Illinois Department of
DCFS
Children & Family Services

Bruce Rauner, Governor
Cynthia L. Tate, Ph. D., Interim Director

Budget Briefing
FY 2016

Table of Contents

Letter from the Interim Director 3

Fund Summary & Program Group Funding 5

Fiscal Summary by Program Group 6

Protective Services 7
- State Central Registry/Child Abuse Hotline 7
- Investigative Services 8
- Children's Advocacy Centers 9

Family Maintenance 12
- Intact Family Services 12
- Prevention Services 13

Family Reunification 16
- Securing Permanency 19
- Institution & Group Homes 21
- Behavioral/Mental Health Services 22
- Daycare 23
- Health Care Network 23
- Preparing Youth for Adulthood 30

Supporting Adoption & Guardianship 33
- Adoption Permanency Services 33
- Adoption Preservation and Support 34

Accountability 36
- Licensing 39
- Monitoring 39
- Administrative Case Review 41

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Governor

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Cynthia L. Tate, Ph.D.
Interim Director

February 1, 2015

Honorable Members of the General Assembly:

Thank you for the opportunity to share with you the critical work of the Illinois Department of Children and Family Services.

We all owe a debt of gratitude to the more than 2,600 employees who together accomplished many things in 2014, including the reaccreditation of DCFS by the Council on Accreditation (COA), making DCFS one of only four state child welfare systems in the country to meet the council's stringent performance standards, and seeing the Fictive Kin Law signed by the Governor.

DCFS is also proud of the success of the "500 adoptions in 50 days project", in which we demonstrated the power of working collaboratively with other stakeholders in the child welfare system to bring permanency to children promptly.

In addition, DCFS launched the "You Are Not For Sale" human trafficking awareness and prevention media campaign to teach the public how to recognize and report this crime.

We are also excited for our expanded partnership with Casey Family Programs. With their resources and expertise, Casey will be an invaluable partner to DCFS in the coming months as we work to improve so that we can better serve the children and families of Illinois.

The year ahead presents unprecedented challenges for our department, but our employees are committed to fiscal responsibility while working diligently to implement reforms to help our youth in residential care and continuing to focus on permanent placement for the children in our care.

This budget reflects our commitment to getting results and measuring performance against established benchmarks. I thank all of you for your commitment to our children and families.

I look forward to working with you to keep Illinois one of the national leaders in child welfare.

Cynthia L. Tate, Ph.D.
Interim Director

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Fund Summary: Program Funding

Department of Children & Family Services

Fund Summary

($ in thousands)

	FY14 Expenditures	FY15 Approp.	FY16 Request	FY15-16 $ Change	FY15-16 % Change
All Funds - Total	1,129,142.4	1,181,621.7	1,033,780.8	-147,840.9	-12.5%
State Funds - sub-total	1,122,774.5	1,171,010.1	1,023,269.2	-147,740.9	-12.6%
General Revenue (GRF)	684,316.7	695,985.7	556,788.6	-139,197.1	-20.0%
DCFS Children's Services (CSF)	438,178.4	474,035.3	465,391.5	-8,643.8	-1.8%
DCFS Special Purpose Trust (SPT)	130.0	689.1	789.1	100.0	14.5%
Child Abuse Prevention (CAP)	149.4	300.0	300.0	0.0	0.0%
Federal Funds - sub-total	6,367.9	10,611.6	10,511.6	-100.0	-0.9%
DCFS Federal Projects (FPF)	6,367.9	10,611.6	10,511.6	-100.0	-0.9%

Program Group Funding

($ in thousands)

	FY14 Expenditures	FY15 Approp.	FY16 Request	FY15-16 $ Change	FY15-16 % Change
DCFS Program Group	1,129,142.4	1,181,621.7	1,033,780.8	-147,840.9	-12.5%
Protective Services	118,700.3	122,739.6	107,929.5	-14,810.1	-12.1%
Adoption & Guardianship	200,741.0	197,984.1	187,672.6	-10,311.5	-5.2%
Family Maintenance	45,613.8	55,532.4	54,343.4	-1,189.0	-2.1%
Family Reunification	707,543.0	751,282.2	634,828.1	-116,454.1	-15.5%
Accountability	56,544.4	54,083.5	49,007.3	-5,076.2	-9.4%

Fiscal Summary by Program

Department of Children & Family Services
FY2016 Budget Request

Fiscal Summary by Program Group
($ in thousands)

Program Group Program (Budgeting for Results)	FY14 Expend.	FY15 Approp.	FY16 Request	FY15-16 $ Change	FY15-16 % Change
Agency Total	1,129,142.4	1,181,621.7	1,033,780.8	(147,840.9)	-12.5%
Protective Services	118,700.3	122,739.6	107,929.5	(14,810.1)	-12.1%
Child Advocacy Centers	4,633.5	4,658.2	4,471.9	(186.3)	-4.0%
Investigative Services	98,149.2	101,807.4	89,334.2	(12,473.2)	-12.3%
State Central Registry	15,917.6	16,274.0	14,123.3	(2,150.6)	-13.2%
Adoption & Guardianship	200,741.0	197,984.1	187,672.6	(10,311.5)	-5.2%
Adoption & Guardianship	177,497.7	175,617.4	166,776.7	(8,840.7)	-5.0%
Adoption Preservation & Support	23,243.3	22,366.6	20,895.8	(1,470.8)	-6.6%
Family Maintenance	45,613.8	55,532.4	54,343.4	(1,189.0)	-2.1%
Intact Family Services	36,238.3	41,589.5	40,475.2	(1,114.2)	-2.7%
Prevention Services	9,375.5	13,942.9	13,868.1	(74.8)	-0.5%
Family Reunification	707,543.0	751,282.2	634,828.1	(116,454.1)	-15.5%
Behavioral & Mental Health	7,968.1	8,751.2	8,709.2	(42.0)	-0.5%
Day Care	30,166.8	30,456.5	30,263.3	(193.2)	-0.6%
Family Reunification & Sub. Care	424,205.7	450,794.1	411,454.0	(39,340.1)	-8.7%
Health Care Network	4,167.2	4,624.6	4,551.2	(73.4)	-1.6%
Institution & Group Home	231,368.5	244,912.0	173,250.0	(71,662.0)	-29.3%
Older Ward Transition	9,666.7	11,743.7	6,600.3	(5,143.4)	-43.8%
Accountability	56,544.4	54,083.5	49,007.3	(5,076.2)	-9.4%
Administrative Case Review	7,221.0	7,763.5	6,965.7	(797.8)	-10.3%
Licensing	37,009.5	34,794.7	31,587.9	(3,206.8)	-9.2%
Monitoring	12,313.8	11,525.3	10,453.7	(1,071.6)	-9.3%

Footnote: The Fiscal Summary by Program Group reflects total Department funds including proportional administrative support costs. Line item amounts detailed in subsequent tables reflect discrete appropriation line items. As a result, amounts here may differ, reflecting higher total program costs.

Protective Services

DCFS has the primary responsibility of protecting children through the investigation of suspected abuse or neglect by parents and other caregivers in a position of trust or authority over the child.

Whenever possible, DCFS provides services that enable at-risk children to remain safely at home. The Department's Intact Family Services program, Community-Based Child Abuse and Neglect Prevention programs, and Child Welfare Services Intake programs provide interventions to support families and ensure child safety while preventing the trauma of family disruption. In those situations where in-home services are not sufficient to ensure child safety, protective custody is taken. Permanency services and juvenile court involvement is accessed to assist the family in correcting conditions so children may be safely reunited with their families.

Critical Strategies

- Public education about the need to report abuse and neglect and other child abuse prevention campaigns;
- Fully staff front line positions in the hotline and in local child protection investigative units;
- Reengage 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.

Key Performance Benchmarks

- 94% of hotline calls are answered or a message has been taken;
- 100% of investigations are initiated within 24 hours;
- 88.7% of investigations are completed within 60 days.

State Central Registry

Protecting Illinois children begins at the State Central Registry. Trained child welfare staff are available 24 hours a day to respond to calls made to the Child Abuse Hotline. These call floor staff gather information about the family and screen calls to accurately assess a situation before determining if DCFS has legal authority to intervene on behalf of a child. In consultation with a supervisor, they research the DCFS database for prior contact with the family, review criminal history backgrounds, and review the allegation system. Once an investigation is accepted, call floor staff assign a response code based on severity of allegations to assist the field in determining how quickly a child must be seen and assessed. The child abuse/neglect report is electronically transmitted to the appropriate child protection team in local field offices. The State Central Registry is also responsible for sending final written notification of investigation findings and appeal rights to parents and other adult caregivers.

Key strategies for an effective front end response include:

- Answering calls quickly to prevent hang ups;
- Maintaining adequate information technology and phone system to support call floor activities;
- Fully staffing and filling front end vacancies.

