.

- The ICWA Program is included on the DCFS Office of Affirmative Action website with links to resources within the Native American Indian community throughout the state, including contact information for prospective American Indian/Alaskan Native foster parents, community programs, and resources.

- A foster care brochure which specifically targets recruitment of American Indian/Alaskan Native foster homes has been developed and continues to be distributed in the American Indian/Alaskan Native community. ICWA Program Specialists also follow-up with prospective Native American foster parents during the licensing process to provide support.

- The ICWA Program created a short video which uses cultural, traditional tribal practice of storytelling via digital media to assist in the targeted recruitment of potential American Indian/Alaskan Native foster parents.

- Because resources for American Indian/Alaskan Native children and families are primarily centered in the Chicago metropolitan area, which has the largest concentration of Native Americans, the ICWA Program is continuing its efforts to expand the availability of resources Downstate. Outreach to American Indian/Alaskan Native faculty on staff at universities downstate and community programs continue.

- The ICWA Program Specialists will continue to strengthen their case and clinical support to direct service teams in ICWA cases. Potential resources for grants to fund an additional ICWA Specialist position will continue to be explored, as well as opportunities to support overall service delivery to American Indian/Alaskan Native children and their families within the State.

- The ICWA Program Specialists are developing a strategic Native American foster parent recruitment plan to target the recruitment and retention of Native American foster homes. The goal of the plan is to concentrate the ICWA Program Specialists American Indian/Alaskan Native foster parent recruitment efforts in the areas where there is the greatest need as reflected by Native American intake and placement. Information about ICWA foster parent recruitment is also contained in the Final Report: Diligent Recruitment and Retention of Foster and Adoptive Resources.

Illinois 2016 APSR Update: The Department has been diligent to capture the spirit of ICWA regarding collaborating with federally recognized tribes (across the nation, as no federal trust lands are within IL borders), tribal organizations (demonstrated through the development of the Illinois Indian Child Welfare Advisory Council) and tribal consortia (co-founding and partnering with the Chicago American Indian Community Collaborative).

In order to obtain and satisfy the upcoming amendments to be in effect on September 29, 2015 the Office of Affirmative Action will (ACF Program Instructions, page 11-13):

- Meet with the ACR Administrator to discuss amendments and create a plan of action by 12/31/15; including but not limited to: begin tribal consultations regarding the amendments made to the case review system. 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 pre-placement 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.
- Meet with the Office of Education and Transition Administrator to discuss amendments and create a plan of action by 12/31/15; included but not limited to: outlined amendments regarding limiting APPLA as a permanency plan to youth 16 and older and identified needs for support for this population.
- Meet with the Bureau of Operations Administrator to discuss amendments and create a plan of action by 12/31/15; included but not limited to:
  - Documenting at each permanency hearing the efforts to return a child home or to secure a placement for a child with a relative, or with guardianship or adoptive parent (sections 475(5)(C)(i) and 475A(a)(1) of the Act).
  - Implementing procedures to ensure that the court or administrative body conducting the permanency hearing asks the child about his/her desired permanency outcome and makes a judicial determination at each permanency hearing that APPLA is the best permanency plan for the child and specifies compelling reasons why it's not in the best interest of the child to be returned home, placed with a relative or legal guardian, or placed for adoption (section 475A(a)(2) of the Act).
  - Documenting at the permanency hearing and the 6 month periodic review the steps the agency is taking to ensure that the foster family or child care institution follows the "reasonable and prudent parent standard" and whether the child has regular opportunities to engage in "age or developmentally-appropriate activities" (sections 475(5)(B) and 475A(a)(3) of the Act).
  - For children age 14 and older:
    - Document in the case plan the child's education, health, visitation, and court participation rights, the right to receive a credit report annually, and a signed acknowledgement that the child was provided these rights and that they were explained in an age appropriate way (section 475A(b) of the Act);
    - Develop the case plan in consultation with the child, and at the option of the child, two members of the case planning team, who are not the caseworker or foster parent (sections 475(1)(B) and (5)(C)(iv) of the Act);
    - Describe in the case plan and at the permanency hearing the services to help the youth transition to successful adulthood (formerly required at age 16) (sections 475(1)(D) and (5)(C)(i) of the Act); and
    - Provide a copy of his/her credit report annually and assist in fixing any inaccuracies (formerly age 16) (section 475(I) of the Act).

Consultation with Tribes (section 477(b)(3)(G) of the Act): There are no federally or state recognized American Indian/Alaskan 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 2010, approximately 101,451 Illinois residents claimed Native ancestry.

Only a small percent 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.

The Department no longer contracts with the Native American Foster Parent Association (NAFPA). In lieu of contracting with NAFPA, the Department has hired two tribally enrolled Indian Child Welfare Specialists to work within the Office of Affirmative Action in the Indian Child Welfare Advocacy Program to advocate and support the goal of 100% ICWA compliance for all American Indian/Alaskan Native children and families who come to the attention of the child welfare system, throughout the life of the case.

As well, no tribe has "*requested to develop an agreement to administer or supervise the CFCIP or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration or supervision* (per the ACF Program Instructions, p. 19, section Consultation with Tribes (section 477(b)(3)(G) of the Act), Bullet #5)

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 American Indian/Alaskan Native communities, organizations and agencies, Illinois Indian Child Welfare Advocacy Program, Chicago American Indian Community Collaborative, 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.

Chapter VII – Monthly Caseworker Visit Formula Grants

Caseworker Visits

Monthly compliance reporting by caseworkers and teams is provided through SACWIS and the Performance Monitoring Data Site to allow supervisors and managers to identify strengths and needs as related to child/worker contact. This site gives agencies accessibility to not only their agency level data but case level data as well which contributes to improved data quality in this area.

As a result of these efforts DCFS has achieved the following:

Monthly Caseworker/Child Visits Report October 1, 2014 thru May 31, 2015 Data as of 06/13/15

Number of Cases	# Months Visits Occurred	# Months Visits Required	# Months Visits Occurred in Residence	% Monthly Contact	% Occurred In Residence
17,254	107,720	115,047	103,744	94	96

Procedures 315 Permanency Planning addresses the frequency and purpose of contacts with children in substitute care placements. Specifically, section 315.110,b)2) requires that the assigned Permanency Worker must see the child in their living arrangement within 72 hours of placement; once every two weeks for the first month following initial placement or change in placement; and one time per month thereafter. Children with identified special needs must be seen two times per month.

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
- Mental and physical health needs

For further information, please review Procedures 315.

Chapter VIII – Adoption and Legal Guardianship Incentive Payments

Adoption and Legal Guardianship Incentive Payments: The Department has 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 large number of adoptions in those earlier years. This led to a large number of adoptions, 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 new methodology is based on the rate of increase in adoptions/guardianships as compared to the Department's choice of either the previous fiscal year or an average of the last 3 years.

The Department anticipates receiving an award for FFY14, although the figures are not yet final. Beginning in FFY15 and forward, the incentive will be calculated based solely on the new methodology. At the time of this writing, the FFY14 estimate is approximately $71,000. The Department anticipates the actual FFY14 incentive award in September 2015. Regarding permissible uses of these funds; adoption and guardianship children often have to overcome educational deficits as a result of educational inconsistencies in their earlier school years. These inconsistencies may arise from parental neglect or through school disruptions due to the child being in the foster care system. DCFS plans to use these incentive funds to offer educational related supports not currently available. These services would include both tutoring type supports as well as educational advocacy for children needing support to access necessary services through the development of Individual Education Plans (IEP's). These services are new and will supplement and not supplant current Department spending.

Title IV-E Adoption Assistance Program Savings Reporting: Effective October 1, 2014, as a Title IV-E agency, the Department is 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 currently is estimating $2,834,078 in FFY15 Applicable Child Savings - Maintenance, and $796,653 in Applicable Child Savings – Administration, for a total of $3,630,731. Therefore the 20% that must be spent on Adoption Preservation Services is estimated at $726,146 and the remaining 10% must be spent on either post-adoption services, post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care and is estimated at $363,073. A final report and calculations will be sent in October 2015.

Chapter IX – Child Welfare Waiver Demonstration Activities

The IB3 is approaching the completion of its second year of operation. Conducted through the Children's Bureau of the Administration for Children and Families, IB3 operates as a 5-year experimental design research project to provide therapeutic and psycho-educational services to very young children, ages birth through three, and their caregivers. The demonstration serves both IV-E eligible and non-IV-E eligible children entering care in Cook County.

The waiver tests the hypothesis that children aged zero through three years old, initially placed in foster care will experience reduced trauma symptoms, increased permanency, reduced re-entry and improved child well-being if they are provided trauma informed Evidence Based Interventions compared to similar children who are provided "services as usual."

Developmentally focused parent training and support interventions, the Nurturing Parenting Program (NPP) and Child-Parent Psychotherapy (CPP), have been implemented with targeted cases to address the developmental effects of maltreatment and trauma and to promote attachment with permanent caregivers.

The waiver authority does not provide additional funding for waiver projects or programs. Cost savings that are achieved by the waiver are used to support case management and placement costs that are not claimed under Title IV-E and allows DCFS to both test and fund services provided by the waiver. Waiver projects are required to remain cost neutral over the five year period. States are allowed to retain any cost savings generated by their projects.

IB3 targets high-risk children and caregivers (birth parent(s) and/or foster parent(s)). The traumatic experiences of these young children are assessed by using the scores in the Trauma Experiences section for the CANS Inventory. An enhanced assessment utilizing a battery of tools is conducted as part of the Integrated Assessment on all children under the age of four categorizes the case into one of three risk levels: High, Moderate, and Low.

Referral recommendations are made based on the risk level, with high risk cases being recommended for CPP and the other risk levels for NPP. Engagement of families by direct-service staff is supported by IB3 staff through training, literature and informal coaching. Cases are scheduled for rescreening every 6 months to determine the status of trauma symptoms, and the well-being and developmental gains of the child.

IB3 has experienced challenges to implementation in the area of engagement of birth parents and foster parents in the interventions. Progress has been made through diligent staff efforts, but the adaptive challenges to engagement continue to affect enrollment levels. For birth parents, as mentioned above, the issue of readiness for treatment is primary for those referred to CPP. Engagement either sequentially or directly into NPP may run into these same obstacles, as well as the ability to make NPP groups geographically available. For foster parents engagement challenges, while they may be logistical or resource-based, also seem to derive from the traditional expectation that foster parents do not have to participate in interventions for children in their care, and certainly not those that may address their own parenting strengths and weaknesses.

Through 05/07/15, there have been a total of 960 cases opened since the start of the waiver on 07/01/13. The chart below provides detailed information.

Total Case Openings through 05/07/15			
	Intervention	**Comparison**	**Total**
07/01/13 – 06/30/14	288	208	**496**
07/01/15 – 05/07/15	210	254	**464**
Total Case Openings	**498**	**462**	**960**

As stated in the hypothesis, the basic assumptions of the data model is that there will be a positive effect of CPP/NPP intervention services (δ >0) on the primary outcomes of higher reunification rates, lower re-abuse rates, lessened parenting stress and improved social and emotional well-being of the child compare to services as usual. The findings thus far have been positive, however, extensive reports await the completion of the data base system's ability to produce reports. A team from Chapin Hall has joined UNC to support the waiver evaluation and analyze data. The production of data analysis is in progress.

A larger number of children and families were assessed to be at high and moderate risk than the 45% that was originally anticipated in the initial evaluation plan. The actual rate for the period ending June 30, 2014, was 56% assessed with moderate to high trauma symptoms or other mental health problems. Most of the families within the intervention group tend to be at high risk. The evaluators also note a higher percentage of families in the comparison group are in home of relative (HMR) placements compared to the intervention group. The percentage of families within our high risk group has produced a waiting list for services that is being adequately addressed through increased utilization of NPP.

Based on risk determinations through 03/30/15, 112 children and their parents or caregivers were recommended for Child Parent Psychotherapy. 359 birth parents and foster parents were identified as appropriate for referral to the Nurturing Parenting Program. These figures reflect multiple recommendations for a number of the families.

NPP and CPP are used across all levels of risk. Referrals to NPP services are now regularly used as the initial service for biological parents whose children are referred for CPP due to their children being high risk. It has been consistently found that many birth parents are often not ready for the psycho therapeutic approach of CPP for a variety of reasons. Parents who demonstrate a lack of empathy for the child's trauma experiences are frequently first referred for NPP-PV to offer the psycho-education on an array of areas important to this age group that may support later engagement in CPP interventions. Children who are found at low risk of trauma symptoms are often those removed at birth, and their parents present with an array of complex and challenging issues which led to this early removal. Those parents are regularly referred for NPP-PV.

Close monthly monitoring of both CPP and NPP services is done to ensure fidelity to the models of treatment and a high quality of services. Children in the wavier are reassessed periodically using the same tools used in the enhanced assessments to track progress towards healthy development and the alleviation of traumatic stress symptoms.

The consistently large number of children who fall into the high risk category presents a challenge in terms of service delivery. Usage of CPP has continued to increase dramatically. Cases on the wait list are prioritized based on the severity of symptoms they show on the

enhanced tools (DECA, ITSC). Caregivers who show elevated stress according to the PSI are prioritized on the wait list, as it is thought parental/caregiver stress presents an immediate service need.

The results of data-mining analysis of IB3 cases suggest that as many as 20 percent of the parents of infants taken into protective custody were themselves current or former wards of DCFS. This proportion is much higher than the proportion of former wards in the general population and is even higher than the large proportion of the prison population who were former wards (14% in a California study).

Somewhat surprising is the finding that the children of current and former wards are no more likely to be scored at higher risk than other foster children. It might be expected that CPP would be especially appropriate for parents who themselves were childhood victims of maltreatment and had experienced the additional trauma of removal into foster care. Further evaluations will report on the parents and children of current and former wards as a special study group. The purpose is to gain insight into how intergenerational patterns of foster care may affect the well-being permanency planning prospects of infants and toddlers and how CPP and NPP could be best utilized to serve this population.

As of 12/30/14, 73 caregivers and parents completed baseline assessments of parenting and child rearing attitudes. The distribution of subscale responses indicate a generally higher level of risk compared to general population norms. Approximately 16% of the general population scores in the high risk range and a cumulative 84% scores in the high to medium range.
Table 8 shows the risk scores for the 73 caregivers who completed the pretests. Of the 73 NPP participants who completed pretests, 27 completed a posttest. The posttest subscales indicate a substantial reduction in risk levels.

Table 8- Pretest and Posttest Risk Levels

Construct	Risk	Pretest (n = 73) Cumulative %	Posttest (n=27) Cumulative%
Expectations	High	23.3	18.5
	Medium	91.8	92.6
Empathy	High	37.0	3.7
	Medium	89.0	74.1
Punishment	High	12.3	0.0
	Medium	82.2	66.7
Roles	High	27.4	18.5
	Medium	82.2	87.8
Power	High	23.3	11.1
	Medium	87.7	87.8

The results show significant improvements in parenting and child rearing attitudes, on average, among NPP participants, the lone exception is the attitudes toward children's power and independence (subscale E). Greater attention is being given to this competency in upcoming NPP classes for both birth parents and foster parents through in-class activities and individual coaching.

Several other steps are being taken to improve the operations and effectiveness of the waiver:

- Waiver staff has provided training to Cook County Juvenile Court judges and attorneys to increase understanding of the waiver interventions, CPP and NPP. This training

provided judges and lawyers with information on the nature of progress and outcomes they may expect from the interventions.

- Judges are provided with monthly lists of all IB3 children that enable them to know which families on their court calendars are parts of the waiver.
- Increased contact with the program administrators and supervisors of the Intervention agencies has been initiated through regular meetings and a new IB3 staff person that will visit agencies on a regular basis to provide field support to assist agencies with family engagement and support to caregivers. Increased contact with IB3 service providers is also taking place.
- Ongoing training is provided to staff of the Intervention agencies through online and in-class training as well as annual IB3 summits. The first of these full-day conferences was held in October, 2014, featuring a national expert in CPP. The second summit will take place October, 2015, with the purveyor/developer of NPP.

Alcohol and other Drug Abuse Title IV-E Waiver

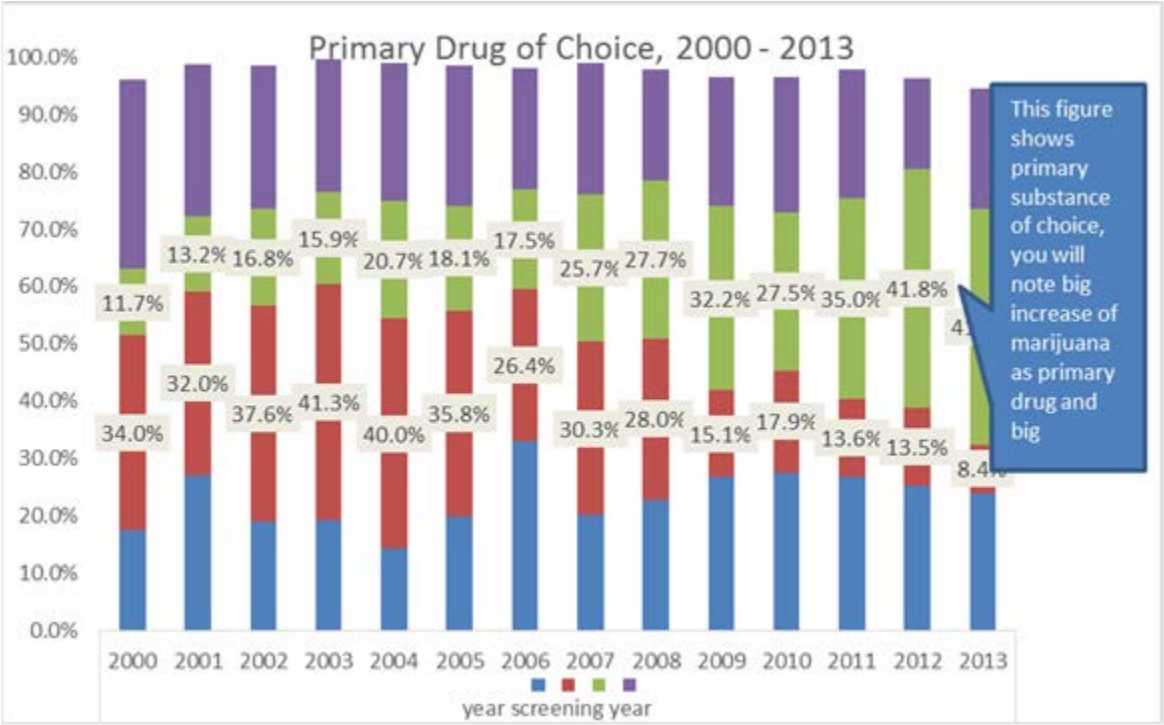
The Department's application for a Title IV-E waiver project was submitted in June 1999, approved by ACF for a five-year demonstration on September 29, 1999, and implemented starting April 28, 2000. This was the second of four waivers (Subsidized Guardianship, AODA, Training and IB3) granted to Illinois by ACF. The Title IV-E AODA waiver demonstration is designed to improve reunification and other family permanency and safety outcomes for foster children from drug-involved families. The proposal as approved by ACF seeks to improve child welfare outcomes by providing an on-site AODA assessment service located at the Juvenile Court building (JCAP) and by utilizing Recovery Coaches to assist birth parents with obtaining AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and concurrent permanency planning. The program theory underlying the Illinois AODA Waiver Demonstration is a basic access-linkage model that pose that programmatic outcomes improve when the program elements include (a) careful assessment of client AODA and other problems surrounding the family (b) tailored treatment plans so that specific services are matched with or designed to address specific problems and (c) specific linkage mechanisms (e.g. referral, onsite services or intensive case management) that increase access to these services.

The design is experimental, in that parents are randomly assigned to either a control or experimental (demonstration) condition. Parents that are randomly assigned to the demonstration group receive traditional services plus the enhanced services provided by a Recovery Coach. The Recovery Coach works with the parent, child welfare caseworker, and AODA treatment agency to remove barriers to treatment, engage the parent in treatment, provide outreach to re-engage the parent if necessary, and provide ongoing support to the parent and family through the duration of the child welfare case. Parents that are randomly assigned to the control group receive services as usual. This is not a "no treatment" intervention design.

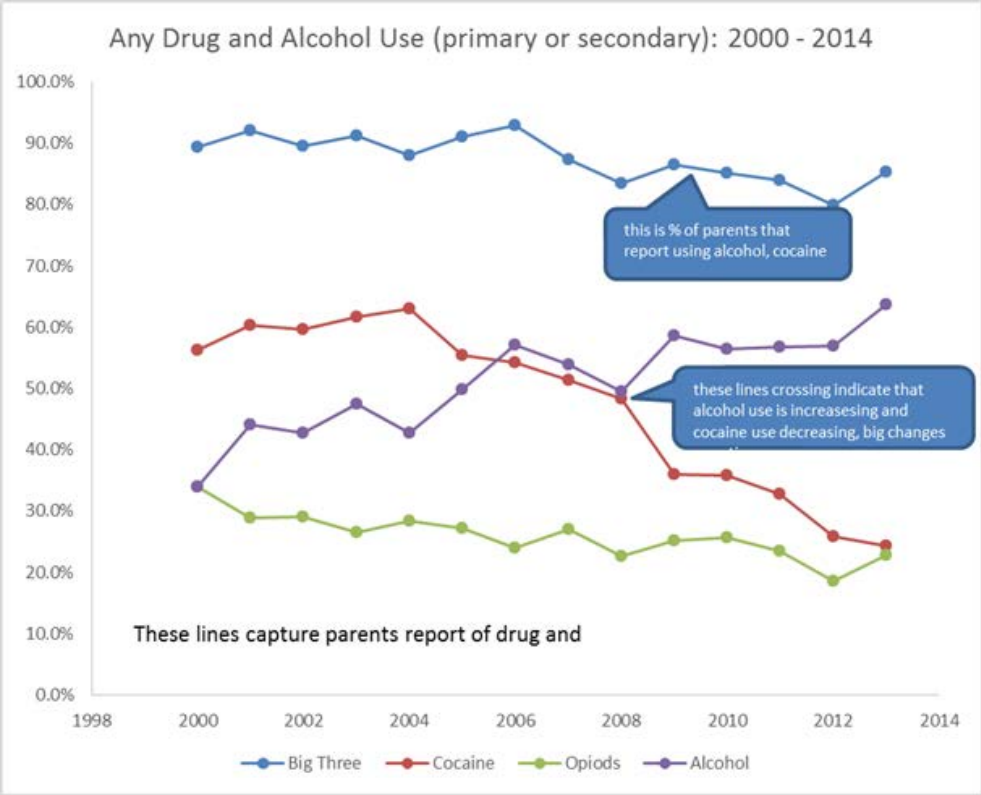
In September 2013, the Children's Bureau approved amendments that extended this demonstration for an additional five years through September 30, 2018 to focus serious efforts on early family engagement in order to improve reunification. Evidence showed that the recovery coach model was more effective when there was only a short time period between temporary custody and the JCAP assessment. To improve the effectiveness of the recovery coach model (specifically improve the reunification rates for families), this 5 year extension focuses on closing the gap between temporary custody and screening by adding an aggressive outreach component to the JCAP model . A staff member now serves as a "mobile assessor" to take the assessment out into the field to the parent's home and have immediate contact with the parent(s). This strategy is designed to engage families earlier in the process by making contact

as soon as Temporary Custody is determined and to provide an assessment in the parent's residence to increase their overall chances of achieving reunification. The evidence to date indicates that the mobile assessment is indeed increasing the number of parents screened early for substance abuse issues. An additional focus, although proving to be difficult in terms of implementation, is directed toward continued collaboration with the Juvenile Court Judges, caseworkers and the treatment community to create a benchmark tool to assist caseworkers, parents, and the court with criteria, guidelines and a visual representation for assessing and discussing a parent's progress in recovery and movement toward reunification.

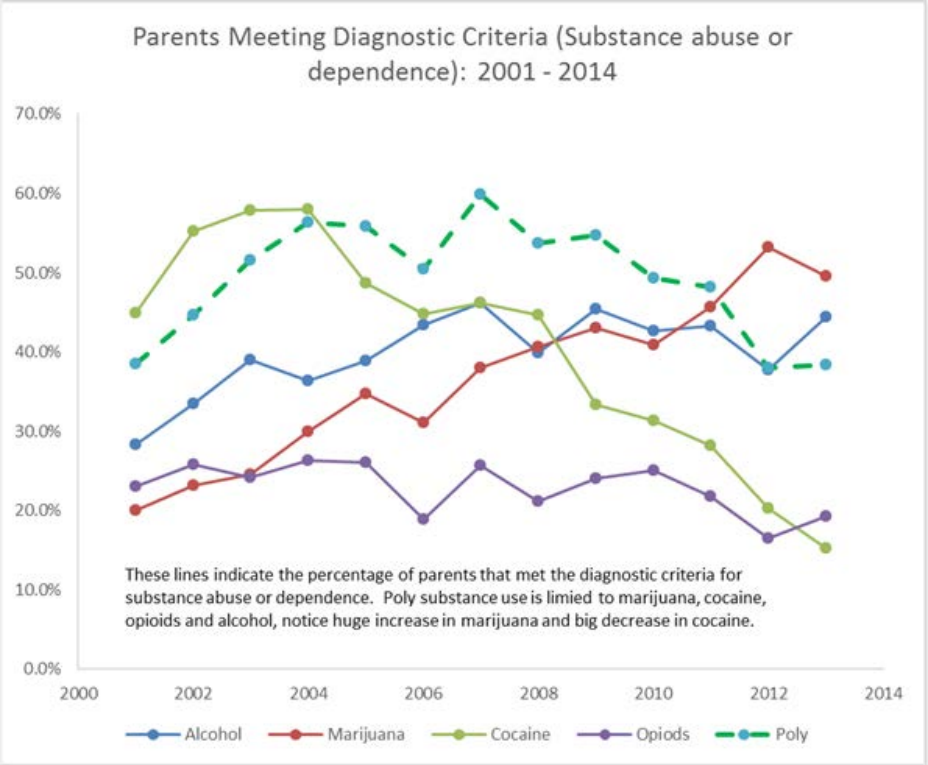
Significant Evaluation Findings: *Changes in Drug Use over Time*: We are beginning to explore the changing nature of drug use for child welfare families. The following figures highlight changes as reported by parents. In particular and specific to the "primary drug of choice", one will note the declining presence of cocaine (since peaking at 41.3% in 2003) and the increasing prevalence of marijuana (constituting 41.2% of the population in calendar year 2014).



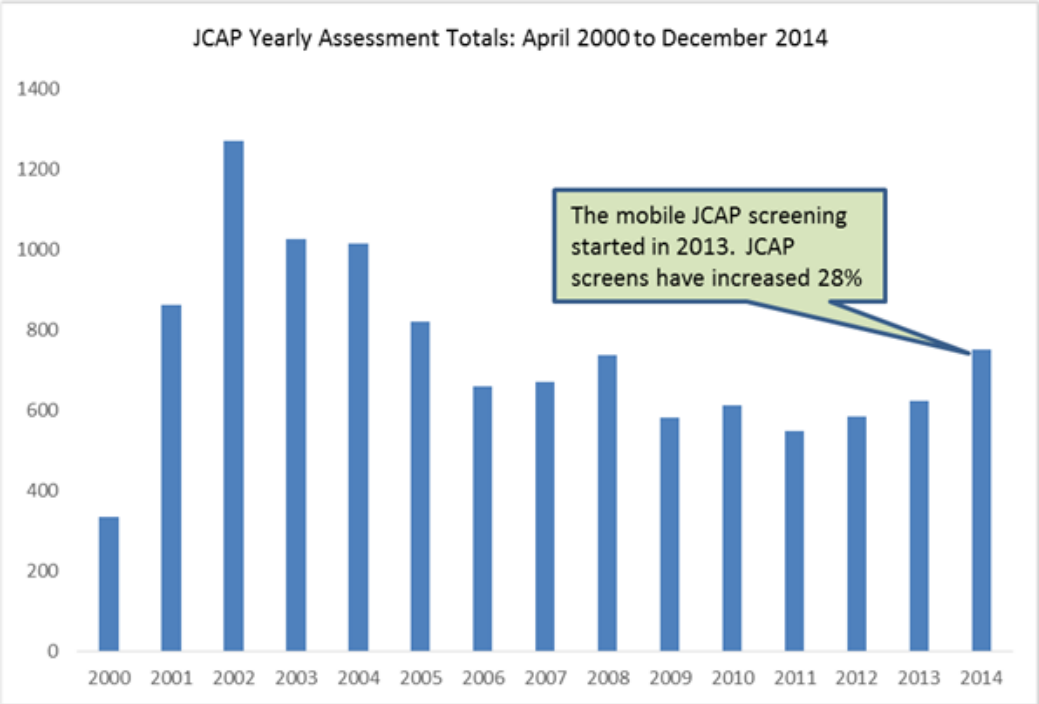
The following figure highlights drug and alcohol use over time, regardless of the primary or secondary use status. A few findings are worth noting. First, although an increasing percent of the population indicated marijuana as a primary drug of choice (see previous figure), the vast majority of the demonstration population reports using alcohol, cocaine or opioids. This indicates that the demonstration waiver is not serving parents that only use marijuana.



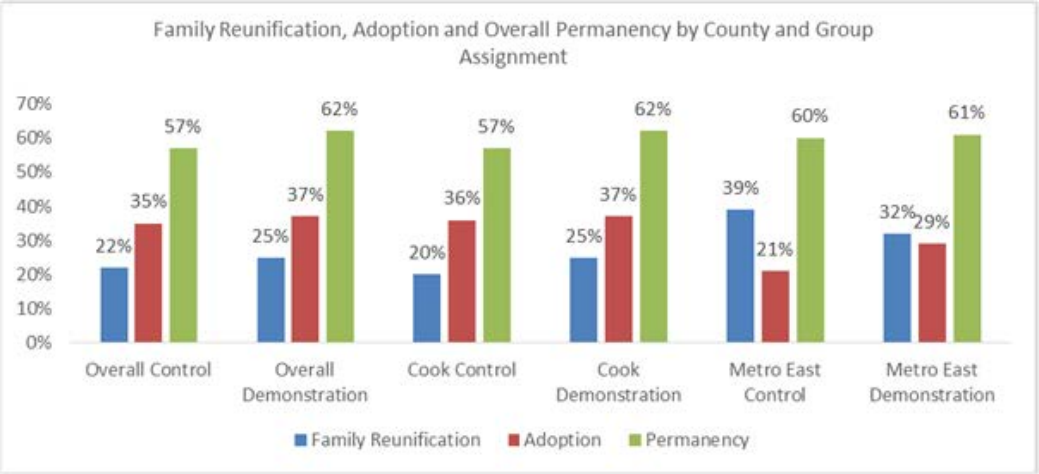
As part of the JCAP assessment, there are questions that map on to DSM IV clinical diagnoses (including both abuse and dependence). An individual may be abusing substances (i.e. using to the point as to create difficulties at work or with personal relationships) but not dependent on substances. The following figure displays the percent of parents that meet the diagnostic criteria for either substance abusing or substance dependent. At least two important findings are worth noting. First, alcohol use is steadily increasing over time. By 2012, approximately 50% of the parents met the diagnostic criteria for alcohol abuse or alcohol dependence. This is up from approximately 20% in 2000. Second, a substantial proportion of parents meet the diagnostic criteria with more than one substance (i.e. poly substance use). In the coming reporting period, we will explore how specific types of alcohol and drug use relate to important child welfare outcomes (e.g. permanency, safety).



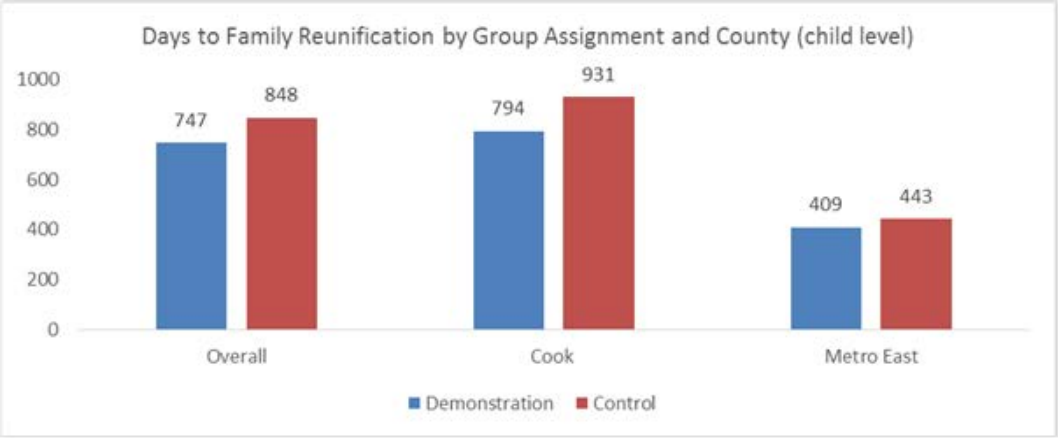
Enhancements in the current project design: The most recent development associated with the Illinois waiver demonstration is the addition of the mobile assessment unit. The concept of the mobile unit emerged from a recognition that many parents were not attending court hearings (temporary custody or otherwise) and thus DCFS workers were (1) unable to assess for substance abuse problems an (2) unable to quickly connect families with much needed services. Rather than wait for parents to come to court and make their way to JCAP, the mobile unit bring the assessments into the field and to the families. We hypothesized that this programmatic development would increase the overall number of parents screened for substance abuse issues, increase the overall number of parents associated with the waiver demonstration, shorten the time between temporary custody and assessment and finally, and perhaps most importantly, improve the effectiveness and outcomes associated with the recovery coach model. Given the slow rate of family reunification, we are yet to estimate the impact of the mobile unit on child welfare outcomes. However, it is clear that the mobile unit is responsible for a significant increase in the overall number of parents screened (up 28% since 2012), number of parents eligible for the waiver demonstration (as approximately 68% of parents are identified as having a substance abuse problem) and a decrease in the time between temporary custody and screening (44% of parents are screened and referred for services within one month).



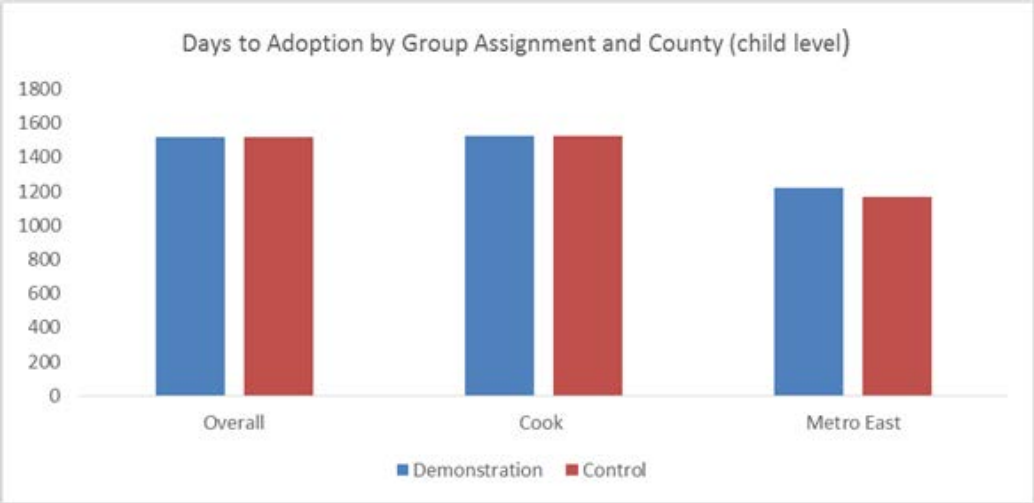
Permanency: The following figures display the relative percentage of children that have achieved permanency since the beginning of the AODA waiver (April 2000). This includes all families enrolled in the demonstration as of December 31, 2014. The permanency data run through March 2015. Overall, children associated with the demonstration group are significantly more likely to achieve permanency as compared with children associated with the control group. This difference is driven primarily by the differences in family reunification in Cook County and the differences in adoption in the Metro East location.



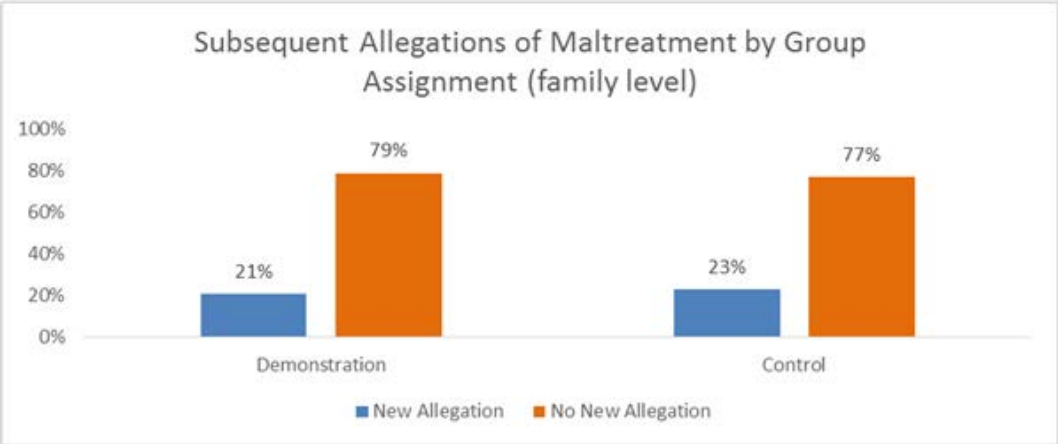
Time to Family Reunification: In Cook County, children assigned to the demonstration group achieved family reunification on average 137 days (4.5 months) quicker than children assigned to the control group. This difference is statistically significant. There is no statistically significant difference with regard to time to reunification in the Metro East location



Time to Adoption: There were no significant differences with regard to time to adoption - either overall or by individual counties.



Subsequent Allegations of Maltreatment: Parents associated with the demonstration group were no more (or less) likely to experience a subsequent allegation of maltreatment as compared with parents associated with the control group. Despite, higher rates and the more timely (quicker) achievement of reunification, the safety of children is not compromised.



Cost Data: The Illinois AODA waiver demonstration is cost neutral and more specifically has generated more than 10 million dollars in saving for the State of Illinois. These savings come from (1) significantly higher rates of family reunification and (2) more-timely (quick) reunification. In short, significantly fewer youth and significantly fewer days spent in foster care.

Activities for the next reporting period: DCFS waiver staff plan to continue trainings with child welfare agencies and with AODA treatment facilities to talk about the project and to do TRACCS (data collection) tracks trainings since many agencies have had staff turnover.

DCFS waiver staff plan to connect with the Cook county judges to schedule a meeting to provide training and report outcomes regarding the waiver. The court improvement project staff has also agreed to help us reach out to the downstate judges to discuss outcomes regarding the waiver. This is part of DCFS outreach efforts – to educate Judges on substance abuse issues and help them understand the benefits of the recovery coach model.

Within this next reporting period, DCFS wavier staff and the evaluation team will work to develop bench cards (modeled off existing court materials and using some of the information presented in the benchmarks assessment form). Staff will work with the courts to develop bench cards that are helpful (not redundant) and effective (useful in the decision making process).

Regarding evaluation analyses, we look to accomplish two new areas of study in the coming reporting period. First, we look to expand the analyses focused on primary drug of choice (the changing nature of drug choice) and the likelihood of reunification. Major changes have occurred over the last ten years with regards to primary drug of choice. One would assume that such changes would impact critical child welfare outcomes. Second, evaluation staff will focus specific attention on the mobile assessment unit. The evidence indicates that this program modification is (1) increasing the number of families with substance abusing problems and (2) identifying and screening these families in a more timely fashion. We now seek to understand how this “early engagement” impacts treatment outcomes.

Chapter X - Quality Assurance/Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a program support function within the Department of Children and Family Services that is designed to monitor the standards for child welfare services as well as delivery of services that ensure achievement of optimal outcomes as it relates to the safety, permanency and well-being of children and families served by the Illinois child welfare system.

The Division of Quality Assurance and Research (DQA) is charged with monitoring and supporting the full implementation of the state's CQI process and is comprised of 4 basic organizational units: Regional Quality Improvement and Accreditation, Field Review and Aristotle P. Consent Decree Monitoring, Special Projects, and Federal/State Strategic Planning. Together these units ensure the delivery of quality child welfare services; conduct comprehensive reviews of DCFS direct service operations and computer-based analysis of Department program, and monitor compliance with accreditation standards of the National Council on Accreditation. In addition, DQA formulates recommendations about the overall service delivery processes in order to achieve desired outcomes for children and families served by the Illinois child welfare community.

Purchase of Services (POS) agencies directly provide the majority of foster care services, in-home family services and residential, group, independent and transition living services in Illinois. As such, POS agencies are an integral part of the Illinois CQI system. All contracted POS agencies in Illinois are required as part of performance contracting to be accredited, with virtually all agencies being accredited by the National COA.

As DCFS and POS providers each have their own internal CQI structure, it is the Department's Regional PIP Committee process that joins public and private staff in the interest of sharing data, identifying issues and challenges, and seeking opportunities to enhance case practices in order to impact outcomes. The six Regional PIP committees meet quarterly and collaborate to develop a regional PIP that addresses practice issues raised via various sources of administrative and qualitative data. These groups are supported by the Foster Care Utilization Review Program (FCURP), a program of the Children and Family research Center, School of Social Work at the University of Illinois and DQA staff in the regions.

CQI Case Review Processes

Peer Review: DCFS implements a quarterly peer record review process via staff in regional field offices. Peer review for DCFS is a statewide initiative, guided by principals and criteria that are detailed in the state's CQI plan. There are standardized peer instruments and Question by Question (Q by Q) rating guides for placement, intact, child protection and licensing case files and standardized sampling procedures that ensure 10% of regional caseloads are randomly selected for review over the course of a fiscal year. Peer review at DCFS is a true "peer" experience meaning caseworker and supervisory staff take the time each quarter to evaluate the practice of their peers while DQA staff validates the results for data consistency and quality. All staff who serve as peer reviewers receive formal training on the instruments and process. The DCFS peer review process underwent a major transformation in FY14 when the tools were integrated into the ICSW (SACWIS) system. The following numbers were reviewed for FY15: Investigations-991; Placement-584; and Intact-151.

POS providers, in compliance with COA standards, also implement peer review as part of their internal CQI processes. While DCFS posts its internal peer review tools and rating guides on the Department's D-Net site to make them accessible to the private sector, POS providers are

not required to utilize them. POS providers similarly share their case record review tools with DCFS staff as part of the Regional PIP meetings.

Outcome Enhancement Review: DCFS continues to utilize an outcome based review process that mirrors the CFSR and includes case specific stakeholder interviews. This review process is known as the OER. The OER involves a thorough review of both DCFS and POS intact and foster care case files, both electronic and hard files, followed by stakeholder interviews. This process is intended to provide an accurate and comprehensive portrait of service provision to the child and family, and the extent to which Federal outcomes are being satisfactorily met. The review process and tools used to evaluate cases in the OER are unique because they incorporate casework activity questions that measure compliance with Illinois rule and procedures, as well as providing vital information on program improvement, performance, and compliance with federal mandates.

Illinois currently is not under a PIP; however in February 2015 DQA along with FCURP conducted a final OER for the purpose of continuing to inform the state on outcome performance. This review involves a random sample of 66 cases from intact and placement teams. This review will end the 7th round of OER reviews in 2015. Because Illinois will not undergo a CFSR until 2018, discussion on whether the state will use the federal Onsite Review Instrument (OSRI) or to develop a hybrid instrument, combining the OSRI and OER, as part of the state's ongoing QA/CQI process is in its formative stage. The new updated review process (based on changes to the CFSR 3) is planned to be piloted and rolled out during FY16.

Aristotle P. Consent Decree: In addition to these established QA case record review processes, QA also implements annual reviews of DCFS and POS cases in order to monitor compliance with the Aristotle P. Consent Decree regarding sibling placement and visitation. As part of the agreement with the court, DCFS established a monitoring component in which designated staff would develop a protocol with the assistance of DCFS legal staff to monitor the frequency and availability of sibling visitation. This protocol covers the areas of interest written in the decree: placement, notification, visitation planning, and visitation duration and frequency.

Cases eligible for review are siblings who have been in care for at least 6 months, been partially and/or totally separated for at least 6 months, and have been assigned to the same team and or agency for at least 6 months prior to the review date. Once a final sample has been determined, the monitor will randomly select a minimum of 30% of the eligible cases to review. All DCFS and POS agencies and their associated teams with eligible cases are reviewed during the calendar year. In 2014 a total of 79 POS offices representing 486 unique sibling groups and 13 DCFS sites representing 90 sibling groups were reviewed throughout the State of Illinois.

Other Reviews: QA also conducts special reviews of DCFS and POS agencies upon request (i.e. Director, OIG), and DCFS Monitoring staff conduct quarterly reviews of POS cases in order to assess agency compliance with contractual requirements.

Processes for Quality Data Collection: 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 the ICSW (SACWIS) system as well as CYCIS and other legacy systems to assist the field in managing their work towards improved outcomes. DQA collects compliance and qualitative data via various case record review processes (see below) and utilizes quality controls to help ensure data quality. The posting of DCFS and POS provider data on the Department's new Agency Performance Data Site has led to an increased sense of responsibility by agency staff over the quality of their data since they may be put on heightened levels of monitoring due to

poor performance. The implementation of the state's AFCARS Improvement Plan (AIP) beginning in 2011 has resulted in improved coordination between DQA and OITS around the timely submissions of the state's AFCARS and NCANDS files.

Training: In 2013 the National Resource Center for Organizational Improvement provided data training for staff. Since that time new staff to the division could benefit from similar sessions as well as a track for those individuals that have more advanced data familiarity. Building capacity in knowledge and skills, along with strengthening processes are critical to organizational change.

In 2014 as part of the preparation for Round 7 of the Outcome Enhancement Review, DQC&R and FCRUP conducted training on the tools to be used in light of changes made in Procedures since the last review was done. In addition staff was introduced and participated in the Round 3 CFSR on–line training.

Initiative

POS CQI Capacity Assessment: A key initiative aimed at formally assessing POS capacity to carry out key functional components of a CQI system with a particular focus on agency capacity to produce reliable data was conducted by FCURP staff under the direction of DQA. This initiative was to inform DCFS and POS providers on the strength of POS child welfare CQI processes, as related to the overall child welfare CQI system and as a result would leave agencies with objective feedback that could be utilized to strengthen their won individual CQI systems toward improving child welfare outcomes.

In FY15, FCURP and DQA submitted a report of findings and recommendations based on the assessment of 25 agencies to the DCFS Director, CWAC-Foster Care, and CCA-I. Most agencies were assessed to be in the "emerging" category (few elements of CQI are in place and the overall approach is partially functioning). Findings identified gaps (for example: QI staff are always proficient in data analysis, case review systems collect predominantly compliance data versus qualitative data, lack of databases, all data is not always entered to be aggregated, lack of analysis of data, incomplete improvement cycles, etc.), and recommendations that centered around developing and providing comprehensive CQI training to all CQI staff in the state (POS & DCFS), and providing a variety of supports (TA, access to data, etc.) to agencies.

QA/CQI Assessment

The Strengths Factors for DQA:

- DCFS leadership promotes a culture that values quality and ongoing efforts by the agency to continuously self-monitor in the achievement of goals: safety, permanency, and well-being
- Written Statewide CQI Plan that guides Regional CQI planning efforts
- Internal CQI infrastructure in place - DQA staff available in regions to support local CQI activities
- Standardized case record review tool with strong quality controls and formalized training of reviewers
- University partnership to provide additional CQI support for DCFS and POS providers
- Regional PIP Workgroups and Supervisory Forums which bring DCFS and POS staff together for joint problem solving
- Agency Performance Data Site tied to key performance measures available to DCFS and POS staff
- Plans for continued formal assessment of capacity of POS providers to administer comprehensive CQI activities

- Achievement of 4th state agency accreditation by the National Council on Accreditation

The Concern Factors for DQA:

- Continued efforts to improve communication between CQI and the court system
- Continued efforts to improve stakeholder participation in the Department's internal CQI committees
- Additional efforts needed to improve communication between CQI infrastructure and DCFS Advisory Groups
- Need for additional training resources for CQI staff on CQI techniques and data analysis
- Need to incorporated assessment of systemic factors into OER or internal CFST process
- Continued efforts needed to add to/enhance the Agency Performance Data Site and make data more accessible, particularly to POS staff
- Consideration toward improving data accessibility to the general public

Chapter XI – 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, items1 through 6.

Section 1 - Title IV-B, Subpart 1: The Department will not spend more Title IV-B, subpart 1 funds for child care, foster care maintenance, and adoption assistance payments during any of FFY15 - 19 than the state expended for those purposes in FY05 (section 424(c) of the Act). Information on the amount of Title IV-B, subpart 1 funds expended by the state during FY05 for child care, foster care maintenance, and adoption assistance payments is included in the Department's 2016 APSR.

State expenditures of non-federal funds for foster care maintenance payments used as state match for Title IV-B, subpart 1 funds awarded for FY16 will not exceed the amount of non-federal fund expenditures applied as state match for that program during FY05 (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 FY05.

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.
Contact Person: Royce Kirkpatrick
Phone: (217) 524-1510

Section 2 – Title IV-B, Subpart 2: 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 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 (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 FFY13 under Title IV-B, subpart 2 for comparison with the FY92 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. During FFY15 - 19 DCFS proposes to continue claiming Title IV-B, subpart 2 funds for services provided under the four PSSF service categories. The estimated percentages of Title IV-B, subpart 2 funds claimed for FFY14 and to be claimed for FFY16, by service category, are noted below:

The estimated percentages, by service category, to be claimed for FFY16 are:

- Family Preservation Services 29%
- Community-based Family Support Services 20%
- Time-Limited Family Reunification Services 23%
- Adoption Promotion and Support Services 28%

The estimated percentages, by service category, claimed for FFY14 are:

- Family Preservation Services 32%
- Community-based Family Support Services 20
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 28%

This contrasts with the actual percentages claimed, by service category, for FFY13 which were:

- Family Preservation Services 32%
- Community-based Family Support Services 20%
- Time-Limited Family Reunification Services 20%
- Adoption Promotion and Support Services 28%

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 each of the 4 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 than are reimbursed by the federal government under Title IV-B, subpart 2. The CFS101, part II submitted in support of 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 FFY15 - 19 from state funds. If this should change for any reason, the State will revise this section of the APSR

For FFY15 - 19 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.
Contact Person: Royce Kirkpatrick
Phone: (217) 524-1510

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 FY15 CFS-101.

Maintenance of Effort and Non-Supplantation: During FFY13 and 14 the Department adhered to the Maintenance of Effort requirements set forth in section 432(a)(7)(A) and in 45 CFR 1357.32 (f) of the compilation of Title IV-B and Title IV-E and related sections of the Social

Security Act. During FFY15 and 16, 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.

During FFY15 - 19, the Department will ensure, on an annual basis, that a "significant" portion of each mandatory service category is provided to at-risk families throughout the State of Illinois.

The Department will also demonstrate that the requirements of ACYF-CB-PI-14-03, Section E, Parts 1 through 5, will be met. This will be documented in the filing of the CFS 101, Parts I, II, and III as required, for each FFY15 - 19.

Non-Supplantation: The Department has complied with the non-supplantation requirements during each of the years covered by the last 5-year plan, and assures that it will comply with these requirements during the 5-year period covered by the current CFSP, FFY15 - 19.

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 FY 92. This base level was determined by the Department's Office of Planning and Budget through a search of various data bases 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 1980's, 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.
Family Support Services

The FY92 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 FY92 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 FY92 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 "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 FY92 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 FY92 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 FY92, 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 FY92 baseline period was 30 months in downstate counties, and 60 months in Cook County. The FY92 baseline 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, associated with approximately 71 families.

The level of services and expenditures will continue to exceed those established by the FY92 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 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 FY92 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 FY92. The oldest data available at the time that DHHS established a baseline for these services was FY96. The program grew more than 50% between SFY1992 and SFY 1996. Therefore, the Adoption Promotion and Support Services baseline is well below the SFY1996 expenditures. In FY96, $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 FY96 baseline would be no more than $2,640,430. The FY92 baseline for these services would be lower, estimated at less than $1.8 million.

Summary of Non-Supplemental Amounts in FY92 Base Year:

- Family Preservation Services $13,019,600
- Family Support Services $740,200
- Time Limited Family Reunification Services $834,500
- Adoption Promotion and Support Services Less than $1,800,000

Contact Person: Royce Kirkpatrick
Phone: (217) 524-1510

Other Fiscal Information:

- Federal Funds Expended in FFY13 under Title IV-B, subpart 1: $9,964,934.
- Federal Funds Expended on Administrative Costs in FFY12 and FFY13 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 actually spent providing case management services to DCFS wards and families that are not charged to any other federal program.
- Federal Funds Expended in FFY13 for monthly caseworker visits under Title IV-B, subpart 2: $775,577.

The Department will continue to supply relevant fiscal information for each of the years covered under the FFY15 - 19 CFSP, starting with this year's APSR.

The federal funds expended under each of the four categories of services in FFY13 for Promoting Safe and Stable Families (PSSF) Program and for planning and administration are noted below:

FFY13

Family Preservation Services	$3,926,383
Family Support Services	$2,453,990
Time-Limited Family Reunification Services	$2,453,990
Adoption Promotion Support Services	$3,435,586
Total for other service related activities, including planning	$ 0
Total administration (not to exceed 10%)	$ 0

During FFY13, $54.5 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 FFY13 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 FFY13: Actual expenditures under Title IV-B, subparts 1 and 2 for FFY12 were less than the estimated expenses as a result of the reduction to the final grant award. However, Title IV-B funds were spent in the same relative proportion as originally estimated: 30% for Family Preservation Services, 24% for Family Support Services; 20% for Time-Limited Family Reunification Services, and 26% for Adoption Promotion and Support Services.

Category of Title IV-B, Part 2 Funds – FFY13	As Estimated	Actual
TOTAL Title IV-B, subpart 2 funds	$13,318,703	$12,269,949
Family Preservation Services	$3,862,424	$3,926,383
Family Support Services	$3,329,675	$2,453,990
Time-Limited Family Reunification Services	$2,663,741	$2,453,990
Adoption Promotion and Support Services	$3,462,863	$3,435,586

Section 4 FFY16 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.

FFY16 Budget Request (CFS-101, Parts I and II): The signed CFS-101 Part I for FFY16 as a PDF document will be submitted to the ACF on or before 06/30/15. The CFS-101 Part II for FFY15, that does not need signature, will also be submitted to the ACF on or before 06/30/15 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 FY14 CFS-101, so that ACF will be able to re-allocate the funds in accordance with the prescribed formulas.

FFY13 Title IV-B Expenditure Report (CFS-101, Part III): The signed CFS-101 Part III final report for FFY13 will be submitted to the ACF on or before 06/30/15 as a PDF document.

For FFY15 - 19 the Department will continue to meet the requirements.
Contact Person: Patrick Dominguez
Phone: (217) 558-5391

Section 6 - Financial Status Reports – Standard Form (SF-425): The Department 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 March 31, 2015. 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 FFY15 Program Instructions

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-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.

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 2-year expenditure period. Both reports are due 90 days after the end of the fiscal year. The SF-425 fiscal report covering the first 12month 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 FFY16, funds must be obligated by September 30, 2017, and liquidated by December 29, 2017).

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 IVB, 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. The SF-425 fiscal report covering the first 12-month budget period is the interim report and the report covering the entire 2-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 FFY16, funds must be obligated by September 30, 2017 and liquidated by December 29, 2017). The required 25% state match will be reported on both the interim and final fiscal reports.

CAPTA: Funds under CAPTA must be expended within 5 years (e.g., for the FY16 award, funds must be expended by the State by September 30, 2020). 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 5-year grant period is the final report. The interim and the final reports are due 90 days after the end of 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 FFY15 - 19.

CFCIP and ETV: Funds under CFCIP and ETV must be expended within 2 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 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 FFY16, funds must be obligated by September 30, 2017 and liquidated by December 29, 2017).

The Department will complete and furnish all the financial reports required on SF-425 fiscal report forms.

Contact Person: Patrick Dominguez
Phone: (217) 558-5391

Illinois Department of Children and Family Services (IDCFS) 2016 Annual Progress & Services Plan (APSR)

Addendum

Division of Quality Assurance and Research

9/11/2015

This document serves as the Addendum (responses to comments by CB Region V) to the IDCFS 2016 APSR originally submitted to ACYF CB on 7/10/15.

	PI 15-03	Feedback to State
General Requirements		
Requirement for 2016 APSR (Due June 30, 2015)		
1. General Information		
Collaboration		
An update on how partners, tribes, courts, and other stakeholders, ***will continue to be involved in the upcoming year in the implementation of the goals, objectives, and interventions, and in the monitoring and reporting of progress.*** Collaboration for the CFSP and APSR should align with collaboration efforts for the state CFSR.	Pg 6	The narrative isn't clear on how IL will work with the courts around the CFSP goals and objectives. For example, page 10 discusses how the AOIC is involved in permanency related work and other meetings with the state. However, it's not apparent how the courts are engaged in reviewing the APSR, providing feedback etc.

SECTION 1, RESPONSE FROM ILLINOIS:

The Administrative Office of the Illinois Courts (AOIC) was a participant in the development of the Program Improvement Plan (PIP) submitted after the last Child and Family Services Review (CFSR, 2009). In 2013, AOIC staff were invited to participate in the Illinois Title IV E review and will again be participating in 2016. Findings from the Title IV E review have been incorporated into AOIC judicial trainings.

Former DCFS Deputy Director of Quality Assurance, Joan Nelson Phillips, involved AOIC staff in the development of the FFY2015 – FFY2019 CFSP and shared the final plan with AOIC in September 2014. Moving forward, newly appointed Deputy Director of Quality Assurance Cynthia Richter Jackson is committed to open and regular communication with AOIC staff in order to strengthen the collaboration. A meeting is scheduled for Oct. 6, 2015 to discuss the APSR, the collaborative efforts with the permanency action teams and court improvement teams, as well as the nine sites where court improvement data is regularly collected and analyzed. In-person meetings between DCFS and AOIC will continue on a quarterly basis.

2. Update on Assessment of Performance		
In completing this section, states are encouraged to consider how they can include information in the 2016 APSR that can serve as the foundation for the CFSR Statewide Assessment and any CFSR PIP.	Pg 7	How will IL use the information collected under stakeholder feedback headings to address or at least further examine the more pressing concerns? For example, will concerns be addressed as part of Rapid Response, CQI efforts, etc.?

SECTION 2, RESPONSE FROM ILLINOIS:

Illinois intends to utilize information collected from stakeholders to address or further explore pressing concerns as part of the Rapid Response Initiative (already in progress, many concerns already being addressed), CQI efforts (for example, Regional and State Quality Councils and PIP

Workgroups) and through divisional responses (as appropriate). For example, with regard to the feedback from stakeholders regarding safety concerns and maltreatment in foster care, the Division of QA and Research will review all indicated occurrences of maltreatment in substitute care from 2009- 2014. The Division of Operations is addressing the concerns raised about staff morale, disparate views of the utility of the CERAP, the Office of Child and Family Policy is addressing inconsistencies in procedures, and the Office of Professional Development is developing a new Model of Supervision. All of these efforts are coordinated via the leadership of the Rapid Response Initiative.

States that do not have sufficient, accurate, timely data and information to assess performance should indicate their plans for gathering that information in time for their next year's APSR, or for their CFSR Statewide Assessment, whichever is earlier.	Pg 7	Are there areas where IL lacks data/information in either the outcome areas or systemic factors? If so, please identify those areas and the steps that IL will take to address them.

SECTION 2 continued, RESPONSE FROM ILLINOIS:

Illinois lacks data in the following areas:

- Permanency 2 (Stakeholder feedback)
- Well-being 1, 2 and 3 (Stakeholder feedback)
- Case Review Plan, Periodic Reviews (Need data: in how many ACRs were all required provisions included?)
- Permanency Hearings (Need Court data)
- Notice of Hearings and Reviews to Caregivers (Data needed)
- Quality Assurance (Need data)
- Staff and Provider Training (Need data reflecting effectiveness/impact data, or satisfaction data)
- Service Array and Resource Development (Need data)
- Foster and Adoptive Parent Licensing, Recruitment and Retention (Data needed for the items within this factor, a-c)

The Department plans to address these data needs by having internal and external discussions during FY16 with relevant partners to determine whether such data currently exists (and if not, how it can be provided) in order to better describe how the outcomes and systemic factors in question are working and their effectiveness.

Updates to include in the FY16 APSR:

Systemic Factors

1. Statewide Information System. During Outcome Enhancement Reviews that occurred between 3/15 – 5/15, in 100% of cases reviewed the information contained in the case management system was verified as accurate compared to a case reading of the full case file in terms of

the status, demographic characteristics, location and goals for each child reviewed. The state plans to continue collecting this type of data as the state moves functionality from CYCSI to ICWS, and explores the use of a single system of record that is current and flexible.

2. Case Review Plan. Filing for TPR – **Data refreshed for this section:**

Placement cases: *TPR and ASFA compliance*

OERII, Statewide Aggregate Data, %S	2011 55 cases	2012 51 cases	2013 48 cases	2015* 25 cases	Trend
TPR filed (eligible cases, child in care more than 17 mos)		28.0%	41.7%	36.0%	Down
If No TPR filed, there was a compelling reason		66.7%	50.0%	68.8%	Up
Overall compliance with ASFA timeframes	50.9%	72.5%	68.8%	80.0%	Up

**The OER that occurred in 2014 did not include an evaluation of the Item in which this data is collected. In 2015, only 1 OER occurred, therefore the number of applicable cases was much smaller.*

3. Update to the Plan for Improvement and Progress Made to Improve Outcomes		
Update to the Plan for Improvement		
Revisions to Goals, Objectives, and Interventions The state must update the 2015-2019 CFSP goals, objectives, and interventions to incorporate any areas needing improvement that were identified in a CFSR, title IV-E, AFCARS, or other program improvement plan or in the 2016 APSR "Update on Assessment of Performance," section C2. ***If the current 2015-2019 CFSP does not have a goal, objective, or intervention that addresses key areas needing improvement as identified through the "Update on Assessment of Performance"*** and in joint planning with CB, the associated goal, objective, intervention and measures of progress must be revised or added to the 2016 APSR. For the 2016 APSR, states should give particular attention to ensuring that goals, objectives, and interventions address the state performance on the revised CFSR statewide data indicators, systemic factors or outcomes.	Pg 7	a. Based on the findings from the work with Casey and Clarus Consulting, is the State considering any revisions to CFSP goals/objectives? *b.* Pages 57 and 184 both reference revisions to Procedures 315. Page 57 indicates that the revisions have been completed in FY2015 and that it is scheduled for implementation in July-September 2015. However, page 184 suggests that *"Procedures(315) are near completion and are scheduled for implementation before the conclusion of the 4th quarter of FFY16"*. c. Please clarify the discrepancy and what is meant by implementation.

SECTION 3, RESPONSE FROM ILLINOIS:

a. At the present time the Department remains committed to the goals and interventions as outlined in Chapter 3 of the APSR. Through the Department's work with Casey Family Programs in the last many months, areas of focus have been identified and various workgroups have been working on developing strategies to address issues. At this point discussion on adding these items to the existing goals and objectives has not been approached, however during FY16 the addition of other goals based on these strategies may be introduced for FY17.

b. Re: 315 discrepancies – Page 57 should be updated to be consistent with page 184 (which is accurate):

End of Year 1 – In progress.

- Revisions to Procedures 315 Finalized (Now scheduled for end of FY16: The messaging campaign for P315 is slated for October 1, 2015 and that will be the kick off for messaging, procedures comment, procedures finalization, prerequisite training and then finally official classroom. Implementation delayed due to delay in rolling out a separate procedural revision and required training involvement).
- Training curriculum developed, including separate modules for supervisors (scheduled to roll out in January 2016, for DCFS and POS direct service workers, supervisors and DCFS Regional Administrators and Area Administrators working in: Child Protection, Intact Family Services, Placement/Permanency, Adoption, Family Home Licensing, and Administrative Case Review, as well as Advocacy Office staff)

c. "Implementation" spelled out for both in b) above.

Update on Progress Made to Improve Outcomes		
Progress Measures: States must cite relevant state and local data supporting the state's assessment of the progress toward meeting each goal and objective of the 2015-2019 CFSP. Measures of progress may be stated in terms of improved performance on statewide data indicators for safety and permanency, case review items, or other available data and may reference data provided in the "Update on Assessment of Performance," section C2 of the 2016 APSR. Because the state will be reporting on the first year of the five year plan, the objectives and interventions associated with some goals may not yet be fully implemented and the state may not be able to demonstrate measurable improvement in this first year. However, states are encouraged to assess and report in	Pg 8	For the measures of progress associated with each objective, does Illinois anticipate charting this data in subsequent APSR submissions? If so, please add a paragraph in an addendum indicating this. Note: The next APSR submission should reflect changes to any progress

the 2016 APSR on the amount of progress made in any geographic areas or populations that have experienced the intervention during the past year. ***In addition, the state should review the progress measures identified in its 2015-2019 CFSP and align them to be consistent with the revised CFSR statewide data indicators, systemic factors or outcomes, where applicable, and report progress in the 2016 APSR based on updated measures to the extent possible.***		measures to ensure that they comport with CFSR 3 data indicators.

SECTION 3 continued, RESPONSE FROM ILLINOIS:

Illinois will be charting the measures of progress associated objective in subsequent APSRs (annually, beginning with the CFSP FFY15-FFY19 data).

7. Monthly Caseworker Visit Formula Grant		
In the 2016 APSR, ***states must describe the use of the Monthly Caseworker Visit Grant***	Pg 14	The description on page 220 of APSR narrative does not address use of the grant funds.

SECTION 7, RESPONSE FROM ILLINOIS:

IL DCFS uses the caseworker visit grant (under title IV-B subpart 2) to support the cost of caseworkers actually conducting home visits. This use was approved by DHHS-ACF and is documented in the DCFS PACAP. Caseworker visit time is documented through the random moment time study.

10. Quality Assurance System		
In the 2016 APSR: •***Assess the state's current QA/CQI system. Describe any specific practices or system improvements the state has made based on QA/CQI***; •Include any training or technical assistance the state anticipates needing from CB resources or other partners; •Provide an update on QA/CQI results and data that have been used to update goals, objectives, and interventions or use of funds in the 2016 APSR; •For states that will undergo a CFSR in FYs 2016 – 2018 describe the state's current case review instrument and	Pg 15	Please include IL's work with Regional PIP workgroups, supervisory forums, etc. during the last year to implement changes based on OER data. IL is doing really good work in this area engaging the field, facilitating the design and testing of changes and capturing feedback. Highlight a few specific examples here. (Place the information in an addendum). *(Sorry..I can't seem to be able to turn off the highlight)*

whether the state is using or plans to begin using the federal Onsite Review Instrument (OSRI) as part of the state's ongoing QA/CQI process. Describe how many and the type of cases that are reviewed annually as part of the state's ongoing case review process and any plans to increase or decrease the number of cases reviewed.		

SECTION 10, RESPONSE FROM ILLINOIS:

Regional Program Improvement Plan (PIP) Workgroups: In 2005, in response to the initial federal CFSR and subsequent development of the Department's first CFSR PIP, FCURP developed (with DQA support) the only joint DCFS and POS workgroup structure in the state that was designed to engage field and QI staff from all regions of the state in discussions of CFSR and OER data in order to develop regional improvement activities that would support the state CFSR PIP. There is a Regional PIP Workgroup in each downstate region of the state, and in Cook County there is a Workgroup for each of the sub-regions. In addition to field and QI staff, Workgroup membership includes investigations, placement, and intact services. Each Workgroup is co-chaired by a DCFS and POS group member.

The purpose of PIP Workgroups is 1) to bring together program and quality improvement staff from DCFS and POS in a single forum; 2) in order to review and discuss data related to regional performance; 3) develop and implement improvement activities to improve regional performance; and 4) to collect feedback/monitor improvement activities, and adjust as needed. PIP Workgroups have also been useful for networking and sharing of information between individuals as well as between DCFS and POS.

FCURP has established quarterly meeting schedules for all regions, coordinated PIP meeting logistics, supported DCFS DQA staff in their roles, provided data at each meeting, facilitated data discussions and regional workgroup improvement activities (2005 to present), and coordinated the development of the statewide Universal Peer Review (UPR) Process (2013) and collection/reporting of data for UPR (2014). Workgroup improvement plan activities during FY15 have included: The development and implementation of tools to support engagement of key case stakeholders and timely adoptions; the planning and provision of Supervisory Forums (Cook South and Southern Region – these forums focus on providing resources and experiences of leaders in a critical case practice area, e.g., engagement, to supervisors from DCFS and POS in the region; they are well attended and much-appreciated); and the development of the PIP Workgroup SharePoint site.

Section D. Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements		
Describe how CAPTA state grant funds were used, alone or in combination with other federal funds, in support of the state's approved CAPTA plan to meet the purposes of the program since the state submitted its last update on June 30, 2014.	Pg 16	Please include specific information on how grant funds were used in the 14 areas the state lists in the narrative. This wasn't really clear in the narrative.

SECTION D, RESPONSE FROM ILLINOIS:

Please see Appendices to this document (CAPTA Report and the SCAN report)

Submit a copy of the annual report(s) from the citizen review panels ***and a copy of the state agency's most recent response(s) to the panels and state and local child protective services agencies.***	Pg 16	The State's response to the CRP recommendations has to be as part of the report. I could not locate it in the CRP report or the APSR narrative.

SECTION D continued, RESPONSE FROM ILLINOIS:

Please see Appendices to this document (Children's Justice Task Force Annual Report 2015 and Appendices [these Appendices are a separate document], and the Cover Letter)

Section F. Updates to Targeted Plans within the 2015-2019 CFSP		
Disaster Plan		
Specify whether the state was affected by a disaster, and, if so, describe how the 2015-2019 Disaster Plan was used and assess its effectiveness.	Pg 21	
Indicate in the 2016 APSR if there are any changes or additions needed to the plan. In a separate word document, provide information on the change or update to the Disaster Plan, if any.	Pg 21	The document suggests that the plan was amended from the original. If so, please identify what changes were made (page #).

SECTION F, RESPONSE FROM ILLINOIS:

Please see Appendices to this document, the IDCFS Disaster Preparedness Plan, Amended 9/15. This plan was amended on pages 25-30 to reflect changes in management and staffing that occurred since the last submission.

Training Plan		
For any new training not previously described, the state must address the following in its updated training plan: • A brief, one-paragraph syllabus of the training activity; • Indication of the specifically allowable title IV-E administrative functions the training activity addresses; • Description of the setting/venue for the training activity; • Indication of the duration category of the training activity (i.e., short-term, long-term, part-time, full-time); • Description of the proposed provider of the training activity; • Specification of the approximate number of days/hours of the training activity; • Description of the audience to receive the training; • Description of estimated total cost; and • Cost allocation methodology applied to training costs.	Pg 21-22	Note: The training plan will need to be revised once DCFS has amended its IV-E State Plan to include those provisions from Preventing Sex Trafficking legislation that relate to staff and provider training.

SECTION F continued, RESPONSE FROM ILLINOIS:

None needed at this time (a Note for future reference, not for action now)

Section G. Statistical and Supporting Information		
1. CAPTA Annual State Data Report Items: The following items are to be included in the 2016 APSR submission. *Information on Child Protective Service Workforce*: For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following: • information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions; • data on the education, qualifications, and training of such personnel; • demographic information of the child protective service personnel; and • information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor. If the state was unable last year and continues to be unable this year to provide all of the requested information relating to the child protective service workforce, please provide an explanation as to why that information is not currently available, and describe steps the state will take to be able to report the information in the future.	Pg 22	This information was not provided in the documents (APSR narrative or CAPTA annual report). Please include the required information in an addendum.

SECTION G, RESPONSE FROM ILLINOIS:

A family's entry into the child welfare system most often begins with a call to the State Central Register (SCR), and staff at this office are required to have the education, experience and training to handle all calls in a professional, expedient manner. The SCR is staffed by Child Welfare Specialists and Child Welfare Advanced Specialists. A Child Welfare Specialist is required to have an Master's Degree in Social Work or a Master's Degree in a related field plus one year of experience working in a related human service field, or a Bachelor's Degree in Social Work plus one year of experience

working in a related human service field, or a Bachelor's Degree in a related human service field plus 2 years of experience working in a related human service field. Staff at the SCR are comprised of 1 Senior Public Service Administrator (SPSA), 8 Public Service Administrators (PSA), 12 Child Welfare Advanced Specialists (CWAS), and 69 Child Welfare Specialists (CWS). The racial identity of these 90 staff include 22 African American (24%), 3 Hispanic (3%), and 65 Caucasian (72%).

Records document that SCR staff have attained 50 BA/BS degrees (most often in psychology or non-accredited social work programs), 23 BSW and 25 MSW degrees, as well as 20 MA/MS degrees and 1 PhD in education (NOTE: Numbers will not add up to 90, as several staff have multiple degrees). Among the 9 administrative staff, 6 have MSW degrees, while 3 have related Master's degrees.

Child Protection Specialists and Child Protection Advanced Specialists carry out the work of assessment and investigation of child abuse and neglect reports. It is preferred that they have a Master's Degree in Social Work with 1 year of directly-relevant experience. They may also have a Master's Degree in a related human service field and 1 year of directly-relevant experience, or a Bachelor's Degree in Social Work and 3 years of directly-relevant experience, or a Bachelor's Degree in a related human service field and 3 years of directly-relevant experience.

In addition to the above, all Child Welfare Specialists, Child Welfare Advanced Specialists, Child Protection Specialists, and Child Protection Advanced Specialists must complete foundational training and training for their specialty position and obtain their Child Welfare Employee License prior to carrying cases. The foundational training is one week, followed by two weeks of training for SCR staff and 6 weeks of training for Child Protection Specialists.

In order to obtain a Child Welfare Employee License, applicants must:

1) Submit an application which verifies that they are not in default of an educational loan or in arrears on a child support enforcement order.
2) Pass a criminal, sex offender, and child abuse and neglect background check.
3) Provider verification that they have a degree from an accredited college or university.
4) Verify that they have a valid driver's license.
5) Take all required pre-service training.
6) Pass the Child Welfare Employee Licensure, Child Endangerment Risk Assessment Protocol, and specialty exams.

Among the 642 active child protection field staff currently employed statewide are 120 PSAs, 123 Child Protection Advanced Specialists (CPAS), 385 Child Protection Specialists (CPS), and 14 Child and Family Services Interns. Among the PSA staff, 64 are Caucasian (53%), 44 are African-American (36%), 8 are Hispanic (6%) and 4 are Asian (3%). Education documented within the PSA group consists of 97 with MSW degrees and 27 with MA/MS degrees in a related field. A few staff have more than one advanced degree.

Within the group of 123 CPAS, there are 54 Caucasian (44%), 51 African-American (41%), 11 Hispanic (9%), 6 Asian (5%), and 1 Native American staff (.08%). 103 of CPAS staff have MSW degrees, 17 have an MA/MS in a related field, and 3 are without an advanced degree documented. The 385 CPS group consists of 181 Caucasian (47%), 168 African-American (44%), 32 Hispanic (8%), and 4 Asian staff (1%). Finally, our group of 14 Interns consists of 7 Hispanic, 5 Caucasian and 2 African-American staff with education among them consisting of 3 with MSW degrees, 2 with an MA/MS degree in a related field, 7 with BSW degrees, and 7 with BA/BS degrees in a related field.

With the exception of caseload requirements, all other information needed for Section G, #1 CAPTA Annual State Data Report Items, was answered above. Child Protection Specialists are currently staffed at roughly a 10:1 or 11:1 ratio.

Juvenile Justice Transfers: Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2014 (specify if another time period is used). Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data.	Pg 22	The state did not include information on juvenile justice transfers. If this isn't the state's practice, please indicate this in an addendum.

SECTION G continued, RESPONSE FROM ILLINOIS:

Below is information produced by the DCFS Quality Assurance Division that lists the number of children under the care of the State child protection system who were incarcerated sometime during the Federal Fiscal Years 2000 through 2015 (year to date). The source for this data is the Department's Legacy MARS database. The methodology and the process for compiling this data consisted of the following sequential:

- A unique count was made of youth for each respective fiscal year; and
- A unique count was made of the cases placed into DET (a county detention center) and IDC (Illinois Department of Corrections facility).

It should be noted that adding the two living arrangement columns (DET Cases and IDC Cases) in the following data table will not add up to the Unique Cases column total and this is due to the fact that some youth were placed into both DET and IDC during the year.

Federal Fiscal Year	Unique Cases	DET Cases	IDC Cases
FFY 2000	1,301	1,100	355
FFY 2001	1,256	1,032	375
FFY 2002	1,274	967	487
FFY 2003	1,350	1,131	398
FFY 2004	1,398	1,138	516
FFY 2005	1,353	1,131	424
FFY 2006	1,345	1,216	350
FFY 2007	1,183	1,029	357
FFY2008	1,116	962	281
FFY2009	1,119	1,013	247
FFY2010	1,097	981	288
FFY2011	1,037	935	249
FFY2012	875	778	189
FFY2013	1000	914	194
FFY2014	938	847	217
FFY2015 as of 9-15-15	846	762	189

The following constraints and limitations in producing the required data must be kept in mind:

- Some cases that should be coded **IDC** are inadvertently coded **DET** and vice-versa.
- The language in the Program Instructions implies that children can be transferred from child welfare to juvenile justice, even at arrest or probation. That may be the case in other states, but is certainly not the case in Illinois. In Illinois, youth are not necessarily transferred from the Child Protection/Child Welfare System into State Juvenile Justice System. In many cases youth end up being clients of both systems.
- Under state legislation passed in June 2008 three hundred and eighty three (383) youth fifteen and under who were adjudicated as delinquents in the juvenile courts were transferred to the guardianship of the Department by Juvenile Court Judges and thus became dually involved in both systems.
- Child welfare in Illinois is a state responsibility and, therefore, the child welfare system is a single statewide system. Juvenile justice is primarily a local responsibility (with the exception of juvenile corrections) and, therefore, is made up of hundreds of local juvenile justice systems (starting with local law enforcement). Therefore, in Illinois, children do not transfer between the systems but may be engaged in both systems simultaneously.

- The Department can only provide a count of DCFS youth placed into DET or IDC regardless of the type of facility. Therefore, if a youth was placed into an adult DET or IDC facility, he/she is still counted. Note that the Department continues to have under its guardianship youth in both the juvenile justice and the adult justice system and provides services to both populations.

The Department believes that the above information describes the contextual information about the source of this information and how the reporting population was defined.

2. Sources of Data on Child Maltreatment Deaths: • ***Describe all sources of information relating to child maltreatment fatalities that the state agency currently uses to report data to NCANDS;*** • If the state does not use information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiners' offices when reporting child maltreatment fatality data to NCANDS, explain why any of these sources are excluded; and • If not currently using all sources of child maltreatment fatality data listed in the previous bullet, describe the steps the agency has taken and will take to expand the sources of information used to compile this information.	Pg 23	Please confirm the sources of data on maltreatment fatalities. It was not clear from the APSR narrative, Citizen Review Panel Report, or the DCFS Annual Statistical Report where IL pulls this data that is reported to NCANDS. Additional information may be included in an addendum to the APSR.

SECTION G continued, RESPONSE FROM ILLINOIS:

When reporting the NCANDS data the Department only uses the investigative data contained in SACWIS, which may include information from police and/or coroners/medical examiners. Information from the states vital statistics department (IDPH) is not included as these data represent all minors that have died in Illinois regardless of cause of death and regardless of any contact with DCFS. The child death review teams review the data from the Illinois Department of Public Health and cross-match it against the SACWIS investigative data to determine if a death should be reviewed by the team(s).

At this time there is no plan to incorporate any other child fatality data with our current NCANDS process.

4. Inter-Country Adoptions: Report the number of children who were adopted from other countries and who entered into state custody in FY 2014 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution.	Pg 23	Information was missing from narrative. Please include it in an addendum.

SECTIOM G continued, RESPONSE FROM ILLINOIS:

There is documentation involving one case from China out of Cook County. The adoptive parents adopted a 10 year old female from China, which finalized in 2015. The adoption subsequently disrupted for unknown reasons, although the child will not be entering state custody. The involved agency, Gladney Center for Adoption has located another prospective adoptive couple in Texas. This case was submitted through Illinois ICPC requesting permission for the child to be placed with the couple in Texas pending the adoption.

Illinois Interstate Compact was receiving post-adoption reports on the Inter-Country Adoptions prior to the passage of House Bill 3079, which amends the Adoption Act and which Governor Rauner signed into law on 7/15/15. These reports were a means to monitor the post-adoptive placements as well as any potential or actual disruptions of these adoptions.

There is no record of any other available data regarding the number of any Inter-Country Adoptions which disrupted and which resulted into these youth entering state custody in FY 2014. There is also no other available data regarding any agencies who may have been involved in these disrupted Inter-County Adoptions, the outcomes for these children, or the reasons for the disruptions or dissolutions.

APPENDICES to the ADDENDUM

CAPTA Annual Report
FY15

FY 2015

Child Abuse Prevention and Treatment Act (CAPTA) Annual Report

Child Abuse Prevention and Treatment Act (CAPTA) Annual Progress and Services Report for Basic State Grant for October 1, 2014-September 30, 2015

As the designated agency for the Basic State Grant under the Child Abuse Prevention and Treatment Act (CAPTA), the Illinois Department of Children and Family Services (IDCFS) submits the CAPTA Annual Progress and Services Report (APSR). The APSR continues to be in accordance with the Administration for Children Youth and Families (ACYF) Program Instruction issued March 31, 2015 and with guidance from the Children's Bureau publications. This CAPTA update is resulting from the CAPTA State Plan previously submitted and incorporates recent and anticipated reorganizational changes within the department, that of the Child and Family Services Plan (CFSP) and input from the citizen review panels.

This annual report takes into consideration the national goals of safety, permanency, and child and family well-being which continues to be the foundation and mission of IDCFS for systemic and outcome measures aimed at improving the lives of Illinois children who are exposed to child abuse and neglect. Also, central to the national standard is IDCFS mission to provide appropriate, permanent homes as quickly as possible for those children who cannot safely return home; support early intervention and child abuse prevention activities in partnership with community-based programs in order to fulfil this mission. IDCFS vision is to act in the best interest of every child it serves and to help families by increasing their ability to provide a safe environment for their children and by strengthening families who are at risk of abuse and neglect.

The CAPTA and the CFSP calls for IDCFS internal staff other state agencies and private citizens to work collaboratively to deliver high quality evidence-based prevention and intervention programs and services to children and families. The Plans strengthen coordination among all levels of government with agencies that are primarily community-centered, not-for-profit, private for-profit, civic, and faith-based. The Plans emphasizes the need for services and programs to be designed to meet the specific needs of children and families in communities where they live and have the greatest access. To this end, in an effort to joint plan and blend state and federal resources the Department and its collaborative partners continues to review systemic changes and federal funding sources holistically.

Meaningful and ongoing partnership continues to occur with the Children's Justice (CJ) Grant Administrator, the Community-based Child Abuse Prevention (CBCAP) Grant Administrator, the citizen review panels in our State, the CAPTA Grant Administrator, the Budget and Finance Committee, the grant monitors, the Deputy Director and Supervisory staff. These partnerships continue to play an active role in the planning process organized within the Department for developing a consolidated plan which contributes to the Department's FY2015-FY2019 CAPTA and Child and Family Services Plan (CFSP). These internal partnerships along with our community-based partners assist the State in meeting federal requirements as it relate to child safety, permanency and child and family well- being for the integration of Title IV-B, Title IV-E and CAPTA services.

Section D. Under Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements and Updates:

Describe substantive changes, if any, to State law or regulations, including laws and regulations relating to the prevention of child abuse and neglect, that could affect the State's eligibility for the CAPTA State grant (section 106 (b) (I) (C) (i)). The State must also include an explanation from the State Attorney General as to why the change would, or would not, affect eligibility. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

Child Abuse Prevention and Treatment Act (CAPTA) Report

The State of Illinois continues to maintain laws that are compliant with the requirements of CAPTA. At the time of this CAPTA Annual Report submission, no new laws were enacted over the past year that would affect Illinois participation in the CAPTA State Grant program. There were Public Acts that will have an impact on the Department however, these Public Acts do not have any substantive changes, in the state law or regulations relative to the prevention of child abuse and neglect, that could affect the State's eligibility for participation in the CAPTA grant program.

Describe any significant changes from the State's previously approved CAPTA plan in how the State proposes to use funds to support the 14 program areas (section 106 (b) (1) (c) (ii).

Illinois has not made any significant changes from the State's previously approved CAPTA State Plan in terms of how the State proposes to use CAPTA funds to support one or more of the 14 System Improvement categories as required under section 106 (b) (1) (C) (ii).

This past fiscal year, the Department has experienced many transitions in leadership within a relative short period of time. These changes have caused some unsettlement in the agency. However, inspite of the changes the Department has continued to move forward during the transitional periods. These transitions have led to re-organizational structures. The agency staff is hopeful that in time the structural changes will better clarify goals and objectives of the agency as a whole as well as for those areas requiring improvements under the 2015-2019 Child and Family Services Plan (CFSP).

Although the Department has not made any significant changes in how the state proposed to use its CAPTA Grant funds. The current administration and leadership team have advised that additional changes will be forth coming in fiscal year 2016. We are anticipating using some portions of the CAPTA funds to support 6 children Advocacy Centers that will no longer be supported out of the Children's Justice Grant (CJG). The CJG for the last 5-6 years, have supported 6 CACs for development activities. Starting in FY 2016, the CJG can no longer fund those 6 CAC's per the Children's Justice Federal Project Officer since the funding were intended to be for an short-term development project. These Children's Advocacy Centers are in line with 1 of the provisions of the Basic State Grant 14 System Improvement categories relative to improving the child protection system under the intake, assessment, screening and investigation of reports for child abuse and neglect.

Oftentimes many of the funding opportunities being proposed may be funded fully or partially out of CAPTA to meet an unmet need of the Illinois Department of Children and Family Services. The unmet need is usually identified by the Director, a Deputy Director, a Needs Assessment and or unmet need area as determined by a child protection administrator or one of the 4 citizen review panel's recommendations.

New programs being considered for funding out of the CAPTA Basic State Grant cannot be funded without re-prioritizing and or shifting current funded program or initiatives under the CAPTA Grant appropriation lines. The Community Based Child Abuse Prevention (CBCAP) Grant was able to fund additional prevention focused program at the neighborhood level that were previously funded under CAPTA an anticipation of the CAPTA grant funding 7 Children Advocacy Centers. As mentioned previously, the Children Advocacy Center fits nicely under the provisions of the CAPTA Grant 14 System Improvement categories under: Improving, the Intake Assessment, Screening and Investigation of reports of abuse and neglect (section 106 (a).

The Department continues to be challenged with funding new programs to address the changing characteristics of at risk populations and their needs while enhancing support to programs which have proven successful. Any new program under consideration will need to be flexible and responsive to families and meet an unmet need as identified by a Needs Assessment and or the Direction of the Department. These new

programs will need to affirm and strengthen families' cultural, racial and linguistic identities and enhance their ability to function in a multicultural society.

During the re-organizational process the Division of Grant Management and Accountability will continue to provide direct oversight for funded grant programs supported with CAPTA, CJ, CBCAP and the 4 Citizen Review Panels grant activities. These federal funds are provided to public agencies, non-profit organizations to assist with sustaining a continuum of care and or service array needs for children and families in the State. These funded programs are monitored both by a Contract Manager and Program Monitors to ensure that financial obligations and compliance are being met.

Describe how CAPTA state grant funds were used, alone or in combination with other Federal funds, to meet the purposes of the program since the submission of the CAPTA State Plan (section 108 (e) of CAPTA).

The Department operates on the premise that families and children are best served in the communities in which they live. This is accomplished through an array of services provided by local agencies and carefully selected by the families to meet their individual needs. These services are directed towards preventing the unnecessary separation of children.

In addition to community-based services the CAPTA Basic State Grant funds were used alone or in combination with a blend of state and federal funds supported through one or more of the funded initiatives: Community-Based Child Abuse Prevention Grant (CBCAP), the Children Justice Act Grant (CJG), State Counseling Dollars, State Child Abuse Grant (SCAG) and or other Federal sources to work collaboratively to focus on 1 or more of the 14 System Improvement categories which is fully elaborated below.

1) **Improving, the Intake Assessment, Screening and Investigation of reports of abuse and neglect (section 106 (a)**

Since 1987, thirty-six (36) Children Advocacy Centers have been developed in Illinois for indicated child abuse/neglect reports involving sexual abuse. Five of 36 centers are in Cook County. These centers are county-based programs established to meet and coordinate the special activities of various agencies (particularly DCFS, law enforcement, and State's Attorneys) involved in the investigation, prosecution and treatment referral of child sexual abuse cases. The purpose of the Children Advocacy Centers is to bring help-systems together with child victims of sexual abuse or assault, serious physical abuse, or serious neglect in a humane and responsive manner while offering a comfortable environment for those victims and their non-offending caretakers to include developmentally delayed or severely traumatized adult victims.

The National Children's Alliance (NCA) is the national association and accrediting body for Children's Advocacy Centers (CACs). Formed in 1988, NCA has been providing support, technical assistance, and quality assurance for CACs, while serving as a voice for abused children for more than 25 years. A children's advocacy center is a child-friendly facility in which law enforcement, child protection, prosecution, mental health, medical and victim advocacy professional work together to investigate abuse, help children heal from abuse, and hold offenders accountable.

The services provided by the Children Advocacy Center under the DCFS contracts are to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement (2) promote family reunification (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and well-being of children.

Specifically, the Centers will provide forensic interview, multidisciplinary teams (MDT) coordination and case management services under the DCFS contracts. Forensic Interview services ensure the safety, permanency and wellbeing of children by bringing together the team responsible for both the child protection and criminal investigations to collaborate knowledge and skills to protect the child and provide a coordinated and comprehensive response.

Forensic Interviews create an environment that provides a child the opportunity to talk to a trained professional regarding what the child has experienced or knows that resulted in a concern about abuse. The overall purpose of a forensic interview is to obtain a statement from a child, in a developmentally and culturally sensitive, unbiased and fact-finding manner that will support accurate and fair decision making by the involved criminal justice and child protection systems. Many of the Children Advocacy Centers employ specially trained forensic interviewers to provide child-focused, developmentally appropriate and culturally sensitive forensic interviews. MDT coordination ensures the safety, permanency and wellbeing of children by bringing together a multi-disciplinary team to collaborate knowledge and skills to protect the child and provide a coordinated and comprehensive response. This includes coordinating the involvement and services of

child protection, law enforcement, child advocacy, prosecution medical and mental health as applicable to a specific case.

In fiscal year 2016 the CAPTA Basic State Grant will fund seven (7) Children's Advocacy Centers that are listed and described below. These Children Advocacy Centers serves to improve the intake, assessment, screening and investigations of reports of abuse and neglect (section 106 (a).

1a) All Our Children's Advocacy Center: All Our Children's Advocacy Center (AOCAC) will coordinate, arrange and conduct a multi-disciplinary Forensic Interview of an alleged child sexual abuse victim, physical abuse victim or a witness between the ages of 3-17. The target population served under the DCFS contract includes children between the ages of 3-17 who are reported to the DCFS hotline and/or local law enforcement as suspected victims of sexual abuse, extreme physical abuse and witnesses to homicides. Children under 3 years old will be accepted on a case by case basis. The Geographical Service Area(s): The communities within these five townships are: Alsip, Bedford Park, Bridgeview, Burbank, Burr Ridge, Chicago Ridge, Crestwood, Countryside, Evergreen Park, Forest View, Hickory Hills, Hinsdale, Hodgkin, Hometown, Indian Head Park, Justice, LaGrange, Lemont, Lyons, McCook, Marionette Park, Oak Forest, Oak Lawn, and Orland Hills, Orland Park , Palos Park, Stickney, Summit, Tinley Park, Western Springs, Will Springs, Worth, and the County communities unincorporated Cook that fall within the 5th Municipal District. The Provider delivery site is handicapped accessible. Client Capacity Under DCFS Contract: 120 clients at any given time. The agency has a no decline policy. DCFS staff is responsible for faxing the CANTS forms to the All Our Children's CAC. DCFS staff is responsible for following up with the AOCAC staff after a CANTS form has been faxed. DCFS staffs are responsible for attending Forensic Interviews, pre- and post-multi-disciplinary investigative meetings and monthly Case Review meetings. A member of the Multi-disciplinary team will contact the non-offending family member or caregiver to schedule the Forensic Interview. A member of the AOCAC staff will follow up with the non-offending family members/caregivers 2 weeks after the forensic interview is conducted.

1b) April House Children Advocacy Center: High quality forensic interviews are provided in a child receptive environment to children of the Geographical Service area of Whiteside County, IL. Client Capacity under DCFS Contract: 85-95.The services are provided to children and their non-offending caretakers in an effort to prevent substitute care placement, and to ensure the safety and wellbeing of children. The client is defined as children of Whiteside County ages 2 years of age to 17.9 years of age involved in allegations of child sexual abuse, child physical abuse, and/or serious neglect as referred by DCFS or Law Enforcement. The client must demonstrate communication skills necessary to tell what they know about things that may have happened to them. The average number of DCFS involved referrals is estimated to be 85-95 children annually. Law Enforcement only referrals is estimated to be 15-20 children annually, with a

total number of children served estimated at 100-110 annually. Children involved in child abuse allegations from other counties will be considered for services on a case-by-case basis upon request of the MDT. Adult victims of sexual assault with intellectual impairments who communicate developmentally as children, and, adult victims who demonstrate severe emotional trauma will also be considered for services on a case-by-case basis upon request of the MDT. The estimated number of clients served in these circumstances is estimated to be 10-20 adults or children living outside of Whiteside County per year. The collaboration and coordination of the Multidisciplinary Team (MDT) are also offered as part of the forensic interview. Coordinating the interviews allows the MDT to complete a thorough investigation while honoring the child and that child's non-offending caretaker with the least intrusive approach possible. Immediately following the completion of an interview, the MDT will review all information gleaned. The MDT will coordinate a plan for the investigation when abuse is disclosed by the child. The non-offending caretaker will be informed of the next step in the process and given an opportunity to provide any additional information. The non-offending caretaker will also be given contact information for indicated service needs before leaving the site where the interview took place. MD T & Child Services Agency Training Opportunities: The Executive Director/Forensic Interviewer for April House serves as a trainer for the Illinois State Police Academy providing information about talking with children involved in allegations of abuse or other victim based crimes.

1c) Guardian Center Children Advocacy Center: The program provides services including child-sensitive interviews, advocacy for child victims and their families, MDT case review and training in child-sensitive investigations, referrals for specialized medical exams, court preparation and community education. The client capacity under this DCFS Contract is 100. The Guardian Center Carmi and Harrisburg offices serve sexually and physically abused children (ages 0-18) from the counties of White, Gallatin, Saline, Edwards and Wabash who are referred by the Illinois Department of Children and Family Services, local and/or state law enforcement agencies, or by mental health professionals working with victims of abuse. The Healing Harbor satellite office serves sexually and physically abused children. The ages are from (0-18). The program served the geographical areas of Richland, Lawrence and Crawford Counties in Southeastern Illinois. Children are referred by the Illinois Department of Children and Family Services, local and/or state law enforcement agencies, or by mental health professionals working with victims of abuse. All of these counties are rural and have limited access to services for child abuse and neglect. All male and female children ages 0-18, who have been referred by law enforcement, child protection, mental health, and medical personnel, will be served with no denial of services unless the program is at capacity or the case does not meet the criteria set forth in the county protocols. No one is denied services due to handicap, race or religious orientation.

1d) Macon County Children Advocacy Center: The program staff facilitate the Multidisciplinary team response to investigating allegations of sexual abuse and

serious physical abuse provides safe, child-friendly environment for forensic interviews, legal advocacy, case coordination, medical and social service advocacy, court education and accompaniment for child victims of abuse and their non-offending family members. The Center staff provides forensic interviewing and facilitation of interviews, case coordination, legal advocacy, medical and social service linkage and advocacy, court education and accompaniment, and facilitation of the multidisciplinary response and case review process. The Client Capacity under this DCFS contract is 120. The agency operates on a non- client decline policy. All children under the age of 18, both DCFS and non-DCFS involved who are alleged victims of sexual abuse or serious physical abuse and live in Macon or Piatt Counties. Alleged victims who are not residents but who were alleged to be abused within Macon or Piatt Counties are also eligible for child advocacy services along with their non-offending family members. Serious physical abuse is defined as those cases with allegations listed under DCFS Level I allegations of harm, death, head trauma, multiple fractures or fractures suspicious of abuse, third degree burns, internal injuries, wounds, bruising or welts from objects, torture, sexually transmitted disease. Services are offered whether or not a disclosure is made by the child and are available free of charge. In addition, with the Director's approval, the interview rooms are available to law enforcement or DCFS investigators who need to interview child victims or witnesses of other serious crimes.

1e) Madison County Children Advocacy Center: The program provides coordinated investigations, forensic interviews, case management, and multidisciplinary team coordination and contracted counseling services for children involved in allegations of sexual abuse and severe physical abuse. Specifically, clients and geographical location are for those children between the ages 3-17 who reside in Madison or Bond Counties and who are involved in allegations of sexual abuse or severe physical abuse with law enforcement and/or child protection. From the Center's Protocol, the Center will accept any child meeting these criteria *regardless of race, religion, creed, nationality, age, gender or sexual orientation. The office and building are fully handicapped accessible.* The Client Capacity under this DCFS contract is 475.

1f) Locust Street Resource Center (New Beginning Children Advocacy Center):

New Beginnings CAC provides services to children 0-17 and their non-offending caregivers who have been the alleged victims of sexual or physical abuse. The geographical locations served are: Macoupin, Jersey, and Greene and Calhoun counties. The CAC provides services to DCFS and non-DCFS clients. The CAC service provisions are based on protocol agreements with each county served. Courtesy interviews may also be provided for counties that are not covered by a protocol. Sign Language and Spanish speaking interpreters are available as needed. Cases that are not included in the established admission criteria and in the county protocols will be reviewed on a case by case basis. In general, children who are not referred by DCFS or Law Enforcement are not eligible for CAC services. New Beginnings CAC is not designed to interview children with any

allegations other than those pertaining to sexual abuse or serious physical abuse. Any other allegations will be considered on a case by case basis and an interview will be scheduled at the discretion of the director. The Client Capacity under this DCFS contract is 120.