Protective Services	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Hotline Calls	231,536	220,000	225,000	5,000	2.3%
Family Reports of Abuse/Neglect	67,747	65,250	66,380	1,130	1.7%
Child Reports of Abuse/Neglect	109,782	107,020	108,200	1,180	1.1%
Indicated Family Reports	19,112	19,350	19,580	230	1.2%
Indicated Child Victims	32,924	33,550	33,760	210	0.6%

When a call to the hotline does not meet criteria for an abuse/neglect investigation, call floor staff may assist the caller with community resource information, referral to law enforcement agencies, or transmit a child welfare service referral to local field offices for further assessment and linkage to community preventative services. Child Welfare Intake referrals and utilization of voluntary short term programs such as the Safe Families program, the Extended Family Services program, and our newly-revised Family Advocacy Centers reduce the number of children entering foster care settings.

Investigative Services

Investigation services are conducted by trained Investigation Specialists located at sites throughout the state. The Abused and Neglected Child Reporting Act (ANCRA) requires investigations to be initiated within 24 hours of the time the report is taken and the investigation to be completed within 60 days unless there is good cause to extend beyond that time period. The Investigation Specialist and their supervisor develop an investigative plan that incorporates necessary activities to ensure an immediate assessment of the safety of all children while also ensuring a timely determination of abuse or neglect based upon the specific circumstances.

All local office sites provide 24-hour coverage and the ability to respond to any reports of abuse and neglect and to ensure a timely assessment of safety, risk and service needs. A multi-disciplinary investigatory approach utilizing law enforcement, medical professionals and Investigation Specialists are utilized for serious harm, death, and sexual abuse investigations to minimize trauma to the children and their family. Utilizing community or agency resources, Investigation Specialists may arrange for services at the time the service need is identified.

Family situations assessed with immediate safety concerns may result in temporary protective custody and Juvenile Court involvement. The Investigation Specialist explores all reasonable alternatives to temporary protective custody and consults with the Child Protection Supervisor in advance of the critical decision to remove a child from their parents. When placement is necessary, efforts are made to place the child in an environment that supports the child's cultural identity, linguistic need and connections to their family and community. Placing siblings together is given special attention; children are placed in licensed foster care/kinship care homes or approved non-licensed kinship care homes.

Investigative Services ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
AFCARS/SACWIS Information System (CSF)	13,861.9	15,418.8	15,418.8	0.0	0.0%
Attorney General Rep. Child Welfare Litigation Issues (GRF)	136.8	474.0	474.0	0.0	0.0%
Child Death Review Teams (GRF)	102.1	106.4	106.4	0.0	0.0%
Family Centered Services Initiative (CSF)	15,086.8	16,489.7	16,489.7	0.0	0.0%
Total	29,187.6	32,488.9	32,488.9	0.0	0.0%

Children's Advocacy Centers

Children's Advocacy Centers (CACs) play a critical role in coordinating the various agencies involved in the investigation, prosecution and treatment of serious child abuse cases; especially DCFS, law enforcement, prosecutors, medical providers and mental health providers. CACs were created to meet the special needs of sexually abused children, but that role has expanded to assist with the investigation of child deaths, serious child physical abuse cases and other serious harms.

Some CACs also offer services to assist child victims of family violence, severe neglect, human trafficking and internet-based sexual exploitation. Thirty-seven (37) CACs across the state serve 92 of 102 Illinois counties. Thirty-two (32) centers are distributed across downstate, some serving multiple counties, while five are located in Cook County.

Child Advocacy Centers ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Children's Advocacy Centers (CSF)	1,397.8	1,398.2	1,398.2	0.0	0.0%
Children's Advocacy Centers (GRF)	1,942.3	1,942.3	1,942.3	0.0	0.0%
Total	3,340.1	3,340.5	3,340.5	0.0	0.0%

During FY2014 CACs conducted forensic interviews of more than 5,400 suspected child victims on behalf of DCFS and nearly 2,000 forensic interviews on behalf of law enforcement, leading to 1,856 substantiated DCFS investigations, over 1,750 arrests, and more than 3,100 referrals for

prosecution to local state's attorneys. Furthermore, the CACs provided approximately 3,185 specialized medical exams for evidence of abuse, including over 1,600 specialized sexual abuse exams.

Partnering to Combat Abuse

Although the Department is charged with the responsibility to care for and serve the families of Illinois, we are 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:

- **Combating Human Trafficking**
  In our efforts to guard our youth from the dangers of human trafficking, the Department has employed a human trafficking coordinator responsible for collaborating with the FBI, local Sheriffs, law enforcement, the Cook County Public Guardian, and university researchers. The Department has created statewide workforce training on how to engage and work with this specific group of vulnerable youth. In addition, two new allegations that address this type of abuse have been added to the child abuse allegation system as well as a tracking indicator to monitor these victimized wards.

- **Multidisciplinary Pediatric Education and Evaluation Consortium (MPEEC)**
  MPEEC primarily provides expert medical evaluations for abuse allegations of serious injuries of children under three, including bone fractures, internal injuries, head trauma, burns and bruising for children 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.

- **Engaging Experts to Prevent Child Deaths**
  Under Illinois law, the State's nine Child Death Review Teams (CDRT) review the death of DCFS wards, subjects of open service cases and pending abuse or neglect investigations, children who were subject of investigations 12 months preceding the death, and any other child whose death is reported to the State Central Register that is subsequently indicated for abuse or neglect. 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.

- **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 in Illinois and reduce infant mortality. This group is spearheaded by the US Department of Health and Human Services, Maternal Child Health Bureau (MCH). Over the course of eighteen months, Illinois will work with other states within the MCH Region Five to develop outcome goals and strategies that will reduce the incidence of infant deaths associated with unsafe sleep practices. Illinois Department of Children and Family Services staff participate in this team along with various governmental, medical, educational and private agencies across Illinois and the participating states of the MCH Region's Four and Six.

Family Maintenance & Prevention Services

The Department invests significant resources in the "front end" of the service delivery system to ensure safety of children in their biological families. Intact family services are voluntary services available to families who have been indicated for abuse or neglect. The Department partners with purchase of service agencies across the state to meet the needs of these intact family cases, although Department high risk intact staff remain available to work with the most difficult families. These interventions are developed to be short-term and intensive and are monitored by the Departments Intact Utilization Unit to ensure quality services and procedural compliance.

In addition, child abuse prevention requires that DCFS remain a strong partner in the community continuum that keeps kids 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 neglect occur. In doing so, DCFS aims to keep families intact as often as possible.

Critical Strategies

- Community-based programs to keep kids at home
- Permanency roundtables, waivers and enhancement projects

Key Performance Benchmarks

- 90% of clients receiving prevention services will not be the indicated subject of subsequent reports of abuse and neglect during the service period;
- 90% of the children who reside in the home at the time of a referral for services will remain unified;
- 50% of families served under the Extended Family Support Program will obtain private guardianship;
- 90% of families served intact will remain intact during the period of intact family service provision (excluding the first 30 days from the date of the transitional visit).

Intact Family Services

The Department maintains several programs that provide services to families in order to ensure children can remain in their homes safely. The largest of those programs is the Intact Family Services program.

The Intact Family Services program is designed to work with families voluntarily when they have come to the attention of the Department of Children and Family Services as a result of a referral from a child abuse/neglect investigation, or involuntarily when ordered by the court to provide services as defined in Procedure 302.388. Intact Family Services are meant to provide reasonable efforts to preserve families to enable children to remain safely at home and to avoid

separation and/or placement of the children. Primary components of this performance driven program include: a) professional assessment of family challenges that led to the Department's involvement; and b) provision of direct intervention and linkage to community services.

Families who are the subject of an indicated abuse/neglect investigation are assessed for service needs and may voluntarily agree to participate in intact family services. Families who are the subject of an unfounded abuse/neglect investigation may be considered for intact family services if community resources are unable to meet their needs.

Intact Family Services ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Family Preservation Services (CSF)	21,254.8	25,098.7	25,098.7	0.0	0.0%
Family Preservation Services (GRF)	1,646.7	2,192.4	2,192.4	0.0	0.0%
Total	22,901.4	27,291.1	27,291.1	0.0	0.0%

Family Maintenance	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Intact Family Caseload *	3,057	2,610	2,600	-10	-0.4%
Family Cases Closed	7,558	7,550	7,500	-50	-0.7%
Emergency Cash Assistance (Families Served)	2,438	2,400	2,400	0	0.0%
Housing Locator Services (Families Served)	1,085	1,200	1,200	0	0.0%

*Always-intact family cases served on the last day of the Fiscal Year.