1g) Sangamon County Children's Advocacy Center**:** The Sangamon County Child Advocacy Center coordinates the investigation of child sexual abuse cases in the geographical areas of: Sangamon, Christian, Logan, and Menard Counties; and coordinated investigation of serious physical abuse cases in Sangamon County. The Center provides victim sensitive forensic interviews, advocacy services, and case review for all cases referred. The SCCAC also provides referral to crisis intervention counseling by contracting with local therapists. Sexual Abuse Prevention Education is offered in the local schools in grades K through 6. In addition the Center operates the Court Appointed Special Advocate (CASA) Program. The client capacity under this DCFS contract is approximately 233 child victims at any given time with a no decline as defined in their county protocol.

In addition to funding the seven (7) Children Advocacy Center described above the CAPTA Basic State Grant also joint funds the 4 medical programs in the State which serve to improve the intake, screening and investigation of reports of child abuse and neglect investigations under section 106. These medical programs are as follows:

1h) The Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC): The MPEEC program is mostly funded internally through state and federal funds Identified in the IDCFS appropriation line. However, the Basic State Grant also contributes to this project by funding the Case Coordination and Management services of the program.

The ChicagoCAC partners with government agencies that respond to reports of abuse in the City of Chicago, including the IDCFS, Chicago Police Department (CPD), Cook County State's Attorney's Office (CCSAO), and Cook County Health & Hospital Systems (CCHHS). In collaboration with its partner agencies, Chicago CAC facilitates a multidisciplinary response to reports of child sexual abuse (ages 0-17). More than 120 professionals from all five agencies work at a trauma-informed facility on Chicago's Near West Side (Illinois Medical District) maintained by ChicagoCAC. The ChicagoCAC coordinates multidisciplinary child abuse investigations and provides forensic interviews, victim/family advocacy, crisis intervention, referral and follow-up, transportation, child life, interpretation and therapy services to alleged victims of child sexual abuse and their non-offending family members. ChicagoCAC also provides reception and security for its entire facility. Together, ChicagoCAC and the partner hospitals are responsible for MPEEC management, development, and strategic planning.

The Department funds the MPEEC program and its activities related to the coordination of multidisciplinary investigations, involving investigators from DCFS and law enforcement agencies and expert Child Abuse Pediatricians (CAPs), for allegations of

severe physical abuse of children up to 36 months of age which includes the following allegations:

- Head trauma (2/52)
- Bone fractures (9/59)
- Internal injuries (4/54)
- Burns (5/55)-cases that present at MPEEC hospitals and a child consult is requested and results in a hotline report
- Cuts, welts, bruises and abrasions (11/61)-cases that present at a MPEEC hospital and a Child Abuse consult is requested and results in a hotline report.

MPEEC is the collaboration between ChicagoCAC, John H. Stroger, Jr. Hospital of Cook County, Ann & Robert H. Lurie Children's Hospital of Chicago, and University of Chicago Comer Children's Hospital. All of the pediatricians who conduct child abuse evaluations for this contract are Board Certified in Child Abuse Pediatrics. MPEEC's case coordination and medical expert services ensure that accurate medical diagnoses are given in a timely manner so that children who have not been abused are not needlessly subjected to prolonged investigations, while children who have been abused receive appropriate safety evaluation and immediate intervention. MPEEC's education component seeks to improve the knowledge of DCFS and law enforcement investigators about how child abuse is medically diagnosed and MPEEC's multidisciplinary investigation process.

MPEEC provides mandated medical expert consultation and written opinions for cases that fit with these criteria in Chicago; cases meeting these criteria are referred to as **mandated cases**. MPEEC also provides second opinions on cases as requested by DCFS, referred to as **second opinion cases.**

ChicagoCAC employs a full-time MPEEC Case Coordinator, who is responsible for facilitating the day-to-day collaboration between the hospitals, DCFS, and CPD. The Coordinator receives the abuse reports, collects case information, assigns physicians to cases, and facilitates interagency communication and transportation of medical records. The Coordinator is also responsible for opening new cases and data entry in ChicagoCAC's client management system and acts as the primary data collector.

The CAPTA Basic State Grant funds support *Case Coordination & Management**:***
The MPEEC Case Coordinator travels between the three hospitals and works directly with the CAP(s). He/she acts as the MPEEC liaison to DCFS investigators, CPD detectives, and the general medical community. The MPEEC Case Coordinator also organizes and facilities a Process Review Committee with front line staff and supervisors. This committee addresses process-related concerns along with developing strategies to mitigate barriers to increase training effectives. The MPEEC Case Coordinator discusses committee outcomes and recommendations with the MPEEC leadership team prior to implementation. To the extent resources allow, ChicagoCAC also responds to training requests for law enforcement professionals and other MDT partners outside of the scheduled Serious Harms Trainings. The MPEEC Case Coordinator is working with CPD to implement regularly scheduled trainings for detectives, sergeants, and other CPD leadership. ChicagoCAC also employs program and administrative staff who are

responsible for staff and program supervision, data entry and analysis (Program Assistant), and back-up to the MPEEC Case Coordinator.

Each MPEEC hospital has protocols in place to screen for potential child abuse cases in their hospital. As a result of these protocols, the child abuse teams collectively consulted on approximately 300 cases in addition to the MPEEC cases.

Forensic Interviewing: Forensic Interviewing are performed for children who are alleged witnesses to the physical abuse of a child involved in a MPEEC case. ChicagoCAC has the capacity to ensure that children can be interviewed seven days per week if necessary. Forensic Interviewers are trained to interview children with intellectual developmental and physical disabilities to the degree that the child is able to participate fully in the process. Forensic Interviews are digitally recorded when caregivers (must be legal guardian) consent (via consent form) to the recording. Services are available in English and Spanish.

Data Report for the MPEEC Program for FY15:

During this reporting period July 1, 2014 through June 30, 2015, MPEEC responded to156 mandated cases. All mandated cases referred receive a coordinated response by DCFS and Chicago Police Department (CPD), facilitated by the Chicago Children Advocacy Center. All mandated cases receive a full MPEEC medical report. During this same reporting period the program served 7 Second Opinion cases. These are cases accepted for Second Opinion review along with a medical review of relevant documents and medical opinion.

Outcome: The average number of days between a client referral to MPEEC and receipt of all materials from DCFS will average 30 calendar days.

Data for MPEEC is collected and reported using the NCAtrak case tracking/management system. NCAtrak was developed by the National Children's Alliance for use by children's advocacy centers.

Regional[1] Comparison**:** During the reporting period of April 1, 2015 through June 30, 2015, MPEEC provided evaluations on 33% or 23 of the 70 cases that met MPEEC eligibility criteria (i.e. child age and type of injury) in the region.

The region is generally defined as Cook County; however, MPEEC services are occasionally provided for clients who are transported to a MPEEC hospital from collar and other northern Illinois counties, or as second opinion referrals.

Multiple Traumatic Injuries (100%)
Internal Injuries (100%)
Head Trauma (92%)
Cuts, Welts, Bruises (5%)
Burns (9%)
Bone Fractures (92%)
MPEEC
Non-MPEEC

The cases that are classified as 'non-MPEEC' are cases that do not meet the program plan mandate criteria, e.g. a cuts, welts, and bruises case where the victim does not present at an MPEEC hospital.

1i) The University of Illinois College of Medicine at Rockford developed the Medical Evaluation and Response Team (MERIT) program which Serve to improve the intake, assessment, screening, and investigations of reports of child abuse and neglect under section 106:

This program is jointly funded by the CAPTA Basic State grant and the Children Justice Grant (CJG) with the CJP being the largest funding source. The Children Justice Task Force continues to take the lead in assisting and developing medical resource centers for specialized examination of child abuse victims. The Department has established contracts with major medical schools or children's hospitals to provide leadership trainings and outreach. There is a resource center identified within each region of the state. These 3 medical programs are discussed below.

The MERIT program continues to provide medical advocacy for children (DCFS and non-DCFS clients) ages 0-17 who are alleged victims of sexual or physical abuse, and/or neglect. This includes:

- Comprehensive medical assessment, evaluation and diagnosis;
- Appropriate and timely follow-up of targeted medical services for each child as it pertains to abuse and neglect;
- Documentation of findings and recommendations for follow-up to referral source;
- Data tracking of each child served;
- Medical expert consultation on difficult cases on when additional medical needs are identified;
- Parent education and support;
- Court testimony and preparation;
- Member of multidisciplinary team;
- Educational resource for physicians and other healthcare providers;
- Training to MDT members on child maltreatment.

MERIT Data Report**:**

Currently, MERIT is staffed by two full time case coordinators and two part times medical Providers. The two medical providers have a combined schedule of 4 days per week for MERIT. With an annual caseload of 270-300 case every calendar year, MERIT case Coordinators are responsible for 135-150 cases each. They are assigned at intake and follow the case and all of its activities through to verdict and sentencing.

Although MERIT is a university program; the clinic itself is not located on the main campus billing and accounting and accounting are the only off site, non-MERIT tasks. Administrative tasks are mainly completed at MERIT. In December of 2008, MERIT

was receiving referrals from 14 northwestern Illinois counties. There has been one change in staffing since MERIT opened in May 2008 and that was to add a second case coordinator. MERIT was designed and budgeted to cover Boone and Winnebago counties. MERIT is nearly identical to the other medical programs throughout the state. It is very similar in client numbers as the Pediatric Resource Center which is also a University of Illinois program.

MERIT Medical Director, Dr. Raymond Davis has weekly scheduled time of one full day and one half day. He also has an 80 percent time pediatric practice, so court and inpatient consults are scheduled when he can be available. Because of his schedule, he has limited ability to increase his time commitment, and, has set limits on his administrative responsibilities.

MERIT Provider, Shannon Krueger has scheduled hours at MERIT that are two full days and one half day every week. One of the half days each week is when all team members are present and that is when weekly updates and communication team meetings are held.

As case numbers have increased, so has the demand for court appearances which in turn, have increased demands for trainings within the legal systems of the counties served. This has a domino effect and cut into time for patient encounters. Thus, a program specific executive director and additional providers are being considered in order to maintain quality and performance of MERIT. MERIT has never had a secretary, office manager or an office support staff specialist but the staff needs are sufficient to consider these now. The two MERIT case coordinators currently perform case coordination as well as the following tasks: all office purchasing, billing, telephone triage, receptionist work, maintaining patient databases and files, faxing, copying, manage storage of supplies and files, managing the record room, and medical case management in child physical abuse, sexual abuse and neglect cases. They also coordinate and attend the DCFS/LE training sessions throughout the 15 county area serviced by MERIT.

The MERIT program in FY15 saw an increase in the number of children who are suspected victims of abuse and are referred for the specialized exams. This will be achieved by opening an outreach clinic in Woodstock-McHenry County, allowing victims more local access to the specialized exams that MERIT provides. Although MERIT providers prefer to actually see the children who are suspected victims of abuse, the providers will allow selective photo/paper consultations for review. MERIT providers are available by phone for weekly prosecutorial case reviews and monthly comprehensive case reviews. MERIT providers are always prepared for court appearances when subpoenaed. By educating future care givers and providers, the team hopes to increase awareness of child abuse, therefore, resulting in an increase in referrals. By attending continuing education, MERIT staff stays current of research and trends in child abuse and neglect, resulting in continued excellent care and advocacy. MERIT lack the appropriate resources to fully implement all desired projects and goals, such as outsourced peer review, resident education, tracking of subpoenas and court outcomes, track and compile program statistics. MERIT operates on laptop computers. The storage of critical data (other than the actual charts themselves) is accomplished by means of a

shared flash drive, and a small, desktop hard drive unit. There is internet access through the Rockford Health Systems Public Wi-Fi server. There is an urgent need to overhaul the IT aspects of MERIT. Ideally, a central mainframe with multiple, secure access ports would be beneficial.

FY15 Summary Case for the MERIT Program**:** This case was regarding an 11 month old who had been at a family gathering, and went home for the evening. When at home, after being fussy and asleep, it was reported that child was noted to not be using his right arm. The parents took the child to an ER for evaluation and the child was diagnosed with a humerus fracture. MERIT was asked to assess the child and determine whether this type of injury could have been from abuse. This was difficult because there was a fracture without history of any trauma. After taking a medical history and talking with family here at the office with DCFS and law enforcement present, it was noted that Dad had tried to calm the child down before bringing child to Mom who noted the deformity of the arm. With the information we had, and the comprehensive knowledge of fractures in infants that the providers at MERIT have, we could confidently say that this child had been abused. The child would have had significant pain, and would have had some force needed to fracture the bone, and with a detailed history we could pinpoint a time when Dad was alone with child and could have possibly injured the arm. This helped law enforcement and DCFS with their investigation. Without a program such as MERIT this could have been missed as an abusive injury.

1j) The Pediatric Resource Center: improving, the intake assessment, screening and investigation of reports of abuse and neglect (section 106 (a) 1).

This contract is funded through a Regional Base Contract with IDCFS; the Children Justice Grant and the CAPTA State Grant. The Pediatric Resource Center (PRC) was developed to provide medical evaluations and social services to children under investigation for child abuse and neglect. The Pediatric Resource Center (PRC) is a program of the University of Illinois, College of Medicine of Peoria, and serves 40 counties in the Central Region of Illinois. The program expanded when the DCFS Peoria Regional Administrator linked the PRC with the Central Child Protection Division of DCFS to provide education, training, and consultation to medical providers around the state. By providing specialized medical evaluations and case coordination services to children when concerns of physical or sexual abuse, as well as neglect have been raised, the PRC works to ensure that children are in a safe environment by working with DCFS. In addition, the medical evaluation ensures that the physical well-being of the children is addressed so that healthcare needs are met.

The program serves any child under the age of 21 years, under DCFS Guardianship, and is suspected or known to be sexually abused, physically abused, or neglected, and any child under the age of 18 years who is under investigation by DCFS and/or law enforcement for an allegation of sexual abuse, physical abuse, or neglect, is eligible for consideration of services including children who are considered medically complex.

The primary focus of this contract is to provide services to professionals who work in the field of child abuse and neglect. The PRC will provide numerous services to these individuals including: education and training to increase their knowledge of child abuse and neglect investigation and treatment; provision of information on adjunct services for the children they serve; and to provide

consultation on client services, policy and procedures, development of protocols, and technological assistance. Particular emphasis will be given to the provision of training to physicians and other health care providers to enable them to perform quality child abuse evaluations or identify situations to refer to specialized providers.

Pediatric Resource Center Data Report**:**

During this fiscal year, staff of the PRC will have provided direct services to approximately 300 children, ages 0 through 17, male and female, residing throughout Central Illinois who are suspected of being abused or neglected. For the first three quarters of FY15, 298 children were provided with medical exams and 23 medical consultations were provided. PRC also served the children directly or indirectly through contacts with parents or caretakers. Staffs provide parents or caretakers with information, counseling, education, and referral services to deal with the child's health, safety, and psycho-social needs. For calls from parents who are suspicious of abuse, PRC staffs provide information and guidance regarding appropriate calls to the DCFS hotline, information regarding notifying police of possible crimes, and appropriate interaction with their children.

Interpreter services are provided as needed such as sign language, Spanish speaking and other languages are available as well.

1k) The Department contracts with the Southern Illinois University (SIU) School of Medicine for services through the Children's Medical Resource Network CMRN): Improving, the Intake Assessment, Screening and Investigation of reports of abuse and neglect (section 106 (a) 1).

The programs provides medical evaluations for children ages 0-17 who are alleged victims of sexual or physical abuse, neglect, or at risk of harm due to exposure to methamphetamine or a methamphetamine manufacturing environment. This includes:

- Comprehensive medical assessment, evaluation and diagnosis;
- Case coordination of each child's identified health needs;
- Appropriate and timely follow-up of targeted medical services for each child;
- Documentation of finding to referral source;
- Data tracking of each child served;
- Health care providers consultation on difficult cases or when additional medical needs are identified;
- Parent education and support;
- Multidisciplinary staffing to coordinate investigation and follow-up services;
- Court preparation and testimony

The program offers services in the 34 counties of the southern region as well as 11 counties of central Illinois. CMRN recruits and trains network physicians, advanced practice nurses and physician's assistants to provide medical consultations to DCFS, law enforcement officers, and medical personnel in child abuse investigations, either by phone, record review or physical examination of a child.

CMRN provides emergency consultation upon request to medical personnel (or staff) and DCFS investigators who are directly affiliated through CMRN. The program encourages the DCFS field

offices to send the CANTS reports to CMRN medical director for review. The Medical Director will review all CANTS reports and will make recommendations for those needing medical follow-up where appropriate, and educate radiologist groups and other specialists in our area about child maltreatment, how to look for signs of abuse in very young children and what films are important to obtain.

In conclusion, the medical providers in which DCFS have a contractually linked agreement have expressed that the continued development of the field of child abuse pediatrics is leading to changes in the medical services system for children who are alleged victims of abuse and neglect. More pediatricians are becoming board certified Child Abuse Pediatricians, which is essential for the field, but also leads to the need for better collaboration statewide between medical professionals, DCFS and law enforcement during child abuse investigations, with the coordination and expert medical services provided by MPEEC being a model. Standard, recommended protocols and best practices for medical responses to child abuse exist, but many hospitals need assistance in building child abuse programs as well as training in working effectively with DCFS and law enforcement to properly diagnose injuries and make medical determinations regarding abuse and neglect. Access to the expertise of Child Abuse Pediatricians in all severe child abuse cases is essential to determine the correct diagnosis and facilitating the best outcome for the child. Proper funding and resources are necessary to building these programs statewide and ensuring that strong systems involving multidisciplinary collaborations are in place for responding to child abuse.

As MPEEC and the other medical program continues their efforts to build a larger network of hospitals, and capture the full impact of MPEEC hospital , further discussion and planning are needed in FY16 about how funding is applied to supporting each hospital, while also bringing in new local partners. This is important to larger-scale planning for improvements that are needed for the regional and statewide medical response to child abuse and neglect.

2) <u>Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigation; and improving legal preparation, including procedures for appealing and responding to appeal of substantiated reports of abuse and neglect; and provisions for the appointment of an individual appointed to represent a child in judicial proceeding (section 106 (</u>a) (2).

Illinois currently have 4 Citizen Review Panels in our State. They are as follows:

1) Statewide Citizens' Committee on Child Abuse and Neglect (SCAN);
(2) Child Death Review Team Executive Council (CDRT)
(3) The Family Services Advisory Council (CFSAC); and
(4) The Children Justice Task Force (CJTF)

The objective of the citizen review panel is to increase system transparency, accountability, and provide opportunity for community input. The citizen review panel members consist of volunteers who are a broad representative of the communities served. The mandate of the Citizen Review Panels is to evaluate the extent to which the agencies

(state and local) are effectively discharging their child protection responsibilities. Public Law 108-36 was signed into law by the President and expanded the citizen review panel duties to include:

1) *Examining the practices, policies, and procedures, of the state and local child welfare agencies, and where appropriate specific cases to evaluate the extent to which state and local child protection agencies are effectively discharging their child protection responsibilities in accordance with:*

   (a) The State's CAPTA Plan,
   (b) Child protection standards required by CAPTA
   (c) Any other criteria that the citizen review panel considers important to ensure the protection of children including;
      i. Reviewing the extent to which the state and local child protective services system is coordinated with the foster care and adoption programs established under Title IV Part E of the Social Security Act and
      ii. *Reviewing child fatalities and near fatalities cases*.

Further, the law requires each panel to make recommendations to the state and public on improving the child protective service system. In addition, the Department, as the designated agency to receive the State Grant, is required to respond in writing to the Citizen Review Panel's recommendations no later than six months after the recommendations are submitted. The state agency's response must include a description on whether or not the state will incorporate the recommendations of the Citizen Review Panels (where appropriate) to make measureable progress in improving the State child protective services system.

On November 21, 2014, DCFS hosted the first Citizen Review Panel meeting involving our national and federal leaders. Dr. Jones was invited to Illinois since the Department had lost several state employees in 2012. A few of these individuals served in the role as the DCFS Liaison and/or coordinators for the citizen review panels however, due to retirement and or other job assignments new staff(s) has been put into those roles. Additionally, we have new chairs and co- chairs that were newly appointed to serve as members of these citizen review panels that did not know the legislative history as to what is required under CAPTA. To this end, we felt it was fitting to have a national speaker that is experienced with citizen review panels along with our federal partners to educate this group on the roles and responsibilities as it relates to citizen review panels requirements. Therefore, this meeting was a day of learning, education and networking.

Dr. Blake Jones, a leading national authority on Citizen Review Panels (CRP) Based at the University of Kentucky was invited to Illinois to facilitate trainings. Dr. Jones has published numerous peer-reviewed articles on CRPs and has provided technical assistance to over thirty states. He has hosted five national Citizen Review Panel's conferences and maintained a national "virtual community" for CRPs. Dr. Jones is the Program Coordinator for Kentucky's Citizen Review panels, an adjunct professor in the University of Kentucky's College of Social Work, a licensed clinical worker in private practice, and most importantly—a husband and father of two sons. Dr. Jones presented on: What Makes Citizen

Review Panels Successful: History, National Treads, Research, Best Practices and Practical Advice. Ms. Jennifer Bradburn, Program Specialist with the Administration for Children and Families (ACF) was also invited to this meeting to discuss: Citizen Review Panel and the federal expectation. Ms. Bradburn also gave helpful strategies and examples on what is helpful as it relates to the panel's recommendation and the DCFS responses to those recommendations. Overall Ms, Bradburn conveyed o the group that it is expected that the recommendations be both helpful and meaningful.

Each of the Illinois 4 Citizen Review Panels Chairs also attended and gave updates on recent activities of their individual panels. We also had representation from Bobby Gregg, previous Director of DCFS. Additional key DCFS staff that attended this meeting and made presentations under the various Priority Areas of the agenda were as follows:

Meryl Paniak, Chief Counsel, Office of Legislative Affairs provides legal advice and counsel regarding legislation affecting the IDCFS. During her tenure with IDCFS held the position of the Chief Administrative Law Judge for the IDCFS, Associate Deputy Director of Child Protection for Cook County, and the Associate Deputy Director of Child Protection for the Downstate regions. Prior to joining DCFS Meryl was an Attorney/Lead Attorney and Guardian Ad Litem with the Cook County Office of Public Guardian. In addition to having a Law Degree, from IIT Chicago-Kent, Meryl also has a Master of Social Work Degree from Washington University in St. Louis, and had experience as a child welfare/intact family worker, as well as experience as a psychiatric social worker, and private therapist for victims of domestic violence. Meryl discussed recent legislation impacting DCFS.

Michael Ruppe, Bureau of Operation: brings 28 years of direct service and supervisory experience with the IDCFS to his role as Bureau Chief of Operations, including two months as Acting Chief. Prior to his appointment, he served as the deputy chief for child protection. He joined IDCFS in 1986 as a caseworker, moving to supervisor positions in child welfare and child protection, as manager of field services, assistant regional administrator and regional administrators in regions across the state. Mr. Ruppe a licensed clinical social worker has served as a peer reviewer and team leader for Council on Accreditation for Children and Families. He has an MSW from the University of Illinois at Chicago, a Bachelor of Science in Law Enforcement Administration from Western Illinois University and an Associate of Arts in General Studies from Kaskaskia Junior College. Mr. Ruppe discussed recent changes and updates in Child Protection.

Joan Nelson-Phillips, Deputy Director, Division of Quality Assurance and Monitoring: Joan-Nelson-Phillips holds a Bachelor of Science degree in social work from Illinois State University and a master's degree in social work from the University of Chicago. She brings over 30 years of experience to this position and has served as a caseworker, placement team supervisor and, for the past decade, as a member of the IDCFS Division of Quality Assurance. Mrs. Phillips is a certified reviewer and team leader for the Federal Child and Family Services Review project, certified peer reviewer and team leader for the Council on Accreditation and a nationally recognized expert on Continuous Quality Improvement processes. She most recently served as a special assistant to the director. Joan discussed the relevance and importance of the Federal Progress and Services Report to the work of the

panels. We have other DCFS executive staffs attend the meeting who were very engaged in the discussions.

Approximately 40 individuals attended this informational meeting. The meeting concluded with Dr. Jones facilitating a group discussion around strategies that Illinois Citizen Review Panels can employ as they do their work in 2015-2016.

The Citizen Review Panel evaluative results from the November meeting were as follows:

The evaluation surveys obtained from the meeting suggest that the meeting was very successful as we received very good reviews from most all of the attendees. In particular, some members expressed the following:

- The meeting gave them an opportunity to learn about the mandatory requirements under CAPTA relative to the Citizen Review Panels;
- Attendees appreciate learning where to turn for departmental informational reports that will aid them in their work as panel members;
- Learn about the other panels and their recent activities underway;
- Attendees stated that they appreciated having the citizen review panel meeting as it provided them with an opportunity to better understand what is expected from both DCFS and the federal side as it relates to writing recommendations and;
- Panel members expressed that they were looking forward to having a Steering Committee be reorganized and or recreated whereby quarterly meetings with other panels in the state are conducted to share ideas and best practices.

Additional outcomes of this Citizen Review Panel meeting were as follows:

The Department through its CAPTA Grant funds annualized funding to support 3 of the 4 citizen review panel. The Children Justice Grant (CJG) Grant supports the Children Justice Task Force (CJTF). Therefore the CAPTA Grant funds do not need to provide financial support for the CJTF.

The Department recognizes that panel members are volunteers and therefore, they need support and resources for the business of the panels such as:

1) Panel member supplies for orientation and training;

2) hotel accommodations for panel meeting when video conferences is not a viable option;

3) Refreshment and meal allowances;

4) Out of pocket allowable reimbursable expenses for panel members participation in statewide meetings and conferences to include transportation and other cost for securing participation in the meeting, and

5) Support for panel members to attend the National Citizen Review Panel conference.

6) Another outcome of the meeting is that conversations are occurring (amongst the panel members) regarding the citizen review panels having regular quarterly meetings to re-establish the citizen review panel steering committee.

In May 2015, 3 of the 4 Illinois citizen review panels were represented at the National Citizen Review Panel Conference held May 18th thru the 20th in Portland Oregon. The conference theme was entitled, "People, Programs & Performance: Piecing Together Successful Citizen Review Panels." These panel members will bring back valuable information to share with each of their panel groups. In addition to having citizen review panel members represented Mrs. Shirley Davis-Barsh, Grant Manager supervisor for Grant Management and Accountability attended the conference. In addition to her role as Grant Management Supervisor Mrs. Davis-Barsh will lead the Illinois Citizen Review Panel in re-establishing a Citizen Review Panel Steering Committee that was previously charged with analyzing and coordinating the panel recommendations.

The CAPTA Grant lead continues to work collaboratively with all of the citizen review panels to joint fund programs and projects consistent with the needs of the Department. Since the panels are charged with making recommendations to the Department in the development of programs, policies, procedures, and laws which improve the child protection investigative process.

In particular the Children Justice Task Force (CJTF) makes recommendations regarding activities to fund which often time is in line with the provision of the CAPTA Grant. Therefore, it stands to reason that joint funding of programs is cost efficient and assists the state with meeting federal requirements.

Every three years, the CJTF is required to conduct a statewide needs assessment to determine the challenges to be prioritized which are often times grounded into federally mandated goals. In the past, the task force has determined the needs through several stages of research. The first stage was general brainstorming; all issues that need to be addressed were outlined. The second stage grouped the responses from the first stage and created themes which all participants could then vote on importance. The third stage took the most relevant concerns and added depth and initiative prior to a final vote on most important needs to assess. In fiscal year 2015, the task force hired a consultant from the C+ R Research firm to complete a more sophisticated Needs Assessment. This will be a three phase approach:

- Phase 1 is an online qualitative bulletin board which will engage a small key group of participants for brainstorm ideas into categories. This group will include key employees or civilians who work in Children's Justice in Illinois, including but not limited to judges, lawyers, DCFS, medical professional, adults who were foster children, adults of foster children, adults who were abused as children etc. The participants will be blinded (won't know who the others are in the group) to minimize the impact of differing viewpoints and perspectives. Email list of willing participants will be provided to the C+ R.
- Sample Size N=15 respondents

How it works: Respondents will be recruited to participant in the 3 day community discussion. C+R will develop a guide with the Children's Justice Task Force to first help facilitate a brainstorming session among participants, then take the ideas created and organize into various buckets and/or prioritize. C& R would provide access to the bulletin board to any Children's Justice Task Force members identified. Those task force members identified will comment live, and provide comments, probe and ask questions to the C+R moderator.

- Phase 2 internal review of data collected from phase 1 participants will further categorize into themes and prioritize for inclusion in next phase.

- Phase 3: Online quantitative survey among a larger group of participants to quantify and prioritize the list of concerns, as well as, gather any final thoughts or suggestions.

Based upon this statewide review, the task force makes recommendations to the U.S. Children's Bureau. The recommendations are then used to guide the funding and policy decisions of the Illinois Children's Justice Task Force for the next three years. One such recommendation that was made by the CJTF and later adopted by the Department is that:

Every county in Illinois must be served by a Children's Advocacy Center (CAC). Also, that DCFS must increase the funding available and provide organizational support to the Centers. In this way, all children in the state have access to the coordinated investigative services of an accredited Children's Advocacy Center.

This recommendation has resulted in the CAPTA Basic State Grant funding the seven (7) Children Advocacy Center in fiscal year 2016.

In August 2014, Illinois Senate Bill 3217 was signed into law requiring the Illinois Children's Justice Task Force to explore research and develop recommendations on a multi-disciplinary team approach for investigation of reports of child abuse or neglect to children under the age of 18. The task force is required to provide a report to the Illinois General Assembly detailing its policy recommendations for the development of a state-wide multidisciplinary approach to child abuse and neglect investigations.

Additional legislative Bills in fiscal year 2015 that occurred and impacts the IDCFS and the work of the citizen review panels is as follows:

- Children's Justice Task Force (P.A. 98-0845): Amends the Children and Family Services Act-creates a task force to explore research and develop recommendation on a multidisciplinary team approach for investigation of reports of abuse or neglect, to children under the age of 18. The task force is required to provide a report to the General Assembly detailing its policy recommendations for the development of statewide multidisciplinary approach to child abuse and neglect investigations. The task force will be funded through the DCFS children's Justice Grant and will be comprised of members from the existing Children's Justice Task Force.

A Multidisciplinary Training is scheduled to be held based upon previous recommendations made by the Children's Justice Task Force. The recommendation was adopted by the Department previous administration. The funding source for the training however was put on hold due to budget constraints. Hence in fiscal year 2016 a Multidisciplinary Training will be held that is joint funded through the Children's Justice Grant and the CAPTA Basic State Grant; since an effective Multidisciplinary Team is essential and is the heart and soul of the Children's Advocacy Center model.

It is vital therefore, that effective relationship regarding appropriate, coordinated support and services for child abuse victims and their protective caregivers and family members be of a critical concern. This training will further improve the following as it relates to the CAPTA 14 System Improvement categories:

- Improve the use of multidisciplinary teams and interagency protocols to enhance enhance investigations;
- Enhance the general child protection system by enhancing the general child protection system by developing , improving and implementing risk assessment tools and protocols (section 106 (a) (4);
- Improving the skills, qualifications and availability of individuals providing services to children and families and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106 (a) (7) .

(3) <u>Enhancing the General Child Protection System by Developing, improving and Implementing risk and safety tools and protocols (section 106 (a) (4)</u>

It is not enough to emphasize the need for abuse and neglect prevention. The greater objective is to discover, examine and promote other factors that enhance the health and well-being of all Illinois children. To this end, The CAPTA Basic State Grant continues to support IDCFS child protection system by providing funding for the following system improvement areas:

In FY15, the Department procured over 700 Scene Investigation Kits for Child Protection Investigators. These kits included but were not limited to a face mask, goggles, foot covers, sterile gloves, water and air thermometer, masking tape, disposable towels, a flashlight, hand sanitizer, and a tote/bag to carry the supplies. Scene Investigation kits is critical to the life health and safety of the citizens of the State of Illinois relative to investigation of child serious injury and death investigations. These scene investigations will aid in understanding the cause of serious injury or death of a child and allow investigators to make informed decisions regarding the involved child and other surviving children and their families. The

goal of the Scene investigation kits is to create standardized protocol for investigators to complete Abuse/Neglect scene investigations.

- It is imperative that IDCFS has the necessary equipment to make thorough and informed decision regarding the involved child and all surviving children and their families. Information gathered during the scene investigation assist investigators in the determination of cause of injury, whether intentional or accidental. Investigators are charged with determining the cause and making a finding (Indicated or Unfounded). More importantly investigators are responsible for determining the safety and risk to the alleged child victim and all other involved children. The ideal time to obtain information or conduct a scene investigation is immediately after the child's injury is reported, before caretakers have an opportunity to tamper the scene. Whatever explanation caretakers offer for the child's injury, it is vital that the investigator have the necessary equipment to properly and thoroughly gather and document all information concerning the scene.

  - Procurement of Cribs: Procurement of Cribs: Procurement of cribs is critical to the life health and safety of the citizens of the State of Illinois relative to sleep-related infant deaths. syndrome (SID), unintentional suffocation in bed and "undetermined" causes. To aid in preventing sleep related death as recommended by the Child Death Review Team (CDRT) the Department has been utilizing the CAPTA Basic State Grant funds since 2010 for procuring cribs for Investigation and Intact Families.

    In Illinois, the funding for sleep-related infant death prevention efforts is limited. Communities are beginning crib giveaway programs. SID of Illinois, Inc. is embarking on a pilot program to study the best way to offer cribs to low income families. SID of Illinois also provides other educational opportunities for communities. The Office of the Inspector General facilitated the delivery of 152 portable cribs for DCFS investigation and intact families prior to 2010 initially. However, do to this critical need the Department needed to secure additional resources since funding for sleep-related infant death prevention efforts are limited and the demand is very high.

    In 2010, the Child Death Review Team (CDRT) recommended that DCFS do a Memorandum of Understanding to all staff that address the concerns of co-sleeping and the importance of appropriate sleeping arrangements. This would include a crib pack and play or basinet with nothing in it and child is on its back. The CDRT also recommended that when DCFS investigator or an intact worker is in a home where there is an infant and there is no crib or pack and play to provide a safe sleeping environment for the infant is not sufficient for the DCFS investigator or intact worker to note it on the home safety checklist, provide the family with a brochure and tell them not to bed share. Immediate action needs to be taken to address safety risk and solution to the safety risk noted on the home safety checklist must be in place.

DCFS trains child protection and intact workers in safe sleep practices. Sleep-related infant deaths include death caused by sudden Infant Death Syndrome (SIDS), unintentional suffocation in bed and "undetermined" causes. Many families that come through the doors of DCFS cannot afford a crib or bassinet that is safe. Funding for sleep-related infant death prevention efforts is limited in the community. To this end, to assure that every infant involved with the Department has a safe place to sleep, the Department provides portable cribs to those families who are unable to purchase safe sleeping accommodations for their newborns and infants.

Since adopting the recommendation of the CDRT, the State of Illinois ensures that these deaths and other unexpected infant deaths are investigated and preventative effort are put into place and evaluated.

In support of the Home Safety Checklist's safe, sleep standards. Child Protection Workers receive home safety training and in turn provide in-home safe sleep education to families utilizing portable cribs. The instructional brochure: Safe Sleep for Your Baby is a helpful guide for parents and caregivers that is provided.

The Division of Child Protection (DCP) has updated all forms used to track usage of portable cribs. The Child Protection worker completes the Portable Crib Request Sheet. The written request must include a description of the family's need and the age of the child for whom the crib is intended. Additionally, a supervisor or manager's signature authorizing distribution of the crib to a family is required.

The parent/caretaker must sign a release document specifically developed by the Department's Legal Division for the Portable Crib. This document releases the Department of any liability in the case of injury in the assembly or use of this specific portable crib.

Regional Administrators (RA) have to account for each crib distributed to their region and maintains a centralized file for copies of the Portable Crib Request and corresponding release forms. A copy of the completed Portable Crib Request and corresponding signed release form must also be faxed to the attention of the division of child protection designee.

- <u>Reimbursement Supports for the Citizen Review Panels that serve in advisory roles to the department.</u> Child abuse prevention is a community effort that one agency cannot solve alone. To this end, DCFS recognizes the value of an integrated approach to the effective delivery of services to children and families.

The citizen review panels' recommendations to the Director, if adopted can assist the Department with revising and updating various policy guides and initiatives for a better informed child protection service system. Including

1) Examining the practices, policies, and procedures, of the state and local child welfare agencies, and where appropriate specific cases; and

2) Evaluating the extent to which the state and local child protection agencies are effectively discharging their child protection responsibilities in accordance with:

The State's CAPTA Plan, child protection standards required by CAPTA and any other criteria that the citizen review panels consider important to ensure the protection of children including reviewing the extent to which the state and local child protective service system is coordinated with the foster care and adoption program established under Title IV Part E of the Social Security Act and reviewing child fatalities cases.

A recent example of the effective ness of the citizen review panel is a recommendation made from one of the citizen review panels (Child Death Review Team) to the Department to support a new campaign in FY16 on safe sleep. This initiative will also be supported out of the CAPTA Basic State Grant and will serve to enhance the following 14 system improvement categories identified in section 106 of CAPTA:

1) Improving the intake, assessment, screening and investigation of reports of child abuse and neglect;
2) Enhancing the general child protective system by developing improving and implementing risk and safety assessment and protocols; and
3) Developing and delivering information to improve public education relating to the role and responsibilities of the child protection system and the nature and the basis for reporting suspected incidents of child abuse and neglect.

- <u>Cameras and Camera bags for Investigative staff(s):</u> Every investigative team in the State is issued Digital cameras and is required to photographically document their cases. These pictures are transmitted into SACWIS and become part of the investigation. Lack of digital cameras can endanger investigations and by proxy, endanger the Children we are charged to protect.

  The investigative worker may take or obtain photographs (black and white or color) of a child's observable injuries and child's environment, if the child is the alleged victim in a CA/N report. In fact, photographs should be taken when they will provide good physical evidence of abuse or neglect and will serve to substantiate an investigative finding. The Abused and Neglected Child Reporting Act does not give the Department authority to make videotapes or audiotapes of children.

- <u>Community based programming at the neighborhood level continues to enhance the child protection service system. These program supported out of the CAPTA</u>

Basic State Grant. Assist the Department with meeting service array needs. DCFS continues its commitment to serve families and children within their communities through an ever-increasing array of individualized services provided by local agencies and selected by the service recipients. Several modifications in policies, procedures and practices foster the ability for community-based partners to address multiple family needs. These programs have been reported on and discussed throughout this CAPTA annual report. Such programs include: Parenting Education Programs (that are based upon the Nurturing Program Model); Children Advocacy Centers; Multidisciplinary Pediatric Education and Evaluation (MPEEC), Southern Illinois University School of Medicine : Children's Medical Resource Network (CMRN); University of Illinois: Pediatric Resource Center (PRC); University of Illinois College of Medicine-Rockford: MERIT (Medical Evaluation Response Initiative Team)

DCFS and it collaborative partners will continue to work together to ensure that families have access to needed services and resources to address unmet needs. Collaborative efforts include joint planning, service coordination, and the use of cross-jurisdictional resources, joint funding of programs, resolution of eligibility issues, interagency agreements, amended contracts language, research projects, new rules and procedures, and practices. These efforts ensure consistency, accessibility, accountability and the efficient use of services and resources in Illinois.

4) Improving the skills, qualification, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers (section 106 (a) (7).

The Children Justice Grant Administrator and the CAPTA Grant Administrator continues to work collaboratively to fund various medical aspects of child abuse training. These trainings allow for our DCFS investigative staff to attend trainings regarding specialized examination of child abuse victims since there are medical resource centers in each region of the State. These medical programs provide trainings to improve the skills, qualifications, and availability of individuals providing services to children. These trainings are as follows:

The Children Medical Resource Network (CMRN) sponsored its Annual Training Symposium for medical providers and multidisciplinary investigators. Southern Illinois University (SIU) School of Medicine which supports the Children's Medical Resource Network (CMRN): Provide service provision in 34 counties in Southern Region as well as 11counties of Central Illinois. Dr. Kathy Swafford is a Board certified pediatrician who began her practice in 1997. She trained at the Health Science Center of the University of Texas at Huston before coming to Southern Illinois. She has performed abuse exams throughout her career,

including providing court testimony. In 2009 Dr. Swafford became the Medical Director for Children's Medical resource Network a network of medical providers dedicated to the timely, humane and appropriate medical evaluation and care of children suspected of being abused or neglected. The Medical Director of the program is an assistant professor as well as a certified child abuse pediatrician. In 2014 Dr. Swafford became Board Certified in Child Abuse Pediatrician by the American Board of Pediatricians.

The CMRN continues to conduct three medical training workshops for DCFS child protection specialist and law enforcement investigators. The full day workshops are presented on the Medical Aspect of Child Maltreatment and are increasingly well attended. The attendance and participation continues to be representative of all agencies involved in child abuse investigations. The staff at CMRN continues to make numerous community presentations on the problems of children exposed to child abuse, domestic violence, medical neglect and methamphetamine.

- The CMRN recruits and trains network physicians, advanced practice nurses and physician's assistants to provide medical consultations to DCFS, law enforcement officers, and medical personnel in child abuse investigations, either by phone, record review or physical examination of a child.

- The CMRN provides emergency consultation upon request to medical personnel (or staff) and DCFS investigators who are directly affiliated through CMRN. The program encourages DCFS field offices to send the CANTS reports to CMRN medical director for review. The Medical Director will review all CANTS reports and will make recommendations for those needing medical follow-up where appropriate.

- The CMRN provided 3 trainings in the geographically diverse areas of the region served and ensured that (55) or 100% of all DCFS investigators in the southern region attend the trainings offered and IDCFS investigated staff in the southern regions are informed of all medical training provided by CMRN.

-On September 25, 2014 Dr. Kathy Swafford held a Medical Aspects Training on Child Abuse. Attendees learned about Child Development and Trauma, how to make referrals to the network, consultation evaluation and resources. Bruises, Fracture and Burns, sexual abuse and STIs, Abusive Head Trauma cases were presented to attendees for discussion.

-On November 5, 2014, the Children Medical Resource Network (CMRN) sponsored its 13th Annual Training Symposium for medical providers and multidisciplinary Investigators in which 90 individuals attended. The Symposium was entitled "The Manifestations of Childhood Trauma cases Implications for Practice" and was held at Logan Community College. This was a very intensive, medically-based day long annual symposium on child abuse and neglect for

professionals in the field of child abuse. The speaker's presentation focused on trauma-informed practice and the implication of trauma on brain development. At the conclusion of the conference participants would have a better understanding of the following:

-Effects of trauma on the brain
-The physical and emotional effects of unprocessed trauma
-The origins of trauma
-Define the meaning of trauma
-Recognize the effects that trauma has on a person
-Implement "Trauma Informed Care Practices
-Assess patients for trauma

- The CMRU also provides Learning Collaborative which is educational training modules to both DCFS investigative and healthcare providers and professionals in the field of child maltreatment. Topics include child injuries, sexual abuse, child examination/referrals harmful substances.

-The CMRU host downstate quarterly medical network meetings and specifically utilize the DCFS training office to coordinate and provide training to multidisciplinary teams including DCFS staff within the southern region. CMRU staff also sends news-email and strategically distribute to selected DCFS staff, as needed.

- The Pediatric Resource Center (PRC): A Medical Resource program at the University of Illinois. Dr. Channing Petrak, Medical Director and Ms. Stephanie Johnson, Executive Director also provides training to improve the skills and qualifications of individuals providing services to children and families and the supervisor of those individuals. Such trainings include:

  - A great deal of educational outreach to medical professionals and multidisciplinary teams. Staff also provides numerous consults and presentations for hospitals.

  -0n 11/14/2014, Channing Petrak and Molly Hofmann presented a day-long Medical Aspects Child maltreatment training. Topics covered: Medical aspects of Child Sexual abuse, Medical Aspect of Neglect and Medical Neglect, Medical Aspects of Child Physical abuse and Drug Endangered Children.

The Pediatric Resource Center continues to offer numerous consults and presentations for hospital personnel at OSF St. Frances Medical Center and Children's Hospital of Illinois in Peoria and for medical students and residents of U of I. Presentations have focused on:

1) Accurate diagnoses of child abuse and neglect;
2) Mandated reporting of child abuse to the DCFS hotline;
3) The importance of medical specialists in the examination of children;

4) Protocols for prompt referrals and collaboration of medical emergencies; and
5) Records preparation and medical testimony for courts of DCFS appeal hearings.

The ChicagoCAC program continues to employ an Outreach and Training Coordinator who helps organize and facilitate training opportunities for staff. She also sets up logistics and scheduling for MPEEC trainings. In conjunction with the DCFS Training Division and MPEEC hospitals, the Outreach and Training Coordinator coordinates and helps facilitate the trainings to DCFS staff, police investigators, and medical personnel performed by the MPEEC physicians. This includes coordinating the training date and location, ensuring the physicians, materials, and site are appropriately prepared for the training, assisting in the registration process, and facilitating participation by other multidisciplinary (non-DCFS) professionals.

The MPEEC Case Coordinator works with area hospitals and DCFS to streamline medical records collection for MPEEC; networks with area hospitals; designs and develops content for MPEEC trainings; and develops MPEEC outreach materials.

The MPEEC Case Coordinator develops the training evaluations, and the Program Assistant prepares and codes quality assistance surveys that are utilized in the trainings. The MPEEC Case Coordinator along with the Chief Program Officer reviews the surveys and determines how they want the surveys to be presented (i.e. charts, graphs) and the Program Assistant prepares the material. This material is presented in MPEEC leadership meetings every month.

- <u>The Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)-</u>

  - On November 6-7, 2014 and based upon feedback received during several training evaluation cycles, MPEEC included module on providers' secondary traumatic stress and vicarious trauma. MPEEC leadership designated a physician to attend the full training to evaluate the content of order to design goals and objectives for a proposed MPEEC training committee.

  - MPEEC partner Hospital Training: Lurie Hospital Lectures 9/10/14 and 9/11/14: Annual Child Maltreatment Symposium (national audience), also offered remotely in Peoria.

  - Comer Hospital Lecture: on 4/15/14: Northwestern University for physician assistant students, Child Maltreatment and Mandated Reporting.

  - Stroger Hospital Lectures: April: Annapolis, MD Dr. Michele Lorand and Dr. Norell Rosado for Helfer Society Child Abuse Pediatrician, Case Presentation.

  - May 2014 Chicago, IL Mount Sinai Ground Rounds, Corporal Punishment.

The CAPTA Basic State Grant supports Child Abuse Prevention Training at the Neighborhood level: Developing and delivering information to educate the public on the responsibilities of the child protection system and the nature and basis for reporting suspected incidents of child abuse and neglect (section 106 (a).

The Prevent Child Abuse Illinois staff has an outstanding reputation for providing high-quality professional trainings. Program staff is asked to provide training on many diverse topics related to child wellbeing and positive parenting. The Child Abuse Prevention Development Project continues to present the following trainings:

- The Prevention of Child Abuse and Neglect
- The Signs and Symptoms of Child Abuse and Neglect
- The 6 Protective Factors
- The 40 Developmental Assets
- The Shaken Baby Syndrome Prevention – Train the Trainer
- The Effects of Domestic Violence on Children
- The Effects of Methamphetamine Use and Manufacture on Children
- The Happiest Baby on the Block
- Stewards of Children
- Workers Safety Training
- Response to Intervention
- Positive communication with children

2) Developing and facilitating training protocols for individuals mandated to report child abuse and neglect (section 106 (a) (8)).

A 3.5 hour Multidisciplinary training will occur in August of 2015 which will include core modules relevant to multi-disciplinary teams working in the child abuse arena. Team building activities will also be included to reinforce the learnings presented in the modules. A significant portion of the day will be reserved for individual multidisciplinary teams. In this way, team members can assess the current strengths and challenges facing their teams and develop a unique implementation plan for addressing challenges, gaps, and ensuring positive development. An independent, neutral facilitator will be provided to each team to assist with the breakout sessions and provide direction and support in the development of each team's unique implementation plan. Customized agendas for each MDT were based on discussions and the State Chapter Director and the Children Advocacy Center (CAC) s Directors.

Core Components of the Multidisciplinary Team Trainings:

- Overview of the MDT/CAC Model- How and why it evolved as the Gold Standard for Child Abuse investigations, Intervention and Prosecution;
- Understanding the unique cultures within the various professional disciplines on the team;
- Employing effective communication strategies;
- Understanding varying conflict management styles;
- Resolving conflict;

- Effective models for team case reviews and collaborative decision-making;
- Managing change and Transition;
- Understanding and working with resistance to change; and
- Building a positive team environment

Objectives of the Multidisciplinary Team Training: Individual Team members and teams collectively will:

- To gain a better understanding of how and why the MDT/CAC model evolved and to gain knowledge about the intended outcomes of the MDT/CAC model;
- Learn how other MDTs are structured; share successful strategies for effective coordinated efforts;
- Gain an understanding of and appreciation for the specific roles and responsibilities of the various agencies and disciplines represented on the MDT;
- Develop specific skills for effective coordination of all investigative and intervention activities to ensure more successful outcomes for children;
- Develop skills for healthy, effective conflict management among MDT members;
- Understand the need for and identify strategies for achieving a healthy balance between agency commitment and team commitment;
- Cultivate a shared approach to inevitable change and resulting transition MDT inherently face;
- Identify and cultivate potential Teams leaders within the various disciplines;
- Assess the strengths and challenges of their respective Teams;
- Develop an action plan of the next steps to be taken to further development and ensure sustainability of the MDC/CAC.

6) Developing and facilitating research-based training for individuals mandated to report child abuse and neglect section 106 (a) (9)).

The Department has a state of the art Web-based Mandated Reporter Training that was facilitated in 2007 through a contract with Western Illinois University.
The various agencies and collaborative partners wanted a training approach that was interactive, engaging, informative, and comprehensive. Several professionals and members of the Citizen Review panels were approached to provide feedback on the original model. Announcement of the online training website was launched during a combined press conference of the agencies in Chicago on April 17, 2007.

The CAPTA Basic State Grant funds was involved in the initial planning phase and continues to assist with supporting this online training when functionality are reported to be an issue along with other sources of funds designated in the Department. The site provides a pre- and post-assessment of specific information learned as well as training on the overall concepts related to mandated reporter training. An internal connection allows an individual to print certificates of completion for their personnel files. The on-line training continues to be updated and the CAPTA Basic State Grant funds are utilized when funding permits. The CAPTA Basic State Grant funds as recent as 2014 have

contributed to updates with the functionality of the system and to add language for Spanish-speaking users. The website can be accessed via a link at: www.state.il.us/dcfs.

Forensic Interview Trainings usually take place at the State Police. The Advanced Forensic Interview Training is offered to law enforcement, prosecutors, child abuse investigators, and child advocacy staff currently participating in child forensic interviews. The purpose of this training is to assist Forensic Interviewers to develop their skills and remain current on recent recommendations for conducting a child forensic interview. In addition, this training aims to improve the participants' interactions with those children and their families involved in allegations of child abuse.
Enhanced steps during the investigative phase of a child abuse case ensures improved safety planning for the child and successful prosecution of identified offenders of child abuse. Other training opportunities are available both locally and nationally
Covering innovations in child abuse investigation, prosecution, and intervention continues to be sought. Further, new research findings pertinent to the services provided to children involved in victim crimes will also be shared with local agency supervisors soliciting their support in staff training. The purpose of utilizing this information is to improve the skills of the MDT in confirming or refuting allegations of child sexual abuse or severe physical abuse, and to improve successful prosecution of child abuse cases when criminal allegations are confirmed.

7) Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life threatening conditions, including (A) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placements of any such infants who have been relinquished for adoption (section 106 (a) (10);

The Children's Place Early Learning Center- The program provides specialized daycare and early education for children affected by HIV/AIDS or other health or developmental conditions. The services provided are an important element of the safety net for highly vulnerable HIV/AIDS-affected families. The program is licensed and accredited to serve 60 children per day ages 3 months to five years. Program activities are designed to promote cognitive and developmental progress while promoting emotional and social growth to both caretaker and child. The families are very low-income and at high risk for child abuse and/or neglect. The Center protects children's safety and well-being by providing age-appropriate education, ongoing assessment of developmental progress, on-site nursing care that includes regular checkups and contact with doctors, nutritious meals during the day, and a secure, nurturing environment. The program promotes permanency by providing families with services that prevent children's placement in substitute care, including parent training, counseling, support groups, permanency planning and other assistance that maintains and strengthens the functioning of families.

Red Ribbon Trails Support Programming for HIV Impacted Families-Developing, implementing or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (A) existing social and health services (B) financial assistance, and (C) services necessary to facilitate adoptive placements of any such infants who have been relinquished for adoption (section 106 (a) (10).

The goal of easing family isolation: Red Ribbon Trails offers an opportunity for families who are extremely isolated. Many have not met another family affected by HIV until they come to camp. They come from rural and urban areas in which HIV family support services simply do not exist. Many drive hundreds of miles for medical care, so that local professionals and others will not learn of their HIV status. Many fear the stigma of HIV, and experience discrimination if their status is known or even suspected. Many families return to this program year after year—and many children have literally "grown up" with Red Ribbon Trails. Red Ribbon Trails gives them a safe place to be, to share information, and to create lasting memories.

Enrollment: Many different types of families attended, including families with positive parents, grandparents raising grandchildren orphaned by HIV/AIDS, and foster and adoptive families. Twenty-four HIV-affected families, including 28 adults and 47 children and teens attended the camp. While most of the families live in the Chicago-Cook County area, families came from across the state. Campers were enrolled from 7 of the 8 Illinois HIV CARE Consortia. They came from Sangamon, Winnebago, Macon, Champaign, Jackson, and many other Illinois counties, villages, towns and cities. Most families are minorities, and almost all live in poverty.

Statewide planning and collaboration: A statewide steering committee of skilled professionals and consumers met via teleconference for several months to develop programming for the camp. Camper families also provided group input regarding camp sessions and activities they wanted to attend. In addition, a Parent Advisory Committee met at the end of camp to focus on current and future programming and provide feedback.

Programming: Forty-four volunteers, staff and collaborators from across the state contributed their time, energy and resources to this retreat. Therapeutic and educational collaborators offered programming designed to address the stigma and isolation that many HIV-affected families experience. Sessions targeted the unique needs of each group based on age and level of HIV awareness. Session content ranged from play therapy for younger children to health education and creative writing for teens to parent debriefing, and adherence for adults. Recreation was designed, so that each age group had opportunities for fun through a variety of outdoor and indoor camp activities, including, sports, socializing, and arts and crafts. All retreat activities--including retreat opening and closing ceremonies, a family movie, garden party, swimming, and "Celebration of Life" ceremony--gave families opportunities to spend time and have fun together. In addition to programming for families a variety of programming and training exercises were held prior to the start of camp to help prepare volunteers for Red Ribbon Trails.

Illinois Respite Coalition: Developing, implementing, or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including (A) existing social and health services, (B) financial assistance, and (C) services necessary to facilitate adoptive placements of any such infants who have been relinquished for adoption (section 106 (a) (10);

The Illinois Respite Coalition (IRC) is dedicated to increasing public awareness of the importance of "Lifespan Respite", promoting education and training for users and providers of respite services; and advocating support for families by insuring universal access to quality respite services for the resident of the State of Illinois. The Coalition meets quarterly with Illinois families, caregivers, and respite providers to communicate and collaborate about ways to increase public awareness on the importance of respite services. These meeting facilitate dialogue that promote education and training for users and providers of respite services; and advocate support for families and providers by ensuring universal access to quality services for resident of the State of Illinois. Respite offers parents and all caregivers an opportunity to revitalize their energies and enhance their abilities to

perform care-giving tasks and avoid burnout. Respite services reduce family stress, the risk of abuse and neglect, feelings of depression, residential and hospital placement and other out- of-home placements. This saves public funds, increases feelings of well-being, encourages community and peer contacts, and fosters family social activities. As a result of the Lifespan Respite Grant the following activities have been implemented in Illinois:

. Statewide Respite Coordinator: As part of a statewide initiative to develop a coordinated effort to ensure respite care for all families in Illinois, the Illinois Respite Coalition is dedicated to promoting education for users and providers of respite care, increasing public awareness of the importance of "Lifespan Respite", and advocating support for families and providers by ensuring universal access to quality respite services for the residents of the State of Illinois.

8) Developing and delivering information to educate the public on the roles and responsibilities of child protection systems and the nature and basis for reporting suspected incidents of child abuse and neglect (section 106 (a) (12)).

The mission of Prevent Child Abuse Illinois is to prevent child abuse by providing statewide leadership through education, support for community initiatives, and advocacy. Prevent Child Abuse Illinois is the chartered state chapter of Prevent Child Abuse America. The agency seeks to accomplish their mission through the goals of public awareness, partnership, advocacy, education, community outreach, program development, and organizational competence. The Child Abuse Prevention Development Project serves the entire state of Illinois, covering all 102 counties, all DCFS regions and all 62 LANs. The Project Director, 4 Prevention Specialists, a Prevention Associate, and a Healthy Families Illinois Associate provide services. The Prevention Specialists are located within DCFS offices in Cook County, Glen Ellyn, Bloomington, and East St. Louis. The specific areas are as follows:

- Child Abuse Prevention Coalitions;
- Promoting the Protective Factors;
- Addressing the connection between substance abuse and child abuse through support to the DCFS/DASA Collaboration;
- Addressing the connection between family violence and child abuse through support to the Illinois Family Violence Coordinating Council and domestic violence services;
- Child Abuse Prevention Month Leadership and Prevention Awareness Activities; and
- Promoting home visitation programs for new parents.

Prevent Child Abuse Illinois is committed to building grassroots coalitions throughout Illinois to address the needs of local communities. Child Abuse Prevention (CAP) Coalitions bring together community members, parents, health care works, law enforcement, school personnel, social service providers, civic organizations and others interested in preventing child abuse and neglect and promoting healthy communities. CAP Coalitions enhance public enthusiasm for positive family support and engages local individuals and organizations around key prevention activities. Local networking increases financial and human resources, enhances cultural understanding and addresses the needs of each unique community. Child Abuse Prevention Month Activities were held during the month of April and is a major public awareness event. Child Abuse Prevention Month Community Resource Packets specific to Illinois was posted on the PCA Illinois website and included information designed to help and encourage communities throughout Illinois to participant with Child Abuse Prevention efforts and awareness. Many agencies throughout the state download prevention packets to assist in promoting their own local child abuse prevention

month campaigns. Specific outreach to the media occurred to increase participation at the three launch events. A combine total of 300-500 participants attend the three child abuse event annually

9) Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level (section 106 (a) (12)).

DCFS staff and its collaborative partners realize that families are the ultimate consumers of the programs and services supported by federal, state, and local child welfare systems. As the user of these systems, parents' voices need to be heard to expand and to improve services Effective community-based programs incorporate ongoing parental input, participation and leadership. For this reason, community-based programs that are contractually linked to the Department are strongly encouraged to involve parents as leaders in programming decisions. Parental involvement ensures that new programs are responsive to consumer needs and are designed to directly address gaps in the current system. Parents play vital roles but often need help to make their voices heard. The CAPTA and CBCAP grantees are required to respond to the following question in their quarterly and annual narrative reports: What has your program staff done this quarter to involve parents in meaningful leadership roles within your program?

10) Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (Including linkages with education (section 106 (a) (14)).

The Chicago Children's Advocacy Center Mental Health Program (CCAC):

The CCAC operates a Mental Health Program which provides services for children, ages 0-17, who are victims of sexual abuse/assault and their parents/caregivers. Characteristics of its client population include:

Gender:	77% female and 23% male
Race:	55% Latino, 40% African-American, 5% Caucasian
Age:	0-5 = 20%, 6-12 = 60%, 13-17 = 20%

Based on information provided by families to program staff, the CCAC estimates that 80% of families served are low-income. The majority of Latino children, and particularly their parents/caregivers, request or require services in Spanish. Services are provided to DCFS and non-DCFS clients. Individual/family therapy sessions are one hour in length. Case management services are provided by therapists for each client as needed, including arranging for transportation to and from the CCAC. Additionally, child care services are provided in the CCAC's Child Life Program for siblings and/or other children living in the client's home. The services focus on the provision of trauma-informed, evidence-based psychotherapy services for children, age 0-17, and their parents/caregivers.

A majority of the program's clients are victims of multiple trauma experiences in addition to sexual abuse, such as physical abuse, neglect, community violence, family mental illness, death of family or friends, ,and poverty. The ITCT therapy model focuses on not only addressing trauma resulting from sexual abuse, but also on addressing additional trauma from other experiences the child or adolescent may have had.

As a result of unmet mental health needs the Chicago area CCAC Mental Health program along with other service providers formed a **Network of Treatment Providers (NTP)** called the **PATHH Collaboration** which is governed by a Memorandum of Understanding in partnership with other nonprofit agencies uniting and working together to serve abused children and their families in order to broaden and bridge access to mental health services. The Chicago Children's Advocacy Center (CCAC) is the lead agency and fiscal agent of the PATHH Collaboration. Agencies participating in the project includes: Uhlich Children's Advantage Network (UNCAN); Catholic Charities, Center for Contextual Change; Community Counseling Center of Chicago (C4); YWCA Rise Children's Center; La Rabida Children's Hospital-Chicago Child Trauma Center; Juvenile Protective Association (JPA); Chicago Children's Advocacy Center (CCAC); Children's Research Triangle; Jewish Research Triangle; Jewish Child and Family Services and Lurie Children's Hospital.

Lydia Home Association: Safe for Families Home Program Lydia Home is mainly funded through the Department counseling funds. The CAPTA State Grant supports the program for the provision of child care services for community-based clients served by the program. Safe Families for Children (SFFC) is a network of host families, volunteers, not-for-profit agencies, and churches that extends the community safety net by providing parents in need support to care for their children. The SFFC movement is a perspective/concept that the safety and health of children in our communities is all of our responsibilities, and that the birth parents are the key to providing that safety for their children. SFFC is about strengthening and supporting parents so they can be safe families for their own children.

The voluntary and non-coercive nature of Safe Families for Children is a hallmark of the program. Parents in crisis are able to place their children in safe homes without worrying about losing custody of their children. They are encouraged to be actively involved in their children's lives and participate in all decisions regarding their children. Safe Families are Screened and approved similar to foster care. The program accepts referrals from DCFS investigators, intact family workers (both DCFS and Purchase of Service), Child Abuse Hotline, differential response program, Family Advocacy Centers, Child Welfare Services Intake program, and the DCFS Teen Parenting Program. Safe Families also takes referrals directly from parents and other community providers. It also relies on the majority of the protective factors: knowledge of parenting of child and youth development, parental resilience, social connection, concrete supports for parents and social and emotional competence of children. The program also provides the following service: placement of children in a Safe Family, case coordination and referrals, parent mentoring, monitoring and supporting children who are staying with relatives, and youshare.org. – An expansive resource network of goods and services. Additionally, the following services are available as needed: psychological evaluations, parental competency evaluations, day care, individual counseling and parent-child interaction therapy.

Menard County School and Community Task Force: Rural Family Services Program serving families in Christian, Logan, Mason and Menard Counties: Supporting and enhancing collaboration among public health agencies, the child protection system and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education (section 106 (a) (14).

The mission of the Rural Family Services program is to assist families in their natural care giving roles. This includes supporting and encouraging them to solve their own problems, as well as directing them to or providing the resources to do so. In this way, families raise their sense of self-worth, leading to greater, more independent future successes. With these supports, families

are better equipped to raise emotionally healthy children, while contributing to their community. A team of family advocates work in each county in a direct service capacity with children and families in need. This work is done in the client's home, in the community, or at the children's school. In addition to these supports for the families, each child who is served by a family advocate is also being paired with a teen mentor while at school.

Rural Family Services began in 1997 as Tri-County AmeriCorps, a joint project between the Department of Children and Family Services and the Task Force to bring an AmeriCorps program to rural, Central Illinois.

Rural Family Services serves beneficiaries in the geographic regions of Mason, Menard, Logan, and Christian counties. Within the myriad of services offered through this program are:

- Parenting Education provided by an experienced, master's degree level parenting educator.
- Parent support groups to further address the needs of the parents, as well as to work on skills learned in parenting education.
- One-on-One intensive parenting education and support, in coordination with the parenting education and parent support groups, to ensure that once they have the skills, they are able to practice the skills and hone the skills to their specific needs in real life situations.
- Any family referred to our agency for parenting support also has access to the whole range of mentoring, advocacy, and tutoring services offered by our agency, should their case warrant it.
- Resource referrals to address any additional unmet needs not already being addressed by Rural Family Services but identified in the process of our parenting education work with the family.
- The program provides crisis assistance need to help those families with urgent needs and or environmental problems that create barriers for families.

Hamdard Center for Health and Human Services: Hamdard a not-for-profit organization established in 1992, as a proactive response to address the critical needs of the South Asian, Middle, Eastern and Bosnian communities. The program serves intact families who are at risk of formal involvement with the child welfare system. Services promote permanency by maintaining, strengthening and safeguarding the functioning of families and ensuring the well-being of children by providing: 1) individual and group counseling, 2) supervised visitation and anger management classes, 3) psychiatric and primary health care 4) translation and interpretation services in over one dozen languages including: English, Arabic, Urdu, Hindi, Gujrati, Punjabi, Telegu, Bosnian, Serbian, Croatian, Russian, Tagalog and Spanish, 5) services for victims of domestic violence and their children including crisis intervention, emergency shelter, the provision of basic needs such as culturally-appropriate food and personal care items, transitional housing, advocacy, counseling, case management, and translation/interpretation 6) case management including assistance with applying for public benefits, 7) employment counseling, 8) academic tutoring and skill-building through the after-school youth development Program and 9) outreach and education to the community.

Partner Abuse Intervention Program**:**

The Family Violence Intervention Program, now called the Partner Abuse Intervention Program is a specialized service catering to minority males, especially the immigrant male population from the South Asian, Middle Eastern, Hispanic and Bosnian communities who have committed acts of

domestic violence against their spouses or partners. Professionals are trained in the area of domestic violence ensuring they are culturally sensitive to the needs of the target population. The goal of the program is to help individuals to recognize, understand, and ultimately change their abusive behavior. Working toward that goal, the men participate in a psycho-educational program, which consists of a two-hour session per week over a twenty-six week period. Topics dealing with non-violent interactions are discussed, and homework assignments are given. It is the program hope that men who participate in this program will take full responsibility for their behavior and embrace a more egalitarian approach in partnership, respect for the rights of women and develop skills for handling conflict in a non-violent manner.

Springfield Community Federation- The Springfield Community Federation (Family Connection) is organized exclusively for education and charitable purpose to improve the lives and life outcomes of the disadvantage children and families in the Springfield/Sangamon County, Illinois area. The Federation, since its inception, was designed to be more than a mere advisory group planning body, or coordinating council. Its goal was to utilize the combined influence of both public and private sector leaders to make strategic decisions and recommendations on how services should be provided and funded. The Federation has evolved into that vehicle. The Federation adopted the strategy of strengthening the family support network by alleviating poverty, while simultaneously addressing the much larger and complex society issues. The Springfield Community Federation continues to find innovative ways to provide human services to children and families in Springfield. Specific services are provided directly and indirectly through the Brandon Court Resource Center. Program outreach is throughout all of Sangamon County. Additionally, the Federation is involved with the development of several statewide initiatives that educate and promote public policies which will improve the well-being of low income families and children in Illinois. Many of these initiatives are intended to deflect individuals from entering into the DCFS or DHS systems. The Springfield Community Federation staff work with families who qualify for DCFS related services.

The Parent Place: Parent Education Program**:** Services through the Parent Place provide parents with child development information to assist parents in developing appropriate expectations for their children – reducing the risk of frustration and anger that can lead to child abuse and neglect. The program serves clients from all walks of life encompassing all demographics. The staff is extremely diverse and parents as well-which reflects the program commitment to peer education/support and parent are hired to address the varied needs of the clients. Bilingual Spanish speaking clients' needs are better served by a staff person who is a mother of 4 and is Spanish speaking. The Parent Place serve a large population of substance-addicted parents-one female and one male Parent Educator at The Parent Place are CDACs to address the specific needs of this target population.

La Voz Latina's PASOS (Parents Alternate Systems of Support) Program: Supporting and enhancing collaboration among public health agencies, the child protection system, and private community based programs to provide child abuse and neglect prevention and treatment services (including linkages with education (section 106 (a) (14**)).**

The program was developed by a bilingual psychologist and a bilingual nurse-educator to meet the needs of immigrant Spanish-speaking families who find themselves in a new culture, facing many stresses, without their traditional support system. The services provided through this program focuses on prevention of child abuse and neglect. Parents may voluntarily enroll for services or may be referred by DCFS, the Courts, physicians or other providers. Services include home visiting, assessment, parent education and special events for families. The unique feature of the program is that the language and culture of the Latino population are incorporated into every

aspect. All presentations are done in Spanish and include topics such as Our Roles as Parents, Family Communication, Domestic Violence, Child Development, Child Safety, and Managing Stress. The program's goal is to preserve the positive values of the culture of origin while providing educational materials and resources to increase parenting skills and confidence. A family meal, transportation, and day care are provided to participants. Scheduled guest speakers are bilingual physicians, nurses, therapists and other practitioners. The group facilitator involves the families in hands-on activities to practice new behaviors. Booklets in Spanish are distributed after each lesson to reinforce the topics covered. The estimated number of individuals served annually is 160 unduplicated clients, and out of the 160, 80 will be DCFS-related clients. The program projects to serve 40 families annually.

The Children's Home + Aid Program: Parents Care + Share program is a statewide program centered in each of Children's Home + Aid's five regions The areas served by the program are the Northern, Northwest Suburban, Metropolitan, Mid-Central, and Southern. Program Regional Coordinators are located in Rockford, Palatine, Chicago, Bloomington and Granite City and provide services to those communities and well beyond. Besides establishing and maintaining community based support groups, community child abuse prevention programs are also conducted every April, which is Child Abuse Prevention Month. Overall, the Parents Care + Share program projects to serve annually 2200 unduplicated individuals statewide (1300 adults and 900 children). The Parents Care + Share program has regional linkages with DCFS and offers itself as a resource to DCFS clients statewide. The program has instituted a new data gathering form to identify DCFS clients active within the program. The Parents Care + Share program continues to pursue development of Parents Care + Share groups at Strengthening Families Initiative sites. The Parents Care + Share model couples well with the Strengthening Families Initiative—a prevention initiative focusing on relationship building between practitioners and parents in order to identify parenting problems and provide resources before abuse or neglect occur. By establishing and or maintaining three Parents Care + Share support groups, the Parents Care + Share program will enhance the Strengthening Families Initiative in these locations. These sites serve as examples for expanded partnerships between Parents Care + Share and Strengthening Families sites.

United Methodist Children's Home –Family Voices building Stronger Communities for SILANS-

Family Voices Building Stronger Communities for SILAN's (FVBSC) for SILANS's mission is to increase the number of parents who are active in their community at the local and regional level to impact children and family well-being. FVBSC strengthens parent leadership at home, at school and in the community. FVBSC for SILAN's provides leadership training for parents-targeting those who are involved with any child welfare services. FVBSC for SILAN's core leadership training is based on the Community Organizing and family Issues (COFI) curriculum which has been replicated in over 30 Parents thus transforming them into Strong Community Leaders. FVBSC for SILAN's has adapted this leadership Training to focus intentionally on building Family Voices Building Stronger Community groups in the Southern Region.

Hobby Horse House: Serving Jacksonville, Quincy, Beardstown, Pittsfield and Green County:

Services provided by Hobby Horse House include several different DCFS regions working in cooperation with the LAN 16 region. Currently programs are offered in Morgan, Cass, Scott, Brown and Schuyler counties. Individuals attend Nurturing Parenting workshops and classes. Also, in-home services are provided in all five counties that coincide with the Jacksonville DCFS Field Office in the West Central Region. All areas served are very rural and much of the time rather poor communities. Many of these counties have difficulties providing services or simply lack the resources due to their locations. The Nurturing Parenting Program provided by Hobby

Horse House has been established for the enhancement of parenting skills of parents from varying walks of life. The curriculum established is focused on a therapeutic, self-exploratory philosophy to increase the parent's knowledge of his/her own history and related feelings. The program strives to increase this awareness in hopes that he/she can better understand his/her own current parenting choices and in the future correct problematic areas and make appropriate adjustments. The Program continues to serve over 100 DCFS clients, over 250 unduplicated children and approximately 150 unduplicated families each program year.

Contractual Support Staff/No Fringe and or Benefits Included:
At present two contractual employees are paid out of the grant. These individuals' roles and job functions are as follows:

1) Federal Grants Project Director: Administers and manages the federal Child Abuse Prevention and Treatment Act (CAPTA) grant and related activities. Prepare contracts and disburses grant funds to service providers; monitor community-based organization receiving CAPTA funds in relation to provision of service and fiscal policies and practices to ensure compliance with contracts, state, and federal requirements; and collects and analyzes fiscal and client data. Prepares the annual CAPTA grant application and report that is integrated with the Department's Annual progress and services Report (APSR) due each year to the U.S. Department of Health and Human Services, Administration for Children and Family Services (ACR). Also supervise some of the Children Advocacy Center contracts and the 4 Medical Resource programs.

2) Children's Justice Federal Grant Administrator: serve as administer of the Children's Justice Federal Grant; the DCFS Manager for the Children's Bureau Diligent Recruitment Demonstration Grant and serve as the contract liaison for Health Family Chicago contract. Duties for the Children's Justice Grant include coordinating and facilitating the work of the Children Justice Task Force and subcommittees as dictated by legislation; providing technical assistance to the task force as needed/requested; writing the annual report; completing the DCFS contract requirements, processing vouchers and preparing and monitoring annual budgets. Duties for the Diligent recruitment federal grant include overseeing and adhering compliance to the federal requirements; working with contracted providers to ensure development and implementation of the grant; monitoring annual budget and drafting all required federal reports. Duties for the Healthy family Chicago grant include monitoring the program annually and completing the contract processes including amendments, vouchers and annual contract.

Submit a copy of the annual report(s) from the citizen review panels and a copy of the State agency's recent response (s) to the panels and State and local child protective services agencies, as required by section 106 (c) (6).

The Citizen Review Panel Annual Report is submitted in a separate document by the Citizen Review Panel Coordinator along with a copy of the letter of the Department's most recent responses.

CAPTA Fatality and Near Fatality Public Disclosure Policy**:**

Section 106 (b) (2) (B) (x) of CAPTA requires states to ensure that they are disclosing information or findings of information about a case of child abuse and neglect which results in child fatality or near fatality. IDCFS Procedure 330.70 ensures that when the State discloses information to the public, at a minimum, the following information is included:

- The cause and circumstances regarding the child fatality and near fatality;

- The age and gender of the child;
- Information describing any previous report of child abuse and neglect that is pertinent to the abuse or neglect that led to the child fatality or near fatality
- Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality;
- The result of any such investigations; and
- The services provided by the State and actions of the State on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality.

Finally, to facilitate ongoing communication between the Children's Bureau and States on issues relating to CAPTA, the contact information for the State Coordinator and the State Liaison Officer is as follows:

The Lead Agency Identifying information is as follows:

State Liaison Officer (SLO)
Mike Ruppe
Chief, Bureau of Operations
406 E. Monroe
Station #70
Springfield, Illinois
Phone (217) 786-69699
E-Mail: Mike.Ruppe@Illinois.gov

CAPTA: Federal Grants Project Director
Regina Young
100 W. Randolph
Suite 6-300
Chicago, IL 60601
Phone (312) 814-6964
E-Mail: Regina.Young@illinois.gov

APPENDICES to the ADDENDUM

SCAN Citizen Review Panel
FY15 Report

SCAN CITIZEN PANEL REPORT
FY 2015

PURPOSE

The Statewide Citizen's Committee on Child Abuse and Neglect (SCAN) is a legislative statutory advisory group established under the Abuse and Neglect Child Reporting Act (ANCRA, 325 ILCS 5/11.7). SCAN advises the Department on child abuse and neglect prevention services that promote the health, safety, and well-being of the children throughout the state. The SCAN members are approved by the Director for three year terms. The SCAN member's experience varies across all disciplines impacting child welfare. Their expertise in the following areas of law, social work, mental health, law enforcement, education, criminal and juvenile court, family assessments, well-being of children and families, etc., brings focused and direct recommendations to ensure the Department is operating as statue requires.

The SCAN committee meets bi-monthly via video-conferences in the Chicago Thompson Center and main Springfield offices. Most of the SCAN members are employed; teleconference line is made available when time-off for a meeting is not possible. The Chair is Diane Scruggs, LCSW, and Executive Director of Healthy Families in Chicago. The Co-Chair is Cynthia Savage, LCSW, and Vice President, Health and Human Services of Habilitative Systems, Inc., Chicago, IL.

MEETING DATES

The SCAN committee and/or Grant Sub-committee meeting dates:

*July 17, 2014	July 30, 2014	August 27, 2014
*September 10, 2014	September 25, 2014	**November 5, 2014
December 2, 2014	* January 5, 2015	*February 27, 2015

* Actual full SCAN meeting dates ** SCAN Case Review in Springfield, Illinois

Note: Through the course of the year the committee members were provided with numerous documents such as, legislative updates, reports on the Illinois Tax Check fund revenue reports, minutes, upcoming meetings, membership development requests etc.

Areas of concern

During FY 2015, there were numerous acting Directors and massive changes in DCFS administration. It's hopeful that the newly appointed Acting Director will share his vision and direction for DCFS at one of meetings in FY 2016.

A. **DCFS Administration:** Keith Langston, Special Assistant to the Chief of Staff, and liaison to the state's nine Statutory Advisory Groups, provided the committee with real time updates of organizational and programmatic issues facing the Department.
B. **Legislative Updates:** Meryl Paniak, DCFS Attorney who worked with legislatures, provided the committee with House and Senate Bills as well as DCFS proposed bills. The various updates in most situations, required changes in ANCRA.
C. **Open Meeting Act (OMA) & Ethics Requirements**: The SCAN committee members were informed about the OMA (Open Meetings Act), a new statutory requirement for advisory groups to post memberships, meeting dates, and approved minutes on the DCFS website for public view. It's the DCFS Liaison who provides Division of Communications the documents to post on the website.

SCAN CITIZEN PANEL REPORT
FY 2015

CURRENT AND ONGOING FOCUS AREAS

- Developed subcommittee to enhance by-laws.
- Develop a welcome package for new members
- Appoint a SCAN member over OMA to ensure all members have taken the test.
- Re-development of the Grant Sub-committee; obtained technical support regarding the 2016 Grant Application processes by someone from Procurement Division.
- Awaiting the release of the Illinois Income Tax Dollars for approved grantees.
- Continue to monitor the Illinois Income Tax Check dollars and how they are used as recommended by the Grant sub-committee.
- Five new members were added to the committee. Need to continue to seek diversity of including active community participants to become members at large who may not have child welfare experiences. This was advised by the technical support person on developing and staffing Citizen Review Panels.
- Attend as scheduled, combined meetings held with other Citizen Review Panels such as the Death Review, Children's Justice Task Force, etc.
- Follow recommendations of the Citizen Review Technical Support person, Dr. Blake Jones from University of Kentucky, College of Social Worker. He presented at our Illinois Citizen Review Panel Conference in November 2015. Some members will attend the National Citizen Panel Review Conference in Portland, Oregon May 2015
- The committee expressed some interest in the Department's direction in Differential Response.
- Remain abreast of House and Senate bills as well as other recommended bills changing the directions of the Department.
- Concern with DCFS wards placed in Residential centers from case reviews completed in 2013; as well as the record number of incidents reports of abuse and runaways.
- Attendance at the Annual Prevent Child Abuse Conference in October 2015.
- SCAN members attend yearly case reviews for possible recommendations to the Department.
- DCFS Liaison maintained a file on each members which contains resumes, Ethics and OMA certificates, requested and acceptance letters to SCAN committees, etc.
- DCFS Liaison developed a FY 2015 SCAN Committee Expenditure Report to monitor the CAPTA funds. These funds reimburses SCAN members for their travel, hotel accommodations, provide meals for half and whole day meetings, etc. There are challenges with providing the meals specifically in Chicago due the high number of restaurants who declines state invoice vouchers to be paid at a later date.

SCAN CITIZEN PANEL REPORT
FY 2015

Responses to SCAN 2014 Recommendations

In the FY 2014 Citizen Review Panels Report, a request was made to appoint a staff person who understands what is required and that there is a commitment on the part of the Department and the designated staff person to commit to the importance of staffing the committee.

Department's Response The Department identified a dedicated staff person to work as liaison for the committee. In July, 2014, Valerie McDaniels became the liaison to the committee. She is knowledgeable on the duties of the committee; understands the commitment to the committee; is available to attend and participate in meetings; and provides the Department with information resulting from the committee meetings. She worked closely with Keith Langston regarding membership approvals, questions of the committee to the Director and/or DCFS Administration, etc. She has been extremely valuable to the committee.

1. The SCAN committee requests that the Department provide more clarity on the process for the use of Illinois Check off dollars. It appears that the entire contracting process that the Department has developed did not allow sufficient time for the grant sub-committee to issue a RFP.

   Department's Response: The SCAN Grant Sub-committee was provided technical support in procurement. The committee was given an overview of the new grant and procurement processes based on the Executive Office of Inspector General recommendations. After this technical support, the Sub-committee was able to move forward on their 2016 Grant application and processes. Final approval selection was placed on hold due to the Governor's hold on creating contracts.

2. The committee requests that the Department respond to results of the October 2013 case reviews particularly

   Department's Response: George Vennikandam, Acting Deputy, Regulation & Monitoring attended and provided information to the committee.
   Mr. Vennikandam addressed concerns from last record review about serious injury to children at a facility. It was noted that some of the information was not available to make clear determination regarding what happened. He said there are two entities monitoring the agency: One that focuses on care of the children and the licensing unit, which focused on procedures. The agency was monitored on 5/13/14 and 6/19/14 and a review by licensing staff with management and program staff was held on 7/10/14. On 7/10/14 meeting was held to modify the program and discuss training for the staff. He said there is an ongoing action plan to address issues at the facility and they intend to initiate a training program for staff and monitor the agency closely. Future incidents will be monitored to make sure training is effective. He also provided additional information at another meeting.

3. The SCAN committee requests that the DCFS legislative representative for the Department attend meetings when pending child welfare changes are being proposed.

Department's Response: The Department's previous legislative representative, Meryl Paniak, DCFS Attorney, presented at the Illinois Citizen Review Panels Conference in November 2014. She provided the most current House and Senate Bills as well as the proposed Department's response to such Bills. As administration changed with the legislative representative, written updates were provided when legislation sessions were going on. The Department hopes to have someone present at one of the SCAN committee meeting in FY 2016**.**

Case File Review

The committee reviewed files from various regions where there had been an allegation 60 (Environmental Risk of Harm. 28 investigations with allegations 60 comprised the sample for the annual file review by SCAN on November 5, 2014. Of the 28 investigations, only 14 were reviewed. The CANTS histories consisted of one or more issues such as: Domestic Violence, Substance Misuse, Mental Health, Paramours, etc. There were only three instructions given the field for submittal of investigations: 1) Allegations 60; 2) Each investigation must have the Region Site Field, SCR#, Case Name, and Finding; 3) provided a statewide data report comprised of closed investigations- Allegations 60. The intent of the review was to assess for the following:

- Safety of the children
- Adherence to established procedures and policies

They were given a copy of updates to Rule 300 Appendix B Allegations to review. This document had elements of allegations 60, both ANCRA and other cited laws, factors to consider during the investigations, new criteria to consider for findings, etc. The SCAN members for the first time reviewed cases from the Department's Statewide Automated Child Welfare Information System (SACWIS) computer
system.

Please note: case selections for the review were done randomly, which resulted in an uneven number of cases reviewed per region.

Case Review Observations and Concerns:

- Two cases were found to be adequately investigated and findings were appropriate.
- Good documentation and supporting evidence to support an Indicated finding but cases were unfounded.
- Children left in unsafe situations.
- Lack of documentation to support the finding.
- No follow-up with mental health service providers.
- Evidence of substance and domestic violence was noted. Yet, in nine or more of cases the screens did not have documentation of the gathered evidence.
- Supervisors not requesting additional information before approving investigations for closure.
- Serious incidents of substance misuse, mental health, DV, paramours in home, where no intact services offered or court orders obtained.

SCAN CITIZEN PANEL REPORT
FY 2015

SCAN Recommendations for 2015

1. The Department had a long standing history of providing services mandated and/or voluntarily. The current family case opening procedures need to be reexamined. Safety and well-being assessments need enhancements.
2. Supervisor should be reminded to review the entire case files and seek additional information before approving. This will ensure investigations are not unfounded when in fact evidence indicates otherwise.
3. There were a number of cases reviewed involving domestic violence and substance abuse however, many screens were completed as though there were no supporting evidence.
4. The Department should ensure that cases involving domestic violence, substance abuse, paramour involvement, mental health, may indicate families crying out for help when these issues are present, the family should be offered services. It should be written if a family refuses services, court intervention should be sought where these situations/concerns are present and pose imminent risk.
5. Review protocol for follow-up with doctors when mothers/fathers have a history of using psychotropic medications, mental health issues, etc. The supervisor should ensure the investigator contact mental health providers.

APPENDICES to the ADDENDUM

IDCFS Disaster Preparedness Plan (Amended 9/15)

IDCFS Disaster Preparedness Plan (Amended, 9/15)

I. Purpose of the Plan

The Disaster Preparedness Plan of the Illinois Department of Children and Family Services has been developed in order to establish procedures for handling and responding to disaster situations that may impact child welfare.

The following requirements specified in the Program Instructions for developing the FFY 2007 Annual Progress and Services Report have been integrated into the final Disaster Preparedness Plan:

- Identify, locate and continue availability of services for children under State care or supervision who are displaced or adversely affected by a disaster;
- Respond to new child welfare cases in areas adversely affected by a disaster, and provide services in those cases;
- Remain in communication with caseworkers and other essential child welfare personnel who are displaced because of a disaster; and
- Preserve essential program records and coordinate services and share information with other States.

To account for these requirements, each Division within DCFS responded with their plan for providing services within a disaster situation. It should be noted that not all Divisions provide services that would need to be continued during a disaster. For this reason, each Division replied only to those questions that were applicable.

This plan supplements the Department's staff safety procedures as contained in Department Administrative Procedures 16, Staff Safety. See Attachment Appendix A

This plan specifies the procedures to be employed if an event:

- disrupts the ability of the Department to provide essential child protection and child welfare services;
- and/or results in a disaster within Illinois that causes the activation of the State of Illinois Emergency Operations Plan and the Department receives a request to provide mass care services as a result.

II. Essential Services and Functions

For the purpose of this plan, the Department considers the following services or functions to represent "essential services and functions" that must be restored in rank order of importance to the extent each is affected by an event that disrupts the availability:

- State Central Register (also know as the "Child Abuse and Neglect Hotline");
- Investigations of reports of suspected child abuse and neglect and, as necessary for a child's safety, the ability to promptly place a child in a safe out-of-home living arrangement;

- Ensuring the safety of children for whom the Department is legally responsible and who are placed in out-of-home care, with a priority focus on children who are dependent on medical technology;
- Ability to execute consents for children for whom the Department is legally responsible; and
- Ability to make payments to caregivers of children for whom the Department is responsible.

Restoration of the above listed essential services and functions will take precedence over restoration of any other services or functions of the Department that might also be disrupted by an event.

Collaboration with Illinois Emergency Management Agency (IEMA)

The Department collaborated with the Illinois Emergency Management Agency (IEMA) on a special project. The purpose was to determine the IDCFS capabilities, capacities and certain tasks outlined in the state's disaster preparedness plan.

The IEMA Mass Care/Shelter Annex is the general project overview; the Overview 2 document provides more detailed information on the project and what services will be provided at the Hub Reception Centers; the ESF 6 Mass Care document lists the roles/responsibilities state agencies have in providing mass care services. The Needs/Gap Analysis form is the primary one that tries to get clarification as to agency capabilities and capacities in fulfilling the tasks listed in the ESF. Information relative to major IEMA documents have been incorporated at the end of this chapter.

The Department submitted the Needs/GAP Analysis to IEMA and also provided reports on the location of our various offices as part of this collaboration with IEMA. The Department is also seeking feedback from IEMA on training for our staff.

III. Risks and Activation of Plan

A. Risks

The Department has identified the following as the most likely events that would result in a disruption in the Department's ability to provide essential services and functions:

- A natural disaster such as a tornado, flood, fire, earthquake, etc.; or
- An act of violence perpetrated by a person who is unsatisfied with Department services or response;
- A major interruption in basic utility services, including but not limited to water and sewer service, telephone service, data management services, and/or electrical service.

The Department has also identified the natural disasters such as a tornado, flood, fire, earthquake, etc as the most likely cause of a request for the Department to provide a mass care response under the State of Illinois Emergency Operations Plan.

B. Activation of the Plan

The Director of the Department or the Director's designee will be responsible for ordering the activation of this plan and for managing the Department's implementation of procedures specified in the plan. Only the Director of the Department (or the Director's designee) is authorized to order the activation of any portion of this plan.

The Director will activate the plan whenever one or more of the following criteria are met:

- An event has disrupted the Department's ability to provided essential services and functions and the disruption involves more than one Department administrative office or field office in a geographical area.
- and the disruption in the ability to provide essentials services is projected to last longer than 5 business days; and/or
- The Department receives a request to provide mass care services under the State of Illinois Emergency Operations Plan.

IV. Emergency Operations Centers Procedures

A. Location of Emergency Operations Center(s)

Placement and Permanency Division

1) Chicago – Placement and Permanency staff will be co-located with Operations Management staff at the Maywood Field Office, or alternatively at 1026 S. Damen.
2) Champaign Regional Office – The foster care licensing operations will be managed out of this office.

Field Operations Division

1) Springfield – N/A
2) Chicago – Maywood Field Office will be designated as the alternative site.

Division of Budget and Finance

1) Springfield – The main Operations Center will be housed at 406 East Monroe, Springfield, Illinois. The telephone number is 217-557-0721. The fax number is 217-785-0395.

2) Chicago – The Division of Budget and Finance will also have one or more members of its Executive/Administrative Staff at the Department's main administrative office on 6th floor of the Thompson Center, 100 W. Randolph, Chicago, Illinois. The telephone number is 312-814-6800. The fax number is 312-814-3255.

Division of Guardian and Advocacy

1) Springfield – There will be no Emergency Operations Center for the Springfield staff of the Division of Guardian and Advocacy because staff in those offices has been deemed non-critical in the event of an emergency.
2) Chicago – If accessible, Consent Unit staff (deemed critical in the event of an emergency) will be directed to report to 17 N. State Street. If not accessible, management staff will work with the telecommunications staff to connect the 800 Consent Unit line to staff's cell and home phones.

B. Staffing Plan and Roles

Placement and Permanency Division

1) Executive Staff – Each manager in the Placement and Permanency Division, as well as foster care licensing supervisors statewide, will be on duty.
2) Other Staff – Bargaining unit staff will be called into work as directed by the Governor's Office or to maintain any critical functions that cannot be covered by management.

Field Operations Division

1) Executive Staff – Executive staff would remain available at their respective offices or the alternative site listed in IVA above. Also, communication by cell phone with the designated leadership staff will occur via a phone tree.
2) Other Staff – Other Management staff will report to designated field offices unless directed to alternative sites. Bargaining Unit staff will be advised if their designated offices are closed and to what alternative site to report for duty.

Service Intervention Division

1) Executive Staff – will be available at their respective sites or designated relocation sites.
2) Other Staff – will report to designated sites as directed. Service Intervention does not provide services directly to youth.

Division of Budget and Finance

1) Executive Staff – The Chief Financial Officer will coordinate all Disaster Plan activity with their Divisions' administrative and supervisory staff.
2) Other Staff – The Chief Financial Officer will coordinate all Disaster Plan activity with other Department staff as needed.

Division of Child Protection

1) Executive Staff – Executive Staff will be available at their respective offices or at the designated relocation sites.
2) Other Staff – Other staff will report to designated relocation sites unless directed to alternate work sites. Bargaining unit staff will be advised of office closures and if they are to be deployed to alternative work sites.

Division of Guardian and Advocacy

1) Executive Staff – Executive Staff will follow an established phone tree starting with Deputy Director flowing to all employees in the division; Guardian, Assistant Guardian and other division supervisors will be on duty and phones lines can be directed to their home and cell phones if necessary.
2) Other Staff – The Consent Unit has bargaining unit staff that must remain on duty to provide statewide consents in the event of an emergency. Other bargaining unit staff will be on duty, as directed by the Governor's Office, to maintain critical services if necessary.

C. Communications Plan

Division of Communications

1) State Agencies –The lines of Communication will remain open to all State agencies as DCFS Communications will be available to respond to all inquiries.
2) DCFS and Purchase of Service (POS) – If any new procedures occur as a result of a disaster, the Division of Communications will assist in the dissemination of the procedure to all DCFS and POS staff.

Placement and Permanency Division

1) With External Entities (Governor's Office, other state agencies, media, union Leadership, provider leadership, law enforcement, State's Attorneys, Courts, etc.) - Placement and Permanency will maintain communications with all placement agencies in the state, through the use of emergency, on call and cellular phones. Email contact will be utilized as available. Emergency notifications to Guardian ad Litems will be facilitated as necessary.

2) With Key Internal Staff (Central Office and Regional/Field Staff) - Placement and Permanency maintains a division phone tree as well as emergency contracts for consultations. Ongoing coordination with occur with Operations, Clinical, all Department POS monitoring units, as well as licensing, SCR and Placement Clearance

Field Operations Division

1) With Key Internal Staff – The Deputy Director for Field Operations will remain in contact with the Director and other Central Office staff via computer and/or (land lines or cell) telephones.
2) With External Entities – Contact with the Governor's Office, other state agencies, media, union leadership, provider leadership, foster parent leadership, law enforcement, State Attorneys and Courts, etc., will be as designated by Central Office.
3) Regional and Satellite Offices – These offices will be advised to make contact up the chain of command from caseworker to supervisor to Regional Administrator until a connection is maintained. Emergency contact individuals and phone numbers will be provided at the regional level for staff to send and receive status reports and make inquiries. All written communication must be approved at the Deputy level.

Service Intervention Division

1) With External Entities (Governor's office, other state agencies, media, union leadership, provider leadership, foster parent leadership, law enforcement, State's Attorneys and Courts, etc)
2) With DCFS Staff - The Division of Service Intervention has a computerized data base of staff phone numbers. Hard copies are also available.

Division of Budget and Finance

1) With External Entities – The Chief Financial Officer will coordinate all Disaster Plan communication activity with Department Executive Staff for external entities. Division of Budget and Finance staff are available in each Region to assist with coordination of local Administrative Support Services
2) With Key Internal Staff (Central Office and Regional/Field staff) – The Chief Financial Officer will coordinate all Disaster Plan communication activity with Department Executive Staff and other Key Internal staff.

Division of Child Protection

1) With External Entities – Contact with the Governor's office, other state agencies, media, union leadership, law enforcement, state's attorneys and courts, will be designated by the Director's office.
2) With Key Internal Staff –- The Regional Lead site emergency contact person will notify the Deputy Director for Child Protection of the activation of the Emergency plan. The Deputy Director of Child Protection will notify the Director and other Central office staff via telephone and/or via computer. (A list of the Division of Child Protection Administrative Staff Emergency Contact Numbers is provided as Addendum B).
3) SCR Administrator – Under the direction of the Deputy Director, the SCR Administrator will have direct responsibility for managing the relocation of SCR and its staff.
4) Regional Administrator – The Regional Administrator will have direct responsibility for managing the relocation of child protection and intact family caseworkers to the regional relocation sights.
5) Regional and satellite offices – These offices will be advised to make contact up the chain of command from caseworker to supervisor to Regional Administrator until a connection is made. Emergency contact information for individuals will be provided at the regional level for staff to send and receive status reports and make inquiries. All written communication must be approved at the deputy level.

Division of Guardian and Advocacy

1) With External Entities - On-call Guardian and Advocacy staff members will maintain communications with external entities, via cell phones, provided service is available. If phones are not available, Guardian and Advocacy staff will report to the Emergency Operations Center and assist as required.
2) With Key Internal Staff (Central Office and Regional/Field staff) Designated Guardian and Advocacy staff will communicate with key internal staff via a phone tree, beginning with the Guardian, our Deputy Director.

V. Procedures for Responding to DCFS-Specific Emergencies

A. Introduction

Each Division of the Illinois Department of Children and Family Services (DCFS) will follow the guidelines outlined in Administrative Procedure #16: Staff Safety when responding to DCFS-Specific Emergencies. In addition, each Division may need to consider the following bullet points in the event of a DCFS-Specific Emergency.

- Medical Care – If necessary, DCFS may need to engage external entities such as the Red Cross and local hospital to assist in a response.
- Transportation – Transportation to another site or location may be necessary.

- Food and Shelter – Food vouchers, cash, or pre-identified shelter facilities may need to be accounted for within planning.
- Disaster Coordination – The DCFS-specific emergency may require coordination with other external entities.

B. Responsibilities

Placement and Permanency Division

1) The Division of Placement and Permanency is responsible for ensuring the safety of children for whom the department Is legally responsible and who are placed in out-of-home care, with a priority focus on children who are dependent on medical technology.
2) The Division is also responsible for identifying and facilitating emergency placement needs.

Field Operations Division

1) In an effort to assure the continuation of essential services to children, their caregivers and biological parents during an emergency for either short or long-term duration, the Division of Field Operations will continue to provide the following program services:
    a) Case management services either in-person or via telephone
    b) Foster and natural parent referral services if available
    c) Crisis intervention services
    d) Court hearing presentations

2) In the event that staff is unavailable in a specific site or the building is closed Field staff will report to the Regional Administrator or the designated contact person in the phone tree up to and including the Associate Deputy Director to receive advice, instructions or decisions about specific case emergencies. A telephone number will be provided for local staff to contact managers with authority to make casework decisions. A triage system will be established by management to determine the level of crisis that requires immediate/urgent care decisions. All others will await the lessening or passing of the crisis/emergency when all information and records are available, generally within a period of no less than 48 hours.
3) DCFS Executives, Administrators, Managers and Supervisors will maintain Emergency Contact numbers including home and cell phones for all subordinate staff. This information may also include alternative phone numbers and contact persons. During a Disaster or Emergency, this information would be utilized to ensure communication between and among staff within the local office, those in administrative positions at other sites, and up the chain of command to Central Office. Management staff may be called upon in emergency to provide coverage at various sites and offices and

may use this information to gather documentation of critical needs resources to meet expressed needs.

Child Protection Services Division

4) DCFS Division of Child Protection shall be capable of receiving and investigating reports of child abuse and neglect, twenty-four hours per day, seven days per week. The Department must be capable of protecting the health, safety, and best interests of children and offer protective services, including preventing further harm.
5) If the office site is deemed unsafe, the Deputy Director of Child Protection and the Regional Administrator will activate the Relocation Plan. Staff will be directed to the Regional Relocation sites and the emergency operations plans will be activated.

Service Intervention Division

The Division of Service Intervention does not provide direct services to youth. We are an administrative department. In the event of an emergency, we will provide whatever assistance we can to other departments.