Prevention Services

The Children and Family Services Act that created the Department, specifically designates DCFS as the single State agency for planning and coordination of child abuse and neglect prevention programs and services. In order to fulfill that mandate, the Department provides or funds several prevention services aimed at reducing risk factors that can lead to child abuse or neglect, while also promoting protective factors to ensure the well-being of children and families in Illinois.

Key prevention programs include:

- **Family Advocacy Centers**
  There are 18 Family Advocacy Centers (FACs) located in high need communities across the state with high incidence 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. The FACs 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, referral, and training services, centers may 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;
- Court ordered supervised child visitation for non-custodial parents.

In FY 2014, FACs reframed their efforts to specifically 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 take a prevention-focused, holistic approach that builds on families' existing strengths. In FY 2014, the centers transitioned from grant-based to fee-for-service funding, thus increasing the accountability of both the FACs and DCFS.

- **Public Education**
  The DCFS Division of Communication conducts ongoing efforts to connect parents and the public with prevention information. These efforts include the following initiatives:

  - 25,000 child abuse prevention posters were distributed throughout the state last April in partnership with businesses, nonprofits, law enforcement and churches for Child Abuse Prevention Month;
  - The "You Are Not Alone" campaign reaches 1.6 million students through public and private schools letting potential child victims know that help is available by calling the hotline;
  - The Safe Sleep Campaign targets parents to reduce the risk of Sudden Infant Death Syndrome;
  - The Water Safety Campaign reminds parents of safe practices to avoid accidental drowning.

- **Be Strong Families/Strengthening Families Illinois**
  Be Strong Families (BSF) is a 501(c)(3) organization working nationally to strengthen families from the inside out and to assist human service providers in working with families through strengths-based, family-centered, trauma-informed service models. Under contract with the Illinois Department of Children and Family Services, BSF builds protective factors with child-welfare involved families including: birth parents, foster parents, teen wards who are parents, young parents who recently aged out of the child welfare system, adoptive parents and families receiving in-home services from the child welfare system. BSF provides parent cafes and workshops for parents through Family Advocacy Centers, DCFS offices, the Teen Parent Services Network and other partners.

- **Extended Family Support Services**
  The Extended Family Support Program (EFSP) provides services to stabilize the home of a relative who has been caring for a relative's child for more than 14 days. The services aim to avoid involvement of the relative and child in the child welfare system. Services provided by EFSP include:
  - Help obtaining guardianship in the local probate court;
  - Help obtaining a child only grant, subsidized day care and other entitlements;
  - Help enrolling children in the school district where the relative caregiver lives;
  - Cash assistance for items needed to care for the child.

- **The Intact Family Recovery**
  This Intact Family Recovery (IFR) program provides an array of services to intact families opened to DCFS following the birth of a substance-exposed infant. The program currently serves Cook County. The comprehensive casework services include outreach, engagement, and case management coupled with child welfare services to families participating in the program. The program staff work with the families to assure child safety and keep the families intact while the parents participate in substance abuse treatment and recovery support. The IFR team also works to improve the family's parenting standards and child well-being measures, including health, education, and developmental milestones.

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

Prevention Services ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Cash Assist. and Housing Locator Service (CSF)	1,747.9	2,071.3	2,071.3	0.0	0.0%
Cash Assist. and Housing Locator Service (GRF)	1,047.9	1,343.9	1,343.9	0.0	0.0%
Child Abuse Prevention (CAP)	149.4	300.0	300.0	0.0	0.0%
Federal Child Protection Projects (FPF)	5,933.9	9,695.0	9,695.0	0.0	0.0%
Total	8,879.2	13,410.2	13,410.2	0.0	0.0%

Family Reunification

The major public policy discussion this spring concerns the future role DCFS will have regarding services provided to young adults (18 to 21 years of age) in preparing them for successful independence. The FY16 introduced budget has been reduced assuming the elimination of services to wards aged 18 and over. As a result of the financial crisis Illinois is facing, every expenditure of state funds must be carefully viewed through the lens of fiscal responsibility. It will be through that lens that the merit of these services will be assessed.

A key concern of DCFS has always been to ensure that youth who leave the foster care system have received sufficient preparation and support for their transition to independent living. The consequence of not adequately preparing youth is an increased likelihood of being homeless, incarcerated, unemployed, and unskilled. These circumstances can affect the long-term trajectory of a young person's life. Unsuccessful outcomes not only have a financial cost to society, but there are the very real human costs experienced by the young adults who find themselves overwhelmed, cut off and without resources. This situation is only made more complicated by youth who have experienced traumatic events and are more likely to have developmental, behavioral, and mental health challenges.

Because this discussion is so critical and the issues complicated, this budget book does not attempt to specify the impact of the budget reductions associated with eliminating the historical services provided to youth aged 18 and older. In addition, FY16 caseload numbers for substitute care have been omitted until a careful study can be completed and full impact can be assessed. It is known that if services are eliminated for youth aged 18 and over, on July 1, 2015 over 2,400 youth would be immediately impacted. In addition, the youth aged 17 who would be turning 18 during the year would also be impacted. The Department welcomes this public discussion and stands ready to assist as needed.

The primary goals of the Illinois Child Welfare system are to ensure child safety, provide permanency within a child sensitive timeframe, and insure the well-being of children served by the Department. While prevention efforts are a critical component of child welfare practice, there are times when the protection of children requires their removal from the home environment. An increased effort is being made to reunify families as quickly as safety permits after temporary protective custody is taken in these situations.

When remaining at home simply is not safe, DCFS strives to place children with a capable and loving relative, ideally in the same community so that children can maintain important social bonds with friends, school and other emotional anchors. When a relative is unavailable for a child's needs, we rely on a broad spectrum of licensed foster families and other placement programs to provide the care, nurturing and love they need and deserve until they can return home safely.

Consequently, DCFS relies on a strong foster parent and provider community to provide out-of-home placements and supports for children who cannot stay at home. These range from placements with relatives to higher-end congregate care settings for children and youth with significant behavioral management health needs. DCFS closely monitors agency outcomes to ensure that children have placement stability during their time in care and that they are able to achieve timely permanency.

Children in Paid Substitute Care						
	2010	2011	2012	2013	2014	2015 Est.
Paid Substitute Care	15,509	15,559	15,155	15,113	15,138	15,198
Total Foster Care	13,299	13,406	13,039	13,059	13,081	13,098
Home of Relative	6,150	6,216	6,137	6,218	6,320	6,350
Regular	4,132	4,191	4,019	4,040	4,094	4,174
Specialized	3,017	2,999	2,883	2,801	2,667	2,574
Total Residential	2,210	2,153	2,116	2,054	2,057	2,100
Institution & Group Home	1,273	1,275	1,241	1,175	1,200	1,215
Independent/Transitional	816	775	763	768	726	775
Shelters	121	103	112	111	131	110

Key Outcome Measures

- 90% of siblings in foster care are placed together, a key to emotional well-being;
- 87% of foster children placed in the last 12 months are in stable placements, with no more than one move, reducing trauma and increasing the likelihood of reunification or adoption;
- 90% of children have had required immunizations and well child exams;
- 85% of children will receive a crisis response within 90 minutes to assess need for psychiatric hospitalization;
- 49% of children will return home in 12 months.

A review of the Department's caseload is helpful in setting the context for any discussion regarding foster care or substitute care in general. During FY14, DCFS served an unduplicated count of 22,326 wards.

The point in time caseload on June 30, 2014 for all children and youth under DCFS guardianship, regardless of living arrangement was 17,748. For budget purposes, the point in time caseload on June 30, 2014 for all children and youth under DCFS care that were residing in a paid placement (excluding, for example, children returned home but still under DCFS guardianship pending court closure) was 15,138.