Division of Guardian and Advocacy

1) The Deputy Director for Guardian and Advocacy, or her designee, would be responsible for communicating information about a DCFS specific emergency. E-mail would most likely be sent out, and in the event that our e-mail system is not available, the phone tree would be put into use.
2) The Consent Unit will be able to provide medical consents for wards through POS agencies and DCFS cases; the Guardian will be able to consent to Do Not Resuscitate and Withdrawal of Life Support orders as well as transplant requests.

The Division of Budget and Finance

1) The division of Budget and Finance has Technical Support Staff that maintain the distribution of medical cards for Department wards. Emergency medical cards are distributed by the medical technical support staff to the Departments regional business office for logging and distribution to Department direct service staff that issue them to wards entering DCFS care.
2) The division of Budget and Finance responds to Specific emergencies by following the guidelines outlined in Administrative Procedure #16: Staff Safety.
3) The Division of Budget and Finance's technical support team acts as liaisons with the Department of Human Services and their staff that maintain the states medical transportation program. Medical transportation for Department wards are scheduled by the Division of Budget and Finance Regional Business Staff. The contracted medical transportation program is maintained by First Transit

580 Waters Edge , Suite 200, Lombard, IL 60148 Phone # 877-725-0569 fax# 312-327-3854.

4) The Division of Budget and Finance's Chief Financial Officer and/or designee is the principle disaster coordinator for the Division of Budget and Finance and will coordinate all disaster action activity with other divisions and/or state agencies.
5) Regional Business Staff maintain and distribute clothing vouchers for DCFS wards per Department Procedure 359. Department Foster Parents are eligible for emergency food vouchers when warranted and Board payment have not been received

Division of Communications

1) DCFS Communications will ensure that all staff is aware that these services are available through alerts on the D-Net and E-Mail announcements. DCFS Communications will inform the Media, upon request, that a plan is in place to address the immediate needs of our clients.
2) DCFS Communications will remind staff of their roles and responsibilities during this time period by updating the D-Net and E-Mail announcements.
3) DCFS Guardians will be able to coordinate with other divisions and state agencies to make plans for wards; POS agencies will be able to contact the division to receive consents for wards on their caseloads.

B. Staffing Plan

Placement and Permanency Division

1) Executive Staff – Each manger in the Placement and Permanency Division as well as foster care licensing supervisors statewide will be on duty.
2) Other Staff – Bargaining unit staff will be called into work as directed by the Governor's Office or to maintain any critical functions that cannot be covered by management.

Field Operations Division

1) Executive staff – Executive Staff will report to assigned offices if possible. Otherwise a pre-determined DCFS alternative site will become their headquarters. Should those sites become unavailable, then other state agency sites, public offices of city or county will be considered along with schools libraries and churches in the vicinity will be considered as headquarters. A skeleton staff of Administrators, managers and other essential staff will be determined with the authorization of the Director or Deputy. Those identified as essential staff will be pre-determined and listed as designated contact staff for local information about status. No office will be closed without expressed consent from the Deputy Director of Field Operations.

2) Regional staff will follow the site selection in II.B.1 above
3) Other staff including Interstate, Child and Youth Investment Team (CAYIT), Local Area Network (LANS) /Resources, Adoptions, Child Location and Support Unit (CLSU), MAP and Foster Parent Reimbursement will also follow the housing pattern mentioned in II.B.1 above. This also applies to clerical support staff of all the specialty units, regional and site offices.

Child Protection Services Division

1) Executive Staff – Executive Staff will report to the re-location sites. If the designated relocation sites become unavailable, other state primary and secondary agencies sites, local Police Departments, Public city and County offices, schools, libraries and churches may be used as re-location sites.
2) Regional and Child Protection bargaining unit staff - These staff will be deployed to the local re-location sites as directed by the Director and the Governor's office to maintain critical functions that can not be covered by administrative staff.
3) Guardian/Authorized Agents of the Guardian. Regional and Child Protection staff is authorized agents thus will be able to provide guardianship consent. Also, State Central Register (SCR) is staffed with Authorized Agents who are available 24 hours 7 days a week to give consent.
4) Administrative Support Staff will perform critical support functions such as Placement Clearance and Law Enforcement Agency Data System (LEADS) checks.

Service Intervention Division

1) Executive Staff – The Deputy Director of Service Intervention will be available and will report to designated location.
2) Juvenile Court – The Administrator of Court Services will be available and will report to designated location.
3) Other Staff – The unit disaster and evacuation team will be mobilized and available.

Division of Budget & Finance

1) Executive Staff – The Deputy Director and Chief Financial Officer of will be available and will report to designated location.
2) Other Staff – Contract Administration, Financial Participation, and Administrative Support Staff will be available in Central Office and in each Region.

Division of Guardian and Advocacy

1) The Division of Guardian and Advocacy maintains a Consent Unit, consisting of 8 child welfare advanced specialists, 2 clerical support staff and one

supervisor (all bargaining unit). The team members are authorized to sign consents on behalf of the DCFS Guardian.

2) The Consent Unit provides ordinary and routine consents mainly in Cook County, but also provides statewide consents for psychotropic medication and psychiatric hospitalizations. The division also maintains a list of almost 500 authorized agents, whom are also registered with the Secretary of State's Office to sign consents on behalf of the DCFS Guardian. The list is updated monthly and includes the agent's name, title, work location and work telephone number. Most of the 500 agents on the list are non-bargaining unit Public Service Administrators, with some bargaining unit staff in units such as State Central Register (SCR) and Emergency Response Center (ERC). The Consent Unit provides consents during normal business hours and after-hour consents are provided by the Emergency Reception Center staff (Division of Child Protection).

C. Communications Plan

Placement and Permanency Division

1) With External Entities – Placement and Permanency will maintain communications with all placement agencies in the state, through the use of emergency, on call and cellular phones. Email contact will be utilized as available. Emergency notifications to the Guardian-Ad-Litem will be facilitated as necessary.
2) With DCFS Staff – Placement and Permanency maintains a division phone tree as well as emergency contracts for consultations. Ongoing coordination with occur with Operations, Clinical, all Department POS monitoring units, as well as licensing, SCR and Placement Clearance

Field Operations Division

1) Local sub-regional Administrators will report a minimum of twice daily to regional and Central Office on the operational status of their facilities, equipment, and staff. The last report will occur at 4:00 PM In order to announce program plans for the next work day. Reports will be both oral and written and may be faxed to the Deputy's Office or to the designated Central Office staff per the daily report schedule. Central Office will digest and coordinate all the regional reports into a clear and concise statement about current program status and next day operations unless it's a weekend.
2) All reports whether oral or written will be issued on a "Need to Know" basis with the authorization from Central Office. While some information may be site specific in terms of operations; other statements may be general in nature as required by the Communications Office or Central Office.
3) In the event that there are not any Central Office staff available including The Director and Deputies, the next level of Administration will assume

Command and communicate with the Governor's Office, other state agencies, media, union leadership, provider leadership, foster parent Leadership, law enforcement, State's Attorneys and Courts, etc.

4) DCFS Executives, Administrators, Managers and Supervisors will maintain Emergency Contact numbers including home and cell phones for all subordinate staff. This information may also include alternative phone numbers and contact persons. During a Disaster or Emergency, this information would be utilized to ensure communication between and among staff within the local office, those in administrative positions at other sites, and up the chain of command to Central Office. Management staff may be called upon in emergency to provide coverage at various sites and offices and may use this information to gather documentation of critical needs resources to meet expressed needs.

Child Protection Services Division

1) With External Entities – Communication with external entities such as the Governor's office, other state agencies, media, union leadership, provider leadership, foster parent leadership, law enforcement, State's Attorneys and Courts, etc. will be established as needed.
2) With DCFS Staff – The Division of Child Protection has a computerized database of Child Protection staff home numbers, cell phone number and the after hours answering services.

Service Intervention Division

1) With External Entities – Governor's office, other state agencies, media, union leadership, provider leadership, foster parent leadership, law enforcement, State's Attorneys and Courts will be established as needed.
2) With DCFS Staff –The Division of Service Intervention has a computerized data base of staff phone numbers.

Division of Budget and Finance

1) With External Entities – The Chief Financial Officer will coordinate all Disaster Plan communication activity with Department Executive Staff for external entities. Division of Budget and Finance staff are available in each Region to assist with coordination of local Administrative Support Services. Each local area maintains a listing of phone numbers and addresses for principal stakeholders and external entities.
2) With DCFS Staff –The Division of Budget and Finance also maintains a listing of staff emergency phone numbers.

Communications

1) With External Entities – As needed, DCFS Communications will be available to discuss all areas of disaster recovery internally and externally as required by the Director's office.
2) With DCFS Staff – The Division of Communications will be available to all Executive Staff members to assist in accurately providing word to all staff regarding contingency plans and new procedures during this critical period.

Division of Guardian and Advocacy

1) Guardian and Advocacy staff will discuss the plans that other divisions have made to formulate the plan for this division. Divisions must work in conjunction with one another for a comprehensive plan.

D. Procedures for Re-establishing Essential Services

1. Child Protection and Child Welfare Services

Placement and Permanency Division

Child Welfare Services

1) Medical Care - Medical services for all youth in care will be facilitated through the health works system; if unavailable, emergency medical care will be triaged through the DCFS Medical Director and Chief Nurse. Agencies serving medically complex children will utilize medical personnel associated with the program to conduct well-being checks and provide back up electricity as necessary for technology dependent children. Children needing psychiatric hospitalization will be triaged through the existing CARES 1-800 line and SASS services. Should these services be unavailable, psychiatric hospitalization triage and placement will be conducted by DCFS Placement and Permanency staff.
2) Food and Shelter - Emergency shelters and emergency foster placements have been pre-identified. Placement into these facilities will be facilitated by Placement and Permanency Division
3) Transportation (In area or out of area) - Primary emergency placement transportation needs will be the responsibility of the child's assigned care worker. Placement programs and foster parents will be expected to provide back up, as necessary.
4) Disaster Coordination with other divisions and/or state agencies. Placement and Permanency will coordinate with all internal divisions as necessary and with external contractors and stakeholders as requested by the Directors office.

State Central Register

1) Under the direction of the Deputy Director, Division of Child Protection (DCP), the Administrator of SCR will have direct responsibility for managing the re-location of the Hotline to the back-up site at 521 S. 11th Street, Springfield, Illinois.
2) The Office of Information Technology Services Disaster Recovery Manager shall have lead responsibility for managing the restoration of essential computer support as described in V.E below.
3) The Manager of the Administrative Services shall have lead responsibility for responsibility for working with the Illinois Department of Central Management Services to the move the Hotline "800" number to the back-up site.

2. Child Protection

Cook County

Under the direction of the Deputy Director, Division of Child Protection (DCP), the Cook County Associate Deputy Director for the DCP will have lead responsibility for re-establishing child protection services in Cook County.

The Associate Deputy Director will work directly with the following staff to re-establish child protection services capability:

- Child Protection Managers and Supervisors in Cook County;
- Associate Deputy Director, Division of Program Support to move staff to a new office location(s), if necessary;
- Office of Information Technology Services Disaster Recovery Manager to re-store computer support, if necessary; and the
- Manager of the Administrative Services to re-store telecommunication services, if necessary.

Downstate

Under the direction of the Deputy Director, Division of Child Protection (DCP), the Downstate Associate Deputy Director for the DCP will have lead responsibility for re-establishing child protection services in any downstate region.

The Associate Deputy Director will also work directly with the:

- Office of Information Technology Services Disaster Recovery Manager to re-store computer support, if necessary; and the
- Manager of the Administrative Services to re-store telecommunication services, if necessary; and the

- Manager of the Administrative Services and the appropriate Regional Administrative Services (ASM) Manager to secure any office affected by an incident and the State assets in it, if necessary.

E. Office of Information Technology Services (OITS)

The OITS Enterprise Support Services Manager will have lead responsibility for managing the restoration of essential computer support. The OITS Enterprise Support Services Manager will coordinate all restoration activities with the Department of Central Management Services and other OITS Management and line staff.

Critical Systems Business Continuity and Disaster Recovery Overview
The Department of Children and Family Services has identified three computer applications as being mission critical for providing child welfare services to the citizens of the State of Illinois. The 24 hours a day, seven days a week availability of these applications is protected with a disaster recovery process. This overview provides both the functional definitions of these applications and a high level explanation of the disaster recovery process.

Critical Systems:
SACWIS – Statewide Automated Child Welfare Information System
SACWIS is a web-based SQL server application that is utilized by all DCFS and POS agency staff engaged in child welfare case management. The application is used statewide 24 hours a day, seven days a week supporting 97 DCFS sites and 268 POS sites. SACWIS is a comprehensive automated case management tool. It is used to support child welfare staff engaged in the following: a) child abuse and neglect case management; b) Title IV-A assistance eligibility determination c) foster care licensing and d) adoption assistance. Components of SACWIS include but are not limited to: Title IV-E eligibility determination and tracking; service and case planning, tracking and evaluation; case review and evaluation; licensed facilities support; juvenile court documentation; and staff management and reporting. SACWIS also interfaces with several other states SACWIS systems. The SACWIS system is available to approximately 9,000 users 24 hours a day, seven days a week.

PCD – Placement Clearance Desk
PCD is a child placement approval and tracking system. Child welfare caseworkers phone in new placement requests to the PCD desk. PCD staff enters placement data into the application wherein a set of approval rules are applied to the data. A determination is then made to either accept or deny the placement. The checklist for placements includes but is not limited to crime conviction, child abuse and number of existing resident children relative to the home capacity. A different set of approval rules is used by the system depending on the provider type. The licensed types are private agencies, supervised homes, and foster homes. The only unlicensed types are homes of relatives.

PCD is a level one system available 24 hours a day, 7 days per week because placements of children occur around the clock. PCD is the mechanism used to ensure the safety of children being placed.

CLSU – Child Location Support
This is a web-based SQL server system that is used to assist the Child Location Support Unit to expedite the tracking and location of children missing from a DCFS placement.

Log Shipping Overview
Essentially log shipping is the process of automating the backup of database and transaction log files on a production SQL server and then restoring them on a standby server. The key feature of log shipping is that it will automatically backup transaction logs throughout the day and restore them on a standby server. This in effect keeps the two SQL servers in 'synch'. Should the production server fail, all you have to do is point the users to the backup server.

Critical Systems Infrastructure
The production servers for our critical systems are physically located at the Department of Central Management Services' Central Computing Facility (CCF). The CCF is located at 201 W. Adams in Springfield, Illinois. OITS maintains a Business Continuity/Disaster Recovery (DR) 'warm site" located at the Rockford Regional Office at 200 S. Wyman in Rockford, Illinois. The backup servers for our critical systems are physically located at this site. In our environment, the log shipping is designed with five (5) minute latency between the servers at the CCF and the servers at the Rockford DR site.

In the extremely unlikely event that both the production system servers and the disaster recovery site servers are destroyed or are otherwise corrupted, OITS utilizes log-shipping to maintain a server located at the site of the Child Abuse Hotline in Springfield, Illinois. This server can be utilized to allow the use of the SACWIS application in a diminished capacity. The Child Abuse Hotline staff would be able manage the casework intake and assignment process while the production systems were being restored to full functionality.

Critical Systems Problem Management
OITS has identified key management staff that serve in an 'On-call' capacity 24 hours a day seven days a week to provide guidance for technical staff in managing all outages to our critical systems. An OITS Business Continuity/Disaster Recovery Manual contains process flows and contact information for technical staff that may be called in to assist in resolving an outage. The OITS help desk staff are provided with all contact numbers and are instructed to contact a Enterprise Support Manager within 15 minutes of identifying an outage to any of the 3 critical systems. The primary goal is to restore services at the CCF, if that cannot be accomplished within two hours then the Enterprise Support Manager

and/or OITS Chief Information Officer will activate technical staff to enact failover processes.

Fail-over/Back Process

The 'fail-over' to the Business Continuity/Disaster Recovery site is a manual process and some additional downtime will be experienced. The problem with the production servers will be identified and corrected as soon as possible. The production servers will then be recovered using backup tapes retrieved from the Rockford DR site. Once the production servers are restored, log shipping will resume and the production servers will serve as DR servers. We can 'live' at either site for an indefinite period of time. The process is followed in reverse order to 'fail-back' to the production servers.

Help Desk

The OITS Help Desk plays a critical role of responding to End User problems and performs high level systems monitoring. In most cases they will be the first of OITS staff to recognize, diagnose, and escalate a system outage and/or disaster event.

The OITS Help Desk is located at #1 North Old State Capitol Plaza in Springfield, Illinois. If Help Desk staff cannot continue operations at this primary location, they will report to 607 E. Adams in Springfield, Illinois. They will use desktops and phones located in a training room at that location until operations can continue at their primary location. If for some reason they cannot be relocated to the secondary site, then the DCFS office at 405 Limit Street in Lincoln, Illinois will be used.

F. Telecommunication Services

The Department's Manager of Administrative Services will have lead responsibility for managing the restoration of essential telecommunication services, The Administrative Services Manager will, as necessary, coordinate all restoration activities with the Department of Central Management Services, the appropriate regional Administrative Services Manager and, the appropriate local telephone services vendor(s).

G. Payment Services

The Deputy Director, Division of Program Support, shall have lead responsibility for managing all activities necessary to the restoration of essential payment functions. The Deputy Director will, as necessary, coordinate all restoration activities with the Illinois Office of the Comptroller and the appropriate regional Administrative Services Manager(s).

H. Protecting State Assets and Re-Creating Department Records

The Department's Manager of Administrative Services Manger will have lead responsibility for all activities related to:

- securing any Department office site impacted by an incident;
- securing and inventorying all State assets (equipment, commodities and records) in the office; and
- If necessary, re-creating official Department records, including but not limited to client case records.

The Manager of Administrative Services will, as necessary, coordinate all activities with the appropriate regional ASM.

I. Relocation of Staff

The Department's Manager of Administrative Services Manger will have lead responsibility for all activities related relocating staff affected by an incident to another work location. The Manager of Administrative Services will, as necessary, coordinate all activities with the appropriate regional ASM

J. Placement Resources for Children

Placement and Permanency Division

The Deputy Director of Placement and Permanency will be responsible for maintaining a database of all emergency placement resources and facilitating emergency placements as necessary. The backup database will be maintained at the University of Illinois at Chicago. The Deputy Directors of Operations and Purchase of Services Monitoring will be responsible for ensuring DCFS and POS staff conduct well-being checks on all children in foster care, independent or transitional living programs, a minimum by telephone or if necessary in person. Residential monitors will be responsible for conducting in person well-being checks on all residential facilities housing DCFS wards. Programs serving medically complex wards will be required to maintain back up generators for children who are dependent on medical technology. Nurses and aids will be responsible for conducting in person well-being checks on all such children. Placement and Permanency foster crew licensing staff will be valuable to conduct back-up foster home on an as needed basis. System of Care providers are available 24/7 for foster care emergencies.

Field Operations Division

1) In Cook County, the Resources Unit, Foster Parent Support Specialists and Lead Advocates, along with the Children's Reception Center are the contacts for placements in an emergency situation.

2) Downstate, Licensing and caseworker notes determine where the emergency placements will appear.
3) In extraordinary situations (like Katrina) whole communities require emergency placements. In such a situation, the Director and Governor will develop plans to serve the clients of this agency's need.

Division of Budget and Finance

For both Cook County and Downstate, the Office of Contract Administration maintains a database system that contains the name, location and phone numbers of all contracted service providers. (List provided as Addendum A)

Division of Child Protection

1) In Cook County the DCFS Emergency Reception Center staff in coordination with the Children's Reception Center will coordinate emergency placements.
2) Downstate, a foster parent vacancy list will be utilized to determine availability.

K. Guardian Consents for Children for Whom DCFS is Legally Responsible

Division of Guardian and Advocacy

In the event of an emergency, the Consent Team will have lead responsibility for all consents statewide. In addition, authorized agents throughout the state (about 500 employees) have the ability to provide consents on behalf of the DCFS Guardian.

VI. State of Illinois Emergencies Requiring a DCFS Mass Care Services Response

A. Introduction

Field Operations Division

In the unlikely event of a community-wide disaster (natural or man-made) a plan to provide for the needs of DCFS wards, caregivers, parents and staff are essential. DCFS would be responsible for the whereabouts of the 16,000+ wards now in our care. Records whether electronic or hard copy with their demographic and personal information would need to be made available to determine their whereabouts and well-being. A plan to logically relocate them to a safe and stable environment until return to their assignment placements would be necessary. The services of several emergency agencies would be necessary to accommodate this situation.

While Illinois does not currently have an interstate compact agreement with other states, all states are represented under an umbrella organization, the American

Public Human Services Association (APHSA), which is, among other things, responsible for coordinating disaster recovery efforts with other states and agencies.

Service Intervention Division

Service Intervention works collaboratively with POS agencies in the areas of Education Programs, Substance Abuse Programs, Post-Adoption, Housing and Health and provide Adjunct Services to Agency Divisions.

B. Communication Procedures

Placement and Permanency Division

1) With External Entities - Placement and Permanency will maintain communications with all placement agencies in the state, through the use of emergency, on call and cellular phones. Email contact will be utilized as available. Emergency notifications to Guardian ad Litems will be facilitated as necessary.
2) With Key Internal Staff (Central Office and Regional/Field Staff) - Placement and Permanency maintains a division phone tree as well as emergency contracts for consultations. Ongoing coordination with occur with Operations, Clinical, all Department POS monitoring units, as well as licensing, SCR and Placement Clearance Desk.

Field Operations Division

1) American Red Cross – Downstate Region offices include local contact information in a binder that is site specific. Cook County has the local contact number and address on file.
2) Governor's Office, IEMA, and other State Agencies (Deputy Director's binder is updated with current names and contact numbers.
3) External Entities (Media, State's Attorney's Office/Courts) Binder updated by Region/Site.
4) Executive Staff (Local and Central Office phone trees are in place).
5) Designated Response Staff (phone trees by region/site updated)
6) Union Leadership, Foster Parent Leadership (via Office of Labor Relations.)

C. Staffing and Management of DCFS Staff Responding to the Emergency

1) Management Staffing/Coordination with ARC Staff
2) Casework/response staff
3) Guardian/Authorized Agents of the Guardian
4) Other Staff – Staff Safety Administrative Procedure #16

Division of Budget and Finance

1) The Division of Budget and Finance has Technical Support Staff that maintain the distribution of medical cards for Department wards. Emergency medical cards are distributed by the medical technical support staff to the Departments regional business office for logging and distribution to Department direct service staff that issue them to wards entering DCFS care.
2) The division of Budget and Finance responds to Specific emergencies by following the guidelines outlined in Administrative Procedure #16: Staff Safety.
3) The Division of Budget and Finance's technical support team acts as liaisons with the Department of Human Services and their staff that maintain the states medical transportation program. Medical transportation for Department wards are scheduled by the Division of Budget and Finance Regional Business Staff. The contracted medical transportation program is maintained by First Transit 580 Waters Edge , Suite 200, Lombard, IL 60148 Phone # 877-725-0569 fax# 312-327-3854.

D. Placement Resources for Children

Placement and Permanency Division

The Foster Care Licensing Unit of the Division of Placement and Permanency maintains a database of licensed homes in each region and a listing of DCFS foster homes with vacancies. The Placement and Permanency Unit will assist in identifying foster homes available for placement in an emergency and will assist with making contact with those homes (either in person or via telephone) to assess their continued availability and safety. Foster Care Licensing staff will assist operations staff in matching displaced children with available resources.

Division of Budget and Finance

In addition to master contract listing of contracted vendors maintained by the Office of Contract Administration, each region maintains a listing of current placement resources available in their area.

Field Operations Division

1) In Cook County, the Resources Unit, Foster Parent Support Specialists and Lead Advocates, along with the Children's Reception Center are the contacts for placements in an emergency situation.
2) Downstate, Licensing and caseworker notes determine where the emergency placements will appear.
3) In extraordinary situations (like Katrina) whole communities require emergency placements. In such a situation, the Director and Governor will develop plans to serve the clients of this agency's need.

E. Guardian Consents for Children For Whom DCFS Becomes Legally Responsible

Division of Guardian and Advocacy

In the event of an emergency, the DCFS Guardian and Assistant Guardian can provide consultation and guidance to staff as needed; they can also provide consents for DNR and Withdrawal of Life Support orders. The Consent Unit will also be maintained, which consists of 8 Child Welfare Advanced Specialist (bargaining unit), to provide consents in Cook County and statewide consents for psychotropic medication and psychiatric hospitalizations. Select members of the list of DCFS Authorized Agents (almost 500 staff) will be on duty as well to provide consents throughout the various regions throughout the state.

The Department reviewed the Disaster Plan during the last year and it continues to meet the ongoing needs of the Department.

Addendum A

The following Shelter programs are available for Department wards:

DANIEL J NELLUM YOUTH SERVICES, INC.
1458 WEST 51ST STREET
CHICAGO, IL 60609
(773) 927-9277

LAWRENCE HALL ESSEX
8117 S. ESSEX AVE
CHICAGO, IL. 60617
(773) 734-3787

AMY INC-CHILDREN RECEPTION CTR
5001 S MICHIGAN AVE
CHICAGO, IL 60615
(773) 451-4600

MADDEN CENTER
1658 W. GRAND AVE
CHICAGO, IL. 60622
(312) 491-3500

METHODIST YOUTH SERVICES
1737 W. TOUHY AVE
CHICAGO, IL. 60647
(773) 743-8837

SADIE WATERFORD HALFWAY HOUSE COMMITTEE
13651 CRAWFORD
CRESTWOOD, IL 60472
(708) 371-1969

AUNT MARTHA'S YOUTH SERVICE CTR. AURORA
123 SOUTH LAKE STREET
AURORA, IL 60506
(630) 892-5381

SOUTHERN THIRTY
OLD SALEM ROAD
PO BOX 964
MT VERNON, IL 62864
(618) 242-2238

WEBSTER CANTRELL HALL

1942 E CANTRELL ST
DECATUR, IL 62521
(217) 423-6961

(EMERGENCY FOSTER CARE SHELTER)
ADA S MCKINLEY COMM SERV INC
7748 S. PHILLIPS
CHICAGO, IL. 60649
(773) 356-6972

Addendum B

DIVISION OF CHILD PROTECTION
EMERGENCY CONTACT INFORMATION

Statewide Issues

Michael Ruppe	**Office**	**217-786-6830**
Senior Deputy, Operations	**Desk**	**217-786-6969**
4500 S 6th Street	**Cell**	**815-701-7791**
Springfield, IL 62703		
Nora Harms-Pavelski	**Office**	**217-785-4010**
Deputy Chief, Child Protection	**Desk**	**217-785-4015**
406 E Monroe, 4th Floor	**Cell**	**217-622-0151**
Springfield, IL 62701		
Marilyn Arnold	**Office**	**708-210-2800**
Deputy Chief – Permanency	**Desk**	**708-210-3063**
15115 S Dixie Highway	**Cell**	**847-504-7385**
Harvey, IL 60426		
Michael C Jones	**Office**	**312-814-6800**
Acting Deputy Chief – Placement	**Desk**	**312-814-6848**
100 W Randolph, 6th Floor	**Cell**	**312-497-5444**
Chicago, IL 60601		

Cook Issues

Valerie McDaniels	**Office**	**312-328-2118**
Associate Deputy Chief	**Desk**	**312-328-2132**
Child Protection	**Cell**	**312-636-7460**
1921 S Indiana		
Chicago, IL 60616		

Downstate Issues

Denise Gonzales	**Office**	**309-794-3500**
Associate Deputy Chief	**Desk**	**309-794-3500**
Child Protection	**Cell**	**312-519-5657**
500 42nd Street		
Rock Island, IL 61201		

State Central Registry

Deanna Large	**Office**	**217-785-4010**
Administrator	**Desk**	**217-557-5736**
406 E Monroe, 4th Floor	**Cell**	**217-494-1397**
Springfield, IL 62701		
24 Hour Office #	**Supervisor Desk**	**217-785-4020**

Region Issues

Cook Region

Jacqui Colyer	**Office**	**312-808-5000**
Regional Administrator	**Desk**	**312-808-5000**
1911 S Indiana	**Cell**	**312-848-5137**
Chicago, IL 60616		
Ruby Powell	**Office**	**312-793-8527**
Area Administrator – CP	**Desk**	**708-633-5375**
1026 S Damen	**Cell**	
Chicago, IL 60612		
Kim Smith	**Office**	**708-338-6600**
Area Administrator – CP	**Desk**	**708-338-6600**
1701 S 1st Street	**Cell**	
Maywood, IL 60153		
Charlotte Robinson	**Office**	**312-808-5000**
Area Administrator – CP	**Desk**	**773-371-6013**
1911 S Indiana	**Cell**	**312-802-7276**
Chicago, IL 60616		
Ann Marakis	**Office**	**847-948-6700**
Area Administrator – CP	**Desk**	**847-948-6782**
1755 Lake Cook Road	**Cell**	**847-732-5251**
Deerfield, IL 60015		

Reginald King	**Office**	**773-371-6000**
Area Administrator – CP	**Desk**	**773-371-6013**
6201 Emerald	**Cell**	**312-909-3638**
Chicago, IL 60621		

James Robinson	**Office**	**708-210-2800**
Area Administrator – CP	**Desk**	**708-210-2820**
15115 S Dixie Highway	**Cell**	**312-590-8496**
Harvey, IL 60426		

Arlene Grant-Brown	**Office**	**773-371-6000**
Area Administrator – Permenancy	**Desk**	**312-328-2505**
6201 S Emerald	**Cell**	**312-636-7456**
Chicago, IL 60621		

Benny Kurlakose	**Office**	**847-948-6700**
Area Administrator – Permanency	**Desk**	**847-948-6734**
1755 Lake Cook Road	**Cell**	**847-313-9859**
Deerfield, IL 60615		

Donna Steele	**Office**	**708-210-2800**
Area Administrator-Permanency	**Desk**	**708-210-3009**
15115 S Dixie Highway	**Cell**	**708-446-2876**
Harvey, IL 60426		

Northern Region

Desiree Silva	**Office**	**815-730-4000**
Regional Administrator	**Desk**	**815-730-4321**
1619 W Jefferson	**Cell**	**309-838-9175**
Joliet, IL 60435		

Northern Alternates

Dawn Moyer	**Office**	**815-987-7640**
Area Administrator – CP	**Desk**	**815-987-5253**
200 S Wyman	**Cell**	**815-721-3482**
Rockford, IL 61101		

Angela Harris	**Office**	**815-787-5300**
Area Administrator – CP	**Desk**	**815-235-7878**
760 Peace Road	**Cell**	**815-978-8617**
DeKalb, IL 60115		

Carole Ruzicka	**Office**	**630-790-6800**
Area Administrator – CP	**Desk**	**630-790-6839**

800 Roosevelt Road, Bldg D-10	**Cell**	**847-313-1745**
Glen Ellyn, IL 60137		
Norma Machay	**Office**	**847-249-7800**
Area Administrator – CP	**Desk**	**847-249-7818**
500 N Green Bay Road	**Cell**	**630-487-8404**
Waukegan, IL 60085		
Carolyn Travis	**Office**	**815-730-4000**
Area Administrator – CP	**Desk**	**815-730-4000**
1619 W Jefferson	**Cell**	**331-262-5852**
Joliet, IL 60435		
Marilyn Green	**Office**	**815-987-7640**
Area Administrator-Permanency	**Desk**	**815-987-7161**
200 S Wyman, 2nd Floor	**Cell**	**815-218-7966**
Rockford, IL 61101		
Dave Durpetti	**Office**	**630-801-3400**
Area Administrator-Permanency	**Desk**	**630-844-8417**
8 E Galena, Suite 300	**Cell**	**630-229-3160**
Aurora, IL 60506		

Central Region

Cathy Smith	**Office**	**217-786-6830**
Regional Administrator	**Desk**	**217-786-6967**
4500 S 6th Street	**Cell**	**309-264-2106**
Springfield, IL 62703		

Central Alternatives

Jim Marmion	**Office**	**309-794-3500**
Area Administrator – CP	**Desk**	**309-794-3500**
500 42nd Street	**Cell**	**309-236-4770**
Rock Island, IL 61201		
Shea Osborne	**Office**	**309-347-5978**
Area Administrator – CP	**Desk**	**309-347-5978**
1 S Capitol	**Cell**	**309-264-6201**
Pekin, IL 61554		
Gayle Hopper	**Office**	**217-479-4800**
Area Administrator – CP	**Desk**	**217-479-4808**
46 N Central Park Plaza	**Cell**	**217-461-1177**
Jacksonville, IL 62650		

Tamela Atwood	**Office**	**217-278-5400**
Area Administrator – CP	**Desk**	**217-278-5400**
508 S Race Street	**Cell**	**217-714-9826**
Urbana, IL 61801		
Maria Miller	**Office**	**217-348-7661**
Area Administrator – CP	**Desk**	**217-348-7661**
825 18th Street	**Cell**	**217-836-2612**
Charleston, IL 61920		
Shellee Fecht	**Office**	**217-221-2525**
Area Administrator-Permenancy	**Desk**	**217-221-2525**
107 N 3rd Street	**Cell**	**217-257-4644**
Quincy, IL 62301		
Jennifer Seward	**Office**	**309-671-7900**
Area Administrator-Permenancy	**Desk**	**309-693-5441**
2001 NE Jefferson	**Cell**	**309-824-0816**
Peoria, IL 61603		

Southern Region

Lori Gray	**Office**	**618-993-7100**
Regional Administrator	**Desk**	**618-993-7162**
2301 W Main	**Cell**	**618-305-0672**
Marion, IL 62959		

Southern Alternatives

Valda Haywood	**Office**	**618-876-8985**
Area Administrator – CP	**Desk**	**618-876-8985**
1025 Madison Avenue	**Cell**	**618-444-5969**
Granite City, IL 62040		
Robert Cain	**Office**	**618-993-7100**
Area Administrator – CP	**Desk**	**618-993-7158**
2309 W Main	**Cell**	**618-381-5341**
Marion, IL 62959		
Rob Schmink	**Office**	**618-993-7100**
Area Administrator – CP	**Desk**	**618-993-7100**
2309 W Main	**Cell**	**618/521-6989**
Marion, IL 62959		
Courtney Field	**Office**	**618-993-7100**

Area Administrator-Permanency	**Desk**	**618-993-7100**
2309 W Main	**Cell**	**618-841-1387**
Marion, IL 62959		
Vendetta Dennis	**Office**	**618-583-2100**
Area Administrator-Permanency	**Desk**	**618-583-2127**
10 Collinsville Avenue	**Cell**	**618-381-5139**
East St Louis, IL 62201		

IEMA Documents

ILLINOIS EMERGENCY MANAGEMENT AGENCY
MASS CARE/SHELTERING ANNEX

OVERVIEW

Illinois has historically, and will again in the future, contend with a number of natural (flood, tornado, extreme weather), technological (utility failure, structural fire and/or collapse) or political (terrorist chemical, biological, radiological, explosive attack) hazards that could affect a significant portion of its population. The IEMA Mass Care & Sheltering Annex is being developed to provide an operational framework based on FEMA's estimation that a catastrophic, no notice incident could result in the evacuation of up to 1 million people, of which 100,000 persons or more would be in need of some form of sheltering assistance. To address this issue, IEMA is developing this plan based on the Hub Center and Spoke shelter concept. This relies on pre-identifying Hub Reception Centers (HRCs) and Spoke shelters around the State that could execute and accomplish the following goals and objectives.

DEFINITIONS

Catastrophic Incident: A calamitous occurrence that causes great damage, substantial loss of life, and/or hardship that will result in an extended recovery period. The incident could be caused by a natural, technological or political occurrence. County, state or federal response resources and activation of mutual aid agreements will be required for response and recovery.

Functional Need Populations: That portion of a given population requiring specialized support and assistance due in part to an impairment, which can be mobility, visual, hearing, speech and/or cognitive in nature.

Hub Reception Center (HRC): A facility that has the resources and logistical capabilities to facilitate the intake and processing of an evacuated population. Hub Reception Centers will receive evacuees from a disaster area and then intake, register and process evacuees based on assessment criteria. The main objective of the hub center is to identify and provide for immediate needs of evacuees and assign them into appropriate spoke shelters or other final destinations.

Spoke Shelter: A facility that will provide a safe and secure refuge based on evacuees needs and sheltering categories. Shelters will very in their size, capacity, and categories of evacuees they

may accommodate. Based on the type, scope and severity of an incident, shelters may be operational for short, mid or long-term use. Types of shelters include congregate, general population, functional needs, medical support,

Assembly and Transportation Center (ATC): A rally or staging point where evacuees can gather to be transported out of an affected area. ATCs should be pre-identified by local jurisdictions and need to be strategically located to maximize, 1) the ability of evacuees to get to, and 2) the ability of transportation resources to move evacuees out of the affected area.

GOALS

The goal of this annex is to ensure the safety of a population impacted by a catastrophic incident. The primary objectives of this project are to:

- efficiently and accurately inform, evacuate, intake and register, and process people displaced by a catastrophic incident.
- efficiently direct and move people out of the affected area.
- direct those persons needing shelter assistance to pre-designated Hub Reception Centers.
- provide appropriate immediate health care and related services to evacuees.
- determine shelter needs (general population, special needs, medical, animal, etc); and,
- ultimately, place evacuees in appropriate shelter facilities or other final destinations.

In the event of a catastrophic disaster in Illinois, evacuations from the affected area will create a large demand for sheltering and mass care related functions. Pre-identified Hub Reception Centers will be located strategically throughout the State of Illinois. IEMA's intent is to have at least one Hub Reception Center identified in each of its eight regions. Spoke Shelters will be pre-identified throughout the State and directly coordinate with a contiguous Hub Reception Center. This Annex will be designed to address a catastrophic incident, and will be activated by the Director of IEMA or his designee. This Annex will NOT supersede any local jurisdiction's emergency operations plans or related protocols.

The IEMA Mass Care & Sheltering Annex is predicated on the same planning assumptions, policies, responsibilities and guidelines as stated in the Illinois Emergency Operations Plan (IEOP), and will provide specific operational guidance in support of Emergency Support Function #6, Mass Care. State agencies or departments with designated responsibilities in the IEOP will establish and institutionalize processes and procedures necessary to effectively operationalize and execute those responsibilities.

PURPOSE

This Annex will be scalable based on the size and scope of the incident, and will:

- coordinate the delivery of mass care, emergency assistance, medical services, housing and human care services by local, State federal and private sector partners.
- pre-identify strategic Hub Reception Centers for the initial intake and processing of evacuees as well as ultimate shelter destinations for populations displaced by a catastrophic event.
- define and clarify responsibilities, tasks, and operational actions of all levels of governmental agencies and private sector partners that have a role in providing mass care and sheltering services.

- define and describe the policies, processes, roles, and responsibilities inherent in the various functions before, during, and after a catastrophic incident requiring mass care and sheltering.
- efficiently and effectively inform, evacuate, process and place evacuees from a catastrophic incident that exceeds the capabilities of the jurisdiction(s) in which the incident occurs.
- provide appropriate immediate health care services at Hub Reception Centers.
- determine shelter needs of the impacted population (general population, special needs, medical, animal, etc.); and
- ultimately place evacuees into appropriate "Spoke" shelter facilities based on need and duration of incident (short, mid or long-term).

PLANNING ASSUPMTIONS

- Mass sheltering planning assumptions are based on an "All Hazard" philosophy, worst case scenario such as a catastrophic earthquake, category 5 tornado, major flooding, or terrorist incident.
- Activated Hub Reception Centers will be outside the impacted disaster area.
- Each pre-identified Hub Reception Center should have the capacity to intake and process, and ultimately place up to 20,000 over a seven day activation period.
- Thru-put capacity will vary for each Hub Reception Center facility, but a standardized expectation for each facility is to have the capabilities to:
    - process up to 2,857 evacuees per day (2,857 x 7 = 20,000 over 7 days. This equals 119 persons per hour. (this number will vary based on several factors).
- There will probably be an unequal influx of evacuees into Hub Reception Centers based on the size, scope, type and location of the incident.
- Based on the scope of the incident and number of people evacuated, up to five (5) Hub Reception Centers may need to be opened throughout the State.
- Thousands of family members may be separated immediately following a no-notice disaster, such as children in schools and parents at work, which will necessitate activation of the Red Cross Disaster Welfare Inquiry System.
- The ARC Disaster Welfare Inquiry system inquiries will relate to persons who are residents of the disaster-affected area, as well as transients such as foreign and domestic tourists, business travelers, students, etc.
- Individuals will be anxious to identify the location and health/condition of family, friends and/or co-workers. The makeup of the dislocated will likely be diverse and will require attention to cultural, ethnic, language and other related needs.
- The nature and extent of the disaster event will require a preplanned, immediate and automatic response from all primary, support and cooperating agencies and organizations.
- Some victims will go to shelters; others will find shelter with friends or relatives. Some victims will remain with their damaged homes. Individuals who remain in their homes or who stay with friends or relatives may still require mass care services.
- Some disaster victims may be reluctant to stay inside shelter facilities for various personal safety and/or security reasons.
- A pre-planned recruitment, verification, credentialing, training and deployment strategy will be required to accommodate the large numbers of spontaneous volunteers.

HUB RECEPTION CENTER ESSENTIAL SUPPORT SERVICES (ESS)

- **Client Registration** – functions required for the intake, registration, assessment, and placement of evacuees into final destinations or shelters.
- **Facility Management** – administrative and operational functions needed to open and operate facilities identified as Hub Reception Centers.
- **Facility Security & Access Control** – functions required to provide both internal and external facility security.
- **Parking, Staging & Traffic Control** – functions required to ensure the efficient movement of vehicles and people into, out of, and around secured facilities.
- **Public Information/Public Affairs/Media Relations** – functions required to coordinate the collection, analysis and release of information relative to Hub Reception Center operations, sheltering, and related issues with the incident Unified Command/Joint Information System.
- **Dormitory Considerations** – functions required to provide short term, temporary lodging at Hub Reception Centers for evacuees not placed into shelters or assisted to final destinations; also housing for staff as required.
- **Medical & Mental Health Services** – functions required to provide both physical and mental health care to evacuees during processing at Hub Reception Centers.
- **Meal Service** – functions required to produce meals for evacuees and staff.
- **Communications/Information Technology** – functions required to provide both internal and external communications to sustain Hub Reception Center operations and services.
- **Family Reunification** – functions required to assist evacuees to reconnect with family members and/or connecting with other agencies that provide family reunification services.
- **Janitorial/Sanitation** – functions required to maintain the cleanliness of the facility and minimize the potential spread of disease among Hub Reception Center occupants.
- **Building Maintenance & Engineering** – functions required to maintain the operational capacity of Hub Reception Centers when activated.
- **Logistical Support** – functions required in the identification, acquisition, transportation, and processing of supplies, equipment and other commodities needed in the operations of a Hub Reception Center as well as inclusive services.
- **Donation Management** - functions required to identify, acquire, store & distribute items appropriate for facility operations as well as in the provision of essential services to evacuees.
- **Child Care** – functions required to assist in the care of children while at a Hub Reception Center.
- **Companion Animal Care** – functions required to safely intake, register and process companion animals and household pets of evacuees during their intake, registration and placement process.
- **Transportation Services** – functions required to assist evacuees get to final shelters or other destinations once processed at Hub Reception Centers.

Contacts:

Earl W. Zuelke Jr.
Special Assistant to the Director
Illinois Emergency Management Agency
Office 847-294-4717
Fax 847-294-4715
Cell 312-415-9779
Earl.Zuelke@Illinois.gov

Anthony Filipiak
Homeland Security Program Coordinator
Illinois Terrorism Task Force
Illinois Emergency Management Agency
Office 217-557-4826
Anthony.Filipiak@illinois.gov

Emergency Support Function 6 – Mass Care

Primary Agency American Red Cross (ARC)

Support Agencies
Capital Development Board (CDB)
Illinois Board of Higher Education (IBHE)
Illinois Commerce Commission (ICC)
Illinois Community College Board (ICCB)
Illinois Department of Agriculture (IDOAg)
Illinois Department of Central Management Services (CMS)
Illinois Department of Children and Family Services (DCFS)
Illinois Department of Commerce and Economic Opportunity (DCEO)
Illinois Department of Corrections (IDOC)
Illinois Department of Human Services (IDHS)
Illinois Department of Military Affairs (IDMA)
Illinois Department of Natural Resources (IDNR)
Illinois Department of Public Health (IDPH)
Illinois Department of Transportation - Division of Aeronautics (IDOT-A)
Illinois Department of Transportation - Division of Highways (IDOT-H)
Illinois Department of Veteran's Affairs (IDVA)
Illinois Department on Aging (IDOA)
Illinois Emergency Management Agency (IEMA)
Illinois State Board of Education (ISBE)

IDCFS Disaster Preparedness Plan (Amended, 9/15)

I. Introduction

A. Purpose

1. provide coordination of sheltering, feeding, and emergency first aid following a disaster or other event that is beyond the capacity of local government to adequately meet the needs for mass care services in its community
2. operate a Disaster Welfare Inquiry system to collect, receive, and report information about the status of victims

3. coordinate bulk distribution of emergency relief supplies to disaster victims following a disaster.

B. Scope

1. The American Red Cross (ARC) independently provides mass care services to all disaster victims as part of a broad program of disaster relief, as outlined in its charter provisions enacted by the United States Congress, Act of January 5, 1905 and the Robert T. Stafford Disaster Relief and Emergency Assistance Act (P.L. 93-288 as amended by P.L. 100-107).

   a. For the purposes of the IEOP, the ARC is deemed to be a state agency and operates under the IDMS in accordance with NIMS.
   b. ARC provides assistance to disaster victims regardless of Gubernatorial Proclamation or Presidential Declaration.
   c. ARC has also agreed to assume primary responsibility under the National Response Plan to coordinate Federal government assistance to the mass care response of State and local governments and the efforts of voluntary agencies.

2. Initial response activities will focus on meeting urgent needs of disaster victims on a mass care basis. The provision of the customary ARC disaster services of Emergency Assistance, Additional Assistance, Disaster Health and Mental Health Services will be considered based on the needs of disaster victims, the disaster situation, and available resources.
3. Mass Care encompasses the following.

   a. sheltering, which includes using

   (1) pre-identified shelter sites in existing structures
   (2) creating temporary facilities
   (3) constructing temporary shelters and using similar facilities outside the disaster-affected area

b. Operations will be based on sound nutritional standards and will include provisions for meeting requirements of disaster victims and workers with special dietary needs. Feeding will be accomplished by using the following.

(1) fixed sites
(2) mobile feeding units
(3) bulk food distribution

c. Emergency first aid will be provided to disaster victims and workers at mass care facilities and at designated sites within the disaster area. These services will be supplemental to emergency health and medical services established to meet the needs of disaster victims.
d. The Disaster Welfare Inquiry System collects information regarding individuals within the affected area. This information can be provided to aid in reunification of family members who were separated at the time of the disaster or provided to immediate family members outside the affected area.
e. bulk distribution of emergency relief items

(1) Sites will be established within the affected area for the distribution of emergency relief items.
(2) Distribution plans for these relief items will be determined by the requirement to meet the most urgent needs of disaster victims.

II. Assumptions

A. Mass Care planning assumptions are based on a worst case scenario, such as a catastrophic earthquake, in which a disaster occurs without warning at a time of day that will produce maximum casualties, but also considers other disasters that could cause numerous casualties and result in widespread damage necessitating the temporary relocation of disaster victims.
B. The nature and extent of the disaster event will require a preplanned, immediate and automatic response from all cooperating agencies.
C. Citizens in Illinois could become displaced from their homes following a catastrophic earthquake, specifically the New Madrid Fault. Mass Care shelters may be required to accommodate disaster victims and emergency workers for at least 30 days following the disaster. The Mass Care function may also be required to provide feeding support.
D. Some victims will go to shelters. Others will find shelter with friends or relatives. Some victims will remain with their damaged homes. Individuals who remain in their homes or who stay with friends or relatives may still require mass care services. Some victims will travel to non-impacted areas of the State, necessitating that mass care services be provided at those locations.

E. Some disaster victims may be reluctant to stay inside shelter facilities following an earthquake.
F. Large numbers of spontaneous volunteers from the affected area and around the country will require a preplanned recruitment strategy and operational training effort.
G. Surviving telephone service into and within the disaster area will be either inadequate or prioritized to emergency uses to the extent that it will be unable to handle disaster family well being inquiries.
H. The magnitude of the disaster will require the operation of large long-term shelters.
I. The massive relocation of disaster victims will limit or prevent routine mail delivery. This may cause financial hardship to those depending upon mail delivery (e.g., social security recipients, veterans benefit recipients, those depending on the receipt of insurance proceeds sent by mail, etc.).
J. Large amounts of unsolicited donated goods and services will require that the implementation of a preplanned donations management strategy plan.
K. The Disaster Welfare Inquiry system inquiries will relate to persons who are residents of the disaster-affected area, as well as transients such as foreign and domestic tourists, business travelers, students, etc. In addition, there will be many persons who are separated from their families.
L. Some medical facilities will be so overtaxed that accurate record keeping on treated, released, hospitalized, and transferred individuals will be impossible. This will complicate the Disaster Welfare Inquiry system response.
M. Mass care facilities will receive priority consideration for structural inspection to ensure safety of occupants.
N. Mass care operations and logistical support will receive high priority by State and Federal support agencies.
O. The names of many of the injured, treated, and released will continue to appear on casualty lists.
P. The more seriously injured will be transported to hospitals outside of the disaster area, some of them hundreds of miles away.