Family Reunification	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Children Reunified	2,026	1,932	2,114	182	9.4%
Pct. of Foster Children Reunified	15.5%	14.8%	16.1%	1.3%	8.8%
Child Cases Closed	5,602	5,610	5,610	0	0.0%
Department Foster Homes	1,697	1,626	1,630	4	0.2%

Family Reunification & Substitute Care

Family Reunification & Sub. Care ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Children's Personal and Physical Maintenance (CSF)	1,993.1	2,856.1	1,673.1	-1,183.0	-41.4%
Counseling and Auxiliary Services (CSF)	8,949.5	10,547.2	10,547.2	0.0	0.0%
Counseling and Auxiliary Services (GRF)	8,204.6	8,700.9	8,376.0	-324.9	-3.7%
County Reimbursement of Juvenile Justice Pilot Programs (CSF)	1,153.8	3,000.0	3,000.0	0.0	0.0%
Federal Child Welfare Projects (FPF)	434.0	916.6	816.6	-100.0	-10.9%
Foster Care and Adoption Care Training Services (CSF)	5,768.3	10,000.0	10,000.0	0.0	0.0%
Foster Care Initiative (CSF)	1,173.1	1,477.1	1,477.1	0.0	0.0%
Foster Care Initiative (GRF)	6,190.4	6,281.2	6,281.2	0.0	0.0%
Foster Homes and Spec. Foster Care (CSF)	167,460.4	170,924.1	166,640.7	-4,283.4	-2.5%
Foster Homes and Spec. Foster Care (GRF)	131,496.6	134,945.8	111,252.7	-23,693.1	-17.6%
Private Grants Child Welfare Improvements (SPT)	130.0	689.1	789.1	100.0	14.5%
SSI Reimbursement (CSF)	1,171.8	1,513.3	1,513.3	0.0	0.0%
Targeted Case Management (GRF)	9,907.2	9,907.7	9,907.7	0.0	0.0%
Title IV-E Reimbursement Enhancement (CSF)	3,228.7	4,228.8	4,228.8	0.0	0.0%
Tort Claims (CSF)	2,105.2	2,800.0	2,800.0	0.0	0.0%
Tort Claims (GRF)	34.1	75.0	75.0	0.0	0.0%
Total	349,400.7	368,862.9	339,378.5	-29,484.4	-8.0%

Securing Permanency

- **Permanency Enhancement Project**
  The focus of the Permanency Enhancement Project is promoting community based solutions through local action teams around the state focused on improved permanency outcomes and reduced disparity with children and families of color. It is a collaborative project that includes several state universities, the African American Advisory Council, and the Illinois African American Family Commission. Regional Transformation Plans are being developed to address systemic barriers for children and families of color.

- **Permanency Innovations Initiative**
  The federal Permanency Innovations Initiative (PII) is a multi-site federal demonstration project designed to improve permanency outcomes among foster care children who have the most serious barriers to permanency. This 5-year, $100 million initiative includes six grantees, each with a unique intervention designed to help a specific subgroup of children leave foster care in fewer than three years.

  PII Goals:

  1. Implement innovative intervention strategies, informed by the relevant literature to reduce long-term foster care stays and improve child outcomes.
  2. Use an implementation science framework enhanced by child welfare expertise to guide technical assistance activities.
  3. Rigorously evaluate the validity of research-informed innovations and adapted evidence-based interventions in reducing long-term foster care.
  4. Build an evidence base and disseminate findings to increase knowledge in the child welfare field.

  The project is distinguished by its provisions for rigorous evaluation, purposeful application of implementation science, and coordinated dissemination of findings. Illinois chose to implement a Trauma Focus Model for Reducing Long-Term Foster Care and began the work September 2010.

  Permanency Round Tables (PRT)
  In the fall of 2013, the Department of Children and Family Services 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.

Permanency Round Tables are structured, professional case consultations that:

- 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 well-being need for lifelong connections for all children and youth, particularly for youth that are not able to achieve legal permanency. This has been proven successful in other states such as Georgia, Colorado, and Texas.

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.

Shortages of foster families have arisen as foster families retire or become unavailable after adoption. DCFS responded to the shortage of licensed foster families in FY14 & FY15 by providing a modest increase in reimbursement payments to foster families to assist them in meeting basic needs like food and housing for children in their care and by creating new Resource Recruitment Specialist positions in each of the regions. Recruitment efforts are targeting the highest area of need in each of the DCFS regions based on available demographic data. These staff are responsible for facilitating a local recruitment collaborative by enlisting community stakeholders and other Department staff focused on developing and implementing recruitment planning strategies that will increase foster care resources for placements as well as enhancing retention and support.

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 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.

Institution & Group Home Services

Residential treatment is provided to youth who consistently demonstrate severe emotional and behavioral disturbances associated with complex trauma such that the youth's family or current or previous caregiver cannot 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. While community-based services are preferred, 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 or specialized foster care settings. Community-based group homes are also staffed by professional child care staff to provide daily therapeutic services, but the youth attend community schools.

As caretaker to approximately 1,300 children and young people being treated in residential facilities, DCFS has zero tolerance for the allegations of abuse, neglect and negligence outlined by the Chicago Tribune series "Harsh Treatment." Immediate action to remedy both the individual and systemic issues that jeopardize the safety of those in our care has been taken. 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.

As details of the corrective action are being finalized with key stakeholders, several important actions have already been implemented. These immediate steps include in part: monitoring and programmatic changes at specific facilities; on-going executive staff action involving the review of Unusual Incident Reports; requiring residential treatment centers to initiate immediate enhanced management quality assurance oversight and monthly reporting to DCFS; specialized clinical staffings of all youth who have been in residential treatment for 12 months or more; and a revision to necessary policies to improve the safety and well-being of all children and youth receiving residential services. Work is also being completed to strengthen the Department's tracking of missing youth as well as to enhance procedures and service provision.

The Department recognizes that many of the concerns raised are long-standing in nature. Consequently, in addition to these immediate steps, national experts will be providing consultation in the months ahead to address concrete actions that can be incorporated quickly and conduct a fundamental review to assist in transforming practice in the years ahead. Key to this process is the recognition that children thrive best in the least restrictive and most family-like placements. When residential treatment is clinically required for a child's behavioral stability or safety, the residential treatment should be time-limited, targeted to addressing specific behavioral concerns and with the goal of returning the child as soon as possible to a less restrictive community-based setting.

Institution & Group Home ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Institution/Group Home Care and Prevention (CSF)	89,611.3	98,711.1	98,711.1	0.0	0.0%
Institution/Group Home Care and Prevention (GRF)	136,414.3	140,434.6	69,651.5	-70,783.1	-50.4%
Total	226,025.7	239,145.7	168,362.6	-70,783.1	-29.6%

Illinois Choices Care Coordination Pilot

In conjunction with Healthcare and Family Services and the Department of Human Services, DCFS is implementing a three-year pilot program in Champaign, Ford, Vermillion and Iroquois counties to further develop home and community based services. The three Departments are utilizing a Care Coordination Entity, Illinois Choices Inc, to provide conflict free care coordination services to children in residential settings, foster homes, and psychiatric hospitals that are designed to stabilize these children in the least restrictive setting possible. Illinois Choices will be at risk financially for all placement and services costs and will provide care coordination services through Child and Family Teams that authorize services through a Plan of Care. Illinois Choices will develop a robust provider network that includes all levels of care from residential through traditional foster care. Illinois Choices will also ensure that children and families are at the center of the child and family team and that that their individual needs are met through their increased participation.

It is expected the children will experience shorter lengths of stay in residential and psychiatric placements and that additional home and community based services will be available in the target communities as the pilot is fully implemented. It is also expected that fewer children in foster care will “step-up” to more restrictive levels of care, such as residential.

Behavioral Mental Health Services

DCFS recognizes the established and consistently growing evidence base related to positive outcomes for children who are served in systems that embrace and implement System of Care values and principles. Such principles include care that is family-driven, youth guided, culturally and linguistically competent, provided primarily in home and community based settings, coordinated across child-serving agencies and managed based on data-driven decisions. To further these values and principles, DCFS has created an internal System of Care committee to determine how to best infuse the values and principles into processes internal to DCFS and into services purchased by DCFS for wards with behavioral health concerns.

Counseling and Other Support Services	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Counseling Clients Served	3,974	4,000	4,000	0	0.0%
Child. Personal & Physical Maint. Served	4,911	5,700	5,700	0	0.0%
System of Care (SOC) and Screening, Assessment and Support Services (SASS)	4,760	4,730	4,700	-30	-0.6%

Behavioral & Mental Health ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
MCO Technical Assistance and Program Development (GRF)	1,193.9	1,407.8	1,407.8	0.0	0.0%
Pre-Admission/Post Discharge Psychiatric Screening (GRF)	2,794.3	3,003.5	3,003.5	0.0	0.0%
Psychological Assessments (CSF)	985.7	3,010.1	3,010.1	0.0	0.0%
Psychological Assessments (GRF)	1,796.3	0.0	0.0	0.0	0.0%
Total	6,770.1	7,421.4	7,421.4	0.0	0.0%

Daycare

Daycare services are provided through the Department for two purposes. First, protective daycare is provided to children who have been abused or neglected, but whose risk of being further abused or neglected can be markedly reduced or eliminated through the provision of day care services, in combination with other services. Second, as part of the family maintenance portion of the appropriation, some families receiving child welfare service, and a number of foster care homes caring for Department wards, are eligible to receive day care services for those children.

Day Care ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Protective/Family Maintenance Day Care (GRF)	24,327.2	24,334.4	24,334.4	0.0	0.0%
Total	24,327.2	24,334.4	24,334.4	0.0	0.0%

Health Care Network

The Office of Health Services, in partnership with the Department's Medical Director, is responsible for overseeing health care services provided through a statewide, comprehensive health care delivery system for children in foster care. For FY 15, the analysis of Medicaid

information for children in foster care indicated the need to focus on improvements in the immunization status of adolescents in foster care and the effective management of children and youth who are diagnosed with Asthma.

HealthWorks of Illinois is a collaboration between DCFS and the Departments of Healthcare and Family Services (DHFS) and Human Services (DHS). The program is administered by nineteen lead agencies covering all 102 Illinois counties. Lead agencies ensure that children in foster care have access to a comprehensive array of health care services and that the work of child welfare staff is supported to meet the well-being needs of children in their care.

The health care delivery system, HealthWorks of Illinois Program, was implemented to ensure that all children in the legal custody of DCFS have access to quality health care in response to the requirements of the federal B.H. Consent Decree. The program has proven successful in ensuring access to quality health care with the following FY14 outcomes:

- 92.4% of children newly taken into DCFS legal custody received Comprehensive Health Evaluations;
- 92.9% of all children and youth in foster care are linked to a Primary Care Physician (PCP) as their medical home;
- 91.0% of all children and youth received all required immunizations as reported during their Administrative Case Reviews (ACR).

Health Care Network ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Health Care Network (CSF)	2,291.1	2,361.4	2,361.4	0.0	0.0%
Health Care Network (GRF)	1,347.9	1,661.9	1,661.9	0.0	0.0%
Total	3,639.1	4,023.3	4,023.3	0.0	0.0%

Brighter Futures

Over the past year, DCFS has placed a greater emphasis on well-being to ensure a brighter future for every child in our care. In an effort led by the Department, DCFS was one of only seven states selected by the National Governor's Association to participate in the Three Branch Institute on Child Social and Emotional Well-being. The Three Branch Institute brings together leaders from the Department and other key executive branch agencies, Illinois legislative leaders and the Illinois courts to develop a core set of common standards to assess child well-being and recommendations for system reform with the support of nationally recognized experts. At the same time, DCFS and the Illinois State Board of Education have joined forces to ensure the academic success of youth in the Department's care, with ISBE sharing key data on individual student performance including academic achievement, attendance and discipline.

Also, the Department is working with our nonprofit partners providing core services to Department wards to develop and incorporate benchmarks for child well-being into the same performance-based contracts which measure child safety and permanency achievements. These systemic changes will not only lead to a brighter future for individual children at the case level, but also provide objective performance measures of well-being for evaluating staff, programs, contractual providers and the child welfare system as a whole.

Critical Strategies:

- Establishment of an Office of Child Well-Being and the implementation of federal waivers;
- Development and support of an evidence based trauma informed practice;
- Renewed focus on transition planning for youth aging out of care that includes: improved youth engagement strategies, promotion of enrollment in post secondary and employment training programs, implementation of financial literacy training for older youth, and a multisystem approach to homelessness prevention through a federal planning grant awarded to DCFS and the Illinois Collaboration on Youth (ICOY).

Advancing Behavioral, Cognitive and Social Development

The Birth through Three Title IV-E Demonstration: Child and Family Intervention

In July 2013, the DCFS Office of Child Well-Being launched a five-year Title IV-E Waiver Demonstration project through the federal Department of Health and Human Services' Children's Bureau of the Administration for Children and Families. The demonstration project provides therapeutic and psycho-educational services to very young children (age's birth through three) and their caregivers. Nineteen (19) agencies throughout Cook County, including three DCFS offices, have been selected to participate in the project. The project goal is to implement interventions that reduce trauma symptoms, improve child well-being, increase reunification and reduce re-entry into foster care. Infants and toddlers and their caregivers receive either the evidence-based, trauma-informed Child Parent Psychotherapy or Nurturing Parenting Program.

Early Childhood Developmental Screenings

The Early Childhood Developmental Screening program conducts developmental screenings on all children ages birth to three who come into care, and for Intact Family Services cases. Screenings are conducted by specially-trained master's level developmental screeners. Screenings identify developmental needs across all domains including physical, cognitive, and social/emotional development. With the implementation of the Title IV-E Waiver, early childhood supervisors also provide consultation and quality assurance reviews for the enhanced assessments provided to all children in Cook County 0-3 coming into care. Non-waiver children are referred for early intervention and therapeutic services as needed.

Specialty Services

The Division of Clinical Practice & Development provides expert consultation, training, and education on several specialty areas including: Alcohol and Other Drug Abuse (AODA); Deaf/Hard of Hearing; Developmental Disabilities; Domestic Violence; HIV/AIDS; Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex LGBTQI; Integrated Assessment; Clinical Interventions for Placement Preservation (CIPP); Psychiatric Services; and Adult Mental Health.

The AODA program received an extension of their ongoing IV-E waiver demonstration in Cook, St. Clair and Madison counties. 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 the Administration for Children and Families seeks to improve child welfare outcomes by providing an on-site AODA assessment service through the Juvenile Court Alternatives Program (JCAP) located at the juvenile court building, 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 Domestic Violence Intervention Program is focusing not only on adult intimate partner violence, but is also offering consultations and trainings regarding Teen Dating Violence. Child Welfare staff are educated regarding the circumstances unique to Teen Dating Violence. The trainings and consultations promote healthy relationships as well as prioritizing child safety when teens are parenting.

The LGBTQI Program has expanded practice to help ensure that LGBTQI youth and families involved with the Department or private agencies are afforded affirming services and interventions. The Department's current policy is anchored in best practice and current research. To move policy and practice to the next level, a training and technical assistance project through ACF was initiated in May 2013. Dr. Gerald Mallon of the National Resource Center for Permanency and Family Connections is assisting with guiding work around policy development, practice guidance, medical issues specific to LGBTQI (primarily transgender) youth, recruitment and retention of foster and adoptive parents for LGBTQI youth, training regarding working with LGBTQI youth and families, and evaluation plan to assess the outcome effectiveness.

The Adolescents with Mental Health Issues Transitioning to Adult Service (AMHITAS) workgroup was also initiated in 2013. The purpose of this workgroup is to address the need for a specific policy to address the transitional needs for older youth with mental health concerns or a combination of mental health and developmental disabilities needs.

Clinical Intervention for Placement Preservation

Clinical Interventions for Placement Preservation (CIPP) are convened by an Independent Facilitator during episodes of placement instability and are designed to bring together youth, families and caregivers with their caseworker, casework supervisor, and community treatment providers to develop plans that will preserve placements when clinically appropriate to do so. This team decision process (adapted from a Casey model) allows for a much stronger voice in planning from the family, youth and caregiver. This voice increases the efficiency and effectiveness of the services and resources that have been recommended. For youth placed in transitional shelters, CIPPs are convened onsite. Benefits of CIPP specifically for youth in shelters include:

- Increased participation from youth;
- Participation from staff currently providing care/supervision of the youth;
- Quick clarification regarding medical concerns due to access to medical records at the shelter clinic;
- CIPP Facilitators have an ability to gain day-to-day information on a youth through observation and access to milieu staff to help determine placement type;
- Enhanced coordination and communication.

In FY14, CIPPs became a multidisciplinary initiative through coordination with Administrative Case Review (ACR), the Department of Juvenile Justice (including meetings held at DJJ facilities), the System of Care (SOC) program, and Family Advocacy Centers (FACs), all being included to participate in supporting the development and implementation of the youth's plan. In addition, discharge staffing (D-CIPPs) were implemented for pregnant and parenting youths over the age of 20 to enhance the youth's transition plan and build a support system for the youths as they emancipate from the child welfare system.

Integrated Assessment

Through the Integrated Assessment Program, 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. When the initial assessment is completed as part of the IA program, child welfare caseworkers and licensed clinicians interview the children and adults and gather and review all investigation screenings, past provider assessments, background reports, treatment and school records, and other case documentation. In addition, the IA takes into consideration the experiences of childhood trauma for both children and adults. This information is then integrated into a report that provides an understanding of individuals' histories, family dynamics, strengths, support systems, and service needs for each child

and adult. The report is to be completed within 45 days of the child entering out-of-home care.

A total of 3,602 children were assessed in FY14 and 2,286 families were assessed. Regional breakdown for children assessed in FY 14 includes: Northern Region, 760; Central Region, 1,089; Southern Region, 600; and Cook Regions, 1,153.

In FY15, the Integrated Assessment Program continues efforts to strengthen collaboration between the caseworker and IA screener supporting the dual professional model and enhancing case work practices around the family-centered, trauma-informed, strengths-based practice model. The IA Program focuses on engaging fathers in the assessment process, enhancing the assessment of adverse childhood trauma experiences of parents and impact on engagement and positive child welfare outcomes. In addition, enhanced Birth to Three developmental screens and parenting assessments have been added in coordination with the Illinois Birth to Three Waiver Program. The IA Program is recognized as a national model for assessment and we have collaborated with other states, to include North Carolina, Texas, and California on the dual-professional model of assessment.