III. Concept of Operations

A. Policies

1. This annex will be implemented upon the determination of the IEMA Director or his designee; however, the provision of Disaster Services by ARC or other agencies acting under their own authorities will not be dependent upon a gubernatorial proclamation.
2. All services will be provided without regard to economic status, racial, religious, political, ethnic, or other considerations.
3. The IEOP will not supersede ARC response and relief activities nor shall it require ARC to perform any services contrary to its policies and procedures. ARC relief operations will conform to the ARC Board of Governor's Disaster Services Policy Statements and will be performed in accordance with the ARC Disaster Services

Regulations and Procedures. ARC will maintain administrative and financial and operational control over its activities and direction of its own personnel.

4. All appropriate government (local, State and Federal), voluntary agency, and private sector resources will be used as available and needed.

B. General

1. ARC response will be initiated locally. This response will be augmented by ARC disaster personnel from other areas of the State and from throughout the United States. Regional assembly areas, staging areas, and mobilization centers have been pre-identified to facilitate the arrival of personnel from outside the affected area.
2. Pre-identified personnel from ARC's Quick Response Team will be dispatched to the disaster site to begin coordinating relief operations.
3. ARC will establish a disaster relief operations headquarters for on-site coordination and management of the disaster. Depending upon the size and scope of the disaster, various district offices may be established to coordinate activities on a regional basis.
4. The ARC representative in the SEOC will serve as the operational liaison with IEMA and other State government agencies.
5. The State Mass Care element will coordinate its actions with the Federal Mass Care Representative at the Regional Operations Center (ROC).
6. If the National Response Framework is implemented, the Advance Element of the Mass Care Emergency Response Team will convene at a location near the SEOC until a Disaster Field Office (DFO) has been established. A member of the team may also deploy to the SEOC to assist in the coordination of relief activities.
7. Following a widespread or catastrophic disaster, the ARC may convene a meeting of the entire State Mass Care Group. Support agencies (particularly those not represented in the SEOC) will be expected to provide full time liaisons for 24- hour representation as necessary. Support agency representatives will have sufficient knowledge of the capabilities and resources of their agencies, with appropriate authorities to commit resources to the response effort.
8. The ARC State Disaster Staffing Center will be activated to coordinate the recruitment and deployment of ARC disaster relief personnel.
9. An ARC representative may assist in Public Information activities.

C. Mass Care

1. Response agencies should plan for their workers to be self-supporting for at least the <u>first 72 hours</u> after arrival in the affected area.
2. Following this time period, alternate arrangements for feeding and sheltering emergency workers should be established by the workers' parent organization

recognizing that the primary focus of mass care activities will be to provide immediate relief to disaster victims.

3. All appropriate government facilities will be utilized as needed in the provision of mass care services.

D. Disaster Welfare Inquiry

1. Information transmitted to the Disaster Welfare Inquiry system, consisting of the names of those persons identified on shelter lists, National Disaster Medical System (NDMS) casualty lists, and any further information made available by the SEOC and hospitals will be collected and made available to the immediate family members within or outside the affected area. ARC does not make notifications of death to family members.
2. Information about casualties evacuated from the affected area to other medical facilities will be restricted to that provided by NDMS tracking capability.
3. The category "missing" will not be used by the Disaster Welfare Inquiry system.
4. Agencies with communications capabilities will be tasked to transmit information to the Disaster Welfare Inquiry center. (See Annex 2 - Communications).
5. The Disaster Welfare Inquiry operation will be discontinued when practical.

E. Notification

1. IEMA is responsible for notifying agencies that send representatives to the SEOC when a disaster has occurred that could result in the activation of the IEOP. ARC maintains a 24-hour response number and has provided IEMA with a roster of duty officers who may be contacted directly.
2. Upon notification of the implementation of the Mass Care Annex, ARC will inform all Mass Care support agencies and the Illinois Voluntary Organizations Active in Disaster (VOAD) and share information about the incident and initial response actions. ARC does not provide confidential personal information provided to ARC by disaster victims or emergency workers without explicit consent of the individual. Support agencies shall provide ARC and IEMA rosters of liaison personnel for 24-hour contact.
3. Support agencies are responsible for making their own internal notifications.
4. The ARC Lead Unit for Disaster Services will notify ARC field units of the activation of the plan, share information about what has occurred, initial response actions, and direct that they initiate their appropriate response.

F. Organization

1. The ARC State Relations Disaster Liaison or designated alternate will initially serve as the State Mass Care Operational Liaison and will be the primary point of contact for requests for assistance and for communication with support agencies.

2. Once established, the Disaster Relief Operations Headquarters will organize and manage the ARC disaster relief operation, request mobilization and support from the ARC National Disaster Operations Center, and exchange information and request additional support from the State Mass Care element.

3. A Red Cross Coordinating Officer will be appointed to manage the coordination between State and Federal Mass Care agencies and the ARC Disaster Operations Headquarters.

G. Federal Coordination

Under a Presidential Declaration of a major disaster or emergency, State agencies' requests for support will be submitted through the State Coordinating Officer in the DFO.

IV. Responsibilities

A. Primary Agency - American Red Cross

1. supports the management and coordination of sheltering, feeding, supplemental disaster health services, bulk distribution of emergency relief items, and Disaster Welfare Inquiry services to the disaster affected population
2. establishes and operates mass care shelters and feeding facilities for disaster victims requiring these services
3. provides emergency feeding to disaster victims and emergency workers
4. provides bulk distribution of disaster relief supplies
5. operates a Disaster Welfare Inquiry service to facilitate the communication between disaster victims and their anxious relatives outside the disaster area
6. coordinates the recruitment and assignment of personnel for mass care operations
7. coordinates, within its agreements with other organizations, the provision of relief efforts by all voluntary agencies actively engaged in providing assistance to disaster victims, including :

a. providing trained personnel in its Disaster Services Human Resources (DSHR) system in Illinois. Draws upon personnel from other chapters and units throughout the United States if warranted

b. maintaining Statements of Understanding with more than 70 organizations and professional or associations which have agreed to support the ARC in providing services

c. maintaining stockpiles of essential disaster relief supplies (cots, blankets, food and beverage containers, clean-up kits, comfort kits, etc.) at various ARC chapters throughout the State as well as in a central warehouse; coordinates delivery of additional supplies from several Disaster Field Supply Centers (DFSC's)

d. maintaining a Logistics Immediate Response Vehicle (LIRV) in Springfield containing administrative supplies, telephones, calculators, facsimiles, copiers, tables and chairs, etc. to establish an administrative headquarters to coordinate the ARC response

e. maintaining Emergency Response Vehicles (ERV's) and a Mass Care Kitchen in Illinois available for immediate deployment; Coordinates additional ERV's use from the national fleet; draws upon the additional vehicles (vans, trucks) maintained by major chapters for additional services

f. activating the Southern Baptist Convention (SBC) through their agreement to support ARC in mass feeding. The SBC maintains an 18 wheel semi-trailer in Illinois capable of providing support for mobile feed. The SBC maintains another trailer stocked with supplies (rakes, shovels, plastic bags, wet vacs, etc.) to support clean-up operations and emergency child care service

g. providing ARC trained personnel including administrative staff, liaison staff, disaster health personnel (nurses, emergency medical technicians, first aid certified personnel), caseworkers, mental health professionals, logistics personnel, cooks, and communications staff. The technical staff is available to support ARC services; however, in some instances, the ARC could provide technical assistance to other agencies

h. maintaining staff with significant experience in managing large groups of people, in registering disaster victims, in conducting damage assessment and determining quantities of food and water needed by disaster victims and relief workers

i. maintaining contracts with all major vendors (food services, transportation, communications, etc.) to provide support for ARC services

B. Support Agencies

1. Illinois Department on Aging

a. arranges for the use of Senior Citizens Centers as mass care shelters and food preparation sites

b. assists with the distribution of food; many Senior Citizen Centers serve as nutrition sites and maintain emergency food provisions

c. provides outreach workers to provide specialized assistance to senior citizens who are disaster victims. In a Federally declared disaster, the Department on Aging can provide Federal grant funds to local Area Agencies on Aging to assist the clients they serve

d. assists in providing transportation of senior citizens to mass care facilities

e. provides assistance with the distribution of food and other mass care items to senior citizens who may not be able to reach mass care facilities

2. Illinois Department of Agriculture

a. arranges for the use of the Illinois State Fairgrounds in Springfield and DuQuoin as staging areas, mobilization centers, base camps, feeding centers, headquarters facilities, shelters, and warehouse facilities, as needed

b. provides assistance with coordinating the use of county fairground facilities as staging areas, mobilization centers, shelters, and headquarters facilities as needed

c. provides personnel as requested to staff mass care facilities

d. assists in the coordination of the appropriate placement of animals brought to shelter facilities.
e. The Humane Society of the United States has developed a plan for the care of animals after a disaster. A Memorandum of Understanding with the Humane Society of the United States has been established to provide supporting resources in the event of a disaster. (See Emergency Animal Disease/Animals in Disaster Annex)

3. Illinois Board of Higher Education

a. maintains a current list of primary and secondary response coordinators for each public university campus
b. provides dormatories to serve as shelters

4. Capital Development Board

a. coordinates the construction of temporary shelter facilities, if necessary, in the disaster area
b. assists in providing qualified staff or contractors to inspect the structural safety of mass care shelter facilities

5. Illinois Department of Central Management Services

a. assists in the procurement of needed disaster relief supplies
b. assists in providing fuel, repair, and service to vehicles providing mass care relief services
c. provides technical assistance for telecommunications services to the impacted area including the establishment of free phone banks for disaster victims use in assisting family reunification
d. provides assistance in identifying foreign language interpreters, as needed
e. provides telecommunications support to disaster relief facilities
f. identifies and distributes information on the availability of State and Federal surplus property for disaster relief operations
g. provides logistics support for disaster relief operations as appropriate
h. provides technical assistance in the recruitment and deployment of State employees for temporary assignment as disaster relief workers to support mass care activities
i. coordinates the provision of video conference services for use by disaster relief personnel
j. coordinates the use of CMS-managed State facilities (other than the Capitol Complex) and property for use as staging areas, headquarters facilities, and service delivery locations
k. through the Illinois Information Service, provides media tracking of stories related to the disaster for obtaining disaster intelligence information about relief operation
l. assists in providing information to disaster victims and emergency workers through the use of the state's web site or specifically designed web pages for the disaster relief operation and for assistance in notification of key personnel and facilities by broadcast, fax, or blast email

6. Illinois Department of Children and Family Services

a. provides assistance in coordinating the placement of children separated from their parents or guardians following a disaster
b. coordinates the provision of financial assistance to wards of the State who are disaster victims
c. provides assistance directly or through the assistance of agencies contracted to DCFS in the operation of mass care facilities

7. Illinois Commerce Commission

a. assists in coordinating the transportation of emergency disaster relief supplies by rail
b. serves as a liaison with utility companies to arrange for high priority restoration of utility services to mass care facilities (shelters and kitchens)

8. Illinois Community College Board

a. coordinates the use of community colleges as mass care facilities, staging areas, mobilization centers, and headquarters facilities,
b. assists in coordinating the assignment of personnel with specialized skills (i.e. food service staff, foreign language interpreters, health care personnel, logistics staff) to assist in mass care relief operations

9. Illinois Department of Commerce and Economic Opportunity

a. arranges for the provision and analysis of census data of disaster affected areas
b. assists in providing information about available housing in nearby communities

10. Illinois Department of Corrections

a. arranges for the use of correctional institutions (including the use of inmate and correctional center staff) for the preparation of food for disaster victims and emergency workers
b. provides inmate labor to assist with disaster relief activities (loading and unloading of supplies, cleaning of food and beverage containers, etc.)
c. provides for the use of correctional center laundry facilities to clean disaster victims' and emergency workers' clothing (i.e., following long term sheltering)
d. provides products from Correctional Industries for use by disaster victims and emergency workers
e. provides inmate and staff labor for the preparation of up to 250,000 meals per day from the correctional institutions. Additional meals may be prepared by institutions throughout the State and transported to the affected area
f. provides correctional staff certified as Emergency Medical Technicians (EMTs) and CMTs. to assist with first aid needs and certified mental health staff to assist in family counseling

g. provides staff as available for the management of mass care facilities
h. provides assistance with storage of disaster relief supplies at correctional facilities

11. Illinois Department of Human Services

a. takes responsibility for wards and other dependents of the state relying on state assistance
b. coordinates the placement of disaster victims with Alcohol and Other Drug Abuse (AODA) problems who may not be appropriate for general population disaster shelters

(1) coordinates the delivery of AODA prevention, outreach, intervention, and treatment services to disaster victims during the recovery period

c. coordinates the provision of mental health services to disaster victims living in shelters or at other disaster relief centers
d. coordinates the provision of mental health services to disaster workers as needed
e. assists in the placement of disabled individuals for whom congregate care living may not fully meet their special needs

(1) assists in coordinating the recruitment and placement of private care attendants for disabled individuals living in congregate care facilities or whose attendants are not available as a result of the disaster
(2) assists in providing transportation for disabled individuals to mass care facilities or for the transportation of mass care supplies to disabled individuals who are not able to access public facilities because of the disaster

f. assists in providing interpreters for the deaf and hard of hearing and translation of emergency information into braille for disaster victims who are visually impaired
g. assists in coordinating vendors to provide assistance with mass care feeding operations
h. coordinates the provision of infant and baby formula and replacement coupons issued through the Women Infant and Children (WIC) program
i. provides assistance by distributing emergency food stamps to disaster victims
j. provides financial assistance to disaster victims through the Crisis Assistance Program
k. provides assistance in assigning social work staff in resolving difficulties in shelters and other places where disaster victims congregate
l. provides assistance in coordinating emergency day care services for disaster victims

12. Illinois Department of Military Affairs

a. provides armories as mass care shelters, feeding centers, base camps, staging areas, mobilization centers, or disaster relief centers
b. provides logistical support and air/ground transportation of disaster relief supplies, personnel, and equipment

c. provides available resources such as emergency communication, cots and blankets, tents, mobile kitchen trailers, emergency power generation, portable heaters, emergency lighting, water trailers, emergency refueling, food service and congregate care personnel and emergency food supplies (Meals-Ready to-Eat - MREs),
d. assists in providing potable water for disaster victims

13. Illinois Department of Natural Resources

a. provides State parks and facilities as shelters, feeding centers, mobilization centers, and staging areas
b. provides assistance with transportation of food, supplies, and disaster relief personnel by boat or snowmobile to isolated areas
c. provides personnel as available to manage shelter facilities and other mass care facilities
d. provides disaster intelligence information about flood stages and the potential for evacuation

14. Illinois Department of Public Health

a. collaborate with other local health care entities in locating health care workers to augment personnel assigned to first aid victims
b. assists in obtaining ice and potable water to disaster victims at shelters, feeding centers, and other areas where disaster victims or emergency workers congregate
c. assists in obtaining portable rest room facilities for congregate care areas, if available or will assist with the provision of emergency waste management information to control local defecation and to encourage the concentration of human wastes into areas where it can be managed properly
d. provides technical assistance for shelter operations related to food, private water supplies, waste disposal, vectors, and vermin
e. assists in the provision of medical supplies for use in shelters
f. assists with the provision of specialized meals (low sodium, diabetic meals, etc.) through hospitals and long term care facilities, for disaster victims with specialized dietary needs
g. in cooperation with other state agencies, assists with the determination of the proper existing care facility for those persons determined not to be medically appropriate for placement in congregate care facilities established for the general population (i.e., invalids, the frail elderly, persons with communicable diseases, disaster victims in need of constant medical attention such as those requiring life support equipment, dialysis patients, Alzheimer patients, etc.)

15. Illinois Department of Transportation - Division of Aeronautics

    a. provides air transportation of key medical personnel to an event area

        1. provides air transportation of emergency supplies to support personnel in an event area

16. Illinois Department of Transportation - Division of Highways

a. provides transportation to support mass care efforts as required

b. provides highway condition information about roads to and from disaster areas and relief centers

c. provides the use of State rest areas as emergency Mass Care facilities

d. provides storage of mass care supplies at IDOT facilities

e. uses IDOT road information radio system and emergency highway signs to broadcast critical information to evacuees and disaster victims such as location of shelters and emergency first aid stations and assistance centers

17. Illinois Department of Veteran's Affairs

a. arranges for the limited use of State Veteran's home facilities, property services as may be reasonable or available, or as resources permit

(1) through coordination between the SEOC and the Director or his designee
(2) through coordination between the UAC and the home administrator as approved by their respective supervisors

b. assists in the coordination of the provision of assistance to veterans who are disaster victims

c. provides staff as available to assist in the operation of mass care facilities including the provision of available medical staff from veterans' homes

18. Illinois Emergency Management Agency

a. assists in establishing priorities and coordinating the transition of mass care operations with recovery activities based upon the disaster situation information and the availability of resources that can be appropriately utilized

b. provides Disaster Intelligence information that impacts mass care activities

c. provides logistics support, including communications, for disaster operations as appropriate

d. coordinates the inspection of mass care shelter sites after the disaster to ensure suitability of facilities to safely shelter disaster victims and emergency workers

19. Illinois State Board of Education

a. coordinates the acquisition and transportation of United States Department of Agriculture (USDA) commodity foods

b. assists in coordinating the use of school facilities as shelters, feeding centers, headquarters facilities, staging areas, mobilization centers, and relief centers

c. assists in coordinating the recruitment and assignment of school district personnel with specialized skills (school nurses, guidance counselors, school psychologists, school food service personnel, nutritionists, etc.) to assist in the provisions of mass care services
d. provide technical assistance from nutritionists to assist in menu planning and development

20. Office of the Secretary of State

a. provides for the use of facilities in the State Capitol Complex as shelters, feeding sites, staging areas, mobilizations centers, and disaster relief headquarters
b. provides assistance in the replacement of identification (state ID cards, driver's licenses) for disaster victims and emergency workers
c. provides for the issuance of specialized identification for restricted access to mass care or other disaster relief facilities

21. Other Agencies:

In addition to the responsibilities identified above, there are a number of State Agencies, State Colleges and Universities, and private voluntary organizations that may be expected to provide personnel and critical resources to support disaster operations. Responsibilities of many of these agencies are identified elsewhere in the IEOP.

V. Resource Requirements

A. Personnel

1. Disaster relief personnel may be activated from ARC, voluntary agencies such as members of VOAD, veterans groups, labor unions, professional associations, private corporations with which the ARC has agreements, and various State agencies.

B. Equipment

1. Many of the following items can be obtained through normal disaster supply channels. Cots and blankets, air mattresses, sleeping bags, water containers, cooking equipment, first aid and shelter medical supplies, vehicles for transport of personnel and supplies, ARC comfort and clean-up kits, portable lamps, generators, fans, office supplies, tables and chairs, tents, portable heaters, feeding equipment, two-way radios, phones and cellular phones, portable fax machines, portable computers with modems, and maps are some of the items that will be needed to support the mass care relief effort.

C. Facilities

1. Available undamaged facilities may have to be augmented by tents, mobile homes, railroad cars, etc., brought in from outside of the disaster area.

VI. Authorities

A. United States Congress Act of January 5, 1905, as amended, 36 U.S.C.

B. Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288, as amended)

VII. References

A. American Red Cross Board of Governors' Disaster Services Policy Statements

B. American Red Cross Disaster Service Regulations and Procedures (ARC 3000 Series)

C. Statement of Understanding between the State of Illinois and the American Red Cross

D. Statements of Understanding between the American Red Cross and various agencies active in disaster relief

APPENDICES to the ADDENDUM

Illinois Children's Justice Task Force
Annual Report and Grant Application

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

ANNUAL REPORT AND

GRANT APPLICATON

MAY 2015

ILLINOIS DEPARTMENT OF CHILDREN

AND FAMILY SERVICES

George H. Sheldon

Director

STATE OF ILLINOIS

CHILDREN'S JUSTICE ACT TASK FORCE

MEMBERS 2015

Donya Adkerson

Tammy Bates

Betsy Bier

Judith Brucker

Judith Bukowski

Daniel Callahan

Terry Carmichael

Julie Cummings

Patrick Dempsey

Mary Dobbins, M.D.

Jamie Friye

Jill Glick, M.D.

Paul Hamann

Ruth Lane, Vice-Chair

Billie Larkin

Kathy McNamara

Annette Milleville

Evan Owens

Channing Petrak, M.D.

Honorable James Radcliffe, Retired

Honorable Charles Reynard

Laurie Riehm

Char Rivette, Chair

Donald Rose

Richard Russo

Honorable Stephen G. Sawyer, Retired

Desiree Taylor

Virginia Zic-Schlomas

CJA GRANT STAFF

Carolyn Ross, Deputy Director, Policy and Advocacy

Mary Dreiser, Grant Administrator

Illinois Department of Children and Family Services

100 W. Randolph Street, Suite 6-200

Chicago, IL 60601

312-814-6800

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

ANNUAL REPORT, GRANT APPLICATION AND

COMPREHENSIVE REVIEW OF RECOMMENDATIONS

MAY 2015

TABLE OF CONTENTS

Chapter One: Introduction and Recommendations Pages 5-14

Chapter Two: Grant Activities and Accomplishments Pages 15-41

Chapter Three: Activities to be Funded in Illinois Pages 42-63

Chapter Four: Interim Three Year Needs Assessment Pages 64 -70

APPENDICES Page 71

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

INTRODUCTION AND 2012 RECOMMENDATIONS

FEDERAL FISCAL YEAR 2015

CHAPTER ONE

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

ORGANIZATION AND COMPOSITION

May 2015

The Illinois Children's Justice Task Force has operated continuously since 1989. It was formed under the administration of Governor James Thompson to meet the specific requirements of Section 107 (a - f) of the federal Child Abuse Prevention and Treatment Act (42 U.S.C. 5106c et.seq). Illinois observes all provisions of CAPTA, including revisions authorized in December 2010 by P.L. 111-320. Mr. George Sheldon, Acting Director of DCFS, is designated by Governor Bruce Rauner to appoint the members of the Children's Justice Task Force according to federal guidelines.

Established as a multidisciplinary advisory group to the Department of Children and Family Services (DCFS), the Illinois Task Force currently has 28 members. Disciplines represented include child protection, law enforcement, prosecutorial and defense attorneys, judges, medical professionals, mental health professionals, child advocates, parent advocates, child abuse survivor, and individuals knowledgeable about children with disabilities, dually involved children and children who are homeless. The Task Force added 8 new members appointed by the director during 2014 due to the term expiration of long time task force members and the resignation of members with time commitment conflicts impacting their service. In 2015, retired Juvenile Court Judge Stephen Sawyer was appointed to the task force as judicial representation from downstate Illinois.

The Children's Justice Task Force meets four times (quarterly) throughout the year to consider reforms to Illinois State law and Department of Children and Family Services policy that may improve the investigative, administrative and judicial handling of cases of child abuse and neglect. Committees meet regularly on an as needed basis. Recommendations focus upon the support of training initiatives and demonstration programs which reduce trauma to child victims and the non-involved family members and which also ensure procedural fairness to the accused. The Task Force engages a variety of presenters throughout the year to address issues of relevant concern that will provide a knowledge base for the formation of current and future recommendations.

The Task Force elects a chairperson, a vice-chairperson and a secretary at the annual meeting of each fiscal year to serve a two-year term which can be extended for a second term. Subcommittees are formed to reflect member interests and to involve the members more directly in activities and responses related to the Task Force recommendations. The current subcommittees are: 1) Coordinated investigation and case handling; 2) Health, mental health, and disability services; 3) Legal, legislative and court issues. The Task Force officers and subcommittee chairpersons form an Executive Committee to advise on Citizen Review Panel tasks and to assist in researching and implementing specific Task Force recommendations.

A DCFS statewide grant manager in the Division of Policy and Advocacy serves as the Task Force coordinator.

This is the third year of a "new" Children's Justice Administrator coordinating the Children's Justice Task Force after the retirement of Cheryl Peterson, Ph.D who served as the coordinator for the previous 20 years. Ms. Peterson was retained by the department in 2013 to serve as a consultant to facilitate a smooth transition in leadership with the Task Force. The current Task Force Coordinator has worked for the Department for 24 years in federal grant management and has experience coordinating other statewide task forces and steering committees. In addition, the Department restructured its grant management unit by relocating the unit within the Department of Policy and Advocacy. This reorganization is beneficial as it will facilitate the incorporation and institutionalization of best practice models and recommendations as advocated by the task force into Department policy.

MISSION STATEMENT

In accordance with the federal Children's Justice Act, the Illinois Children's Justice Task Force shall advise and make recommendations to the Illinois Department of Children and Family Services in the development of programs, policies, procedures, and laws which improve the investigative, administrative, judicial and treatment handling of services to abused children (particularly sexually abused children), to their families, and to those accused as perpetrators of such abuse.

RECOMMENDATIONS

The Illinois Children's Justice Task Force considers issues and develops recommendations in the following three categories as specified in federal law:

A. Investigative, administrative, and judicial handling of cases of child abuse and neglect, particularly child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions, such as interstate, Federal-State, and State-Tribal, in a manner which reduces additional trauma to the child victim and the victim's family and which also ensures procedural fairness to the accused;

B. Experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused; and

C. Reform of State laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children from abuse, particularly sexual abuse and exploitation, while ensuring fairness to all affected persons.

Since 2013, the Illinois Children's Justice Task Force has been working with the set of 12 recommendations that were adopted through a comprehensive review process in 2012. Five recommendations were made in Category A; three recommendations were made in Category B; and 4 recommendations were made in Category C. These 2012 recommendations are reflected in the *Report of Accomplishments* section of this 2012 document and have guided activities and program funding during the last year and will continue to guide funding in the next several years. All Children's Justice funded programs and activities can be linked to one of the 12 recommendations.

This 2012 grant application and report included the "comprehensive review of recommendations" as conducted according to the CJA required 3-year cycle. On March 16, 2012, the Children's Justice Task Force members were asked to individually prioritize their response to 18 revised and new recommendations. The final recommendations listed below represent the culmination of a thorough study and effort undertaken during 2011 and 2012 to consider the most effective ways in which the Task Force could enhance the child protection and judicial systems affecting abused and neglected children in Illinois. The Task Force continues its mission to serve in a vital advisory role to DCFS and work for the benefit of children throughout the state.

In all of its discussions, the Children's Justice Task Force looks to consider the most effective ways in which the Task Force can realistically and thoughtfully improve the child protection and judicial systems affecting abused and neglected children in Illinois. The Task Force is dedicated to its mission to serve in a vital advisory role to DCFS and work for the benefit of children throughout the state.

THE CHILDREN'S JUSTICE ACT GRANT

A Children's Justice Act (CJA) Grant is available on an annual basis to states meeting the eligibility requirements set forth in the Child Abuse Prevention and Treatment Act (CAPTA) as most recently reauthorized in 2010. CJA grant funds are awarded according to provisions of the Victims of Crime Act of 1984 and the Violent Crime Control and Law Enforcement Act of 1994. The U.S. Department of Health and Human Services, Children's Bureau, Office on Child Abuse and Neglect is the federal agency that administers CJA grant awards to the states. The Department of Children and Family Services (DCFS) is the agency designated by the Governor to apply for and manage the CJA grant award to Illinois.

THE CHILDREN'S JUSTICE

RECOMMENDATION PROCESS 2012

New three year recommendations, based upon the recent statewide needs assessment, will be issued before September 30, 2015. (Refer to Interim Statewide Needs Assessment Report, Chapter Four.) Until that time, the task force is operating under the 2012 recommendations.

3-Year Comprehensive Review

The Illinois Children's Justice Task Force conducted a thorough and comprehensive review of recommendations during 2011-2012. The recommendations described and listed below were prepared and prioritized by the Task Force members in May 2012. This was the culmination of a four-step process:

- The process began with brainstorming and outreach,
- The process continued with committee discussions,
- The committees formulated specific recommendations, and
- The members submitted a final ranking of recommendations.

Through this process, the recommendations have elicited the majority response of the Illinois Children's Justice Task Force members. All of the four steps were intrinsically tied to the Annual Planning Meeting which was held in Bloomington, Illinois on March 16, 2012.

The 12 recommendations listed below were selected and prioritized by the Children's Justice Task Force following a full-year review process. During Task Force meetings held in June, September, and December 2011, the members heard from a variety of presenters. The topics included recent developments with regard to current Children's Justice interests in the area of a) domestic violence and child abuse; b) child death review and investigative task force; c) specialty services to vulnerable populations of children; d) the enhanced safety practice model; e) legislative action during the 2011 session; and f) current priorities of the Department of Children and Family Services. For this last category, the Task Force heard from Deputy Director George Vennikandam, Associate Deputy Valerie McDaniels, and Associate Deputy Meryl Paniak.

In March 2012, the administrator assigned Task Force members the responsibility of reviewing and commenting on the CJA recommendations from FFY 2009 and the Citizen Review Panel recommendations from FY 2011. Each Task Force member was asked to complete a thorough review and then indicate the recommendations that were no longer relevant to them or that had been accomplished. Comments regarding changes in language and focus were solicited.

Responses to this exercise were distributed to the subcommittee chairs prior to the Annual Meeting on March 16th. Analysis and discussion of the results were conducted by the Task Force subcommittees during the meeting, and the committees further confirmed some of the recommendations that were no longer valid, revised others according to recent policies, and prepared new ones. They reported back to the group on their discussion, explained the focus of their work, and followed up by sending written recommendations to the administrator. At the conclusion of this process, there were a total of 18 recommendations.

The CJA administrator arranged all of the recommendations according to the mandated Children's Justice categories and emailed them to all Task Force members for ranking. There were a total of 9 recommendations in Category A—Investigative, Administrative, and Judicial improvements, including training; 4 recommendations in Category B—Model Programs for testing innovative approaches and techniques; and 5 recommendations in Category C—Modifications of State law and DCFS Procedures. These 18 recommendations are listed in the Appendix.

In order to focus on those recommendations which elicited the highest level of Task Force support, the final list of recommendations was narrowed to 12 final recommendations—5 in category A, 3 in category B, and 4 in category C. Each of the 12 recommendations below received a priority ranking from a majority of the members who responded.

Integration with DCFS Strategic Planning

The Children's Justice Task Force (CJTF) serves an active role in the planning processes organized within the Illinois Department of Children and Family Services to develop a consolidated and long-term focus for federally mandated planning. The Task Force has contributed to the Department's *FY2010-FY2014 Child and Family Services Plan and the 2015 Plan* to meet requirements for the integration of Title IV-B, Title IV-E and CAPTA services to achieve the safety, permanency, and well-being of children. The Task Force looks at systems and outcomes related to the administration of Illinois DCFS programs in the area of child protection and child safety.

The Children's Justice Task Force is one of the three Illinois Citizen Review Panels (CAPTA amendments of 1996) which examines the Department's policies, procedures, and practices for effectively managing its child protection responsibilities. The Task Force officers participate as part of the Citizen Review Steering Committee that analyzes and coordinates recommendations. The Task Force's Citizen Review Panel responsibilities often coincide with many existing projects and issues considered by the group and sometimes help to identify other areas of inquiry and research of particular interest to members of the Task Force.

Coordination with Other Advisory Groups

The Children's Justice Task Force continues to works collaboratively with several other public and private advisory groups with similar agendas related to multidisciplinary involvement in areas of child welfare and child safety. These groups include:

1) the Children's Advocacy Centers of Illinois, a chapter of the National Children's Alliance;
2) the Illinois Court Improvement Project, Administrative Office of Illinois Courts;
3) the Illinois Child Death Review Executive Council;
4) the Illinois Medical Network;
5) the Illinois Citizen Review Panels;
6) the DCFS Workgroup on Human Trafficking; and
7) the State Task Force on Prevention of Child Sexual Abuse

Many of these groups have partnered closely with the Illinois Children's Justice Task Force to achieve common goals for improving the safety and well-being of children.

RECOMMENDATIONS ADOPTED IN 2012

The recommendations are numbered consecutively from 1 to 12 for ease of reference throughout this report and application. The recommendations are prioritized **within each section**, with those listed first in each section reflecting the highest ranking from the majority of Task Force members.

Section A. Recommendations for investigative, administrative and judicial improvements, including training

1. DCFS must reinforce the multidisciplinary approach to investigations of child sexual abuse and serious physical abuse and stress improved collaboration between disciplines. Communication should focus on a regular review of protocols, monthly case review staffing, and a peer review process for forensic interviewing.

2. DCFS must recruit additional qualified persons and provide enhanced professional training of frontline workers/supervisors to meet the needs of children and families experiencing severe sexual or physical abuse. Trainees or interns should be recruited and provided with experience that will help them meet DCFS job qualifications and requirements.

3. Every county in Illinois must be served by a Children's Advocacy Center. DCFS must increase the funding available and provide organizational support so that all children in the state have access to the coordinated investigative services of an accredited Children's Advocacy Center.

4. DCFS must identify and devote specific designated staff to work in coordination with other agencies and disciplines involved in the multi-disciplinary approach to the investigation of both serious harms physical abuse and sexual abuse. The staff should have special interest and expertise in these areas and be co-located with other MDT partners.

5. DCFS should redesign the investigative system to allow for immediate scene investigation during the initial 24 hour mandate period in response to serious harms physical abuse allegations.

Section B. Recommendations for Demonstration and Model Programs

6. In coordination with other agencies and disciplines involved in the multidisciplinary approach to investigation, DCFS should develop a training academy or training program which effectively defines the roles of child protection, law enforcement, prosecutors, judges, doctors, mental health practitioners, child advocates, CACs and private agencies in the investigation and treatment of child sexual abuse, physical abuse and neglect cases. This training approach should make use of available technology and electronic resources to assure the constant availability of training to new staff in the field.

7. DCFS must develop regional resource networks of mental health providers who use informed, trauma-focused models in working with child and family victims of trauma and that have the ability to work within the multidisciplinary team model. This resource network would offer professional training, peer review, and consultations to community providers.

8. Illinois must expand and continue to enhance the development of regionally-based child protection medical centers or programs to provide effective leadership, training, diagnosis, and care for abused and neglected children. Additional medical networks and linkages must be developed within regions of the state that are underserved.

Section C. Recommendations for Reform of Laws and DCFS Rules and Procedures

9. Legislation should be enacted that specifically allows for state-based funding of Children's Advocacy Centers and that stipulates the attainment and maintenance of specific standards for continuation funding beyond a 5 year start-up phase.

10. DCFS should actively promote legislation which encourages individual assessment and treatment for juvenile sex offenders and which prohibits categorical imposition of adult sex offender registration standards on juveniles.

11. Legislation should be enacted that provides state funding to support regional medical resource centers/hospitals throughout the state for the provision of specialized medical and mental health services to potential victims of child abuse and neglect.

12. Legislation should be enacted, or a rule adopted, regarding privacy issues for families and children, including DCFS reports, photographs of child and families, and forensic interviews of children, including specific requirements for the entry of protective orders.

Process Summary

The Task Force made these recommendations with the intent of working toward system improvements that will significantly benefit the safety and protection of children in Illinois. Although all recommendations cannot be pursued with equal intensity, the Department of Children and Family Services has been very responsive to the Task Force in supporting priority projects.

- During FY 2014, the Department has been very supportive of funding to Children's Advocacy Center services at a time when funding has been reduced. In support of the CAC's, the Department recommended an increase the funding for the Macon County CAC due to the need for more services to DCFS clients. The proposed $53,248.00 increase in funding for FY15 was made possible through coordination with the DCFS CAPTA grant funds.(Recommendation#3)

- Based on the expertise of the Medical Resource Centers, DCFS Child Protection and the Office of Training require that DCFS investigative personnel attend a medical training workshop on an annual basis.

- The Department strongly supports the accreditation of all CAC's by the National Children's Alliance. Towards that goal, the Department has required that all CAC's include the following language in their FY15 contracts. (Recommendation #3).

  > It is the expectation that CACs not currently accredited by the National Children's Alliance (NCA) will have applied for accreditation no later than January 1, 2015 and obtained full accreditation by January 1, 2016. Currently accredited CACs shall remain in full compliance of the accreditation throughout the contracted period. In the event the accreditation compliance is breached the CAC shall complete all necessary steps to assure corrective actions are completed according to the NCA accreditation standards.

- The Department and members of the Children's Justice Task Force worked with state legislators to use the existing Children's Justice Task Force as opposed to legislatively mandating a new task force to explore, research and develop recommendations on a multidisciplinary team approach for the investigation of

reports of abuse and neglect of children age 18 and under. More details of this proposed legislation are included in the Accomplishments chapter and a copy of the legislation is included in Appendix C – Pending Illinois legislation.(Recommendation # 1 and #6)

- All of these efforts have helped to promote the accomplishment of the CJA 2012 goals in a way that significantly improves the safety, permanency, and well being of Illinois' children.

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

ACCOMPLISHMENTS 2014-2015

CHAPTER TWO

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

GRANT ACTIVITIES and ACCOMPLISHMENTS

May 2014 through May 2015

This section describes the major activities and accomplishments achieved by the Children's Justice Act Grant to Illinois during the past year. At the end of each project summary, there is a listing of the Task Force recommendation(s) from FY 2012 which helped to guide the implementation of the activity. The CJA funding amounts spent for the projects during the year are provided in a list at the end of this section.

A. CHILDREN'S ADVOCACY CENTERS (CACs)

***Background Information**:* Beginning in FY 1996, the Illinois Department of Children and Family Services established a state appropriation line for the support of children's advocacy centers. This funding support for Children's Advocacy Centers has steadily expanded over the past 19 years, leveling off in recent years due to the state's budget deficit. Within this same timeframe, the Department has increasingly committed to using a multidisciplinary approach for the investigation of child abuse reports alleging sexual abuse and serious physical abuse. The Department funded the ongoing development of 37 Children's Advocacy Centers throughout the state in FY 2013-2014. (Although Healing Harbor is listed as the 38th site, it is actually a satellite of the Guardian Center, so is not counted as a separate CAC.) The children's advocacy centers in Illinois provide coordinated investigation, forensic interviewing, and support services to children who have been physically or sexually abused in 92 of Illinois' 102 counties. There are 3 counties that receive some CAC related services and 7 counties that are currently not served by a CAC. In 2014, the CAC's provided 9,371 forensic interviews statewide; 8,392 of those were to sexual abuse victims. The CAC's provided services to 10,528 referred children in FY14.

The Children's Advocacy Centers of Illinois (CACI) is a not-for-profit agency serving as the state chapter organization of the National Children's Alliance and is also funded under the Illinois DCFS Children's Advocacy Center appropriation. The CACI has an office in Springfield and is staffed by an executive director, a membership and development director, a training and education director, and an administrative assistant. The CACI has committed to ongoing improvements and outreach that facilitate a productive dialogue between DCFS and the local CACs. CACI convenes regional meetings (Cook, Northern, Central, Southern) on a quarterly basis which offer frequent opportunities to the local CACs for technical assistance, peer review activities, and quality assurance. The Department's financial commitment for children's advocacy centers in SFY 2014 amounted to $4,023,658 including $170,484 from the Children's Justice Grant.

At the end of May 2015, the Illinois Legislature will complete its annual session and approve a state budget for FY 2016 beginning July 1, 2015. DCFS, like most state departments, will likely face a variety of fiscal reductions. At this time, the proposed reduction to DCFS services is 12.5% Children's Advocacy Centers, which experienced

reductions of 2% - 10% during FY 2013, have a steady appropriation base going into FY 2016. The CACs are astute in their diversification of funding, but the overall reduction in state funding has impacted some of them to a significant degree, especially during a year when there has been an increase in actual reports of sexual abuse to the DCFS Hotline. Overall, the CACs have sustained their services to children and families during this fiscal year when needs have grown and other social services have been cut. The reorganization and realignment of DCFS front-line staff during the past several years has provided considerable human resource support to the CACs. But the CACs are no longer expanding and are searching for increased funding support at the local level. Children's Advocacy Centers of Illinois promotes low-cost regional training opportunities for all CACs and their related multidisciplinary agencies. CACI also initiates child abuse awareness opportunities throughout the public and private sectors to increase funding availability for local Children's Advocacy Centers.

Per an agreement with Catherine Luby, our federal project officer, Children's Justice Funds will not be used for the continued funding of 6 CACs which were funded initially for development activities. Funding for those CACs from Children's Justice funds will end in SFY15. These six CACs are: All Our Children's Advocacy Center in Southwest Cook County; April House in Whiteside County; The Guardian Center serving 8 counties in southern Illinois; Madison County Child Advocacy Center; New Beginnings Child Advocacy Center serving 4 counties in central Illinois; and Sangamon County Child Advocacy Center.

Because this funding is critical for the full service operations of these 6 CACs, alternative funding is being sought. At this time, Children's Justice is collaborating with the Illinois CAPTA state lead to assume replacement funding for these six CACs. This alternate funding from CAPTA has been included in DCFS' FY16 spending plan which we are hopeful will be approved this spring. This new CAPTA funding represents continued collaboration efforts between CAPTA and Children's Justice Funds.

Activities of the Past Year: In 2013, the CAC programs were divided up between several contract and grant specialists within the newly reorganized Division of Policy and Advocacy. Sheila McFarland and Ora Pleasant continue to provide mentoring to some of the newer CACs who have received Children's Justice funding since FY 2010 for program expansion. Sheila McFarland resigned from the unit in February 2015, and her position will be replaced in the late spring. Many of the federal grant funds have been tapered down or reduced completely as the expansion projects have grown more independent and received more local support. All of the expansion awards have worked out very successfully and are fully operational. The expansion grants ($10,000 or less) continuing from previous years were awarded to:

- Two Rivers CAC (Anna) for expansion to Hardin and Pope Counties. Two Rivers serves 7 counties in the southernmost area of the state which borders Indiana, Kentucky and Missouri;
- Braveheart (formerly Henry County) CAC in Cambridge for expansion to Bureau County, bringing total counties served to five; and

- East Central Illinois CAC, which serves 7 counties, for expansion to Douglas County;

Children's Justice funding also supported the development activities of the following CACs:

- All Our Children's Advocacy Center in southwest Cook County;
- April House Child Advocacy Center in Whiteside County;
- The Guardian Center, Inc. serving 8 counties in southern Illinois;
- Madison County Child Advocacy Center;
- New Beginnings Child Advocacy Center serving 4 counties in central Illinois; and
- Sangamon County Child Advocacy Center.

All Our Children's Advocacy Center was organized in January of 2012 as an independent not-for-profit agency serving over 30 suburban municipalities in southwestern Cook County, Illinois. The Center had been operating for nearly 14 years as a program of Hull House Association based in Chicago. A sudden decision by Hull House to file for bankruptcy and to close all of its many social service programs left the CAC with very few options. Fortunately, the CAC Director, Danielle Butts, had developed a lot of local support during her 12 year tenure. She obtained some donated funds from several law enforcement agencies to maintain basic operations while the program applied for its incorporation as a non-profit. Services continued without interruption—sometimes with volunteered staff time--and All Our Children's Advocacy Center was granted a DCFS contract starting in July 2012.

A quarter of its funding, $16,660, is from Children's Justice grant funds. For the first three quarters of FY15, the CAC received 130 referrals, served 278 children and provided 130 forensic interviews. The new incorporation has revived the commitment of the multidisciplinary investigative team, and more physical abuse cases are now being serviced with forensic interviewing and follow-up advocacy and assessment. All Our Children's Advocacy Center also completed a successful re-accreditation by the National Children's Alliance in 2012.

The April House CAC operates as a developing CAC in Whiteside County, a large rural county in western Illinois that borders on Iowa. April House has brokered many local partnerships and linkage agreements to support its multidisciplinary approach including "Friends of April House", who conducted three fundraisers and are in the process of planning a fundraising event for FY16. They also received a one-time Venture grant which was matched by an anonymous citizen. They will also now receive additional funds from the National Children's Alliance. The CAC received 74 referrals for the first three quarters of FY15 from Whiteside County and neighboring counties in Iowa and provided 98 forensic interviews for the same time period. They served a total of 186 clients. The Director of April House, Johanna Hager, serves as a forensic interviewing trainer, conducting workshops for other Children's Advocacy

Centers and for the State Police Academy. She is also a respected clinician and is called as an expert witness for trials in other counties.

In December 2014, April House moved its facility for ADA compliance, to have more useable space and to insure they would meet the standards of the National Children's Alliance for accreditation. The majority of the expenses of move and the remolding of the new facility was done by community efforts and consequently at little or no cost to the agency. In December of 2014, April House went through the accreditation process and received full member accreditation status with NCA in 2015.

The Guardian Center in southeastern Illinois purchased a new facility in July of 2014 in Carmi thanks to board fundraising. They moved into this new facility on September 17, 2014 after renovating the space. Services to children and families were not discontinued during this transition. Guardian Center also launched the Healing Harbor CAC Project to serve rural Crawford, Lawrence, and Richland counties. The satellite program has been operating since August, 2010 in renovated space at Crawford Memorial Hospital. A new family waiting room has been furnished and complements the areas already devoted to child interviewing, team meetings, and offices. The CAC facility occupies a separate hospital building in Robinson, Illinois. Teresa Miller serves as the Project Director and Misty McQueen is the new Family Advocate as of January 2014. DCFS child protection staff and law enforcement officers have been trained at the National Children's Advocacy Center and Finding Words Illinois to conduct forensic interviews. Healing Harbor receives United Way Funding and continues to explore its options to become an independent 501-C-3 agency or to pursue NCA accreditation as a satellite of the Guardian Center. In the first three quarter of FY2015, The Guardian Center received 107 referrals, served 685 clients, and provided 102 forensic interviews.

New Beginnings Child Advocacy Center is operating as a start-up program affiliated with Locust Street Resource Center, a mental health agency based in Carlinville. It serves four counties in central Illinois—Macoupin, Greene, Jersey, and Calhoun. Douglas Kilberg is the Executive Director and Tricia Ulery is the Program Director of New Beginnings, and she conducts most of the forensic interviews. For the first three quarters of FY15, New Beginnings received 117 referrals, served 235 clients and provided 116 forensic interviews including residents of Montgomery County which is working on a protocol to coordinate investigations through the CAC. Patrice Fraser, a former DCFS caseworker, continues as the part-time Family Advocate and assists periodically with the interviewing. New Beginnings operates at the Locust Street site in Carlinville which was remodeled to include a family waiting area, an interview room, and a combination office/ team observation room. The CAC also opened a satellite interviewing facility in Jersey County during the summer of 2011. New Beginnings is now accredited through NCA, and they a working to add a medical component onsite.

Madison County and Sangamon County CACs are both well-established child advocacy center programs. For the first three quarters of FY15, Madison County received 375 referrals, served 1505 clients and provided 375 forensic interviews. Madison County has established a formal protocol arrangement with Bond County, to the east, and is offering courtesy interviewing services to Fayette County, which borders Bond. For the first three quarters of FY15,

For the first three quarters of FY15, Sangamon County received 230 referrals, served 4236 clients, and provided 250 forensic interviews. Their executive Director resigned in October of 2013, and Shirley Johnson was hired as Director in July 2014. Sangamon County has completed formal protocol arrangements with Logan and Menard counties and has equipped a satellite interviewing room at the DCFS field office in Logan County. Both of these programs are receiving Children's Justice funding to provide services to the children in these 4 formerly unserved counties. During the past few years, these satellite services have continued to expand as the rate of child sexual abuse in many Illinois rural counties has seen an increase of 5.4%.

Data on Children's Advocacy Centers: During FY 2014 there were 10,528 Illinois children referred to Children's Advocacy Centers for allegations of abuse: 9,305 for sexual abuse; 1024 for physical abuse and 199 for other allegations. Police-only reports account for about 25% of CAC referrals; DCFS referrals account for 74.33%. All of the CACs currently offer services to help coordinate investigations of serious physical abuse either by protocol agreement or by special request. Many CACs are also providing interviews and services for children who are victims of human trafficking or who have witnessed unusual violence or traumatic events. About half of the CACs report cases each year that involve collaboration with the FBI. The tracking forms were revised in 2012-2013 to capture this data.

DCFS and CACI work together throughout the year to gather data from the individual CACs. This information is formatted into a statewide data summary report as well as individual summary reports. The Report for Fiscal Year 2014/2015 followed a format utilized during previous years, with numerous charts and graphs to provide extensive demographic information on the children served and the services provided to them and their family members. It was circulated in electronic format to DCFS administrators, CACs and their Boards of Directors, and local multidisciplinary teams. Client data points for individual child advocacy centers provide ongoing data analysis for program monitoring and program improvement.

Currently in Illinois, there are 38 sites that are accredited by NCA. Adam County has three satellite CAC's that are all accredited, accounting for 4 accreditations for the Adam County CAC. The Lake County CAC has applied for accreditation pending this August. This number includes the state chapter of NCA, Children's Advocacy Centers of Illinois, which received accredited status in 2010. A complete listing of Illinois Children's Advocacy Centers can be found in Appendix F.

DCFS has worked closely with the Children's Advocacy Centers of Illinois (CACI) during the past several years to promote the accreditation process of CACs through the National Children's Alliance (NCA). To further promote accreditation of the CAC's, DCFS is requiring the following language in all their FY15 and subsequent contracts.

> It is the expectation that CACs not currently accredited by the National Children's Alliance (NCA) will have applied for accreditation no later than January 1, 2015 and obtained full accreditation by January 1, 2016. Currently accredited CACs shall remain in full compliance of the accreditation throughout the contracted period. In the event the accreditation compliance is breached the CAC shall complete all necessary steps to assure corrective actions are completed according to the NCA accreditation standards.