Psychiatric Services

The Continuity of Care Centers (CCC) provide a new model for delivering outpatient psychiatric and therapy services. Offering both services in one location assures the continuity between providers as well as having case managers to provide care coordination for the high-need children and youth that require medication. Medicaid is billed directly for psychiatric medication administration and management, maximizing Medicaid reimbursement.

Trauma-Informed Practice

The Office of Trauma-Informed Practice (OTIP) is comprised of doctoral-level trauma experts who integrate clinical expertise in the effects of trauma on children and families into child welfare through all levels of practice within the Department. OTIP has developed a variety of trauma-based trainings for residential facilities focusing on clients with mental health needs, as well as those with developmental disabilities, and is currently providing leadership in the on-going development of qualification standards for trauma-informed therapy providers. OTIP has also played a leadership role in the administration of a five year federal grant focusing on the utilization of an evidenced based (EBP) trauma intervention for adolescent clients, and collaborating with external partners to offer trainings in multiple EBP's to providers throughout the state.

Psychiatric Hospitalization Reform

The Psychiatric Hospital Program (PHP) focuses on children who are hospitalized for mental health reasons. The PHP liaisons are an integral part of the children's treatment teams because they partner with the children, the Screening, Assessment and Support Services (SASS) agency workers, the hospital treatment staff, the child welfare workers, the foster parent, other caregivers and the regional clinical staff to ensure that comprehensive discharge plans are developed while the children are hospitalized. This partnership, with all appropriate people on the children's multi-disciplinary teams, provides continuity of care for when the children return to the community. The PHP unit has begun tracking trends such as reasons for hospitalizations, whether or not the children were adopted through DCFS, which children have multiple hospitalizations, types of treatment modalities that are being used in hospitals and/or included in the hospital discharge plans and whether the treatment is family and trauma focused and available for the children in their post hospital placements.

Improving 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. From early childhood through college-level training, the attention of caseworkers, caregivers and other Department staff to educational progress of children is critical. Improving educational outcomes through a range of services that include:

- The DCFS School Readiness Initiative (SRI) ensures that children age three to five are enrolled in an early learning program so that they enter kindergarten ready to learn. SRI begins immediately for children with DCFS involvement, including those in substitute care, children of Intact Family Services participants and the children of teens in DCFS care.
- Services to re-enroll drop-outs that include services through Alternative Schools Network and educational mentoring for high-risk youth.
- Educational Access Project with Northern Illinois University offers technical assistance related to children's educational issues, with an increasing emphasis on post-secondary programs. A system of educational advisors in each region provides ongoing support for staff and foster parents.
- DCFS Scholarship Program-DCFS awards at least 48 college scholarships each spring.
- Youth in College/Vocational Training Program-Under this program, DCFS youth are provided assistance achieving economic independence while completing their college education.
- Find Your Future helps DCFS college students find internships or entry level positions that complete their college experience and launch their careers.

Preparing Youth for Adulthood

Children in DCFS care that are age 13 or older are far less likely to be adopted or discharged to private guardianship than their younger peers. As a result, DCFS is increasingly serving older youth that need to be prepared for independent living, and the Department is committed to continuously improving the quality and breadth of services available to adolescents. To identify and meet the needs of older youth, DCFS provides appropriate life skills assessments, transition planning and supportive services until self-sufficiency has been achieved for all youth in care. Transitional Living and Independent Living programs provide a seamless continuum of services transitioning youth to adulthood.

Transition planning begins when youth reach age 14 and includes a formal assessment. The nationally recognized Ansell Casey Life Skills Assessment is completed for all youth in care at ages 14 and 16, and again six months prior to discharge. Life skills are taught within the substitute care environment. Job skills are taught through volunteer or vocational experience to high school age youth. Drug abuse counseling and treatment are provided to youth who need these services. To assist youth in planning for self-sufficiency, a Youth Driven Transition Plan is developed for all youth in care at age 17 and reviewed and updated on an on-going basis, with a final review 90 days prior to discharge from care.

The Youth Housing Assistance Program provides help obtaining stable housing for youth who are aging out of DCFS care or have aged out. The program provides the following services:

- Assistance finding housing;
- Cash assistance to stabilize housing;
- A partial housing subsidy for youth with a closed DCFS case.

Housing advocacy services can be provided as much as six months prior to the date that the case is closed. Cash assistance, including the housing subsidy, can be provided after the youth has turned 18. All services must be provided prior to the youth's 21st birthday.

The Department receives a federal grant through the Chafee Foster Care Independence program. The Chafee program helps youth transition to self-sufficiency by:

- Helping youth receive the education, training and services necessary to obtain employment;
- Helping youth prepare for and enter post-secondary training and education institutions;
- Providing personal and emotional support to youth through mentors and the promotion of interactions with dedicated adults;
- Providing financial, housing, counseling, employment, education and other appropriate services to former foster care recipients ages 18 to 21.

The Department contracts with Uhlich Children's Advantage Network to provide a system of administrative and clinical services for pregnant and parenting teens under the custody of DCFS. The Teen Parent Service Network focuses on four major goals for its clients:

- Ensure the safety and well being of the children while in the program (physical, social, emotional);
- Develop parenting abilities and family choices, including subsequent pregnancy prevention;
- Prepare for independence, with an emphasis on education and vocational development; and
- Develop a positive support network through both personal relationships and community resources.

Older Ward Transition ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Department Scholarship Program (GRF)	925.9	1,240.7	0.0	-1,240.7	-100.0%
Independent Living Initiative (Chafee) (CSF)	7,593.4	9,300.0	6,122.6	-3,177.4	-34.2%
Youth in Transition Program (GRF)	854.7	886.8	204.1	-682.7	-77.0%
Total	9,374.0	11,427.5	6,326.7	-5,100.8	-44.6%

Countdown to 21

Since July 2014, nearly 500 young-adults have been actively engaged in planning for a lifetime of success after emancipation from care through the Countdown to 21/D-CIPP process. Consistent with best practice in the area of youth transition (Casey Youth Initiatives, CSSP, You Thrive), the Countdown to 21/D-CIPP program emphasizes the importance of renegotiating relationships and identifying concrete and social-emotional supports, which includes goal-setting and financial literacy. Through the D-CIPP team decision making process, youth are empowered to identify their assets and opportunities and to share responsibility for their outcomes. The youth's external supporters are able to clarify their needs and expectations while respecting the young-adult's voice and choices. This self-determination works to build the resilience to remediate the trauma that youth have endured, and promotes positive youth development. The process also teaches the necessary skills for navigating through adulthood, as the D-CIPP concludes with the creation of a "Youth Driven Transition Plan" that follows the youth through the remainder of his time in care.

Countdown to 21 also ensures that all youth in care, ages 19 and older, receive comprehensive financial literacy training. Youth who engage in the D-CIPP, emancipate from an authorized placement, have an identified "support" person, and, who have completed the financial literacy training requirement receive a $1,200 emancipation benefit to assist them in implementing their own transition plan. Illinois was among the first states to extend care to the age of 21. Data provided by DHHS and Chapin Hall finds that extending care increases the likelihood that a youth will graduate from high school which in turn reduces the likelihood of being involved in

corrections, public assistance and other systems that are more costly over time than offering extended care.

In 2008 the Fostering Connections to Success and Increasing Adoptions Act was introduced at the Federal level; it allows for States to claim IV-E reimbursement for youth remaining in care through the age of 21 provided that they meet one of five criteria. Currently, Illinois is claiming approximately 30 percent of youth over 18, as opposed to 60 percent of the general population. We believe that D-CIPP could be used to meet the Federal requirements related to permanence planning with older youth and to track and report eligibility. This would allow for an increase in claiming that would expand the State's capacity to invest in youth transitioning from care.

Supporting Adoption and Guardianships

The Department makes every effort, under court supervision, to reunite children with their families whenever possible and as quickly as possible. For children who can't return home, a concurrent plan is developed, ideally with a loving family through adoption or guardianship. Adoption is the means of providing permanent placement for children who cannot safely return to their family home. It provides children with a family that can give them love, care, protection and opportunities essential for their growth and development.

Adoption Permanency Services

Key Performance Measures

- The rate of new adoptions and guardianships will increase to 17% of children in foster care per year;
- 513 average days between the date adoption is set as a goal and adoption finalization.