Concluding Overview: The Children's Justice Task Force has continued to recommend the growth of CACs and maintenance of the more than $4 million in state funding that is provided through annual contracts to Children's Advocacy Centers. The severe fiscal crisis that Illinois has suffered during the past 4 years has put the CAC funding under stress. All of the CACs experienced reductions in DCFS funding during SFY 2013, although the decrease was minimal. Recommendations for SFY 15 and FY16 funding have been level with FY 13. As mentioned earlier, DCFS is working with individual CAC's on a case-by-case basis to increase funding. The Department was successful this year in the coordination of the funding for the CAC's between the Children's Justice Grant and the CAPTA funds.

The goal for CAC programs in the coming year will be to sustain and support all of the current accredited organizations, encourage associate/developing CACs to pursue accreditation, and expand local inter-agency agreements such that counties without a child advocacy center may develop the resources to establish a new center or affiliate with an existing CAC. This goal is shared by the Children's Advocacy Centers of Illinois (CACI) which is committed to CAC service coverage throughout the state.

Recommendation 3 from FY 2012: Every county in Illinois must be served by a Children's Advocacy Center. DCFS must increase the funding available and provide organizational support so that children in the state have access to the coordinated investigative services of an accredited Children's Advocacy Center (CAC).

B. Forensic Interviewing Training

Background Information: DCFS continues to work closely with the Children's Advocacy Centers of Illinois (CACI) to support the *Finding Words/Child First* 5-day forensic interviewing curriculum. *Finding Words Illinois* was implemented in March 2004 and was approved by DCFS for 30 continuing education credit hours. *Finding Words Illinois* serves as the advanced, skill-based curriculum for DCFS child protection specialists, CAC forensic interviewers, law enforcement detectives and other

multidisciplinary investigators working with sexually abused children. The curriculum has recently been updated in collaboration with the National Child Protection Training Center, Cornerhouse, and the National District Attorneys Association. It was conducted twice per calendar year from 2004 to 2008. Since 2009, *Finding Words Illinois* training has been offered once per year during the month of October.

Activities of the Past Year: During the past year, *Finding Words Illinois* training was conducted from October 6 - 10, 2014 in Springfield. There were 35 participants in attendance. The training is in demand by children's advocacy centers and multidisciplinary teams throughout the state; there is usually a waiting list to participate in the training. Implementation of the *Finding Words* curriculum is under the direction of Billie Larkin, CACI Executive Director, and Kim Mangiaracino newly hired CACI Associate Director of Training and Education, as well as the CACI Board of Directors. The Children's Justice Grant funds the tuition costs, mileage, tolls, lodging expenses and per diem expenses for the DCFS investigative staff accepted into the *Finding Words* training. This year, DCFS was able to send 11 DCFS child protection specialist to the training in October.

Children's Advocacy Centers of Illinois has continued to expand its educational focus by sponsoring regional peer reviews for forensic interviewers. The peer reviews include a discussion of recent research articles on interviewing as well as a friendly critique of an interview conducted by a peer group member. The regional groups meet quarterly with the goal of offering annual peer review to every forensic interviewer employed at a CAC. The peer review groups help the CACs meet important criteria for ongoing accreditation. In the future, peer review might be able to incorporate staff from DCFS and law enforcement.

CACI is also supportive of the National Children's Alliance education webinars offered through the Midwest Regional CAC. The availability of these educational webinars continues to expand such that trainings provided by nationally recognized experts can be accessed readily through web-streaming or DVD. In-person training seminars are also offered locally to encourage the development of CAC-related multidisciplinary teams.

Recommendation 1 from FY 2012: DCFS must reinforce the multidisciplinary approach to investigations of child sexual abuse and serious physical abuse and stress improved collaboration between disciplines. Communication should focus on a regular review of protocols, monthly case review staffing, and a peer review process for forensic interviewing.

C. Medical Training and Model Program Development

Background Information: Three major university medical child abuse programs are supported with Children's Justice Funds and DCFS funds**. It is important to note that while we are reporting overall on the activities of these three programs**, **the Children's Justice Funds are not used for the medical exams but rather for medical consults and training.** The funding supports the ongoing training, education

and development of protocols for medical students, doctors, and nurses in child sexual abuse. There is a resource center identified with each region of the state as stated below.

- Southern Illinois University (SIU) School of Medicine supports the Children's Medical Resource Network (CMRN) which offers services in the 34 counties of the Southern Region as well as 11 counties of Central Illinois. Dr. Kathy Swafford is the Medical Director. Dr. Stafford, assistant professor of pediatrics, was certified in child abuse pediatrics by the American Board of Pediatrics in February 2014. There are only 324 such certified doctors in the U.S.
- The Pediatric Resource Center (PRC) is a program of the University of Illinois, College of Medicine at Peoria, and serves over 40 counties in the Central Region of Illinois. Dr. Channing Petrak serves as the Medical Director.
- The University of Illinois, College of Medicine at Rockford, has developed the MERIT program (Medical Evaluation Response Initiative Team) for the 17 counties in Northern Region. The Medical Director is Dr. Ray Davis.
- DCFS also funds the partnership known as MPEEC (Multidisciplinary Pediatric Education and Evaluation Consortium) through a contract with the Chicago Children's Advocacy Center. The three coordinating hospitals/doctors are: Ann and Robert Lurie Children's Hospital, Dr. Emalee Flaherty; John Stroger, Jr. Hospital of Cook County, Dr. Michele Lorand; University of Chicago, Comer Children's Hospital, Dr. Jill Glick.

Activities of the Past Year:

The Children's Medical Resource Network continues to grow and develop its program services. Under the leadership of Dr. Kathy Swafford, in the first three quarters of FY15, the CMRN provided 116 medical exams and services to child abuse and neglect victims (83% sexual abuse). An additional 55 children received detailed medical consult services in discussion with the medical director. CMRN provides children with suspected physical abuse, sexual abuse, and neglect with a thorough physical examination, medical follow-up, multidisciplinary case review and investigation, victim advocacy, service referrals, and court testimony as needed.

The Children's Medical Resource Network also includes 3 additional doctors and 3 advanced practice nurses who regularly assist with child assessment and investigative follow-up in specific counties served by the Network. The rural nature of the Southern Region and the distances between larger communities can be daunting for service delivery to families who have limited transportation. The CMRN works closely with DCFS and the 8 children's advocacy centers in the region to make sure that children receive the services they need as close to home as possible. Although severe physical abuse/severe neglect cases are referred to children's hospitals in St. Louis, Missouri or Evansville, Indiana, the medical providers of CMRN offer follow-up or consultation to the children, their families and DCFS caseworkers if these children return to a residence in Illinois. Ginger Meyer, MSW, LCSW, continues

to provide social service and mental health support for the clients of CMRN. Ginger Meyer received the 2015 Alumna Achievement Award from the SIU School of Social Work.

Southern Illinois University continues to work on changing some aspects of the administrative duties of CMRN from the Department of Pediatrics in Springfield to the Department of Family Practice in Carbondale. To begin to implement this project, the LCSW started to see patients in Carbondale for a few days a week. Currently, this project is on hold. One major issue is that the computer system is difficult to set up and pay for.

CMRN continues to work with the Children's Mental Health Planning group towards establishing a network for mental health providers to serve as referral resources, peer review and learning collaborative. The Network is in the process of changing its name to add the integrated mental health component. The new name will be the Children's Medical and Mental Health Resource Network (CMMHRN). Their new website is now up and running.

This year, an advisory board was developed to assist with the Mental Health Network. The Network has established a learning collaborative to provide Trauma Focused Cognitive Behavioral training to clinicians, their supervisors, and other professionals who provide direct services to traumatized children. The overall goal is to certify 50 TFCBT therapists in 23 counties throughout the state. The learning sessions for the Trauma Focused System of Care Learning Collaborative began in March with training for senior leaders and supervisors. There are currently 122 participants in the learning collaborative from the southern 23 counties of Illinois.

In June of 2014, the Children's Medical and Mental Health Resource Network collaborated with the S.I.U. School of Social Work and the Center for Rural Health Social Service Department to write a grant for a Master's level fellowship . This fellow would train students on how trauma transforms the microstructure of a child's brain and the behavioral manifestations of trauma. The grant was awarded in September 2014 for 1.3 Million over three years with the option to renew for another three years. The fellowship began third quarter with the welcoming of 23 graduate social work students to be trained on how to provide services to children and youth who have been victims of trauma.

On November 5, 2014, the Children's Medical Resource Network sponsored its 13th Annual Training Symposium for 86 medical providers and multidisciplinary investigators. The symposium entitled "The Manifestations of Childhood Trauma and Implications for Practice" was held at John A. Logan Community College in Carterville, Illinois. The objectives of the training for participants included: explaining the effects of trauma on the brain; describing the physical and emotional effects of unprocessed trauma; implemented "Trauma informed Care" practices and assessing patients for trauma.

Throughout State FY 2015, the CMRN conducted medical training workshops for DCFS child protection specialists and law enforcement investigators. The full-day workshop presentations on "Medical Aspects of Child Maltreatment" were well-attended and geared this year to new staff and multidisciplinary partners following the reorganization of DCFS front-line workers. Medical training for child protection staff is required on an annual basis. The attendance and participation continues to be representative of all the agencies involved in child abuse investigations. The training dates and locations were:

- Medical Aspects of Child Abuse, September 25, 2014 in Collinsville, IL
- Medical Aspects of Child Abuse, February 26, 2015 in Carterville, IL
- Medical Aspects of Child Abuse, May 7, 2015 in Harrisburg IL
- The Manifestations of Childhood Trauma, November 5, 2014, John A. Logan College, Carterville, Illinois

Dr. Swafford routinely serves as a guest lecturer for SIU first year medical students during their resident year in Carbondale. She also gives an annual Grand Rounds presentation for the SIU family practice and pediatric advanced medical students and residents in Springfield. She has proposed further development of specialty course work and residency rotations in the field of child abuse for the Southern Illinois University School of Medicine and for the two major hospitals in Springfield. Ms. Ginger Meyer, LCSW, makes numerous community-oriented presentations on the problem of children exposed to child abuse, domestic violence, medical neglect, and methamphetamine exposure.

The Pediatric Resource Center is affiliated with the University of Illinois, College of Medicine at Peoria. This medical resource center is under the Department of Pediatrics, Dr. Channing Petrak, Medical Director, and Ms. Stephanie Johnson is the Executive Director, replacing Lisa Schwab as of 11/16/2013. Ms. Johnson was a former case coordinator with the program. Pediatric Resource Center offers a great amount of educational outreach to medical professionals and multidisciplinary teams. Staff also provides numerous consults and presentations for hospital personnel at OSF St. Francis Medical Center and Children's Hospital of Illinois in Peoria and for medical students and residents at U of I. Presentations have focused on topics of:

1. The importance of medical specialists in obtaining an accurate diagnosis in child abuse and neglect cases;
2. Guidelines for mandated reporting of child abuse to the DCFS hotline; and
3. Protocols for prompt referral and collaboration in medical emergencies.

Examples of medical personnel trained throughout the year include, but was not limited to:

- Education to medical students on child abuse and neglect recognition
- Child abuse recognition training to Residents rotating through Pediatrics using state of the art medical simulation as part of the training scenario.

- Daylong training on Advanced Medical Aspects of Child maltreatment In November 2014 and January 2015.
- Presentations to regional emergency physicians and nurses

A major outreach project of the Pediatric Resource Center is the publication of the *Directory of Illinois HealthCare Providers for Child Abuse & Neglect Investigations.* The *Directory*, which includes about 65 entries, was distributed initially in 2006. The listings have been updated annually, and the 2014, the ninth edition, was revised and distributed on June 19, 2014. New this year is a listing of those providers who are board certified Child Abuse pediatricians and a more detailed referral process per provider entry. The purpose of the directory is to aid child abuse investigation in locating and security a trained healthcare provider who will add the medical aspect to the investigation of possible child abuse and neglect.

Two years ago, PRC decided to distribute copies of the directory in a CD format that could be shared and downloaded as needed. The DVDs are mailed to all DCFS Field Offices, all Children's Advocacy Centers, DCFS administrators and managers, selected law enforcement departments, and the medical providers who submitted information. The *Directory* is online via the Pediatric Resource Center website at pediatric resource center.org.

Medical and social work experts at Pediatric Resource Center are in constant demand for consultation and special case review meetings. Staff participated in 166 multidisciplinary staffings. For the first three quarters of FY15, 316 children were provided with medical exams and 17 medical consultations were provided. Overall, 723 children were served with either medical exams and or consults in over 31 counties. The case referrals of child physical abuse and neglect are complex, involving young children with serious injuries or disabilities and extensive medical histories at other hospitals and clinics. Children are air-lifted to Peoria because of the medical experts on staff at Children's Hospital of Illinois. PRC staff have participated in special trainings in child physical abuse and child death examinations, coordinating with new medical, social service, and law enforcement agencies from an ever-expanding geographic area of 50 counties in central Illinois.

This year, the Pediatric Resource Center, at the request of the local CAC, considered expanding their services to Kane County. It was decided that without adding additional staff (a board certified child abuse pediatrician and a case coordinator, this expansion would not be in their best interest, especially since they have experienced a 40% increase in referrals during the past three years. At this time, they offered to mentor and educate a local provider identified by the CAC. In addition, they are working with the Department of Pediatrics and the Children's Hospital of Illinois to recruit another board certified child abuse pediatrician.

Other noteworthy activities include Stephanie Johnson, the Executive Director, was awarded University of Illinois Chicago Award of Merit in November, 2014. Dr.

Channing was interviewed in August 2014 on Channel 25 WEEK regarding fatal child abuse.

Medical Evaluation Response Initiative Team (MERIT). The MERIT program continues to develop its role as a medical resource center for the northwest quadrant of Illinois during 2014 and 2015. It operates within the University of Illinois, College of Medicine at Rockford and partners with Rockford Memorial Hospital, Swedish American Hospital, OSF St. Anthony's Hospital and the Carrie Lynn Children's Center. Dr. Ray Davis has been with the program since its inception in April 2008 and works part time for the program. Lori Thompson, APN resigned as of January 1, 2014 and was replaced by Shannon Krueger on March 3, 2014. To promote MERIT, Dr. Davis and his staff have conducted extensive outreach and education to DCFS child protection investigators, Children's Advocacy Centers, and State's attorneys throughout the Northern Region of the state. Dr. Davis continues to be a valuable appointed member of the Child Death Review Team for review of child death cases in the Northern Region.

During the first three quarters of FY15, MERIT served 217 children with medical examinations, assessments, diagnosis and treatment and provided 27 comprehensive medical consults. The facility for MERIT is located in the Rockford Health Systems Building near Rockford Memorial Hospital and provides a comfortable and very accessible clinic setting for children, families, and the staff. Shannon Krueger B.S, is the fulltime nurse practitioner, and Joanna Deuth, B.S. and Cecelia Powell B.S. provide case management, advocacy, and referral services to children and families in the MERIT program. They help to maintain all of the medical referrals, complete the investigative agency reports and responses, maintain files, charts and correspondence, and provide advocacy and education to the children and families involved. The University of Illinois has supported MERIT with a customized database for record keeping and case tracking.

MERIT participated with the DCFS Office of Training and the Children's Advocacy Centers of Illinois to plan 2 training seminars for the northern part of Illinois. A partnership with regional law enforcement Mobile Training Units also proved successful in engaging law enforcement personnel into the training seminars. The "Medical Aspects of Child Maltreatment," was offered within the DCFS Northern Region on the following schedule:

- Rockford, Il, February 24, 2015, Medical Aspects of Child Maltreatment
- Crystal lake, IL, February 11, 2014 in conjunction with the DCFS Office of Training.
- Freeport, IL, April 8, 2014, in conjunction with the DCFS Office of Training.

MERIT works closely with the University of Illinois on educational presentations to the Rockford-based medical students and offers a child abuse rotation for 3rd year medical students. Dr. Davis and other staff promote outreach to a variety of community-based agencies, particularly schools and social service agencies. During

FY 2013, MERIT has worked to establish a satellite location for children in McHenry County. The opening of an examination room at Centegra Health Systems in Woodstock occurred on May 29, 2014 with a planned weekly schedule to be coordinated with the McHenry County CAC. Recently, an agreement was reached between the McHenry County CAC and Dr. Davis appointing Dr. Davis as their medical director for certification purposes. Services are also being explored for Kane and Dekalb Counties based upon requests from CACs in those areas.

MERIT staff also link with The Illinois Imagines group that is dedicated to ensuring that those special needs victims of sexual assault and abuse are treated with dignity and receive the needed services. The group meets quarterly and is planning to conduct trainings with other community agencies.

The children referred to MERIT represent a mix of urban and very rural situations. Outside of Rockford—which is the third largest city in Illinois—the communities of northwest Illinois are very small and somewhat isolated. MERIT staff is committed to getting information about their program out to many of the more rural areas, and have often consulted with DCFS and police investigators by phone or fax. During the upcoming year, MERIT will outreach to the eastern part of its region with medical training and mentoring. Increasing awareness of serious physical abuse situations has sparked a growing interest in the expertise of MERIT. Private foundations and local fundraising events are being explored for more diversified financial support.

Collaboration of the Medical Resource Centers with the Chicago MPEEC Consortium:

The Department funds the Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC) through its contract with the Chicago CAC. The purpose is to coordinate the abuse allegations of serious harms injuries for children ages up to 36 months of age in Chicago. Serious harms injuries include: head trauma, bone fractures, internal injuries, burns and cuts, welts, bruising and abrasions. MPEEC is a collaboration between the Chicago CAC, John Stroger Jr. Hospital of Cook County, the Lurie Childrens Hospital of Chicago and the University of Chicago Comer Children's hospital.

During FY 2013, DCFS has re-educated its staff regarding the statewide medical programs and the Illinois Medical Network for Child Abuse. During FY 2015, the physicians involved with the medical resource programs and MPEEC continued to share ideas for curriculum changes and additions for the upcoming schedule of DCFS medical trainings. Plans will continue with approximately 10 medical trainings downstate (2 in Northern, Central and Southern regions) and 3-4 medical trainings in Chicago for the Cook County regions. In addition to the regular contracted training, the MPEEC staff also took part in a full-day training regarding injuries related to child physical abuse to Assistant State's Attorneys in the Felony Review Unit of the Cook County State's Attorney's Office.

Recommendation 8 from FY 2012: *Illinois must expand and continue to enhance the development of regionally-based child protection medical centers or programs to provide effective leadership, training, diagnosis and care for abused and neglected children. Additional medical networks and linkages must be developed within regions of the state that are currently underserved.*

Recommendation 4 from FY 2012: *DCFS must devote specific designated staff to work in coordination with other agencies and disciplines involved in the multi-disciplinary investigation of both serious harms physical abuse and sexual abuse. The staff should have special interest and expertise in these areas and be co-located with other MDT partners.*

D. Hospital Networking Project

***Background*:** Over the past decade, DCFS has established liaison relationships with several Cook County hospitals which reported large numbers of children with suspected abuse and neglect injuries. DCFS child protection investigators and hospital-based medical and social work personnel met together on a regular basis to communicate about difficult cases or systemic issues. In recent years, the liaison relationship has been adapted to other regions of the state in order to improve networking and communication systems for assessment of a child's medical injuries/needs during the early stages of an investigation.

Activities of the Past Year: DCFS has asked the Medical Resource Centers to do more outreach and education to other hospitals in their region and to encourage further communication with DCFS when child abuse situations are suspected. The focus has been on establishing hospital protocols to cover procedures related to prompt reporting of child maltreatment, cooperation with child abuse/neglect investigators, and coordination of services to children and families. DCFS managers throughout the state have taken the lead in setting up a staffing or case review to assist medical specialists and emergency room staff provides more complete assessment and services. DCFS administrators also assist their subordinate staff in referring children and families for specialized medical care at the regionally-based Medical Resource Centers described above.

The Hospital Networking Project is currently most active at St. John's Hospital in Springfield. The project at St. John's has been guided by Dr. Tracy Lower, Pediatric Hospitalist; Dr. Careyana Brenham, Family Practice physician; and Annaliese Herter, Child Life Specialist with assistance from DCFS Child Protection supervisors in the Springfield Field Office. Physicians and medical staff at St. John's have committed to a child abuse case review process which generates a forum on the 2nd Thursday of each month. The case review includes representatives from various hospital departments, DCFS, law enforcement, the Sangamon County State's Attorney's office, and the Sangamon Child Advocacy Center.

Recommendation 4 from 2012 as listed above under Item C. Medical Resource Centers.

E. Community-Based Training, Regional Conferences and Team Building Seminars

Background Information: Children's Justice sponsors training seminars every year to improve the multidisciplinary investigation of child sexual abuse cases and physical abuse cases. Grant funds have supported community-based trainings in conjunction with judicial circuits, children's advocacy centers, social service/mental health agencies, domestic violence agencies, and substance abuse providers.

Activities of the Past Year: During 2014 - 2015 Children's Justice supported several major conferences throughout the state. The increasing leadership of individual Children's Advocacy Centers for training and education at the community level has allowed Children's Justice to focus more support on regional and statewide trainings during this past year. Most DCFS staff would not be able to attend these conferences without a subsidy in tuition and hotel that is provided by the Children's Justice Funds.

- **Champions of Children Child Abuse Conference**, Oak Brook, March 9 - 10 2015, $7,7436 in tuition for 44 DCFS participants; $3,973.05 for overnight lodging for 19 DCFS participants, and $4,814.26 in speaker fees.
- **Downstate Child Abuse Conference,** Carterville, April 29 – 30, 2015, $5,750 for speaker fees; $5,250 for DCFS registration of 35 DCFS staff; and lodging expenses which have not been billed for yet. This is the third year for which we paid the hotel costs for DCFS staff thus helping to make the conference affordable for state staff.
- **Finding Words Forensic Training**, Springfield, October 6 – 10, 2014, $4,400 for tuition reimbursement and $2,400 in hotel costs.
- **Illinois Court Appointed Special Advocate (CASA) Conference** April 24, 2015 in Effingham: $6,000 for speaker fees and total attendance 166 child welfare professionals.

The Champions of Children Conference was organized for the first time in 2010 and has continued its projected course as a major state training for the education of multidisciplinary teams conducting child protection investigations. The 6th annual conference in 2015 was organized by the Children's Advocacy Centers of Illinois, Midwest Regional CAC and several individual children's advocacy centers. Over 165 attendees from the Central, Northern, and Cook County regions of the state contributed to the success of this year's conference. It was targeted to personnel from the multidisciplinary agencies that work with the CACs, and there were seminars focused on topics important to law enforcement, prosecutors, advocates, child welfare investigators, therapists, and CAC directors. This year's conference topics/sessions included: trauma assessment, child abuse investigations eliciting verbal and non-verbal solicitation, prosecuting cases with Children with disabilities, using narrative practice to take your forensic interview to the next level, proving child abuse cases using evident of PTSD, building a CAC brotherhood/sisterhood, all stressed up and no one to choke, building sustainable & effective treatment teams

and advocacy from the front line: working within the multidisciplinary team. In addition, the key note speaker focused on stress reduction techniques through humor.

The Downstate Child Abuse Conference on April 29 – 30, 2015 in Carterville celebrated its 22th annual conference as organized by the 7 Children's Advocacy Centers in the southern region of Illinois. The tuition and hotel expenses were sponsored for 35 DCP investigators from downstate, and there was a waiting list. The goal of this conference was to provide high quality, affordable and accessible training for DCFS, law enforcement, prosecutors, mental health professionals, child advocates and all other social service workers who see daily the effects of child abuse. Some of the workshops offered included training on adolescent dynamics; presenting evidence in the forensic interview; helping children become more resilient, the collection of volatile data and an introduction to social networking investigations. The keynote speaker topic focused on interviewing children with disabilities.

Children's Justice also continued and increased its financial support of the annual Illinois CASA Conference which was held this year on April 24, 2015. Training was provided on a wide range of issues including social and emotional learning; mandated reporting and beyond; human trafficking and child welfare; the inner world of a child with posttraumatic stress disorder; and advocacy and court reports. Through partnerships with other agencies, Children's Justice also lends some support to other training and education opportunities throughout the year.

Recommendation 2 from FY 2012: DCFS must recruit additional qualified persons and provide enhanced professional training of frontline workers/supervisors to meet the needs of children and families experiencing severe sexual or physical abuse. Trainees or interns should be provided with experience that will help them meet DCFS job qualifications and requirements.

Recommendation 1 from FY 2012: See listing in Section B, Forensic Interviewing. Illinois and would offer professional training, peer review, and consultation to community providers.

F. Three Year Statewide Needs Assessment

An Interim three Year Statewide Needs Assessment Report is included in Appendix D. As per agreement with our federal project officer, the final three year needs assessment report plus task force recommendations will be submitted by September 30, 2015. This year, the task force chair was pleased to be asked to serve as a state lead in the peer-to-peer teleconferences regarding this needs assessment process for the states. The feedback from the states involved was that the calls were helpful, informative and they would like to see more peer-to-peer calls on other topics as well including task force development.

G. Multidisciplinary Training

Background: The Task Force has identified a need for increased training and education in the multidisciplinary approach to child abuse investigation. Training efforts are frequently limited by a lack of manpower and institutional organization needed to deliver a site-specific training.

Activities of the past year:

Activities

The MDT task force subcommittee met four times outside of the quarterly task force meetings to plan and prioritize their activities for FY15. It was noted that the Midwest Regional CAC is working with the state of Illinois to assess CAC needs for MDT orientation materials and training; therefore, we would not need to duplicate this effort. The following three projects were proposed and approved by the task force as a whole.

- The development of a tool (brochure) for CAC's and MDT members describing the team process, requirements and expectations of the team members and recommendations for evidence-based practices. The tool would be housed at the existing Childrens Advocacy Centers of Illinois (CACI)) website and could be downloaded and customized by any CAC or team member.

- The development of a train-the-trainers model for a targeted group of MDT members. The preference was to start the group in Cook County due to the high number of child abuse victims served in that area. It was acknowledged that this model could not be funded in full by Children's Justice funds, but additional funds could be leveraged from other sources.

- MDT coordinator position proposed and housed at CACI. The statewide coordinator would attend case reviews, work both with functioning and dysfunctioning teams and make sure protocols are consistently followed.

During 2014 - 2015, the MDT training subcommittee focused on two of the three tasks outlined above. The third task, the MDT Coordinator position was not approved for funding by DCFS and has not been pursued further as of this time.

The committee engaged two nationally recognized consultants, John Alderson and Cathy Crabtree to design and conduct the statewide MDT trainings. John Alderson is the Director of Resources for Change, Inc., a training and consulting group that provides customized training programs for multidisciplinary child sexual abuse programs, National Resource Centers, Regional Children's Advocacy Centers, and many State Department of Social Services, Law Enforcement, Mental Health and Juvenile Justice. John specializes in working with teams. Cathy Crabtree is an

independent consultant providing training, facilitation and support services for children's advocacy centers and related state chapters. From 2010 – 2013, Cathy also served as the Director of Chapter Development for the National Children's Alliance, providing training and technical assistance to the NCA's 49 state chapters.

John and Cathy conducted preliminary meetings with the Illinois CAC's, the Director of CACI, Billie Larkin, and Char Rivette, the Chair of the Illinois Children's Justice Task Force and Executive Director of the Chicago CAC. It was decided that the first training would be in southern Illinois in August 2015, with a subsequent training for the Central Region in 2016. (Refer to page 54, Chapter Three for a detailed description of this project for FY16.)

Cathy Crabtree is in the process of developing the "tool" for CAC's and MDT members describing the team process, requirements and expectations of the team members and recommendations for evidence-based practices. The tool would be housed at the existing Children's Advocacy Centers of Illinois (CACI)) website and could be downloaded and customized by any CAC or team member. This tool will be completed by June 2015.

One exciting outgrowth of this MDT training is the collaboration with Regina Young, the Illinois CAPTA state lead, to help fund these trainings along with Children's Justice Funding. The Illinois state lead is a regular participant in the Children's Justice Task Force meetings, and as such, became aware of the need for additional funds. Because MDT training also falls under the CAPTA funding guidelines, a partnership was formed to jointly fund this training for the next three years.

Recommendation # 2 from 2012: *DCFS must recruit additional qualified persons and provide enhanced professional training of frontline workers/supervisors to meet the needs of children and families experiencing severe sexual or physical abuse. Trainees or interns should be recruited and provided with experience that will help them meet DCFS job qualifications and requirements.*

H. Multidisciplinary Teams and New Illinois Legislation

In August, 2014, then Illinois Governor Pat Quinn signed into law an amendment to Senate Bill 3217. This Bill charged the Illinois Children's Justice Task Force with the "exploration, research, and development of recommendations on a multidisciplinary team approach for the investigation of reports of abuse or neglect of children under the age of 18."

The legislation further stated that the Illinois Children's Justice Task Force shall submit a report to the General Assembly by March 1, 2015 regarding, but not limited to, its recommendations for a statewide multidisciplinary approach to child abuse or neglect investigations. The Department was directed to continue to provide support to the task force through the Department's Children's Justice Grant Manager.

Currently, there is a pending amendment to Senate Bill 721 which would extend the deadline for completion of this MDT report by the Children's Justice Task Force to the Illinois General Assembly until January 31, 2016.

DCFS and the task force members were pleased with this charge and the far reaching implications that such a report would offer. To help meet this charge, the task force created a MDT General Assembly Report committee composed of 17 members including two non-task force members to provide additional expertise in law enforcement and the courts.

In anticipation of this increased workload, additional funds were approved in the 2014 Children's Justice Budget to hire a consultant to help draft the report and to provide additional research. Due to a temporary 2015 ban on new contracts by the new Illinois Governor, it was decided to use existing DCFS resources to help with the writing of the report. Ms. Teddy Savas, Senior Policy Advisor**,** was engaged to help draft the report with the committee. Ms. Savas has considerable experience in child protection and experience in report writing and research. After some initial work with the committee, it became apparent that we would need the services of a researcher to provide and analyze additional data. Towards this end, Steve Budde, Ph.D. researcher from the Illinois Juvenile Protection Association was contracted with on a time-limited basis to provide additional research and the analysis of data. Steve brings extensive research experience, has considerable knowledge of child welfare and DCFS, and has worked collaboratively with DCFS and multidisciplinary teams on past reports.

During this past year, the MDT committee conducted teleconferences in October and December and then scheduled regular committee meetings twice a month starting in January through April, 2015. In addition, the MDT committee met for extended work periods during the September, December and March quarterly task force meetings. Because it is cumbersome and not productive for a large committee to draft a report, a small work group was developed in addition to the committee. This small group met on three all-day sessions in November 2014, January 2015, and February 2015. This project continues into FY15 and is detailed in Chapter Three under activities to be funded.

I. Legal and Legislative Recommendations

Activities of the Past Year: The Children's Justice Task Force has been active legislatively this year. The Children's Justice Task Force received in-depth written summaries of all relevant pending legislation from Meryl Paniak, J.D. MSW, Chief, Office of Legislative and Legal Affairs, at quarterly meetings. This included legislation that impacted child welfare services and DCFS policies or operations. At the December 13, 2013 meeting, the three task force subcommittees met to prioritize their recommendations for child abuse legislation. The legislative recommendations from 2013 continued into 2014 and 2015 and are as follows:

1. Protecting the mental health records of child sexual abuse victims, similar to the Rape Crisis Center Act, which prohibits mental health records of rape victims to be used in court.

2. Allowing the use of closed-circuit TV testimony for child abuse victims in any case requested by the victim or victim's family.

3 Requiring full communication amongst MDT members in relation to the investigation of child abuse, while also at the same time protecting said conversations/communication in the case review/staffing process from being admissible /discoverable in court.

4. Allowing the use of DVD as evidence for prosecution in cases of children 12 and over.

5. Reviewing and making recommendations for better coordination of the use of victim's compensation funds and Medicaid to ensure that every child who was a victim of child abuse receives trauma-informed treatment in a timely manner.

6. Ensuring that every alleged child abuse victim has access to a child abuse pediatrician/or consultation with one if that is not possible.

7. Ensuring that legislation regarding child welfare and safety issues must have a basis in best-practice models and research and not be based solely on the most recent tragedy and/or require the review of trusted organizations.

8. Mandating DCFS hotline calls in any domestic violence case in which a child under age "x" is present or in the home.

9. Focusing on requirements for initial and ongoing training for any mandated reporter, rather than adding more professions to the mandated reporter list.

10. Requiring best practice training on the various aspects of child abuse for judges and Assistant State's Attorneys who handle child abuse cases.
11. Requiring that any hospital with a trauma center have a child protective team or have a consulting relationship with a hospital who does, and have minimum standards/protocols around how to handle injuries of children that may be indicative of child abuse.
12. Requiring MDT training for any entity that is involved in child abuse investigations.

Two important pieces of Illinois legislation which task force members provided education and input into the language and content were passed by both chambers in June 2014 and signed into law. These are HB 5990 which amends the Children's Advocacy Centers Act and an amendment to Senate Bill 3217 The Abused / Neglected Child Multidisciplinary Task Force Act.

Last year, task force member Ms. Billie Larkin, Executive Director of the CACs of Illinois, formed a workgroup of Illinois experts, including several Children's Justice

Task Force members, to consider how the Children's Advocacy Center Act can better reflect the changing nature of the field and offer continued support for growth

Legislation was proposed and passed in HB 5990 which updates the Children's Advocacy Act to accurately reflect how Children's Advocacy Centers in Illinois operate and should be created today. The changes include:

- Changing CAC'S target population for just child sexual abuse to child maltreatment
- Defining the core functions, responsibilities and standards for CAC's in responding to reports of child maltreatment and serving children and their families as consistent with the NCA standards.
- Updating how CAC Advisory Boards should be formed and how they function to govern the operation of CACs and their multidisciplinary partnerships.
    - Adding and defining the responsibility of the Children's advocacy Centers of Illinois (CACI), the state chapter for CACs in Illinois.

Recommendation 9 from 2012: *Legislation should be enacted that specifically allows for state-based funding of Children's Advocacy Centers and that stipulates the attainment and maintenance of specific standards for continuation funding beyond a 5 year start-up phase.*

An important second piece of legislation which passed is the amendment to Senate Bill 3217. The existing legislation mandated the creation of a new task force to make recommendations on the multidisciplinary team approach to child abuse investigations. This bill appeared to be duplicative of the work of the existing Illinois Children's Justice Task Force so several task force members educated legislators on the mandated work of the Illinois Children's Justice Task Force and their ability to draft the report based upon their existing multidisciplinary expertise in the MDT process. The current amendment designates the Illinois Children's Justice Task Force as the entity to explore, research, and develop recommendations on a multi-disciplinary team approach for the investigation of reports of abuse or neglect of children under the age of 18. The legislation also instructs the Task Force to submit a report to the general assembly by March 1, 2015 regarding, but not limited to, recommendations for a statewide multidisciplinary approach to child abuse or neglect investigations. Under this legislation, The Department would continue to provide administrative support to the task force through the current Children's Justice Task Force Administrator, although with no extra funds provided.

Currently, there is an amendment to this legislation, Senate Bill 721, to change the date of the final report submission from March 1, 2015 until January 31, 2016. This proposed extension is needed and reasonable to allow the task force sufficient time to research and develop a comprehensive MDT model for the state.

Recommendations 1, 4 and 6 from 2012 *all pertain to reinforcing the multidisciplinary approach to child abuse investigations.*

The task force was also given the opportunity to have input into the revisions of the important DCFS Procedures 300 governing child abuse investigations. These policies had not been revised in several years. Task Force member Dr. Jill Glick, Medical Director Child Protective Services at Comer Children's hospital , reviewed the entire medical policies and suggested revisions, many of which were included in the final policy document.

The task force heard a presentation at their March 2015 meeting by DCFS top child protection management staff regarding the revised online mandated reporter training. The task force viewed the online training and made the suggestion, which was adopted, to make the link to the online mandated reporter training more visible and therefore more easily accessible.

J. Task Force and Grant Operations

Administration of the Children's Justice Act Grant and the Children's Justice Task Force is coordinated under the Division of Policy and Advocacy, Ms. Carolyn Ross, Deputy Director. Ms. Deanna Large is the Chief of the Policy Division. Ms. Mary Dreiser, MSW, is the Task Force Administrator and provides technical support for the Task Force and oversees the Children's Justice spending plan and three university medical contracts funded by Children's Justice. Ms. Dreiser has 25 years experience in administering federal grants and has coordinated several government task forces.

This was a very active and productive year for The Illinois Children's Justice Task Force. In addition to their planned activities, the task force assumed responsibility for two new major projects: the required three-year federal statewide needs assessment and the drafting of a report to the Illinois General Assembly regarding a model MDT structure for child abuse serious harms investigations. The Chair of the task force added a drop box for task force members to access which includes all relevant task force documents, meetings minutes, etc. to help organize the wealth of materials that task force members require access to. The task force uses teleconferences, in – person meetings and e-mails to communicate on a regular basis. Meeting format includes quarterly meeting, subcommittee teleconferences and in-person small work groups.

Quarterly Task Force Meetings: The task force convened four in-person quarterly statewide meetings on June 2014 in Bloomington, Illinois: September 4, 2014 in Springfield, Illinois; December 10, 2014 in Chicago Illinois; and March 5, 2015 in Bloomington, Illinois The agendas for these meetings are included in the Appendix **C.** In addition, as detailed earlier in this chapter, three subcommittees met regularly throughout the year in a teleconference format: the needs assessment, the MDT General Assembly Report and the MDT training academy committee. The MDT General Assembly Report committee also conducted three in-person all-day work sessions.

The task force requested that it be a priority to meet with the Department's Director at least annually in order to open up dialogue regarding their recommendations and implementation for policy and practice. Unfortunately, DCFS had multiple directors during a short time frame which made it difficult to accomplish this. However, the task force did meet with then Acting Director Denise Gonzales at their March 2014 meeting in Chicago to discuss the Department's response to their Citizen Review Panel recommendations. The director was very responsive to the task force recommendations and concerns. Now that acting director George Sheldon has come onboard, the task force will schedule a meeting date during one of their quarterly meetings.

New Task Force Member: The Task force added one new judge this year, as per the request from federal project officer Catherine Luby during last year's application review. Retired Juvenile Court Judge Stephen G. Sawyer was approved by then DCFS Acting Director Bobbie Gregg. Judge Sawyer brings a wealth of judicial experience to the task force having served for 22 years as juvenile court judge, and he is a strong advocate for the rights of abused children. Judge Sawyer also brings geographic diversity by representing the needs of Southern Illinois. (Refer to task force member profiles in Appendix A).

In March of 2014, there were eight (8) new members approved by the director and appointed to the Children's Justice Task Force. Six vacancies occurred as a result of term expirations for three long term members who served consecutive terms of 8 years a piece and for three members who resigned due to other time commitment conflicts. The retirement of the three longer term members represented a loss of leadership and experience. However, the new members replacing them represent considerable expertise and bring new energy to the table. The three longest serving task force members recommended their replacements on the task force and all overlapped one meeting with their respective replacements to help with the transition.

The new areas of representation last year included sexual offenders, dually involved youth and a former DCFS ward who is an adult survivor of abuse. Although there was formerly representation of adult survivors of child abuse, there has never been a DCFS former ward on the task force. The addition of this person will bring a youthful perspective and direct experience with the DCFS substitute care system. The Representation of homeless youth is now being provided by the Director of the Chicago Night Ministry, a youth homeless shelter. In addition, we gained geographic diversity with member representation from Quincy – Western Illinois and Glen Carbon - downstate Illinois. At this point in time, we are excited to have a dynamic and diverse group of 28 task force members. Although many members were new to the task force last year, this past year the group coalesced to work on the several new required projects and are working together smoothly and productively.

The task force continues to be guided by a very strong slate of officers who have served the past two years and who are eligible for re-election this year. Ms. Char Rivette, Executive Director of the Chicago CAC, is chair; Ruth Lane, Executive Director of ICASA, is vice-chair; and Ms. Jamie Frye, DCFS Legal, is secretary. Elected committee chairpersons are: Jamie Friye for Legal and Legislative; Dr. Jill Glick for Health, Mental Health and Disabilities; and Don Rose for Coordinated Investigation and Case Handling.

Revision of By-Laws: This year, the task force voted to revise their By-Laws regarding the terms of the officers. It was decided that one-year terms were not sufficient given the multiple-year tasks required of the task force. In addition, the task force wanted continuity in their chair as they undertake the general assembly report due January 31, 2016. The By-Laws were changed to reflect officer terms of two years instead of one year, renewable for another two-year term. These revisions in officer terms show the commitment of the task force members to their responsibilities**.** (Refer to by-Laws in Appendix B).

Citizen Review Panels: In November of 2014, an all- day informational meeting was organized by the DCFS state CAPTA lead Regina Young. Because the Children's Justice Task Force was designated a Citizen Review Panel in 1999, three task force members attended the training. The key note speaker was Blake Jones, a leading national authority on Citizen Review Panels who has provided technical assistance to over thirty states and hosted many national conferences. This was the first training on the Citizens Review Panels in many years, and it provided an important opportunity for the task force members to clarify their roles, learn the history of Citizen Review Panels and network with the other Citizen Review Panel members. As a follow-up to this informational day, two task force members Jamie Friye, DCFS Legal and Ruth Lane, Children's Justice Vice-Chair and Executive Director of ICASA, attended the National Citizen Review Panel Conference on May 18 – 20, 2015 in Portland Oregon. This conference was entitled: "People, Programs & Performance: Piecing Together Successful Citizen review Panels." They will bring back information to the task force members as a whole regarding their roles as Citizen Review Panel.

The Task Force finalized their Citizen Review Panel recommendations for 2015 at the June 15, 2014 quarterly task force meeting. These recommendations will be included within the Citizen Review Panel 2014 federal Report and will be discussed with the DCFS Acting Director George Sheldon at a later date.

Compliance with Open Meetings Act: In 2014, then DCFS Acting Director, Bobbie Gregg, requested that all her advisory groups, including the Children's Justice Task Force, be in compliance with the Open Meetings Act. As a result, all task force members were required to take the online Open Meetings Act training last spring to receive training certification. Our vice-chair, Ruth Lane, was named as the Open Meetings Act Officer to ensure compliance with the act. The task force continues to be in compliance with the Open Meetings Act through posting of the quarterly

meeting dates, the agendas, and by designating a portion of the quarterly meetings for public comments.

Annual Grantee's Meeting: Char Rivette, Chair, Mary Dreiser, Task Force Administrator, and James Craven, DCFS task force member all attended the required grantees meeting in New Orleans in April 2014.

Illinois Budget Crisis: The CJ Task Force continues to be watchful of the Illinois budget crisis and how this is affecting both DCFS and its partner agencies. This year, there is a new Illinois Governor, Bruce Rauner, who has proposed cutting some areas of service for DCFS The appropriation from State General Revenue that is used to fund the Children's Advocacy Centers remains quite stable, but the FY 2014 budget supported minimal expansion of services. Long-term solutions to the budget crisis remain elusive, although the increase in the state tax rate has brought in some needed revenues. Budget concerns will continue to be important for Task Force consideration in SFY 2016.

K. DCFS Human Trafficking Training

Since 2012 DCFS has funded a human trafficking coordinator position to oversee training for DCFS staff and the private sector agencies. From May 2014 to the present, 262 DCFS and private agency staff completed the online training which focused on the commercial exploitation of DCFS youth in care and the child abuse and neglect human trafficking allegations 40/90.

On May 20, 2014, DCFS announced a new campaign to make the public aware of the ills of human trafficking, joined by federal and county partners. A compelling brochure entitled "Our children are not for sale" was produced to educate the public about what is human trafficking, who the victims are and what the potential indicators of trafficking are, who can be a pimp and why victims don't see help. (Refer to Appendix E).

In addition, in February 2015, DCFS provided in-person training to 250 residential, group homes and shelter staff. The training focused on the commercial sexual exploitation of DCFS youth in care. In addition to basic human trafficking training, the course included a "train the trainer" model of the "Youth Are Not for Sale" prevention curriculum for youth in care. This curriculum provides youth with human trafficking education to build the protective factors and resiliencies of youth to deter methods of human traffickers and hopefully prevent the commercial sexual exploitation of children. The Children's Justice Task Force will collaborate with DCFS to fund additional trainings next year. (Refer to Activities to be funded chapter Three.)

L. Expended Children's Justice Funds

.

CJA Funds Expended
May 1, 2014 – April 30, 2015

****Children's Advocacy Centers**	$215,636.00
Medical Resource Centers	$356,023.00
Forensic Interviewing Training Workshops	$ 11,544.00
Conferences/Trainings:	
• CASA	$ 3,999.92
• Champions of Children	$ 11,409.05
• Downstate Conference on Child Abuse	$ 8,180.97
• McClean County Conference preplanning	$ 3,800.00
Total Trainings:	**$ 27,389.94**
MDT statewide conference planning & online tool	$ 20,000.00
Statewide Needs Assessment Research Firm:	$ 10,000.00
Task Force Members Travel & Meeting Expenses (DCFS and Non-DCFS staff)	$ 16,499.07
CJA Administrator's Travel including federal conference	$ 3,311.21
Total Expenditures:	**$660,403.22**

****For FY15, all 9 CACs were funded at their full level. In FY16, per agreement with the federal project officer, six of the CACs will no longer be funded through Children's Justice for ongoing development activities. The funding for these six CACs will be assumed by CAPTA funds.**

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

FUNDING APPLICATION

FEDERAL FISCAL YEAR 2015

CHAPTER THREE

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

Illinois Children's Justice Act Grant

ACTIVITIES TO BE FUNDED IN ILLINOIS

Federal Fiscal Year 2015

The spending plan proposed in this section relates to projects identified within the context of recommendations made by the Illinois Children's Justice Task Force in May 2012 following a process of comprehensive review. The Illinois Children's Justice Task Force together with the DCFS Division of Policy and Advocacy identified specific activities for receipt of Children's Justice funding. During the upcoming state fiscal year beginning in July 2015, the Task Force will continue to meet and to make suggestions on implementation strategies that will best accomplish the goals and objectives listed with these recommendations. The Task Force will finalize their 2015 three year recommendations by September 30, 2015 and use those recommendations to guide future funding, training and policies. The Task Force provides a unique forum that is useful in establishing multidisciplinary and inter-agency approaches to project development and implementation.

During this past year, the task force members expressed an interest in funding new areas such as education on deaths related to rollovers, additional trainings, system reform in human trafficking issues, and funding a comprehensive statewide needs assessment through an independent entity as the basis for the next three years funding and policy recommendations. In order to accomplish this, funding will be decreased from some current funding obligations. This past year, the task force administrator worked with mangers from the DCFS Division of Policy and Advocacy, DCFS budget and the State CAPTA lead to coordinate the funding of some of its projects/programs so that there will be additional funds for emerging needs in Children's Justice. It has been proposed but not yet finalized that CAPTA funding will be used to replace the Children's Justice Funding for the 6 CAC's funded for start-up and development costs. These six CAC's were given notice late last summer regarding the possibility of the transitioning of their funding to another funding stream.

In some circumstances, the funding projections made in this application may undergo minor changes to reflect the way in which activities develop and evolve to meet the needs of the Department of Children and Family Services and the children it serves. Projects funded through Children's Justice use a collaborative approach, and specific activities are adopted with the understanding that they may complement or expand concepts initiated by other DCFS divisions, other state human service departments, and community-based agencies. This collaborative framework permits Children's Justice to contribute to a network of child protection services for abused and neglected children in every region of the state.

Programs described in this funding application are related to one or more of the Task Force recommendations. At the beginning of each funding proposal, the appropriate recommendation (s) will be cited. As explained in the Introductory

Section where the Children's Justice 2012 recommendations are presented, all of the recommendations have undergone a thorough review and priority ranking process which reflects current needs identified by the Illinois Children's Justice Task Force. Some of the projects are built upon successful activities that have been funded and developed by DCFS and Children's Justice during previous years. Other projects support wholly new directions and new ventures that will be initiated in upcoming years. All projects have been designed to produce measurable outcomes or provide specific information that will effectively advance the Task Force's commitment to justice for children.

The projected Children's Justice Grant allocation for Illinois in FFY 2014 is $626,101.00

SECTION A. Activities focusing upon investigative, administrative and judicial handling of cases of abuse and neglect, particularly child sexual abuse and exploitation, as well as cases involving suspected child maltreatment related fatalities and cases involving a potential combination of jurisdictions in a manner which reduces additional child trauma and assures fairness to the accused.

Program 1. GEOGRAPHIC EXPANSION OF CHILDREN'S ADVOCACY CENTERS

2012 Recommendation: *Every county in Illinois must be served by a Children's Advocacy Center. DCFS must increase the funding available and provide organizational support so that all children in the state have access to the coordinated investigative services of an accredited Children's Advocacy Center.*

2012 Recommendation: *DCFS must reinforce the multidisciplinary approach to investigations of child sexual abuse and serious physical abuse and find methods to improve communication and collaboration between the disciplines involved. Training should be provided that focuses on review of protocols, monthly case review staffing, and initiation of a peer review process for forensic interviewing.*

Activities

- Continue to provide funding for the geographic expansion of three CAC's.
- Provide educational opportunities and resources to encourage Children's Advocacy Centers in Illinois to become fully accredited.
- Establish protocols and working agreements with law enforcement and State's attorneys to better define the involvement of CACs in the investigation of serious physical abuse cases and human trafficking/sexual exploitation cases.
- Work with Children's Advocacy Centers to develop:
  1. Additional expertise in forensic interviewing,
  2. Advocacy and crisis intervention for victims and families,
  3. Specialized mental health and medical services for victims,
  4. Inter-disciplinary team building and role-specific education and peer support.

Project Cost

1. *Technical assistance, education, and support for Children's Advocacy Centers*, particularly as this relates to geographic and service expansion,

implementation of revised multidisciplinary protocols and teamwork practices, and quality assurance standards leading to accreditation by the National Children's Alliance.