Adoption & Guardianship	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Reunifications	2,026	1,932	2,114	182	9.4%
New Subsidized Adoptions	1,500	1,640	1,570	-70	-4.3%
Total Subsidized Adoptions	21,193	20,800	20,200	-600	-2.9%
Adoption/Guard. Preservation (Families Served)	1,759	1,800	1,775	-25	-1.4%
New Subsidized Guardianships	324	410	390	-20	-4.9%
Total Subsidized Guardianships	3,033	2,800	2,700	-100	-3.6%

In FY15, an estimated 26,283 children and youth will receive adoption or subsidized guardianship assistance. Creating permanent and loving homes involves preserving and reunifying families; providing out of home placements and services; and supporting adoptions and guardianships for children who cannot return home.

Over the last 10 years, more than 15,700 children have been adopted through DCFS and another 4,800 children have achieved permanency through the guardianship program. The finalization of an adoption does not mean the end of the Department's support of a former ward and his or her new family. On the contrary, DCFS continues to support adoptive families in significant ways.

Adoption & Guardianship ($ in thousands)	FY14 Spending	FY15 Approp.	FY16 Request	15-16 Change	% Change
Adoption and Guardianship Services (CSF)	90,174.6	92,829.4	92,829.4	0.0	0.0%
Adoption and Guardianship Services (GRF)	94,406.5	88,990.1	80,079.7	-8,910.4	-10.0%
Total	184,581.1	181,819.5	172,909.1	-8,910.4	-4.9%

Post-Adoption and Guardianship Preservation & Support Services

Nearly every family who adopts through the Department or becomes guardian to a child is eligible for an adoption or guardianship subsidy. Subsidies include child health coverage provided through Medicaid as well as a monthly subsidy to meet the child's basic needs based on the foster parent reimbursement rate at the time the child is adopted. In FY 2014, the adoptive families and guardians of more than 27,300 former state wards received post-adoption and guardianship subsidies.

For adoptive families, the Department offers an array of adoption and post-adoption supports, such as: support groups, counseling and on-going 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. Further, counseling and respite services are available for families needing additional support or temporary relief to the adoption or guardianship family of children with special needs.

Key Performance Measures

- 95% of adoptive families receiving preservation services will remain intact
- 95% of adoptions and subsidized guardianships will remain stable

Adoption Support Line

In order to meet the needs of adopted children in Illinois, regardless of whether or not they were adopted through DCFS, the Department has a toll-free Adoption Support Line staffed by post adoption staff during regular business hours. Post-adoption workers assist callers in answering questions about adoption and providing referrals for services both for those involved in DCFS adoptions and from the general public. The support line identifies resources for the adoptive families to expedite immediate assistance.

Adoption and Guardianship Preservation Program

Adoptive families can experience unique challenges as its family members adjust. The Adoption and Guardianship Preservation program provides help for any adoptive family--including DCFS adoptions and guardianships, private domestic adoptions and international adoptions--in Illinois in need of services. DCFS provides adoption preservation services statewide by contracting with six nonprofit agencies that each serve a specific region.

The key to preservation services is that they engage the whole family to keep the family intact. The preservation specialists work with all members of the family, not just the child, to identify ways that they can work as a unit. Based on the family's needs, the adoption and guardianship preservation service agencies may provide: comprehensive assessment; crisis intervention; clinical services; support groups; case management and advocacy services; children's mental health advocacy services and cash assistance.

Accountability

The Illinois Department of Children and Family Services is committed to ensuring that all children have safe, loving homes and that children who come into the Department's care have brighter futures, supported by quality services that promote their emotional, academic, social, cognitive and physical well-being and development.

It is an ambitious goal which requires both the highest standards and the resources aligned to achieve them. Those high standards require a rigorous and objective system of performance measures by which the Department and the public can gauge the success of our staff, individual programs and the wide array of organizations that provide services to children and families.

As a result of significant budget cuts over the past several years, DCFS has conducted a strategic review of every program to ensure that it is tightly aligned with federal and state mandates and our core mission, as well as providing cost-effective results. These reductions have required the Department to delay important long-term investments in the very infrastructure needed to ensure accountability.

Key Outcome Measures

- 95% of the certification/recertification of providers for Medicaid Community Mental Health providers will be completed in a timely manner.
- Day care provider billings will be processed within 10 days from receipt of an accurate bill.
- 95% of foster care agency and institutional/group home licenses will be completed/renewed on time.
- 95% of the agency monitoring visits will be conducted at required frequencies.

Office of Information Technology Services

Over the past year Office of Information Technology Services (OITS) developed and deployed a significant version release of the Statewide Automated Child Welfare Information System. In addition, servers were procured and a full refresh of our data center equipment is in process. This coming year, OITS will focus on providing the necessary infrastructure to allow our staff to be more mobile. This will be accomplished by refreshing the laptops in the field with lighter, more portable laptop/tablet equipment, implementing wireless LAN access in key locations, and implementing a mobile device management solution to allow more flexibility with the use of smart phones.

Accountability to the Public

Advocacy staff advocate for parents, foster parents and foster children as well as provide a broad scope of guidance to a wide variety of callers. The Advocacy Office responds to more than 6,000 parents, foster parents, youth, relatives and child advocates who have questions,

concerns or recommendations regarding specific cases and the child welfare system as a whole each year. Older youth in particular rely on the Advocacy Office to provide support and information regarding the child welfare system and services and supports available in their communities.

The Advocacy Office also works closely with the Office of the Governor, legislators, and other public officials to troubleshoot, clarify, and mediate or resolve problems where possible. The office ensures that complaints, systemic issues or agency structural concerns are brought to the attention of appropriate Departmental leadership who work to resolve those issues.

Policy & Advocacy	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Administrative Hearings					
Expungement	3,759	3,950	3,950	0	0.0%
Service Appeals	368	375	375	0	0.0%
Licensing/Payments	62	70	70	0	0.0%
Advocacy					
Interventions	7,169	6,200	6,400	200	3.2%
Youth Hotline	212	200	225	25	12.5%

Office of the Inspector General

The role of the Office of the Inspector General is to provide accountability for services to children and families. In accordance with state law, the Office of the Inspector General responds to and investigates allegations of misconduct, misfeasance, malfeasance and violations of rules, procedures or laws by an employee, foster parent or contractor of the Department. In addition, the Office of the Inspector General investigates the deaths of Illinois children in which there was an open DCFS case or Department involvement within the previous twelve months.

Inspector General	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Complaints Registered & Investigated	3,141	3,250	3,300	50	1.5%

The Office also investigates and prosecutes violations pertaining to Child Welfare Employee Licenses (CWEL). In FY14, 20 new CWEL investigations were referred to the Office of the Inspector General. In addition, the OIG completed 25 investigations in FY14 with the following results: four license revocations; four license suspensions; four voluntary surrenders of licenses by social workers; four pending final administrative decision; and nine investigations with no charges issued.

The Office of the Inspector General is required by statute to develop Error Reduction Implementation Plans to remedy patterns of errors or problematic practices that compromise or threaten the safety of children as identified in the Inspector General's death and serious injury investigations and by Child Death Review Teams. The Inspector General has developed a training curriculum and introduced child protection investigators, their supervisors and managers and intact family services staff to the concept of error management – i.e., what can be done to prevent the occurrence of tragic error by applying error reduction methods to child protection investigations of allegations of cuts, bruises, and welts, since these allegations are often a precursor to the fatality of young children.

Using the Inspector General report, "Ten-Year Review of Deaths of Children of DCFS Parenting Teens", the Inspector General's Office, the Teen Parent Services Network, and the DCFS Hill-Erickson consultant developed an interactive and discussion-driven training model that assists Teen Parents in developing strategies for: non-violent responses to infant crying and other challenging developmental behaviors; creating non-violent approaches to parenting; and implementing safe sleep practices. The training was designed to reduce the risk of infant mortality and prepare inexperienced parenting wards for the challenges of caring for a vulnerable infant.

As the Ethics Officer for the Department of Children and Family Services, the Inspector General also reviews Ethics Statements for possible conflicts of interest of DCFS employees and coordinates DCFS compliance with the statewide ethics training mandated under the Illinois State Officials and Employees Ethics Act of 2003. In FY14, 2,700 DCFS employees completed the State Ethics training as well as 390 DCFS board and commission members. The OIG reviewed 660 Statements of Economic Interest required to be completed by Department employees and members of the Children and Family Services Advisory Council.

Achieving High Professional Standards for Staff

The Office of Service Support, a part of the Division of Clinical Practice and Development, sets high professional standards through training to support the job knowledge, skills, and ability of staff, foster caregivers, adoptive parents, and allied helping professionals who provide child protection and child welfare services. Statewide training is provided annually for approximately 12,000 public and private child welfare staff, and for approximately 16,000 foster caregivers and adoptive parents.

The Department classroom training programs are conducted through three regional training centers, located at Aurora, Chicago and Springfield. In addition to classroom training, the Department maintains close to twenty on-line training courses and an on-line record system that can be accessed by staff, foster and adoptive parents twenty-four hours a day from work or home (www.dcfstraining.org). The Department also provides training through the use of web-meeting and video-conference technology, enabling reduced costs of time, travel and other direct expenses.

Licensing

The Office of Licensure is charged with ensuring licensed foster homes across Illinois meets standard requirements. In addition to home inspections, licensing standards for foster homes require background checks that include:

- A search of the National Crime Information Databases and child abuse and neglect registries of other states for family members that have lived out-of-state in recent years;
- Fingerprinted background check both state and nationally for anyone in the home age 18 or over;
- Child Abuse and Neglect System database and National Sex Offender Registry check for all family members that are 13 and over;
- Background checks on any new members to the household age 13 and up as well as a reevaluation of the family's placement capacity.

Licensing	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Private Agency Foster Homes	9,610	9,517	9,520	3	0.0%
Department Foster Homes	1,697	1,626	1,630	4	0.2%
Child Welfare Agencies	169	167	170	3	1.8%
Institutions, Group Homes, Youth Shelters, Maternity Centers, Others	205	199	201	2	1.0%
Day Care Centers, Agencies	3,095	3,073	3,070	-3	-0.1%
Day Care Homes	8,214	8,021	8,020	-1	0.0%
Group Day Care Homes	742	753	750	-3	-0.4%

Monitoring Contractor Performance

In FY 2013, DCFS overhauled the private provider monitoring system to ensure outputs and outcomes were measurable and aligned with contract expectations. Performance-based contracting ensures providers are delivering measurable results for kids as child welfare system reforms reduce the number of children and their length of stay in substitute care.

Effective November 1, 2013 the Division of Regulation and Monitoring rolled out the Levels Monitoring System statewide. Foster Care and Intact Family providers were placed on a monitoring level based on their performance dashboard. Safety related issues must be addressed immediately and level assignment is reevaluated quarterly. Northwestern University and the Child Welfare Advisory Data Test Committee continue to meet and develop benchmarks for the Residential providers. Corresponding monitoring tools are being developed as a part of this process. Full Implementation will occur in FY15.

Ensuring High Quality Day Care and Child Care

In conjunction with the Day Care Licensing Advisory Council and the Governor's Office of Early Learning, DCFS implemented a strategic planning process to guide the work over the next two years to enhance the day care licensing system and early learning practice under a federal Race to the Top grant. The Committee identified four main areas from the planning retreat:

- System Integration;
- Data;
- Training;
- Communication.

Sub-Committees were formed to work on the top four strategies. A Weighted Licensing and Risk Adjustment monitoring system for day care centers, group homes and day care homes are also being developed. Similar to the provider Monitoring Levels, this system will weight licensing standards to help focus monitoring activities on more serious licensing violations. Day care licensing staff will receive notebook computers and portable printers as a part of the implementation process. This system will be implemented in FY15. The division is also moving forward the development of an On-Line Licensing Application process that will cut down on processing time and reduce the number of applications submitted with incomplete information.

The Division of Licensing and Monitoring is responsible for upholding Illinois standards in over 8,000 day care homes, 3,000 day care centers and 700 group day care homes across Illinois.

Exceeding the Highest National Standards

The Department continues to strive for excellence by meeting the rigorous standards of the Council on Accreditation (COA), the nation's largest and most respected independent reviewer of social service agencies. COA first accredited DCFS in 2000, and the Department is the longest-standing accredited state child welfare agency in the country. To ensure excellence across the state and for every child, DCFS also requires all agencies that provide services on our behalf to children and families to be accredited as well.

Data-Driven Management

The Department has instituted regular data summits led by the Division of Quality Assurance and Research with our agency partners to focus on children ages five and under in our care. An online "report card" that tracks the performance of both Department staff and our agency partners has been developed and is being fine-tuned with their input.

The increasing reliance on objective data to assess performance led by the Division of Quality Assurance and Research is also critical to driving systemic change by identifying trends in child

welfare including shifting demographics, highlighting specialized populations in need of targeted services, spotlighting best practices, and promoting general changes in policy.

Administrative Case Review

Administrative Case Review (ACR) is the independent review process conducted every six months for all families with children in state care. Service plans for children and families are reviewed by independent social workers to ensure safety, well-being and permanency of children in care. Administrative Case Review is held to determine:

- Continuing need for and appropriateness of the placement;
- Extent of compliance with the service plan;
- Extent of progress alleviating or mitigating the causes necessitating placement in foster care;
- Efficacy of services, systemic barriers and impediments to achieving permanency;
- Compliance with law, rule, policy, procedure and consent decrees;
- Projected date a child may achieve permanency through returning home, adoption, legal guardianship, or independence.

Office of the DCFS Guardian

The DCFS Guardian has a unique legal and moral duty as the legal parent of every child in the custody of DCFS. The DCFS Guardian has the duty and authority to act in the best interests of the child, subject to residual parental rights and responsibilities. The DCFS Guardian makes those decisions that a parent would normally make in matters having a permanent effect on the life and development of a minor. This duty remains until the child is no longer a ward or reaches the age of 18. The duty also remains for wards age 18 to 21 that have special needs and a court order authorizing such. Through the Consent Unit, the DCFS Guardian monitors and makes critical decisions based on the child's best interests regarding major medical treatment, psychiatric hospitalizations and medications, administration of psychotropic medication, and all other decisions requiring parental consent.

The Immigration Services Unit assists staff with a range of immigration issues, including application for legal status adjustment. The immigration child welfare services are directed towards ensuring the needs of Mexican and Mexican American minors are met when their families are temporarily or permanently unavailable.

The DCFS Special Counsel is responsible for protecting the legal rights of children by securing appropriate legal services in civil, administrative and in some cases even criminal matters, including every child's right to appeal DCFS decisions regarding their care. Legal services can also include: civil suits where wards are either plaintiffs or defendants; trusts, estates and guardianships, and administrative hearings to secure appropriate educational services from local school districts.

The DCFS Guardian	FY14 Actual	FY15 Est.	FY16 Projected	15-16 Change	% Change
Consent Unit					
Ordinary/Routine	18,820	20,000	25,000	5,000	25.0%
Medical/Surgical	4,068	5,000	5,055	55	1.1%
Psychiatric Admissions	2,039	2,045	2,055	10	0.5%
Psychotropic Medications	10,726	11,000	11,300	300	2.7%
Credit Checks: ID Theft Detection					
Credit Check Total	4,632	4,932	4,950	18	0.4%
Youth 12-18 Years Old	4,516	4,794	4,800	6	0.1%
Intellectually Challenged Youth	92	90	90	0	0.0%
Special Runs	24	48	60	12	25.0%
Immigration					
Legal Status Adjustments	30	35	40	5	14.3%
Special Counsel					
Civil/Criminal/Education	802	966	980	14	1.4%

Illinois is nationally recognized as having the "gold standard" when it comes to protecting children in its care from the unnecessary use of psychotropic medication. Illinois is improving on that record thanks to a partnership with experts at the University of Illinois at Chicago, the Illinois Department of Healthcare and Family Services, and the Guardian's Office. Under a new data-sharing agreement, The Guardian's Office and our medical experts at UIC now rely on payment data directly from Medicaid to identify which children are being prescribed medication and who is prescribing it to close loopholes in the system that requires doctors to get prior authorization from the Guardian.

In addition, DCFS was selected as one of six states to participate in *Improving the Use of Psychotropic Medication among Children and Youth in Foster Care: A Quality Improvement Collaborative*, a three-year initiative developed by the Center for Health Care Strategies (CHCS) and made possible through the Annie E. Casey Foundation. Now in its second year, this quality improvement collaborative focuses on improving the quality of psychotropic medication use among children in foster care.

Administrative Hearings Unit

The Administrative Hearings Unit is responsible for guaranteeing due process for individuals by conducting administrative hearings for various child welfare areas including but not limited to licensing, foster care, day care, indicated reports of abuse or neglect, and child welfare services. While the unit has main offices in Chicago and Springfield, the hearings are

conducted throughout the state by Administrative Law Judges who submit recommendations to the Director for his final decision.

Division of Budget & Finance

In order to ensure taxpayer dollars are spent wisely, the Division of Budget and Finance reviews grant expenditure reports to confirm that all expenditures are made in accordance with state laws and the Department's administrative rules and procedures. Through the efforts of the division, more than $1.8 million in unspent or otherwise disallowed funds have been recovered to date for the 4 year period of July 1, 2010 through June 30, 2014.

DCFS continues to implement Budgeting for Results, with five year strategic goals in place that are aligned with the Department's state and federal mandates to ensure safety, permanency and well-being for children. In accordance with nationally recognized best practices, the Department continues to engage both stakeholders and independent experts in the design and implementation of performance-based metrics for all of its programs.