- Technical Assistance to and Expansion of CAC geographic coverage: $26,764

TOTAL COST **$26,764**

Estimated Individuals Served: The Children's Advocacy Center programs will provide services to approximately 30 children per geographic expansion, and a comparable number of family members/caregivers. The CAC programs serve sexually or physically abused children and their families with investigation coordination, advocacy services, court tracking services, and medical and mental health linkages.

Objectives:

- Utilize best practice approaches for effective multidisciplinary planning and team response to the needs of children involved in child abuse investigations.
- Obtain more complete and accurate information from the alleged victim, perpetrator, and family members to facilitate delivery of services, court action, and criminal prosecution.
- Increase communication and case review processes across professional disciplines.
- Improve access to child-appropriate interviewing locations and forensically trained interviewers.
- Improve specialized intervention services available to children and family members.
- Improve opportunities for appropriate court action and involvement to protect children and families from future harm.

Results Expected: Investigators from all disciplines will be trained to work efficiently and effectively within a multidisciplinary setting to assure the best possible outcomes for children who are sexually or physically abused. Children's Advocacy Centers with well-trained personnel will offer focused, specially-designed services to children and families so that trauma is reduced, communication is facilitated, and individual needs (including those for medical or mental health services) are addressed in a thorough and professional manner. The services are child friendly and family focused but also based on forensic principles in order to provide a fair assessment for those accused. During the funding year, the funded programs will continue their accreditation status in the National Children's Alliance or become accredited as required by their Department contract as of FY14.

Program 2. MULTIDISCIPLINARY TRAINING FOR INVESTIGATIVE, ADMINISTRATIVE AND JUDICIAL IMPROVEMENT

2012 Recommendation: *DCFS must provide additional funding to recruit qualified persons and enhance the professional training of frontline investigators, caseworkers, and supervisors who are assigned to work with child and families experiencing severe sexual or physical abuse and involved with the criminal court system.*

2012 Recommendation: *All DCFS child protection investigators and supervisors and all law enforcement officers working in coordination with a Children's Advocacy Center must be trained in a nationally recognized forensic interviewing curriculum. DCFS should plan for the incorporation of a forensic interviewing curriculum model into its training program for all investigative staff regardless of their assignment to a child advocacy center.*

Activities

1. Provide joint training for DCFS and Law Enforcement to improve coordinated team investigations of child sexual abuse and child physical abuse cases. The training will focus on:
    - Training in forensic interviewing of children, including training to work with children who have disabilities and special language needs;
    - Risk assessment screening, history of medical and mental health, tracking of family violence/illegal drugs in order to assess children's risk of injury;
    - Medical examination, documentation, and photos to develop protocols and intervention approaches for cases of serious physical abuse;
    - Teamwork enhancement, case review, and peer review.
2. Provide training and support to medical and mental health providers, and assist in recruiting additional professionals to the field of child abuse and neglect intervention.
3. Provide education on serious child physical abuse, neglect, and fatalities to support the work of DCFS front line staff and law enforcement investigators.
4. Develop training opportunities for investigators, treatment providers, and the courts to work constructively with juvenile sex offenders so that intervention within a family may lead to justice for all parties, healing for those abused, and intervention services to assure that families are properly assessed, treated, and monitored for recovery from abuse and neglect.

Project Cost:

1*. Support of multidisciplinary skill-building workshops* using innovative curricula developed by DCFS and its partners, particularly the *Finding Words Illinois* forensic interview training. Finding Words training is coordinated in Illinois by the Children's Advocacy Centers of Illinois and the annual seminar usually enrolls about 35 total participants. Participants must apply to attend the training as part of a team of professionals.

- Tuition assistance for 1 Finding Words Seminar (5-days)
  DCFS child protection specialists and law enforcement officers
  15 participants 15 staff @ $400 = $6,000

- Travel assistance for Finding Words Illinois 10 staff @ $600 = $6,000

2. *Support of Regional Child Abuse Conferences* that provide investigative and administrative training for multidisciplinary teams and a variety of personnel involved in assisting children and family members with abuse related trauma, special medical and mental health needs, advocacy services, and court preparation. Children's Justice has a history of supporting a Downstate Conference on Child Abuse and has also assisted for 6 years with the Champions of Children Conference held this year in suburban DuPage County. This latter training is accessible to Cook County, the northern region of the state and parts of the central region of Illinois. The conferences currently occur on an annual basis, and each conference enrolls about 150 -250 multidisciplinary participants from a throughout the state. DCFS anticipates that the number of participants will continue to grow.

Children's Justice would like to target some conference offerings to specific groups involved with the courts, especially GALs, CASA volunteers, State's attorneys, and Judges. These offerings will vary, but will likely include support for the statewide CASA Conference and some partnering with the Judicial Circuits or the Administrative Office of Illinois Courts.

One new conference to provide partial funding for in FY16 is the Child Protection Network CAC September 25, 2015 conference in Bloomington. This conference will feature two nationally known speakers Cordelia Anderson and Patty Wetterling who will provide a full day of training on issues related to child abuse including crimes against children, child abuse/maltreatment/abduction investigation and the impact of child pornography.

- Regional Child Abuse and Neglect Conferences (Southern/Central; Cook/Northern/Central) for child protection staff and investigative teams and court and CASA trainings.

Champion of Children Conference: tuition, lodging and partial speaker fees	$ 15,000
Downstate Conference on Child Abuse: registration, lodging and partial speaker fees	$ 15,000
Child Protection Network CAC, speaker fees	$ 3,000
Illinois CASA Statewide Conference	$ 6,000
Kids, Courts and Schools Conference	$ 1,000

Training Total: $52,000.00
(includes forensic training #1 also)

Estimated Individuals Served: The skill-building forensic interviewing training is an intensive seminar with limited attendance. It is designed to serve investigators who

work for DCFS and law enforcement and handle child abuse investigations on a daily basis. The funding in this application will allow for the attendance of 15 experienced staff to receive 36 hours of training in developing the special skills required of a forensic interviewer.

The Regional Conferences have a broader focus and are projected to involve about 200 participants for each of 3 conferences, a total of more than 600. Partnerships will be encouraged to promote increased funding for the conferences. This results in a more active attendance from a wide variety of professionals and disciplines who work with victims of child abuse and neglect. This year, we increased the number of Department staff who attended the Downstate Conference and paid for the one night hotel expenses which facilitated their attendance due to the considerable travel distance required for some participants.

Objectives:

- Train personnel in state-of-the-art investigation and interviewing techniques.
- Train investigators in problem-solving and team building techniques.
- Encourage coordination of information, thorough investigation, and the use of forensically-based services to abused children.
- Reduction of child maltreatment and child death by increased knowledge of risk factors and more thorough investigative approach.
- Knowledge of child development and child trauma issues that affect children's service needs, permanency goals, and court involvement.
- Better inter-agency communication for child abuse investigation, court processes, and needed access to services within the community or the region.

Results Expected: A broad spectrum of professionals working in the field of child protection (investigation, administration, judicial) will participate in training that prepares them to work more effectively together to benefit the victims of child abuse, particularly those who have been sexually abused or sexually exploited and those who have suffered serious physical maltreatment. DCFS will forge partnerships with related state agencies, professional groups, and community providers to offer high quality training and educational opportunities.

Working with children's advocacy centers, medical and mental health resource centers, judicial circuits, and recognized experts within each discipline, DCFS staff will benefit from varied training venues that provide for the growth of individual competencies and the building of professional communication and teamwork. The focus of all training will continue to enhance the capacity for prompt, thorough case handling and court action to minimize trauma to victims in cases of child abuse and neglect. An improved understanding of risk, service needs, and permanency options will be available to DCFS and courts when the case is first investigated.

SECTION B. Activities involving experimental, model, and demonstration programs for testing innovative approaches to improve the prompt and successful resolution of civil and criminal court proceedings and enhance the judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases, including court appointed special advocates and guardians ad litem, and which also ensure procedural fairness to the accused.

Program 3. MODELS FOR MEDICAL and MENTAL HEALTH RESOURCE CONSULTATION and TRAINING

2012 Recommendation: Illinois must expand and continue to enhance the development of regionally-based child protection medical centers to provide effective leadership, training, diagnosis, and care for abused and neglected children. Additional medical centers must be developed within regions of the state that are underserved.

2012 Recommendation: DCFS must develop regional resource networks of mental health providers who are educated and experienced in working with victims of sexual abuse. This resource network would be modeled upon the medical resource networks operating in Illinois and would offer professional training, peer review, and consultation to community providers.

2012 Recommendation:
Activities

- Develop and support specialized medical resource centers and medical networks working in conjunction with DCFS, law enforcement and Children's Advocacy Centers to provide forensic evaluation of child abuse victims.
- Develop hospital-based local child protection teams to work closely with DCFS, community agencies, and regional resource centers/networks to promote child abuse awareness and reporting.
- Promote specialized training and education for medical professionals on child abuse and neglect recognition, assessment, treatment and court testimony; support the consistent use of state-of-the-art technologies and equipment.
- Promote the establishment of regional networks of medical and mental health providers who will work together and provide peer support and training for outreach to abused children, their families, and foster parents.

Illinois has developed four medical resource centers to serve the state's abused and neglected children. The projects have been accomplished in partnership with many other resources, including the contributions of hospitals, universities, children's advocacy centers, other state departments, and dedicated communities and individuals.

The plan for FFY 15 represents an approach that will expand certain features of the existing medical resource centers while gradually transitioning the projects to a new level of organization and support from local and state government, the state university system, and community agencies. The emphasis will be on training and education and the investment of all partners in working for the services that children

need in order to minimize trauma and recover from abuse. Mental health services will be more directly integrated with medical and health services so that children and families have access to treatment specialists as they move from investigation to court proceedings to long-term support. There will be an exploration of new regional resources, satellite clinics/hospitals, community child protection teams, evidence-based treatment and assessment, learning collaboratives, and peer support.

Project Cost: ***1. Support of community outreach, professional training, and peer networking for medical resource centers.*** The medical resource center serving the Southern region of Illinois will continue to work on a number of educational and training activities related to Children's Justice recommendations. There will be 3 - 4 training seminars during FY 2015 for DCFS staff, law enforcement officers, and Children's Advocacy Centers as well as court personnel. The focus will be on physical abuse and the creating of better linkages between Illinois physicians and out-of-state hospital personnel who often make reports to DCFS on injured and maltreated children who are referred to their emergency rooms.

The Children's Medical Resource Network will also host one medical seminar for the medical and mental health professionals in its network, stressing information that is focused on sexual abuse, physical abuse, and neglect. The Children's Medical Resource Network (CMRN) will also continue to develop a pediatric residency training in child abuse that will be coordinated with other residency programs through the SIU School of Medicine. Pediatric medical residents will be on working in partnership with other agencies like DCFS, law enforcement and child advocacy centers to keep children safe. Underserved communities in rural parts of the state will be targeted for particular outreach activities. As appropriate to the local area, this outreach will include:

- Education and peer networking of physicians and medical professionals
- Formation of hospital-based child protection teams incorporating members of multidisciplinary investigative teams and children's advocacy centers
- Coordination of medical and mental health consultation to meet crisis needs of child victims and families; continuity of care to assure follow-up and recovery from injuries
- Case review and child fatality review with DCFS and Law Enforcement
- Preparation of cases for court and for DCFS appeal hearings

The Medical Resource Center at Southern Illinois University's funding will remain at last year's level with the same consistent staff funding.

Medical Resource Center, Southern Region (Southern Illinois University-Anna)		
Medical Director (physician), partial	1 @ $107,000	=$107,000
Medical social worker, partial	1 @ $15,000	=$ 15,000
Secretary	1 @ $25,000	=$ 25,000
Program payroll taxes & fringe benefits	25%	=$ 36,750
Professional outreach and training/hospitals		$ 5,184

Subtotal $188,934

2. *Continuing development of a new medical resource center for community outreach, professional training and peer networking.* This will expand the services available through the MERIT (Medical Evaluation Response Initiative Team) medical resource center for service to the Northern region of Illinois. MERIT is located in Rockford and involves a collaboration of 3 community hospitals, the University of Illinois College of Medicine at Rockford, and the community-based Carrie Lynn Children's Center. The model of operation will be similar to that of the Central Region Pediatric Resource Center and the Chicago MPEEC program and will focus on coordination of medical services to children victimized by sexual abuse, serious physical abuse, and neglect. MERIT has been very involved in local education and awareness, and will continue to broaden its reach through networking and targeted professional training. Training seminars will be offered for DCFS staff, law enforcement, courts, and children's advocacy centers on 2-3 occasions during the fiscal year. This Northern Region MERIT resource center will develop:

- Professional training for physicians, nurses, and hospital medical staff
- Coordination with CACs, DCFS investigators, and law enforcement
- Risk assessment, thorough examination, and mandated reporting
- Court testimony and appeal testimony to support DCFS investigative findings
- Linkages with area hospitals and clinics
- Mandated reporter training and child abuse reporting.

Merit's funding will remain at last year's funding level with the same consistent staff funding.

Medical Resource Center, Northern Region	
Medical Director (physician),	1 @ $60,000 = $60,000
Advanced Practice Nurse/medical trainer	1 @ $19,100 = $19,100
Patient Case Coordinator partial	$20,900 = 20,900

Subtotal $100,000

3. ***Support for development of Child Protection Teams.*** DCFS will continue to promote hospital network programs around the state. The main goal is to increase communication between hospital medical staff, DCFS child protection staff, law enforcement, and children's advocacy centers. As the hospital networking programs become more established, some of the larger hospitals will be encouraged to form child protection review teams for ongoing education of a multidisciplinary team of hospital staff, law enforcement officers, and DCFS workers investigating abuse injuries. The review teams will be eligible to apply for mini-grants to support continuing education.

4. ***Support for mentoring and operation of the Illinois Medical Network, preparation of a framework for Illinois state funding for regional resource centers, and development of a Mental Health Directory.*** The Pediatric Resource Center has continued to develop its program for abused and neglected children into a model that offers many valuable resources to the central region of the state as well as to the newer medical resource centers in the northern and southern regions of Illinois. The Pediatric Resource Center will develop additional outreach that will provide mentoring to other physicians and medical providers, assist with the preparation of documents designed to analyze and publicize the status of medical care for abused and neglected children throughout the state.

The Pediatric Resource Center's funding will remain at last year's funding level with the same consistent staff funding.

Pediatric Resource center

• Medical Director, partial	$14,000
• Executive Director, partial	$30,000
• Advanced Nurse Practitioner, partial	$ 5,000
• Senior Case Coordinator	$13,200
• Training & transportation	$ 8,691
Subtotal	**$ 70,891**
MEDICAL AND MENTAL HEALTH MODEL TOTAL	**$359,825**

Estimated Individuals Served: Each of the regional medical resource centers have a history of impacting about 250-350 children annually, for a total of approximately 900 seriously injured, abused or neglected children. The hospital networks and child protection teams are expected to formally review and analyze about 20-25 cases on an annual basis (they will probably serve a much higher number) which means that about 60 cases will be examined for educational purposes. The final numbers will vary depending on the extent to which medical provider networks, community hospital systems, university medical programs, and child advocacy center teams are networked with each resource center or hospital. The medical resource centers will also impact a number of parents, foster/adoptive parents, investigators from DCFS and law enforcement, mental health providers and court personnel through their follow-up activities to assure that children get the best and most thorough consideration as they traverse the child welfare, medical, mental health, and legal systems. All of the medical centers and hospitals serve clients with direct medical examination and treatment based on funds received from other sources such as Medicaid, patient insurance, hospital in-kind, state tax revenues, or university foundations/sponsors.

Based upon research conducted by the National Association of Children's Hospitals (NACHRI), the Illinois medical model will work towards a structure and staffing that incorporates several levels of child maltreatment intervention, specifically a number of "basic" programs that report child abuse and refer serious cases to "advanced" programs that, in turn, are guided by "centers of excellence" which employ specialized medical and mental health experts for services to abused and neglected children. The funding assigned to the medical model will particularly include consultation and special services for developmentally disabled children or those with medical conditions that put them at high risk of abuse, i.e. children with low birth weight, failure to thrive, mental retardation, cerebral palsy, exposure to substances.

Objectives:

- Increased knowledge of medical personnel to report, assess, and treat child abuse,
- Increased availability of specialized resources to provide high quality services to abused children, especially those with disabilities or developmental issues,
- Continuity of care, more individual follow-up, increased linkage to mental health intervention and family support,
- Increased coordination and communication of investigative team; decreased trauma to children and families as they come into contact with the child protection system,
- Improvement in numbers of serious child abuse offenses that can be indicated with DCFS or charged and prosecuted through the justice system,
- Increase in medical experts qualified to give court testimony in child abuse cases.

Results Expected: The Medical Resource Centers and hospital networking programs will increase the number of cases that receive high quality assessment, treatment, and forensic evaluation such that the prosecution of cases in criminal or civil court can be handled fairly and expeditiously and child abuse victims can be protected from further maltreatment and trauma.

Program 4. MULTIDISCIPLINARY TRAINING ACADEMY

2012 Recommendation: In coordination with other agencies and disciplines involved in the multidisciplinary approach to investigation, DCFS should develop a training academy or training program which effectively defines the roles of child protection, law enforcement, prosecutors, judges, doctors, mental health practitioners, and child advocates in the investigation and treatment of child sexual abuse and child physical abuse cases. This training approach should make use of available technology and electronic resources in order to assure the constant availability of training to new staff in the field.

2012 Recommendation: DCFS must provide additional funding to recruit qualified persons and enhance the professional training of frontline investigators, caseworkers, and supervisors who are assigned to work with children and families experiencing severe sexual or physical abuse and involved with the criminal court system.

2012 Recommendation: DCFS must reinforce the multidisciplinary approach to investigations of child sexual abuse and serious physical abuse and find methods to improve communication and collaboration between the disciplines involved. Training should be provided that focuses on review of protocols, monthly case review staffing, and initiation of a peer review process for forensic interviewing.

Activities

The Multidisciplinary Training Academy task force subcommittee met four times outside of the quarterly task force meetings to plan and to prioritize their activities for FFY15. It was noted that the Midwest Regional CAC is working with the state of Illinois to assess CAC needs for MDT orientation materials and training; therefore, we would not need to duplicate this effort. The following three projects were proposed and presented to the task force at the March 21, 2014 quarterly meeting in Chicago. The MDT Coordinator position was not funded by DCFS, and the position is "on hold." The other two projects are continuing into FFY15.

The development of an online tool (brochure) for CAC's and MDT members describing the team process, requirements and expectations of the team members and recommendations for evidence-based practices was approved by the task force as a whole and work started in FFY14. The tool will be housed at the existing Childrens Advocacy Centers of Illinois (CACI)) website and can be downloaded and customized by any CAC or team member. Cathy Crabtree, an independent training consultant for CACs nationally was hired to develop this online MDT tool. It is projected that the development of this tool will be complete by June 2015.

Work on the development of a three year train-the-trainers model for a targeted group of MDT members started in FFY14 and will continue into FFY15. Although the initial preference was to start the training in Cook County due to the higher number of child abuse victims served in that area and the cluster of CACs, southern Illinois was chosen for the first training scheduled in August. The southern region of the state does not always receive as much training as needed and the CACs in this area was prepared to implement this training in the first round. The first training is scheduled for August, with other regions on the state to follow throughout the year. We are pleased to report that we will collaborate with CAPTA to help fund this three year project.

The core components of this multi-disciplinary training will include:

- An overview of the MDT/CAC model. (How and why it evolved as the gold standard for child abuse investigation, intervention and prosecution;
- Understanding the unique cultures within the various professional disciplines on the team;
- Employing effective communication strategies;
- Understanding varying conflict-management styles;
- Resolving conflict;
- Effective models for team case review and collaborative decision-making;
- Managing change and transition;
- Understanding and working with resistance to change;
- and building a positive team environment.

The objectives of this multi-disciplinary team training are as follows**:**

- Gain a better understanding of how and why the MDT/CAC evolved and knowledge of intended outcomes for this model;
- Learn how other MDT's are structured; share successful strategies for effective coordinated efforts;
- Develop specific skill sets for effective coordination of all investigative and intervention activities so as to ensure more successful outcomes for children;
- Develop skills for healthy, effective conflict management among MDT members;
- Cultivate a shared approach to inevitable change and resulting transition that MDTs inherently face;
- Identify and cultivate potential team leaders within the various disciplines;
- Assess the strengths and challenges of their respective teams
- And develop an action plan of the next steps to be taken to further the development and sustainability of the MDT/CAC model.

Project Costs:

1. ***Support for the development of an online MDT tool/training brochure****.* The task force endorsed this concept at their quarterly March 21, 2014 meeting in Chicago. The costs would include the development and printing of a brochure and minimal website hosting fees at CACI.

2. ***Support for the development of a train-the-trainers model for a targeted group of MDT members****.* The costs would partially fund *a* trainer and 3 facilitators to train CAC teams throughout the state. The training would be conducted for 3.5 days in every location and would include a pre- survey to assess the training level of the participants. The costs of the trainer and facilitator and travel costs would be funded through a collaboration with CAPTA funds. This project would not be possible without the additional funds from CAPTA.

3. **Support for the funding of an MDT Coordinator housed and supervised at The Children's Advocacy Centers of Illinois.** This proposal for a fulltime position was submitted to the Department for funding by CACI and was not approved at that time. The task force did not endorse the full funding of this position out of Children's Justice funds since the costs would then have to be annualized and would be a continuing expense in subsequent years. Since the task force is charged by the general assembly with writing an MDT report, this proposed position could be expanded upon and recommended in that report.

Training Academy continued:

- Development of online MDT tool for website: $ 5,000
  (website fees, development & printing of brochure)
- Partial funding of a nationally recognized MDT trainer $10,000

Additional funding through CAPTA	($30,000)
TRAINING ACADEMY TOTAL	**$15,000**

Estimated Individuals Served: The train-the-trainer program will initially train approximately 35 child abuse professionals per training who will then become the trainers and as a result, the numbers of staff trained will grow exponentially.

Results Expected: The project will initiate the development of educational resources such as the MDT training tool to assist the professionals involved in the day to day investigation of child abuse. It will improve the collaboration of agencies at administrative and training levels and assist the quality of appropriate intervention from DCFS, law enforcement, and Children's Advocacy Centers for victims and their families and caretakers.

Program 5. MDT Report to the Illinois General Assembly

2012 Recommendation: *DCFS must reinforce the multidisciplinary approach to investigations of child sexual abuse and serious physical abuse and stress improved collaboration between disciplines. Communication should focus on a regular review of protocols, monthly case review staffing and a peer review process for forensic interviewing.*

To recap, in August, 2014, then Illinois Governor Pat Quinn signed into law the amendment to Senate Bill 3217. This legislation charged the Illinois Children's Justice Task Force with the "exploration, research, and development of recommendations on a multidisciplinary team approach for the investigation of reports of abuse or neglect of children under the age of 18."

The legislation further stated that the Illinois Children's Justice Task Force shall submit a report to the General Assembly by March 1, 2015, regarding, but not limited to, its recommendations for a statewide multidisciplinary approach to child abuse or neglect investigations. The Department was directed to continue to provide support to the task force through the Department's Children's Justice Grant Manager. Currently an amendment is pending to extend the deadline for this report until January 30, 2016.

Currently, there is an amendment to this legislation, Senate Bill 721, to change the date of the final report submission from March 1, 2015 until January 31, 2016. This proposed extension is reasonable to allow the task force sufficient time to research and develop a comprehensive MDT model for the state.

DCFS and the task force members are pleased with this charge and the far reaching implications that such a report would offer. To help meet this charge, the task force created a MDT General Assembly Report committee composed of 17 members including two non-task force members to provide additional expertise in law enforcement and the courts.

In FFY15, the work on this report to the General Assembly will continue towards meeting the January 30, 2016 deadline. We will continue to utilize the expert services of the DCFS Senior Policy Advisor to draft the report in conjunction with the Task Force members and the services of the Project Researcher from the Juvenile Protection Association. The main tasks will be data collection and analysis and research regarding national and international MDT models towards the development of a statewide MDT model. The format for the work will continue to be bimonthly teleconferences with the task force subcommittee, small work group meetings for drafting and larger discussion meetings with the full task force.

Project costs:

Support for this report will include funds for the Project Researcher from Juvenile Protection Agency. Much of the work will continue to be provided in-kind through the DCFS Children's Justice Administrator, the DCFS Senior Policy Advisory, the DCFS Associate Deputy of The Office of Information and Technology and the Children's Justice Task Force members.

MDT Report to General Assembly:

- PhD Research consultant $15,000.00
- In kind contributions from DCFS staff: Senior Policy Advisor, Task Force Administrator and Task Force Members

Total MDT Report $15,000.00

Program 6: Human Trafficking Training

Although this is not one of the 2012 Task Force recommendations, the task force is aware that the current Administration has increased its attention to the issues of Human Trafficking, with a focus on the intersection of trafficking and child welfare. Exploitation is mentioned in Section 107 of CAPTA, and CJA Task Forces have directed funds to address exploitation and trafficking. Consequently, Illinois has proposed funding, for the first time out of Children's Justice funds, human trafficking training in 2015 under the supervisor of the DCFS Human Trafficking Coordinator.

Specifically, the proposal is for sex trafficking training for DCFS clinicians and private mental health providers. This training will address the distinct and significant needs of victims of trafficking. Services will be culturally appropriate, trauma informed and based on individualized care. Although existing service providers are familiar with trauma informed care, the trauma of sex trafficking may present differently than other types of trauma. Trafficked youth can be uncooperative, in denial that they were abused and adamant that it was their choice to participate in human trafficking. Their hardened outer shell, combined with substantial sexual trauma, makes victims uniquely challenging to provide services to.

DCFS will contract with the Salvation Army Family and Community Services in Chicago to provide this training. This agency currently provides intensive case management and support to survivors of human trafficking in Northern Illinois; training to law enforcement and community-based organizations and crisis intervention services through a 24-hour hotline available both to potential victims of trafficking and key community partners who are making referrals.

The Salvations Army will provide the following services in this proposed training plan:

- Collaborate with DCFS to enhance and expand their existing curriculum
- Develop an evaluation tool for the training
- Identify and recruit service providers to attend the training
- Conduct sex trafficking training with DCFS service providers and private agencies

The outcomes of the training will include:

- Increasing the capacity of providers to identify and provide services to victims of human trafficking
- Increasing the capacity of service providers to identify risk facts that could lead to sex trafficking and to provide services to prevent trafficking
- Develop a coordinated network of contracted service providers to deliver services and to support youth in care who are victims of human trafficking
- Decrease the percentage of recidivism among trafficked youth in care

Project costs:

Support for this program will include funding a half time trafficking specialist to focus on the provision of training and a program manager to coordinate curriculum development and training coordination. In addition, it is anticipated that equipment including a laptop, projector and speakers will be purchased for use in the trainings.

Human Trafficking Training:

- Contract with Salvation Army to provide training $50,000.00

Total training $50,000.00

Program 7. New Grants

In FY16, the 6 CAC's funded for development services will no longer be funded. As mentioned previously, through an agreement with the CAPTA state lead, CAPTA funds will replace the Children's Justice funding for these CACs. This frees up some funds, for the first time in many years, to be used for new projects and emerging needs as is

consistent with the new three year task force recommendations and the Department's vision and goals. One of the new projects identified to be funded is the human trafficking training, program 6. The task force has charged its needs assessment committee with developing guidelines for new proposals/projects. While these new projects have not yet been identified, they will be projects which fall within the Children's Justice funding guidelines and projects which help implement the 2015 task force three year recommendations. Most probably, these will be projects which will not be annualized so that there is always a pool of funds available for emerging needs.

Total New Grants costs: $75,000.00

Program 8. Formulation and Finalization of Three Year Recommendations

Per agreement with our federal project officer, the three year recommendations will be finalized by the task force and included in the final Needs Assessment Report by October 30, 2015. The initial statewide survey has already been conducted by C +R Research, Inc. and the results reported to the task force. An interim needs assessment report in included in Chapter 4 of this report and the complete data from C + r Research is included in Appendix D. The task force will meet during their June and September quarterly meetings to finalize their new three year recommendations using the statewide survey data, the 2012 recommendations, their recommendations as a member of the Citizen Review Panels, and their own extensive professional experience as providers of services to abuse and neglect victims.

SECTION C. Activities designed for the reform of State laws, ordinances, regulations, and procedures to provide comprehensive protection for children from abuse, particularly sexual abuse and exploitation, while ensuring fairness to all affected persons.

The activities under this section are pursued utilizing in-house staff and resources from the Department of Children and Family Services, the designated Children's Justice Administrator, and the members of the Children's Justice Task Force. The task force continues to work closely with Meryl Paniak, J.D., M.S.W. in the Department's legal and legislative affairs to keep abreast of current legislation and to make legislative recommendations.

Please refer to recommendations numbered 10-12 for a description of the proposed activities. Each of the CJA funded programs identified in this grant application (Sections A & B) have goals and objectives that directly facilitate procedural change and that will encourage DCFS administrators and planning specialists to pursue policy changes and legislative responses. Recommendations #10 and #11 are specifically related to legislative and policy changes that are already being addressed, to a certain extent, in the expansion of Children's Advocacy Centers and the ongoing development of Medical Resource Centers, Hospital Liaison Programs, and Child Protection Review Teams.

This last year, the task force provided input into the revision of important DCFS child protection Procedures 300 – Reports of Child Abuse and Neglect. The purpose of these procedures is to define the intervention process when a report or referral is received from the community expressing concerns that a child is or may be maltreated, and the Department's response to these concerns. In addition, our medical task force members reviewed and provided input into the medical protocols in Procedures 300. These procedures have far reaching implications and govern the child protection practices at DCFS.

Through the direction of task force member Billie Larkin, who is also the Executive Director of the Children's Advocacy Centers of Illinois, task force members had input into the legislative revisions of the Children's Advocacy Centers Act, House Bill 5990. In addition, with the anticipated passage of Senate Bill 3217, the task force will be charged with making statewide recommendations on MDT to the Illinois General Assembly.

This year, the task force will draft and finalize a report to the Illinois General Assembly regarding the development of a statewide MDT model for serious abuse investigations. This report will have far reaching implications and will certainly help to reform state laws, regulations and policies regarding best practices for serious harms investigations and treatment.

SECTION D. Support for Task Force Operations and Project Administration related to implementation of the Children's Justice Comprehensive Recommendations.

This 2015 application requests funds to support the ongoing operation of the Children's Justice Task Force. The State of Illinois has supported the continuous existence of the Children's Justice Task Force since it was formed in May, l989. The Task Force members volunteer not only their recommendations but also their advisory expertise and their professional affiliations to assist in implementing many of the activities of this grant.

As in the past, the proposed budget does not include salary or benefits for a Children's Justice Administrator. The position of Children's Justice Administrator will continue to be paid from the CAPTA funds.

The proposed budget includes continuation funding for a PhD researcher to provide research and data analysis for the legislatively mandated MDT report to the Illinois General Assembly. (The legislation, although charging the Illinois Children's Justice task force with this task, did not provide additional funds.) The researcher's task is work which is beyond the scope and expertise of the task force members who themselves are busy professionals. The majority of this report work is being provided in-kind through the DCFS Senior Policy Advisor who is charged with drafting the report; the DCFS Task Force Administrator who will coordinate the overall work and

the task force members who will provide their considerable expertise to design a statewide MDT model.

In addition, the task force budget includes the travel costs for the task force administrator, task force chair, and one task force member to attend the required annual grantees meeting and the costs for one task force member to attend the annual Citizen Review Panel conference. The travel costs for the task force members to attend quarterly and subcommittee meetings remains at the same higher level from last year due to the increased travel required to attend the additional MDT General Assembly Report meetings.

Task Force Operational Costs:

- Children's Justice Grant Administrator (Salary and Fringes paid from CAPTA grant appropriation)
- Travel Out of State to Annual CJA Grantees Meeting for Administrator, Task Force Chair and one members and travel to annual Citizens Review Conference for one task force member (4 @ $1200) $4,800
- In-state staff travel for administrator $1,712
- Expenses for Task Force meetings including travel to meetings to conduct business and working lunches for all day meetings $16,000
- Expenses for consultant/research assistant for MDT Report to Illinois General Assembly $15,000

Total Operational costs $37,512

Awareness of and linkage to the CFSP and APSR:

The task force will devote a portion of one of their FY15 quarterly meetings to a review of DCFS's Child and Family Services Plan (CFSP) and this year's Annual Progress and Services Report (APSR). One format for this may be to have the Deputy Director of Quality Assurance who is responsible for coordinating and organizing the reports present to the task force on the key components of the report. In this way, the members will become familiar with the overall vision and goals of the Department and will be able to support those goals in their task force work.

The Children's Justice Task Force Administrator has reviewed the 2010 – 2014 and the 2015-2019 CFSP including the federal feedback to Illinois. In addition, the administrator has contributed to portions of the CFSP and APSR in the past while assigned to the Safe and Stable Families Federal Grant. It is clear that the mission,

vision, and goals of the Department are clearly in line with the work and recommendations of the Children's Justice task force.

The task force already collaborates with significant elements of the Department's CFSP and APRSR. For example, the CAC's, supported by the task force, are an important component of the child and family continuum of care endorsed by the Department.

In addition, the Children's Justice Task Force collaborates in three areas with CAPTA to fund the Children's Justice Administrator position; to assume funding for six CAC's formerly funded to Children's Justice; and to provide additional funding for the task force proposed MDT statewide training. The state CAPTA lead is also a regular participant in the quarterly task force meetings. The Task Force looks forward to collaborating further with the Department's goals in the near future.

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES
CHILDREN'S JUSTICE ACT GRANT
SUMMARY OF REQUESTED GRANT FUNDING FFY 2015

Program 1: Geographic Expansion of Children's Advocacy Centers $ 26,764

- Geographic expansion of existing Children's Advocacy Centers

Program 2: Multidisciplinary Training for Investigative, Administrative and Judicial Improvement $ 52,000

- Forensic Skill Building Workshops ($12,000 35 staff in small groups)
- Regional Child Abuse Conferences ($30,000) 80 DCFS staff
- Kids, Courts and School ($1000)
- Illinois CASA Statewide Conference ($6,000)
- Child Protection Network CAC Conference ($3000)

Program 3: Models for Medical and Mental Health Resource Consultation and Training $ 359,825

- Regional Medical Resource Centers and Consultation Networks (2) ($288,934)
- Statewide Medical Mentoring, Resource Planning, Peer Consultation, ($70 891)

Program 4: Multidisciplinary Training Academy $ 15,000

- Partial funding for train-the-trainers model (Collaboration with CAPTA to fund $30,000 towards statewide training costs)

Program 5: MDT Report to Illinois General Assembly $(see T.F.)
(Expenses for Project Researcher included in Task Force Operations)

Program 6: Human Trafficking Training – New Proposal $ 50,000

Program 7: New Grants $ 85,000

Task Force Operations and Administration $ 37,512

- Out of State Travel for Grantees Meeting & Citizen Review Panel ($4,800)
- In-state travel for Administrator ($1,712)
- Travel and meeting expenses for task force members ($16,000)
- Consultant to help draft MDT report for Illinois General Assembly($15,000)

TOTAL GRANT AMOUNT $626,101

ILLINOIS CHILDREN'S JUSTICE TASK FORCE

INTERIM THREE YEAR STATEWIDE NEEDS ASSESSMENT REPORT

FEDERAL FISCAL YEAR 2015

The 2012 Needs Assessment was led by Cheryl Peterson, the Children's Justice Administrator for twenty years at the Department. The full report of that needs assessment is included in Chapter Two of the 2015 Annual Report and Grant Application. Until the 2015 recommendations are finalized, the task force is operating under the 2012 recommendations.

Upon Cheryl Peterson's retirement, the Task Force Administrator duties were assumed by Mary Dreiser, who led the 2015 needs assessment with the assistance of the task force chair and the task force members. There was an agreement with Catherine Luby, our federal project officer, that because Illinois was using a third party research firm to help conduct the needs assessment, the actual recommendations could follow after May 29, 2015 and be submitted before September 30, 2015. The research firm needed additional time to conduct the statewide surveys and compile the final report resulting in insufficient time for the task force recommendations to be finalized by May 29, 2015 for the Annual Report. Therefore, this is an interim report detailing the qualitative and quantitative phases of the survey, with the actual task force recommendations to follow at a later date.

The thinking and discussion that supported this needs assessment survey method actually began at the New Orleans Annual Conference, which the task force administrator and the task force chairperson attended. At that conference, there was considerable discussion by individual states concerning the need to be more data driven in their needs assessment process. It was also emphasized that states needed to do more than "take the temperature" of the room as far as only including their own task force members in the surveys. Illinois was influenced by these discussions.

During the summer of 2014, the task force analyzed the task ahead and their resources to complete this task. At that time, the task force administrator, task force chairperson, and approximately one third of the task force members, due to term limits, were all relatively new. It was decided that a statewide needs assessment presented an opportune project to work together on; to coalesce as a new group; and an excellent" jumping off" point to guide the task forces' future work.

Knowing that we wanted, as an end result, a very thorough needs assessment, the task force voted to engage a third party research firm to conduct our statewide survey. While the task force members have extensive experience in their respective fields, there is a natural tendency to have "tunnel vision" when viewing the overall picture. The task force chair approached C + R Research in Chicago who had done previous work for her agency. Because of their commitment to this agency, C + R Research submitted a proposal to conduct the surveys with a minimal charge and proposed doing most of the work pro bono.

C + R Research is a Chicago based response research firm. It was founded in 1959 by Dr. Saul Ben-Zeev who pioneered in-depth interviewing, later knows as focus groups. The business is devoted to accurate and insightful quantitative research. In 2012 and 2013, C + R research was named the "best full service market research provider." They were rated #1 for overall customer satisfaction, data quality, analytical insights and diversity of techniques. The task force was fortunate to have this high quality expertise to conduct their statewide needs assessment.

In September, a 13 member needs assessment committee was appointed from the task force which also included addition outside experts who were not task force members. Although a research firm was hired to do the actual online surveys, the task force committee did a considerable amount of work which will be detailed in this report. Because " too many cooks can spoil the broth", just the task force chair and the task force administrator met with the outside research firm on an ongoing basis, in person and in teleconferences, and then shared the information with the task force members. These meetings with the research firm occurred bi-weekly during the project start-up to assure we were all on the same page and to assure that all the preliminary work was completed by the deadlines to enable the phase one and phase two surveys to "go live" by the scheduled dates. The task force needs assessment subcommittee met twice in person at the quarterly task force meetings and conducted 5 additional teleconferences.

The actual statewide survey was structured in two parts with a qualitative and a quantitative survey component. The survey reports from C + R Research are included in their entirety in Appendix Section D. Phase One, the qualitative component, functioned as the brainstorming portion of the survey. The purpose of this phase was to brainstorm potential improvements and outline the needs that would be quantified in the second survey phase.

In Phase One, the task force members and a few outside experts from human trafficking, the court system and the area of prevention participated in a three day online bulletin board survey from November 11 through November 14. (Although the task force does not fund prevention activities, they wanted to include experts from that area to see what needs would be identified.) The total sample size was 26 invitees with 20 participants actually completing the survey.

For this first phase, the task force needs assessment committee identified the following 8 areas to survey. Within these 8 categories, the survey participants were asked to identify what is working well and the top areas for improvement.

- child physical abuse,
- child neglect,
- child fatality cases,
- child sexual abuse cases,
- problematic sexual behavior cases,
- Juvenile human trafficking cases.
- Juvenile probation cases,
- and the prevention of child abuse.

After the three day online survey, C + R Research compiled at 54 page transcript of all the survey responses, which was provided to the task force. In addition, they provided a written summary by the 8 identified categories of the top areas identified for improvement and the areas within those categories that were working well.

The needs assessment task force subcommittee then reviewed the identified areas that were working well by category and top areas for improvement by category from the Phase One survey, the 2012 recommendations that had not been implemented, and the recommendations of the task force from their 2014 Citizen Review Panel Report to the DCFS Director. In addition,

the 54 page transcript of the survey responses was reviewed to see if there was any information not captured in the top identified areas of need. The final list of needs included 60 recommendations for improvement. Upon the advice of the C + R Research, this list was culled to 50 recommendations by combining similar identified needs.

Phase Two of the survey was the quantitative online survey. The purpose of this phase was to quantify/rank the importance of the identified 50 areas of improvements. Participants were asked to rank the identified needs per category according to the most important and the least important. It is important to note that when the results were tabulated, sexual abuse was identified 4 times in the top 10 needs.

The nine categories of need surveyed included:

- overall system change
- child physical abuse
- child sexual abuse
- problematic sexual behavior
- juvenile probation
- child neglect
- child fatality
- sex trafficking
- prevention

In preparation for this survey, the task force members provided statewide mailing lists from their respective area of expertise, e.g., mental health, law enforcement, legal, law enforcement, children's advocacy centers, etc. The e-mail lists totaled 9,091 individuals who were invited to participate in the survey. Some of the organizations and agencies surveyed included:

- DCFS staff from child protection, intact families, legal, and Area administrators
- Child Death Review Team
- Association for the Treatment of Sexual Abusers
- Comer Children's Hospital at the University of Chicago
- Illinois CASA
- Illinois Chapter of American Academy of Pediatrics
- Illinois Collaboration on Youth
- Illinois Trauma Coalition
- Children's Advocacy Centers
- State's Attorneys from Cook, Ford, Kane, Kendell, Lake and Lee Counties
- 11th circuit judges
- Judges from DeKalb, Kane, Kendell, Lake, Macon and Will Counties
- The South Suburban Association of Chiefs of Police

When soliciting e-mail addresses from organizations, a disclaimer was issued that C + R Research would not use the information for any other purpose than to conduct the research outlined in their proposal. In addition the information would not be shared with any third party without prior written permission.

One of the disciplines in which it was difficult to obtain e-mail lists was judicial because additional approval was needed for the release of that information, and because there is no systematic statewide listing of judicial e-mails. One of the lessons learned was that it would have been better to start the collection of these mailing lists much earlier than we had been scheduled so that any obstacles could have been overcome.

The actual online survey took 15 minutes to complete and was user friendly. The field dates for the survey were January 16 – February 9, 2015. E-mail reminders were issued throughout that time period to those participants who had not yet responded.

The total sample size of respondents included 554 multidisciplinary professionals with the average length of service in the field being 10 years. All but 2% of the respondents were residing in Illinois. The 2% who were not in Illinois, had practiced in Illinois. The vast majority of the respondents had come into contract with cases of child neglect, child physical abuse and child sexual abuse within the last five years. The highest percentage, 8.6% of the respondents had contact with child neglect cases. On average, respondents had exposure to 4 – 5 different types of cases. However, fever than 3 in 10 had exposure to juvenile sex trafficking cases, and only 2 in 5 had exposure to cases involving child fatalities.

The response rate of 6.1% is considered to be very good. The typical response rate is usually 1 – 2 %. The incentive that was offered to participate in the survey was that all participants would receive a one page summary of the results. Because the group surveyed are committed to this issue of improvement for child abuse victims, this incentive was meaningful for the survey participants.

At the end of the survey period, C + Research compiled a final report for the Quantitative Summary Phase. The 50 identified improvement areas were ranked based on a utility score. A max diff exercise was used to determine the relative importance via utility scores for each identified improvement. The MaxDiff scaling involves showing respondents varying groups of statements, and asking them which one is the most and least important. Unlike standard ratings, MaxDiff scaling can better discriminate among multiple items by avoiding the constant high/low raters. Due to the fact that respondents are asked to make choices rather than expressing strength of preference/importance, there is no scale use bias.

The task force needs assessment committee reviewed the Quantitative Phase report and requested a ranking of the 9 categories based on each category's utility score to ascertain if any of the categories were disproportionately represented. This information is included in the one page summary document.

The top ten improvement areas identified by the respondents are as follows:

- Create a system in which all victims of child sexual abuse have access to timely and free evidence-informed mental health treatment.
- Create a more effective statewide network of mental health providers – ensuring access to any traumatized child and their families.
- Increase access to DCFS Intact Family Services for child physical abuse cases following the investigation phase to aid in the prevention of repeat maltreatment.
- Require the use of specially trained DCFS investigators and law enforcement to work collaboratively to investigate child sexual abuse.
- Ensure that all children with alleged sexual abuse have access to specialized child sexual abuse physical examinations.
- Redesign the investigative system to require immediate scene investigation during the initial 24 hour mandate period in response to serious physical abuse allegations.
- Ensure there is state-based funding of Children's Advocacy Centers so that all areas of the state have access to the Centers' Services.
- Require specialization of investigators in DCFS law enforcement, State's Attorneys, judges, to work on child abuse cases.
- Identify and provide resources to parents who are at risk of harming their children.
- Require the use of a Children's Advocacy Center multidisciplinary approach for the handling of all child sexual abuse cases.

The respondents were also asked to identify issues with the criminal and civil court systems. The majority of the participants (70%) had noticed some issues with the **criminal court system** that could use improvement. However, issues with the civil court systems were less prevalent at 42%. The common themes among the recommended improvements to the criminal court system included education, communication of systems, the focus on punishment over treatment, lack of consistency and the trend towards longer/harsher sentencing. Common themes for improvements in the **civil court system** include education, the focus on divorce or reuniting the family rather than a focus on the child's best interest, insufficient consideration/respect for the impact of trauma, and a system that is difficult to navigate.

As mentioned previously, a one page summary report was developed and sent to all the survey participants. This summary sheet includes the top 10 improvement areas based on their utility score; the rank order of the nine categories surveyed; several salient quotes from the participants by category, and the percentage ranking of the professions surveyed. The mental health field was the field most represented with a 22% response rate.

The next steps are as follows. During their June and September quarterly task force meetings, the task force members will meet in their three assigned subcommittees - health/mental health/disabilities; coordinated investigations/case handling; and legal/legislative and court issues. Each committee will propose their three year recommendations which will be finalized and voted upon by the whole task force.

The following data will be used to assist the task force members in finalizing their recommendations: the previous 12 recommendations from 2012; the Citizen Review Panel 2014

recommendations to the DCFS director; the report from C + R Research which includes the ranking of the 50 identified needs by the statewide survey participants; and the actual experience and expertise of the task force members themselves. As agreed, the final Three-Year Needs Assessment Report with the task force three-year recommendations will be submitted to the Children's Bureau by September 30, 2015. Refer to the Appendix D for the actual data from C + R Research including the one page needs assessment summary and the final qualitative and quantitative data from the two phases of the statewide survey.

APPENDICES TO

ILLINOIS CHILDREN'S JUSTICE TASK FORCE REPORT AND APPLICATION 2015

A. Task Force Membership Profile
B. Task Force Revised Bylaws & Pending Legislation
C. Task Force Quarterly Meeting Agendas
D. Three Year Statewide Needs Assessment Summary Page, Quantitative and Qualitative Final Data
E. Illinois DCFS Human Trafficking Education Campaign
F. Illinois Children's Advocacy Centers Data
G. Conference and Training Information
H. Medical Meeting Agendas
I. Governor's Letter, Federal Application, Budget, and Lobbying Certification Document

APPENDICES to the ADDENDUM

Cover Letter to the Children's Justice Task Force Annual Report

Bruce Rauner
Governor

Illinois Department of
DCFS
Children & Family Services

George H. Sheldon
Acting Director

May 27, 2015

Ms. Catherine Luby
Child Welfare Program Specialist
Office on Child Abuse and Neglect, Children's Bureau
1250 Maryland Avenue, SW, 8th Floor
Washington, D.C. 20024

Dear Catherine,

We are pleased to submit the Illinois Children's Justice Task Force May 2015 Annual Report and Grant Application and Comprehensive Review of Recommendations. The Governor's letter designating the Illinois Department of Children and Family Services as the appropriate agency is included in Appendix I. We followed the same reporting format as in the last several years but included updates, sections on new activities, a revised budget and a chapter on the Interim Statewide Needs Assessment Report.

This last year was a very productive and activity filled year for the task force. The task force forged a stronger bond with its role as a Citizen Review Panel by having three task force members participate in an all-day information session on Citizen Review Panels and by sending two task force representatives to the Citizen Review Panel National Conference in Portland. The Director of DCFS also appointed a new member, a retired juvenile court judge from downstate Illinois, to the task force.

Although we will continue to fund many of the ongoing and successful programs and trainings of the past years, we are proposing several new projects. We will be able to fund new projects this year because we will no longer fund six CAC's for ongoing development activities. The funding for these six CACs will be replaced by CAPTA funding. The new projects include comprehensive human trafficking training for DCFS clinicians and private agencies, intensive "train the trainer" MDT statewide training, and the establishment of a new projects funds for emerging needs. A second collaboration with CAPTA will enable us to joint fund the MDT trainings.

In the coming year, the Task Force will complete their legislatively mandated report to the Illinois General Assembly regarding the development of a statewide model multidisciplinary team approach to the investigation of reports of serious harms and sexual abuse in children under the age of 18.

100 West Randolph, 6-100 • Chicago, Illinois 60601-3249
312-814-6800 • 312-814-8783 / TTY
www.DCFS.illinois.gov

As agreed upon, the task force will also finalize its three- year recommendations by October 31, 2015 based, in large part, upon the data received from a statewide needs assessment conducted by a third party Chicago research firm. These recommendations with guide the task force in their recommended policy reforms and training endeavors.

The task force looks forward to another productive year as we explore new funding areas and emerging needs consistent with the Department's vision and goals as stated in their CFSP and APSR.

As always, I welcome any questions or clarifications as needed. My work phone is 312-814-1433. Thank you for your continued assistance and support.

Mary Dreiser, MSW
Illinois Children's Justice Task Force Administrator